High Risk Project Evaluation Report

Prepared for: The Woman Abuse Council of Toronto
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El Jack, Amani (Chapter in Book)
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Preliminary List of Acronyms

GBV	Gender-Based Violence
GTA	Greater Toronto Area
HRCT	High Risk Consult Team
HRP	High Risk Project
NGOs	Non-Governmental Organizations
VAW	Violence Against Women
WACT	Woman Abuse Council of Toronto

Executive Summary

This evaluation of the High Risk Project (HRP) at the Woman Abuse Council of Toronto (WACT) was carried out to meet the requirements set out by the Ontario Trillium Foundation and assist WACT to review its work in the area of High Risk (HR) over the past three years. The main purpose of the HRP Evaluation is to:

i) Assess the perceptions and experiences of the HRP, in terms of its capacity to analyze and provide options in high-risk cases;

ii) Assess the perception of key community actors who can provide information as to how the HRP functions with regards to increasing options for women in high risk situations;

iii) Assess the perceptions and experiences of people who have presented cases to the High Risk Consult Team (HRCT), as well as those who have not presented cases to the Team, and examine their absence from the HRCT;

iv) Evaluate a selection of the trainings and workshops conducted by WACT for their content and effectiveness

v) Identify systemic gaps that have been detected in the implementation of the HRP.

The evaluation will enable WACT to enhance their understanding of the multiple dimensions of woman abuse in high risk situations. It will draw on lessons learned in order to further develop the High Risk Project protocols, as WACT continues to work on high-risk cases of woman abuse.

Data for evaluating the HRP was collected in March 2008 from six participants who have been engaged in the project in the broader violence against women sector. Of the six participants, four have been involved with the project since its inception. The participants, who were selected through a collaborative approach with WACT, have been affiliated with a range of women's organizations

that include social and health services and community-based organizations. Four of the interviews were conducted in person at participants' workplaces, while the other two interviews were conducted over telephone and email. The interviews, which constitute the primary source of data for this report, were supplemented by secondary reviews of data on violence against women internationally, and woman abuse in Toronto, more specifically. The data was also supplemented by evaluations from the trainings that were done for a variety of community agencies, as well as evaluation forms that were completed by case presenters of the HRCT.

The findings of this evaluation emphasize the strengths and achievements of the High Risk Project, as well as identify some of the gaps in the Project's structure, services and coordination. These are summarized below.

Achievements

Overall, the HRP has demonstrated success in responding to women's needs in potentially lethal situations, both on a case-by-case basis and at the broader community level. WACT facilitated sustained monthly HRCT meetings that brought together experts in the domestic violence sector with service providers and practitioners in related sectors, thus facilitating key discussions (confidential and anonymous) towards developing an action-oriented protocol for preventing violence against women and enhancing women's safety, (Please see appendix (c) of this report for consult team members). In addition, the HRP members conducted frequent workshops on high-risk indicators across the province, to support strategies for strengthening women's safety, and for intervening against perpetrators of Violence Against Women (VAW).

The WACT has created Best Practices for a coordinated approach to identifying and responding to potentially lethal situations of woman abuse. As a result, in 2005, the Domestic Violence Death Review Committee Annual Report to the Chief Coroner cited WACT as a Best Practice. Similarly, an Environmental Scan of Services and Service Coordination for Women Abuse in Toronto in 2007 states that "WACT provides a forum for information sharing and coordination. Task forces and issue related focused committees bring service providers from various organizations to together work towards a common goal of working towards enhanced service coordination" (Alcalde .& Caragata 2007: iii).

Challenges

Notwithstanding the evidence of strengths outlined above, the coordination of woman abuse services in the GTA is confronted by many challenges, which include agency operational issues that contribute to inconsistent attendance at HRCT monthly meetings: due to shortage of staff in many agencies, as well as limited time for those staff to attend meetings. The evaluation findings indicate that the HRP has not reached out to a variety of women at high-risk of abuse and violence in the Greater Toronto Area (GTA). As the Environmental Scan of Services and Service Coordination for Women Abuse in Toronto reiterates, this is mainly because "women are often alone in navigating the myriad of services" (ibid). Despite the many efforts put forward by the HRCT, this reflects a significant gap in the violence against women sector's ability to respond to the needs of the diversity that exists in the GTA.

Indeed, a high proportion of women of color, Aboriginal women, immigrant and refugee women, lesbian and transgender, old and young women, poor women, and disabled women, represent the

most marginalized women in the GTA's. As a result of the these factors, these marginalized women continue to fall through the cracks in service access and delivery, and yet they experience multiple risks of violence, as their vulnerability is compounded by historical, systemic and intersecting oppressions that result in potentially lethal situations. The further marginalization of women across race, immigration status, class, age, sexuality and ability has often resulted in their mistreatment in seeking institutional supports, and has negatively impacted their access to the justice system, thereby putting them at greater risk of violence.

The evaluation participants spoke of various problems confronting the High Risk Project. The HRP is not an ongoing program with annual core funding. And many organizations and agency staff lack understanding about high risk. Also, there is shifting and frequently changing staff within WACT, all of which suggest an inadequate infrastructure needed to cope with and accommodate the changing and multiple dimensions of violence against women in the GTA. The GTA itself is a large geographic area, making it difficult for service providers to attend meetings or connect with local experts. All of these factors adversely affect the efficiency of the High Risk Project.

Recommendations

To enhance the HRP's capacity to respond to women in situations at high-risk of violence, as well as to address the barriers that prevented a significant number of service providers from using the Team, the report proposes the following recommendations:

1. Establish sustainable sources of on-going funding.
2. Ensure full-time WACT staff and consistent coordination of the Team.

3. Provide education and awareness training for new and diverse service providers outside of the VAW sector so those who work with high risk situations can better access and benefit from available VAW services and intervention mechanisms.
4. Develop strategies to ensure linguistically and culturally appropriate outreach to women from various racial and cultural backgrounds; women with disabilities, queer and trans women, poor, Aboriginal women and other vulnerable women.
5. Promote and advertise the HRP, as well as the HRCT through various outlets such as the radio, TV, newspapers and billboards in order ensure service providers are aware of the resources as well as to respond to media attention around questions of violence against women
6. Establish additional Consult Teams for the different regions in the GTA, and coordinating between these regions.
7. Meet more frequently (once a week) in order to respond to the urgency of high risk situations
8. Provide funding to smaller participating organizations to enable their staff to participate in the HRP, as well as the HRCT in order to encourage consistent attendance and participation in the Projects' meetings and training workshops.
9. Utilize video-conference and other new technologies, including online mediums for meetings to accommodate more participants over a larger geographic span
10. Partner with the Assaulted Women's Helpline, and other crisis lines to serve as a referral to the HRCT
11. Share the findings of this evaluation with the research participants, women's community organizations, and key stakeholders at the municipal and provincial levels in order to

build and strengthen advocacy and collaborative processes to combat violence against women.

12. Establish links with younger women's organizations in universities, high schools and community agencies in order to encourage a new generation of knowledgeable service providers.

Section One: Introduction

This report details the results of the evaluation of the High Risk Project (HRP) at the Woman Abuse Council of Toronto (WACT), with a particular emphasis on the High Risk Consult Team (HRCT). WACT is a policy development and planning body with a mandate to establish a coordinated response to violence against women in the GTA and beyond. The HRCT was initiated in 1999 in order to enhance WACT's response to high risk and potentially lethal situations of woman abuse in Toronto as a result of the death of Sandra Quigley, a woman considered to 'high risk'. She was killed by her intimate partner and had a number of key service providers involved in her case. All of those involved, despite their best efforts, were unable to protect her. In response to her death, the High Risk Response Model was developed to ensure early identification of high risk and strategies for intervention. In 2000, WACT established the High Risk Tool Kit, which provides significant information and resources that address and attempt to prevent violence against women, particularly in high-risk cases (WACT 2004).

The main purpose of the HRP Evaluation is to:

i) Assess the perceptions and experiences of those involved in the HRP, in terms of their capacity to analyze and provide options in high-risk cases;

ii) Assess the perception of key community actors who can provide information as to how the HRP functions with regards to increasing options for women in high risk situations;

iii) Assess the perceptions and experiences of people who have presented cases to the High Risk Consult Team (HRCT), as well as those who have not presented cases to the Team, and examine their absence from the HRCT;

iv) Evaluate a selection of the trainings and workshops conducted by WACT for their content and effectiveness

v) Identify systemic gaps that have been detected in the implementation of the High Risk Project. This will enable WACT and the HRP to enhance their understanding of the multiple dimensions of woman abuse. It will draw on lessons learned in order to further develop the High Risk Project protocols, as WACT continues to work on high-risk cases of woman abuse.

This evaluation is designed to provide an overview of the perspectives of selected participants about the effectiveness of the High Risk Project in fulfilling its mandate and goals. The first section of the report gives a broader overview of the evaluation report. Section Two elaborates on the methods used to conduct primary, as well as secondary research and evaluation. Section Three maps the multidimensional aspects of violence against women in Toronto, and illustrates the concerns raised by the evaluation participants regarding systemic gaps in addressing VAW with specific emphasis on the mandate of the HRP, as well as the HRCT**,** the effectiveness and efficiency of its model, the composition of the Project, systematic processes and operational issues. As well, it will evaluate the HRP training process. Section Four of the report summarizes the key issues, and proposes a set of recommendations based on the evaluation. The report also contains a Bibliography and Appendices that includes: interview questions, a consent form, list of Consult Team Member agencies, the WACT High Risk Project Training Manual, Consult Team Operational Guide and Consent Team agreements.

Section Two: Methodology

In March 2008, the data for evaluating the High Risk Project was collected using qualitative research methods that include in-depth and open-ended interviews with six participants who have been engaged with the HRP or the broader violence against women sector. A list of the interview questions can be found in Appendix (a) of this report. The interview process ranged from one to two and a half hours and was scheduled at a time and location identified by each participant.

Qualitative data collection offers a display of participants observations and insights into the Project. The participants were selected through a collaborative approach with WACT, four of the participants have been engaged with the HRP since its inception. The participants came from a range of women's organizations that include social services, health sectors and women's community organizations. Four of the interviews were conducted in- person with the participants, at their places of work. The other two interviews were conducted over the phone, as well as by email.

All the participants were provided a written Consent Form that outlined the nature of the evaluation process and emphasized the confidentiality and integrity of the interview process. During the interviews the participants' responses were audio recorded, and then later transcribed and coded. All of the interview tapes will be destroyed at the end of the evaluation process. I guarantee that the identity of the interviewees will always remain anonymous. I use pseudonyms where appropriate, change names of places and remove any other details that may reveal the identity of the participants. Please find the details of the Consent Form in Appendix (b) of this report.

The interviews, which constitute the primary source of data for this report, were supplemented by attending a few of theHRCT meetings, evaluating training workshop materials, as well as reviewing secondary data on violence against women internationally, and woman abuse in Toronto, more specifically. Detailed notes were taken during the interviews and then reviewed and coded to identify key themes for evaluating the High Risk Project.

This evaluation report draws on data generated from interviews, in addition to secondary research to identify both the strengths, as well as the gaps in the High Risk Project, with a particular emphasis on the High Risk Consult Team as the next section illustrates.

Section Three: High Risk Project Evaluation

i) Understanding the Multidimensional Aspects of Women's Abuse

Woman abuse, as defined by the UN General Assembly in the 1993, is "any act of gender-based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private."

Available evidence suggests that women's experiences of abuse at both the public and domestic spheres have often been ignored in favor of male views and experiences (Alcalde .& Caragata 2007). When woman abuse issues are addressed, there is the tendency to predominantly focus on women as victims and prioritize certain aspects of their experiences, namely experiences of sexualized violence. This evaluation addresses the multidimensional aspects of women's experiences of gender-based violence in the GTA, and beyond. Gender-based violence can be defined as physical, sexual and psychological violence committed against women and girls as a result of their gender. Gendered experiences of violence often endured by women and girls also includes forced prostitution and sex work and unwanted pregnancy. These patterns of abuse have distinct consequences for women and girls**,** such as chronic reproductive/gynecological health problems, and marginalization from family and community due to stigma associated with women abuse (ibid).

Indeed, the inequality that many women experience derives from patriarchal perceptions of gender roles and relationships. These include notions of appropriate as well as inappropriate behavior, appearance and attitude for women and men that arise from social and cultural traditions. Gender

relations, then, refer to the ways women and men interact, and these are usually characterized by unequal power relationships (El Jack 2002). The key insight in gender analysis is not merely the articulation of gendered differences, but more significantly, the matter of how to address the inequalities between women and men and between girls and boys. As Cockburn points out, "[A] gender analysis is uncovering the differentiation and asymmetry of masculine and feminine as governing principles, as idealized qualities, as practices, as symbols" (Cockburn2004: 29).

Patterns of gender-based violence show how deeply the social construction of masculine identity is embedded in the concept of the male as the "provider" for women and children. To support this ideology, femininity and feminine identities are constructed under the premise that females are vulnerable, dependent, unable to provide for themselves and, therefore, in need of male protection. The dichotomy of provided for/provider is often made more complex when women are physically and sexually abused by male spouses who are crippled by guilt and anger at having failed to assume their perceived "duty" of providing for women and children.

In the GTA context, Punam Khosla (2003) argues that woman abuse is increasingly more apparent along the lines of race, gender, class, sexuality, ability, and geography. A high proportion of women of color, Aboriginal women, immigrant and refugee women, lesbian and transgender, old and young women, poor women, and disabled women, represent the most marginalized women in the GTA's. These marginalized women experience multiple risks of violence, as their vulnerability is compounded by lack of economic resources as well as, systemic and intersecting oppressions that result in potentially lethal situations. The further marginalization of women across race, immigration status, class, age, sexuality and ability has

often resulted in their mistreatment when seeking institutional supports, and has negatively impacted their access to the justice system, thereby putting them at greater risk of violence.

Similarly, regarding systemic gaps in the VAW sector in Toronto, Judith Alcalde & Lea Caragata in an Environmental Scan of Services and Service Coordination for Women Abuse in Toronto (2007) stress that the VAW sector's response to woman abuse in Toronto continues to fall short of consistently identifying women who are experiencing violence and helping women who choose to leave abusive situations.

> The scan demonstrates that the service system must go beyond the traditional notion of services and address the political and structural root causes of abuse, and the inequalities that contribute to abuse … There is no substantive policy focus, especially related to broader issues such as economic security and housing policies that trap women in abusive relationships. Political discourse on these issues and policy changes that work towards women's equality need to be a core component of the response to woman abuse (Alcalde .& Caragata 2007: iv).

ii) High Risk Project Background

History

WACT is a non-profit organization with a mandate to develop a coordinated response to woman abuse. Governed by a Board of Directors, it functions both as an agency with staff and a Council of over forty members who are senior representatives from organizations and institutions associated with woman abuse (including the police and justice representatives). In 1999, the murder of a Toronto woman by her boyfriend became a catalyst for examining the systemic response to women at risk for serious injury or death in the context of their intimate relationships. Sandra Quigley's tragic death, as in other intimate femicides, highlighted the urgent need for a coordinated response

to high-risk situations across VAW and allied sectors. As one of the interviewees for this evaluation states,

> The need to undertake work in the area of high risk came out of direct experience where the Woman Abuse Council was contacted by a number of different staff all of whom were working with a woman who was murdered by her intimate partner. When the murder took place in 2000, after phone calls from each of the staff involved with the case … a meeting convened with those involved to do our own version of a mini- inquest of the case. The most disturbing aspect of the situation was that each of the individuals who contacted me, immediately after the murder, was that each practitioner used the same words "this was a death waiting to happen- and I couldn't do anything about it"…Out of the subsequent meetings- including a review of the case that included a senior police officer who was able to provide us with documentation related to the case- all who were involved made a commitment to" take action such that we could build the capacity of practitioner so that they could better identify and respond to high risk woman abuse situations (interviewee, March 2008).

As a result, member agencies of the Woman Abuse Council prompted the formation of a High Risk Project Committee in order to develop a model for identifying and responding to high-risk situations. This project was rooted in the need for communication and coordination between agencies and sectors. One year after Sandra Quigley's death, this committee completed and presented a high-risk response model to the Woman Abuse Council. They recommended the initiation of an ongoing High Risk Project, an on-going Advisory Committee and the establishment of a High Risk Consult Team to provide a forum for service providers to discuss high risk situations and develop strategies to save women's lives.

Mandate of the High Risk Project

The High-Risk Project at WACT is mandated to focus on two main components. First, it focuses on education for service providers and practitioners through frequent presentations and workshops on high risk situations. For instance, WACT created a High Risk Tool Kit that has

trained over forty agencies in the GTA and beyond. The High Risk Project, furthermore, provides information and resource materials including indicators, case management and safety planning procedures to inform and assist service providers of high risk situations, as well as training them on how to use the various assessment tools created by WACT (WACT 2002).

The second component of the High Risk Project is the HRCT which was established in 2003. The High Risk Consult Team Initiative is coordinated by the Project Coordinator, a staff person at WACT. The Project Coordinator provides administrative support to the High Risk Advisory Committee and the High Risk Consult Team. The Project Coordinator attends the Advisory Committee meetings to ensure ongoing communication between the High Risk Consult Team and the High Risk Advisory Committee. The Project Coordinator also does initial consults with case presenters and recommends cases to the HRCT.

Mission Statement of the High Risk Consult Team

The High Risk Consult Team model is designed to enhance the safety of women who are at high risk for death or serious injury from their intimate partners (past or current) by strengthening the intervention strategies of practitioners involved in high-risk cases. The Consult Team promotes systemic changes to increase the safety of women and constrain the abuser.

Philosophy of the Consult Team

The spirit of the work of the High Risk Consult Team Project is to obtain the full benefit of the knowledge and resources of the various sectors represented. The approach used by the Team constitutes creative problem-solving, information sharing and exploring innovative intervention strategies to increase the woman's safety and constrain the abuser. The intent of the High Risk

Consult Team is to assist service providers from all sectors in developing and promoting best practices in responding to high-risk cases. Various members of the High Risk Consult Team contribute by bringing the perspective their sector and area of practice/expertise.

Where questions are posed to the representatives of a particular sector as to the appropriateness and/or effectiveness of said sector's action/inaction, the guiding principle of the discussion is to promote systemic change that works towards creating safety for abused women and their children. Allowing for critical examination of how each sector responds to high-risk situations creates a forum where all members of the Consult Team can learn from experience and begin to identify and implement innovative responses that could further protect a woman and her children and/or constrain the abuser. All members of the Consult Team sign a membership agreement that identifies the norms and expectations regarding critical feedback to sectors that are participants of the Consult Team.

Goals of the Consult Team

The HRCT provides confidential and anonymous expert consultation to front-line practitioners struggling with high risk situations. The Team constitutes an interdisciplinary group of practitioners and service providers and includes a representative from a child welfare agency and the Victim/Witness Assistance Program, a therapist who works at a shelter, a counselor who works in a hospital, a counselor who works in a community health setting, a children's mental health worker who specializes in woman abuse, an immigration lawyer, a transitional and housing worker, and WACT staff, all of whom have extensive experience working with abused women and their families. A service provider that highlights a high risk case will call the WACT high risk project

coordinator. They will provide short synopsis of the situation, so the coordinator can invite any additional personnel to the team that may be needed in specialized cases. For example if a case is working with a women who has severe mental health barriers, this would allow the team to invite a mental health professional to the table. The HRCT reviews the case and explore new options for keeping the potential victims safe, as well as work to prevent the risks posed by perpetrators of woman abuse. The goals of the HRCT are as follows:

1) To provide a forum for a range of service providers to present and discuss high-risk woman abuse cases leading to recommendations that will decrease the degree of danger.
2) To generate options/strategies and address systemic gaps for the benefit of women experiencing high-risk situations.
3) To increase and strengthen active and ongoing partnerships in all sectors in order to enhance women's safety and constrain the abuser in high-risk situations.
4) To develop and promote best practices for effective intervention in high-risk cases.

iii) Effectiveness and Efficiency of the Model

WACT has created Best Practices for a coordinated approach to identifying and responding to potentially lethal situations of woman abuse. One of the interviewees affirms that

> Over a number of years, since 2000, WACT did the following to develop the high risk consult team model: Support Services/Cultural Issues Committee spent a year reviewing existing high risk assessment tools and ultimately developed a tool between 2001 and2002; the tool was distributed widely in trainings and discussions to community agency staff; a model response to intervening in high risk situations was developed through the SSCI committee- this model was documented and shared in presentations across the community; funding was received to implement the model response in 5 agencies, that included a diversity of communities (Native Child and Family Services, COSTI, Flemingdon Neighborhood Services,

> Jewish Child and Family Services, and FSA); a recommendations from this one year pilot project included the creation of a High Risk Consult Team (interviewee, March 2008).

As a result, the Domestic Violence Death Review Committee Annual Report to the Chief Coroner in 2005 cited WACT as a best practice. Similarly, an Environmental Scan of Services and Service Coordination for Women Abuse in Toronto in 2007 states that "WACT provides a forum for information sharing and coordination. Task forces and issue related focused committees bring people from various organizations to together to work towards a common goal of working towards enhanced service coordination" (Alcalde & Caragata 2007: iii).

This evaluation emphasizes that the HRP has demonstrated success in responding to women's needs in potentially lethal situations, both on a case-by-case basis and on a broader community level. The Project sustained monthly HRCT meetings that brought together experts in the domestic violence sector with service providers and practitioners in related sectors, thus facilitating key discussions (confidential and anonymous) towards developing an action-oriented protocol for preventing violence against women and enhancing women's safety. In addition, the Project conducted frequent workshops on high-risk indicators, to support various strategies for strengthening women's safety, and for intervening against perpetrators of violence against women.

In evaluating the effectiveness of the model, the participants spoke of various problems confronting the HRP. The fact that it is funded in an on-going manner increases the HRP's vulnerability.
And many organizations and agency staff lack understanding about high risk. Also, there is shifting and frequently changing staff within WACT, all of which suggest an inadequate infrastructure needed to cope with and accommodate the changing and multiple dimensions of violence against

women in the GTA. The GTA itself is a large geographic area, making it difficult for service providers to attend meetings or connect with local experts. All of these factors adversely affect the efficiency of the High Risk Project.

The evaluation findings indicate that while the HRP was effective in "providing a forum for service providers" (Goal #1) it did not provide a forum for a broader range of service providers working with marginalized women nor reach out to diverse women at high-risk of abuse and violence in the Greater Toronto Area (GTA). As the Environmental Scan of Services and Service Coordination for Women Abuse in Toronto reiterates, this is mainly because "women are often alone in navigating the myriad of services" (ibid). Despite the many efforts put forward by the HRCT, this reflects a significant gap in the violence against women sector's ability to respond to the needs of the diversity that exists in the GTA. One of the interviewees, community-based social worker, brings to the attention that

> Many women in the GTA are not able to access the VAW services because of our immigration status, our economic status, language barriers, the racism within some of these services. Many young women of color/immigrant & refugee women have seen an increase of police and intelligence services in their communities. Some consequences of this include: increased feelings of dislocation and marginalization; underreporting of crimes; and the criminalization of our communities especially our youth … Young women have a difficult time accessing many services since there are few spaces that recognize our distinct needs... When some young women of color/immigrant & refugee women attempt to access services, they may face assumptions about their race, ethnicity, culture and/or religion that impede the fair and bias-free delivery of services (interviewee, March 2008).

A high proportion of women of color, Aboriginal women, immigrant and refugee women, lesbian and transgender, old and young women, poor women, and disabled women, represent the most marginalized women in the GTA's. As a result of the these factors, these marginalized women

continue to fall through the cracks in service access and delivery, and yet they experience multiple risks of violence, as their vulnerability is compounded by historical, systemic and intersecting oppressions that result in potentially lethal situations. The further marginalization of women across race, immigration status, class, age, sexuality and ability has often resulted in their mistreatment in seeking institutional supports, and has negatively impacted their access to the justice system, thereby putting them at greater risk of violence.

iv) Process, Operational Issues & Training

The High Risk Project evolved out of the concern raised by members of the Support Services and Cultural Issues Committee of the Woman Abuse Council of Toronto. The concern was regarding the need to identify an effective and timely response to situations where one or more players are involved in a high-risk case. The Project itself has three main aims; i) the development of a model for risk assessment; ii) planning of timely and appropriate interventions; iii) ensuring that practitioners' are able to facilitate appropriate responses from all sectors to help protect a woman's safety through training and consultation. The model components emphasize the following:

i) Regular and ongoing use of risk assessment process and procedures: use of a risk assessment process by all those involved with a woman who they believe is at high risk for death or serious injury. Ideally, the practioners should encourage the woman to participate in her own risk assessment process using available tools with the practioners**.**

ii) In cases of identified high risk – safety planning: convening of a safety planning group meeting to identify an action plan to be put into place in a timely fashion to respond to the

immediate needs. This plan includes ways to protect her safety in conjunction with key stakeholders (e.g. police, family, VWAP, etc.).

iii) In cases of concern and need to consult – constraining the abuser: bring a specific case situation to the High Risk Consult Team to consult on difficult cases and brainstorm possible interventions

The HRCT meets once a month to address high risk situations and present specific cases in the meetings. While the HRCT is by no means a decision-making body, participants report that it provides useful options and ideas for service provider that enables them to intervene and sometimes prevent tragic incidences of women abuse. Further, the benefits of the Team have been documented in WACT evaluation documents: WACT (2004) & (2002). Many of the evaluation documents that I reviewed support the usefulness of having a comprehensive discussion and identification of high risk situations, as well as back-up for the practitioner who understands and are delicately working with a woman in a high-risk situation. In 2005, the Domestic Violence Death Review Committee Annual Report to the Chief Coroner, which cited WACT as a best practice because,

> the benefits of the Team have been documented by those who have used the consultation process. Feedback has focused on how helpful it is to have a full and comprehensive discussion about a serious situation with a group of practitioners who understand woman abuse and risk. Virtually everyone who has used the Team has stated that they found the process an excellent learning experience and the Team very supportive. Support and back-up for the practitioner is critically important in these cases, given the stresses that agency staff experience when working with a woman in a high-risk situation (Domestic Violence Death Review Committee Annual Report 2005:51).

Evaluations of the HRP training illustrates consistently positive feedback, which includes: the validation of the importance of responding to high risk cases; support to workers through the opportunity to talk to others about the complexities of high risk cases; new ideas of how to

understand and intervene in high risk cases; increased practitioners ability to think about and intervene in risk assessment and risk management; and increased ability to access resources and VAW sectors.

Section Four: Conclusions and Policy Recommendations:

The findings of this evaluation emphasize the strengths and achievements of the High Risk Project, as well as identify gaps in the HRP's structure, services and coordination. To enhance the HRP capacity to respond to women in situations at high-risk of violence, as well as to address the barriers that prevented significant number of service providers from using the Team, the Evaluation Report proposes the following recommendations:

1. Establish sustainable sources of on-going funding.
2. Ensure full-time WACT staff and consistent coordination of the Team.
3. Provide education and awareness training for new and diverse service providers outside of the VAW sector so those who work with high risk situations can better access and benefit from available VAW services and intervention mechanisms.
4. Develop strategies to ensure linguistically and culturally appropriate outreach to women from various racial and cultural backgrounds; women with disabilities, queer and trans women, poor, Aboriginal women and other vulnerable women.
5. Promote and advertise the HRP, as well as the HRCT through various outlets such as the radio, TV, newspapers and billboards in order ensure service providers are aware of the resources as well as to respond to media attention around questions of violence against women.

6. Establish additional Consult Teams for the different regions in the GTA, and coordinating between these regions.

7. Meet more frequently (once a week) in order to respond to the urgency of high risk situations.

7. Provide funding to smaller participating organizations to enable their staff to participate in the HRP, as well as the HRCT in order to encourage consistent attendance and participation in the Projects' meetings and training workshops.

8. Utilize video-conference and other new technologies, including online mediums for meetings to accommodate more participants over a larger geographic span.

9. Partner with the Assaulted Women's Helpline, and other crisis lines to serve as a referral to the HRCT.

10. Share the findings of this evaluation with the research participants, women's community organizations, and key stakeholders at the municipal and provincial levels in order to build and strengthen advocacy and collaborative processes to combat violence against women.

11. Establish links with younger women's organizations in universities, high schools and community agencies in order to encourage a new generation of knowledgeable service providers.

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Appendix A: Interview Questions

Background Information

1. Please describe your position and responsibilities.

2. For how long have you worked in this position?

3. Please describe the extent of i) your personal engagement ii) your organization's engagement with the High Risk Project?

4. Age:

5. How do you place yourself and your clients in terms of :
    a. Socio-economic background
    b. Racial- ethnic composition
    c. Religion
    d. Sexuality
    e. Age
    f. Ability

Mandate/Evaluation

6. As you understand it, please describe the Model of High Risk Project.

7. Has this model and its mandate shifted to accommodate emerging high risk situations?

8. Have you dealt in any capacity with evaluating the perceptions and experiences of people who have presented cases to the Consult Team? If so, please specify which ones and where?

9. Have you dealt in any capacity with an evaluation of the perceptions and experiences of the High Risk team itself in terms of its capacity to: analyze situations and provide options in high risk cases? If so, please specify elaborate?

10. Have you dealt in any capacity with evaluating of key community actors who can provide information as to how the High Risk Team function/assist women in risk situations?

11. Have you engaged in any evaluation of key trainings/workshop in terms of their content and usefulness?

12. Based on your experiences with the HRCT, what do you believe has been working well with the High Risk Consult Team? In what ways? And not so well?

13. Are there specific aspects that we should focus on in the evaluation of the high risk project?

Effectiveness and efficiency of the model

14. What changes do you believe are needed to improve the effectiveness of the HRCT as a model of addressing HR situations?

15. Do you think that the process is helpful to practitioners?

16. Do you think that practitioners from the VAW sector know about the HRCT?

17. What changes do you believe are needed to encourage practitioners to use the HRCT or a similar process?

18. Do you have suggestions of places where we could publicize the HRCT?

Composition of the High Risk Consult Team/Process/Operational issues

19. Are there other sectors, agencies or organizations that you believe should be added to the HRCT to increase its ability to respond effectively to High Risk situations?

20. Is there someone in particular that you think would be a good addition to the team?

21. Do you find it difficult to commit to a meeting once a month?

22. Do you have the support from your employer to participate in the HRCT?

23. Should members send a colleague to the meeting when they cannot attend?

24. How much time would be acceptable to notice you of a meeting cancellation?

25. What is the best way to communicate with you (emails, phone calls?)?

26. Have you been reading the case summary in advance? Is it helpful to receive it in advance? How long in advance should you receive it?

27. During meetings, do you think that the suggested meeting format should be followed more closely?

28. What changes do you believe could improve the process (before, during and after the meeting)?

Identifying and reporting on systemic issues

29. Based on your experience with the HRCT, do you think that the process is effective at identifying and reporting on systemic issues?

30. Could it be improved and how?

31. Do you think that there is enough time to identify and discuss systemic issues during the HRCT meetings? Is it working to reduce violence?

Training

32. Have you participated in high risk training? If yes, how useful did you find it?

33. Are there particular sectors that we should focus on to publicize the high risk assessment training?

34. Any other comments?

Appendix B: Consent Form

My name is Amani El Jack, and I am a researcher assigned to conduct an evaluation of the High Risk Project at the Woman Abuse Council of Toronto (WACT), with a particular focus on the High Risk Consult Team. I am a doctoral candidate in the Graduate Program in Women's Studies at York University. This Evaluation is intended to comply with the funding agreement that WACT has with the Ontario Trillium foundation. Furthermore it is intended to gain learning around the high-risk project. This includes identifying what processes, and information need to be improved as WACT continues to work on high risk cases of woman abuse.

You have been invited to participate in this evaluation process because of your expertise/experience dealing with the High Risk initiative through the Woman Abuse Council of Toronto. The interview is about 2 to 3 hours long, and is to be scheduled at your convenience and at a location of your choice. During our conversation, you have the right to refuse to answer any question(s) that you are not comfortable with and to withdraw from this process at any time. I will audio record the interview, until transcribed, and then the tape of this interview will be destroyed.

I, Amani El Jack, shall use this interview in developing an effective strategy in evaluating the High Risk Project and its deliverables, as well as in writing an evaluation report for the Woman Abuse Council of Toronto. The provided information could be used for further future work to further the mandate of WACT. I guarantee that the identity of the interviewees will always remain anonymous. I shall use pseudonyms where appropriate, change names of places and remove any other details that may reveal the identity of the participants.

By signing this consent form, you indicate your agreement to the above.

Do you agree to take part in this research?

Yes……

No…..…….

Printed name of participant:……...…….

Contact info:

Signature of participant:……..…..……..……

Date:…….
Signature of researcher:…….