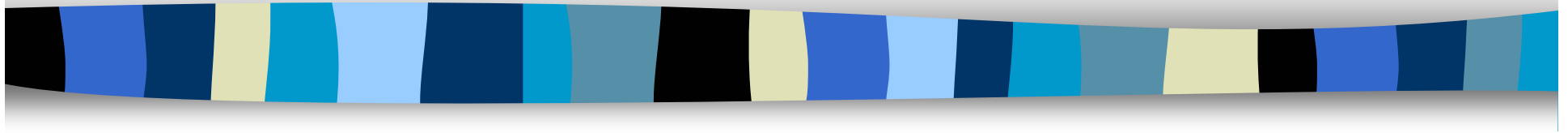


# **World Conference on Prevention of Family Violence: *Oct.23-26, 2005 Banff***



**CHILDREN' S AID SOCIETY OF TORONTO**  
**Domestic Violence and Cultural / Immigrant Groups**

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*Lisa Tomlinson, BSW, Supervisor of Domestic Violence Team*



## Background: *DV in Canada*

- Statistics Canada (2000) reports 29% women ever married / CL have been physically or sexually assaulted by their intimate partner
- Majority of referrals from Police & Crown; others referral sources from Violence Against Women Sector (VAW), Hospitals, Schools & self referrals



# Background: *DV in Ontario Child Welfare*

- 1999 - Ontario Risk Assessment Model for Child Welfare was introduced in Ontario, revised in 2000: 1) Eligibility Spectrum (eligibility tool), 2) Safety Tool, & 3) Risk Tool
- *"Children exposed to DV"* - now a specific category of harm/ risk of harm to children and youth
- Police now mandated to report all DV situations where there is a child under 16 to a CAS
- Since 2000, DV referrals at Children's Aid Society Toronto (CAST) up 500%; in 2004/05 over 2,100 referrals were for DV; DV now constitutes 25% of all cases opened/reopened for investigation, up from 8.5% in 2000

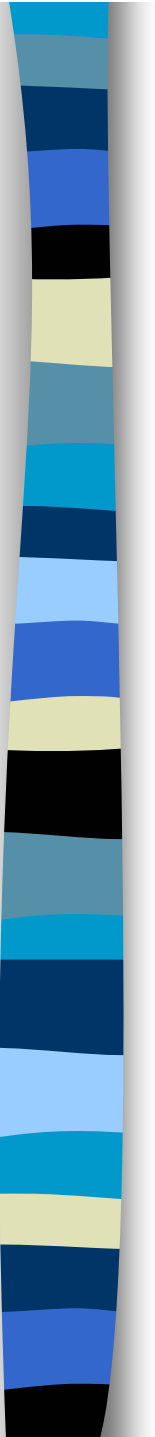


## Background: *Children's Aid Society of Toronto (CAST)*

- 04/05 - CAST served 13,755 families & 33,351 children (3,431 in care + 29,920 in community)
- Approximately 65% of children served in their family lived at / below poverty line
- 51% families led by single parent vs. national average of 17%
- 51% of families and 42% of children in care identified self as a member of a minority culture or race

# Background: *DV* vs. *Other Child Maltreatment Types*

| Extreme Maltreatment          |              | Moderate Maltreatment         |              |
|-------------------------------|--------------|-------------------------------|--------------|
| ■ DV                          | 0.5%         | ■ DV                          | 25.0%        |
| ■ Physical Abuse              | 9.0%         | ■ Physical Abuse              | 27.0%        |
| ■ Sexual Abuse                | 2.0%         | ■ Sexual Abuse                | 3.0%         |
| ■ Neglect                     | 1.5%         | ■ Neglect                     | 11.0%        |
| ■ Emotional Abuse             | (0.05%)      | ■ Emotional Abuse             | 1.0%         |
| ■ Other<br>(e.g.P/C Conflict) | 5.0%         | ■ Other<br>(e.g.P/C Conflict) | 23.0%        |
| <b>TOTAL</b>                  | <b>18.0%</b> | <b>TOTAL</b>                  | <b>81.0%</b> |
| <b>CASES</b>                  | <b>1,816</b> | <b>CASES</b>                  | <b>7,944</b> |





# Background: *Toronto*

## *“Diversity is our strength”*

- Population of 2.5 million; largest city in Canada; 6<sup>th</sup> largest in North America
- Most ethno-culturally diverse city in the world
- Budget of \$7.1 billion (= to PEI, Sask, Nwfld & NS)
- 49% Toronto population born outside Canada
- 2001- 43% of Torontonians were visible minorities
- 43% all newcomers to Canada reside in Toronto
- New dominant countries of origin: Asian continent, Middle East, Eastern Europe
- 2001 - Chinese, South Asian & Blacks were largest visible minority groups (= 30% of all minority grps)
- 2001-135 visible-minority neighbourhoods -up from 6 in 1981
- 2001- 120 “high poverty neighbourhoods” – up from 30 in 1981



# DV Sector Issues

## Child Welfare

- 02/03: 1/3 fully investigated; < 4% sent to Ongoing Family Service
- CAS Aligned with child
- Many Ongoing non-DV have DV
- Workers have limited DV training
- Different workers for same case over time
- 1 Shelter = many CAS workers
- CAS has little understanding of risk to woman leaving partner & of dual abuse issues (child & mother)
- CAS workers frustrated not helping DV families

## VAW Sector

- Jan 03-Apr 05: 18 Toronto women killed re-DV; 10/18 killed leaving or early in separation from partner
- VAW aligned with mother
- VAW sees CAS as not understanding DV issues
- VAW sees CAS as re-victimizing women
- WACT, VAW, PAR want CAS to be more active at frontlines (DV courts, PAR)
- CAS & VAW lack communication



## Investigative Trends: *Then* pre '03

- CAS workers dealing with competing investigation demands
- Interview pattern was to interview mother and child(ren)
- No interview with offending partner (if partner in home, interviews may be with mother and partner)
- Safety planning = mother to not allow partner in home or call 911
- CAS focus: mother's inability to protect
- Often partner not in the home & associated risk not addressed
- No joint police/CAS investigations
- Police tend to deal with CAS at referral only
- CAS follow up with collaterals = Family Dr.
- Few or no referrals by CAS for supportive services for mother
- DV Courts: not addressing child safety; level of intervention based on offender's history



# CAST DV Initiatives- 2003 onward

- 1. Domestic Violence Team at Intake [2004]**
  - ❑ Establish specialized Intake Team with DV training
  - ❑ Workers actively manage DV cases; participate in DV community work; support other CAST staff; assist in revising program
- 2. Social Policy Workgroup [2004]**
  - DV Workgroup from CAST Board's "Social Policy Committee" (members include CAST staff, community, VAW, shelters)
  - Currently writing policy related to DV
- 3 CAS/VAW Collaboration**
  - ❑ To help both sectors more effectively to increase child safety
  - ❑ Initiative focused on feedback from VAW sector



# CAST Initiatives

## 4. Toronto Police DV Advisory

- Admin. Staff attended Executive Director; criticism that Sr. Mgt. not aware of frontline issues

## 5. Current CAST & DV Initiatives

- 3-Yr DV Training Program collaboratively created with York University & 3 CAS's (CAST, CCAS, Peel) for CPS workers & supervisors; implementation set for 2005
- Setting up Advisory Committee to consult to educational needs
- Awaiting confirmation of funding



# Investigative Trends: *Now* post '03

- ❑ All CAS workers dealing with increasing numbers of DV
- ❑ '04 Canadian Incidence Study 2: DV now a maltreatment category added to physical, sexual & emotional abuse and neglect
- ❑ CAST Specialized DV Intake Team in place
  - ✓ *Referrals taken via EAHS on Monday's as bulk of DV referrals are on weekends*
  - ✓ *DV Duty Coverage every day to take referrals from shelters; provide consults/referrals to co-workers; provide internal resource support as needed*
  - ✓ *35% increase in DV cases transferred to Ongoing*
  - ✓ *2 DV workers now trained in ODARA*



# Investigative Trends: *Now* *post '03*

- Use a variety of tools to assess DV families
- Risk of partners behaviours to mother & child considered
- Provide package of DV materials to each referral
- Ensure safety planning with women: Help them protect self/child
- Ensure referrals to resources are followed up with
- Ongoing workers take transfers directly from DV Team
- Consider consultation with VAW designate
- 1 Shelter = 1 DV worker; re-open cases = same DV worker
- Clinical consultation available with DV expert Deborah Sinclair
- CAST- DV staff continually assess interventions to better develop practice that supports safety of children and women
- Communicate with offender
- Communicate with VWAP/TPS re- bail & release conditions
- Assess the offender's need for supports (PAR, AA)
- Collaboration with Police on cases
- Active committee work: DV Court Advisory, PARS, CAST...



## and in the *Future...* post '05

### **CAST Community Branches**

- Continue to support connections with Ongoing staff who take cases from DV Team
- Ensure Ongoing staff have access to the same training offered to DV workers
- Ongoing to be aware of DV trends & practices
- Ongoing Supervisors aware of DV case needs & focus



# What do we need to know?

## **The Specialized CP Teams**

*What are the pro's and con's for the agency, the community, the clients?*

## **Relations between VAW/Police & CAS**

*Have they improved? Has that impacted case outcomes? How?*

## **Case outcomes**

*What are they? Are we doing the right things? Are we doing things right?*

## **DV in Non-DV Cases**

*How are non-DV workers going to handle DV in their cases?*



# What have we done?

- Analysis of DV case profile
- Quality of transfers to Ongoing reviewed
- Evaluation by community partners of new DV Team model underway
- Obtaining ongoing feedback from CAST & community
- DV Team Logic Model completed
- Draft completed of Client & Worker Satisfaction & Outcome tools



# Case Profile

## ❖ Marital Status

Married (42%); Single (24%); Separated (21%); CL (6%); Divorced (7%)

## ❖ Education – Mother

Elementary (3%); Secondary (57%); Diploma (25%); Univ.Degree (15%)

## ❖ Citizenship – Mother

Canadian (75%); Landed Immigrant (20%); Refugee (5%)

## ❖ Race/Culture – Mother

Asian (10%); SE Asian (17%); Black [African/N.American/Caribbean] (39%);  
Hispanic (2%); White (30%); Other (2%)



# Case Profile

## ❖ Religion - Mother

Protestant (32%); Muslim (16%); Hindu (14%); Christian (11%); Catholic (11%); No Religion (13%); Other [Sikh; Buddhist; Orthodox...] (3%)

## ❖ # Previous CAST Openings

No Previous Openings (60%) : Yes Previous Openings (40%)  
1 PO (22%); 2PO (11%); 3 (3%); 4 + PO (4%)

## ❖ # Previous DV Openings

No Previous Openings (65%) : Yes Previous Openings (35%)  
1 PO (26%); 2PO (6%); 3+ PO (3%)

## ❖ Interpreter Needed

No (88%) : Yes (12%)



# CAS-DV Practice Excellence Is...

- ✓ **Having DV practice expertise & training**  
*e.g. provision & ongoing support for training needs for all staff; support knowledge expertise needs of DV workers*
- ✓ **Screening, investigating, assessing DV are key**  
*e.g. direct inquiry re-DV; note indicators re- DV; use of DV tools; safety plan)*
- ✓ **Confidentiality issues must be addressed in practice / policy**  
*e.g. need to share info between collaborating agencies but protect info to ensure woman/child safety*
- ✓ **CPS interventions must protect child, help/empower mother to protect self/child, hold perpetrator responsible**  
*e.g. safety plans, collaborate VAW/community, better use of case dispositions*
- ✓ **Collaborate with VAW, Court, Police, Community Partners**  
*e.g. working together at all levels: frontline, mgt, board, policy, advocacy...*



# Where do we want to go?

- Alternative Response
- Short-term Team
- Community Workers
- Changes to recording practices
- Better Assessment Tools
- More Training
- More Research