

Community Response Protocol
For
Sexual Assault and Domestic
Violence

Case Scenario-Five
Sexual Assault - Child

2007 -08 Training Series

Presentation of Case Scenario – Child Sexual Assault

A young female child of 7 years old reports to her mother that while sitting on the couch watching T.V. that ‘her uncle’ (someone who may or may not be a blood relative but is very close and trusted by the family) has been touching her inappropriately under the blanket she had covering herself while watching T.V. The mother was able to determine from the young girl during their conversation that he likely penetrated her with his fingers. The mother both angry and terrified immediately calls the local police services.

The local police services arrive and remove the ‘male alleged perpetrator of this sexual assault’ from the home. They also notified Victim Services and CAS. Workers from both services are now on their way to the home. One specially trained officer begins a discussion with the victim with the victim’s mother present. **The local policing services are the first contact person with the victim.**

Using the Community Response Protocol Appendix 3 – “Children’s Aid Society Investigation Process for Domestic Violence and Sexual Abuse” the police review with the mother what to expect when CAS arrives. This includes:

Each case is treated individually and interventions and supports will be based on what she and her child needs by exploring and determining their strengths and resources. (Appendix 3 of Protocol listed below).

1. Internal review of any existing files.
2. Determine need to interview child without parental consent.
3. Arrange with the non-offending parent(s) to meet and to see the child. Interview the child privately and separately re: the allegation, adult conflict and/or abuse and all safety factors.
4. Inform the non-offending parent(s) that the child (ren) is not to have access to the alleged perpetrator until CAS has completed the investigation and/or states otherwise.
5. Determine if there are any other children under age 16 whom may also be in need of child welfare intervention. If yes, interview them.
6. Determine if there are collateral witnesses and interview.
7. Obtain and activate all relevant consents. Interview non-offending parent(s) regarding the allegation(s) and all safety factors

1. Victim’s First Contact with first referral:

CAS has their initial meeting with the victim in her home. Based on the information provided by the victim the CAS decides to launch an investigation into suspected child sexual abuse. The case worker assigned to the victim advises the victim’s mother that the following will happen;

Her case is treated individually and interventions and supports will based on what she and her children need by exploring and determining their strengths and resources. (Appendix 3 of Protocol listed below).

1. Internal review of any existing files.
2. Determine need to interview the victim without parental consent.
3. Arrange with the non-offending parent(s) to meet and to see the children.
Interview the children privately and separately re: the allegation, adult conflict and/or sexual abuse and all safety factors.
4. Inform the non-offending parent(s) that the child (ren) is not to have access to the alleged perpetrator until CAS has completed the investigation and/or states otherwise.
5. Determine if there are any other children under age 16 whom may also be in need of child welfare intervention. If yes, interview them.
6. Determine if there are collateral witnesses and interview.
7. Obtain and activate all relevant consents. Interview non-offending parent(s) regarding the allegation(s) and all safety factors.

Victim Services has now arrived at the home of the victim and non-offending parent(s) and is providing support to the victim and the non-offending parent(s).

Additional requests and activities

The CAS is also involving the Sexual Assault and Partner Abuse Care Centre (SAAPACC) asking them to complete a forensic exam of the victim. Victim Services has also met with the mother and provided support and information/referrals. Police Services have also determined that sufficient grounds exist and have charged the ‘male/uncle’ with sexual assault. The occurrence report/police information sheets have been provided to the Crown’s Office and V/WAP has become involved. V/WAP is just about to organize their first contact with the victim and non-offending parent (the mother).

2. Additional requests for assistance from victim’s mother and using the Protocol to prepare for the first Case Management Meeting:

The mother of the victim informed the CAS worker that she was interested in following up on counselling and support programs and referrals for herself and her children. She also requested from the CAS worker information about going to court regarding the sexual assaults and what might happen if ‘this man – this uncle’ was charged with sexually assaulting her daughter.

Your Community Response Team

The Case Management Meeting

There are a number of resources in this Work Book including a service flow chart and Case Management Action Plan.

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As a small group please complete the following tasks:

- Choose a Case Management Team member to record your discussion/decisions and outcomes of the Case Management Team Meeting.
- Choose a Case Management Team member that will present/highlight your discussion/decisions and outcomes to the large group.

This first Case Management meeting has in attendance the following people; One of the police officers who initially met the victim, the victim's CAS case worker, and a counsellor/nurse from the Sexual Assault and Partner Abuse Program, a staff from Victim Services and a staff from V/WAP.

During the Case Management Meeting be sure to identify the following issues:

- Were referrals for supports made for the victim and her mother in the case appropriate and timely? List/describe where referrals were and/or need to be made or facilitated by the Team on behalf of the victim and her mother.
- Was the issue of the age of the victim discussed? (If she is under 16, the forensic work would still happen at the Sexual Assault and Partner Abuse Care Centre, but follow up support in the community would occur at the CAS).
- Was education on the occurrence, presented to the victim's mother along with information regarding resources available for support – particularly for children who may have experienced sexual abuse?
- Was there effective and appropriate community service collaboration? How do you know – list some examples?
- Was the Community Response Protocol highlighted as directing the service flow for this DV/SA assault victim?

COMMUNITY RESPONSE TEAM WORK – IN THE LARGE GROUP SETTING

- Briefly describe your case scenario to the large group
- Briefly highlight the results of your case management meeting. Among others, you may want to consider
 - The strengths of your community response to the victim, and
 - The barriers and obstacles in the community response to the victim.

Domestic Violence First Contact Checklist

(Page 1 of 3)

1. I explained the limits to confidentiality (I explained to the victim what could be held in confidence and what could not be held in confidence).
2. a) I completed a *Risk Assessment/Screening Tool for Domestic Violence*, **OR**
b) I referred to _____ to complete a *Risk Assessment/ Screening Tool for Domestic Violence*.
3. I have considered any barriers that may impact the victim's ability to access services including; language, financial need, disability, transportation, geographic location, culture, age, and sexual orientation.
4. I reviewed resources for safety and ensured for safety planning by providing the victim with contact information including:
- Police/Victim Services
 - Emergency Shelter
 - Crisis Lines
 - Hospital medical and support services
5. I ensured for the victim's immediate physical and medical needs by offering a referral to the Sexual Assault and Partner Abuse Care Centre (for medical care assessment, documentation of injuries/forensic services and crisis support) and I offered to assist with this referral.
6. If children are involved I considered whether a referral to The Children's Aid Society was needed.
7. I encouraged the victim, if female, to contact any one of the 4 shelters in Grey & Bruce and I offered to assist with this referral. If the female victim chose not to access these services, or the victim is a male, I suggested other services, including Victim Services.
8. I fully informed the victim of their choices and options for service provision including services available at M'Wikwedong and in both First Nations Communities.

**Guide to
Domestic Violence First Contact Checklist**

TOOL #1

(Page 2 of 3)

All service providers will follow the procedures outlined below, in response to a disclosure or incidence of domestic violence.

Principles That Guide Our Work

Service providers will make every effort to respond to a disclosure of domestic violence in a manner that is in accordance with the principles of:

- Informed **choices and options** are provided to each victim
- **Accountability** to victims (service providers are responsible for the optimal provision of services; offenders are responsible for the violence and are accountable for it)
- **Safety** for victims
- **Equality and Equity** framework – service provision that ensures for equal outcome
- **Prevention and early intervention** – strategies that prevent or reduce harm
- **Accessible services** regardless of barriers
- **Commitment** to work with other service providers

1. Confidentiality

The service provider will fully explain how their services might impact on their ability to hold information the victim provides as confidential (limits to confidentiality). To the best of your abilities you will ensure that the victim has understood your explanation.

2. Risk Assessment

The service provider will complete a Risk Assessment/Screening Tool #4 (pp. 72-73) for Domestic Violence. Police Services will complete the DVSR. The service provider will discuss the risk assessment with the victim. Or the service provider will refer the victim to one of the 4 shelters or Victim Services (or other provider of domestic violence services) so that they can complete the Risk Assessment with the victim.

3. Barriers to Services

The service provider will consider all the barriers that might prevent a victim from accessing services and will assist in the referrals and connections to services to help overcome these barriers. Barriers may include; language, disability, culture, age, race, religion, sexual orientation, transportation and financial need.

4. Immediate Safety Check and Safety Planning

The service provider will review safety resources with the victim, including describing the services of the police, emergency shelters, crisis lines, and hospital medical and support services.

5. Guide to Physical/Medical Check and Forensic Services

The service provider will help the victim, including children, access medical attention from the Sexual Assault and Partner Abuse Care Centre if it is needed and/or they request.

6. Children

Where children are involved consideration will be given to the need for a referral to The Children's Aid Society.

7. Choices and Options (emergency card/flyer)

The service provider will provide the victim with a *name of flyer/card (to be developed)*. The flyer describes community services and provides contact information. The service provider will fully explain all service choices and options to the victim. Suggested service options must be appropriate for each victim, for example consideration will be given to ability to pay, and geographical location. Victims will be informed of possible limitations or barriers to services.

8. Referral for Services

The service provider will encourage the victim to contact a service provider for help with their situation. The first suggestion will be one of the 4 shelter services or Victim Services. If the victim chooses not to access any of these services, other services will be suggested. If the victim agrees, the service provider will assist with a referral. The victim may choose a different source of support or decline service. The service provider will accept the victim's decision, without judgment.

If there are children involved who have been hurt by domestic violence, or are at risk of being harmed the service provider will contact The Children's Aid Society

The service provider who receives the referral will make decisions about the need to bring together a Case Management consultation meeting.

Complete Checklist

The service provider will complete the Initial Contact Checklist and place a copy in the victim's file at their agency. If a Case Management consultation meeting is convened on behalf of the victim, the service provider will bring a copy of the Initial Contact Checklist with the victims consent.

RISK ASSESSMENT/SCREENING TOOL for DOMESTIC VIOLENCE



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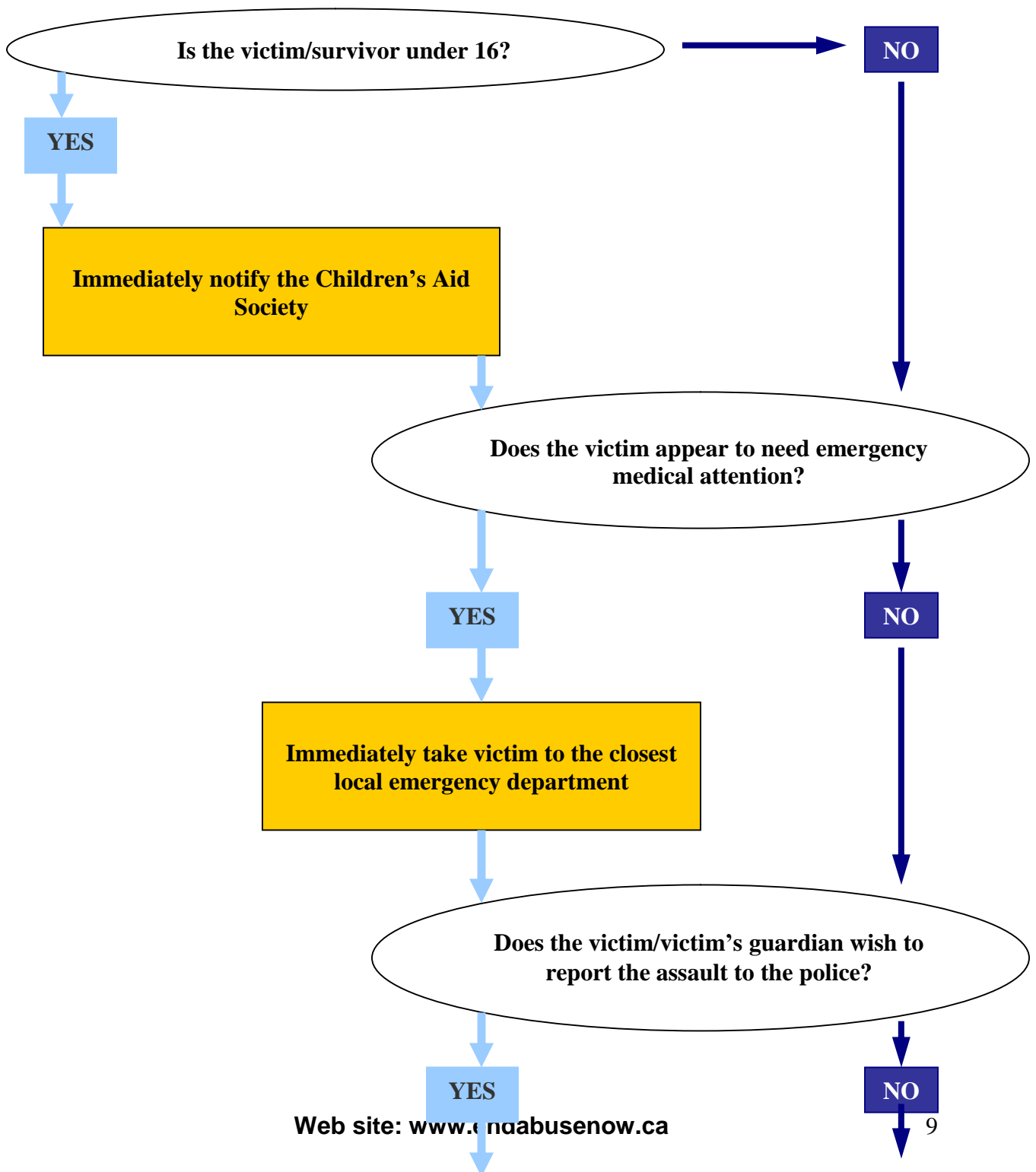
TOOL #4

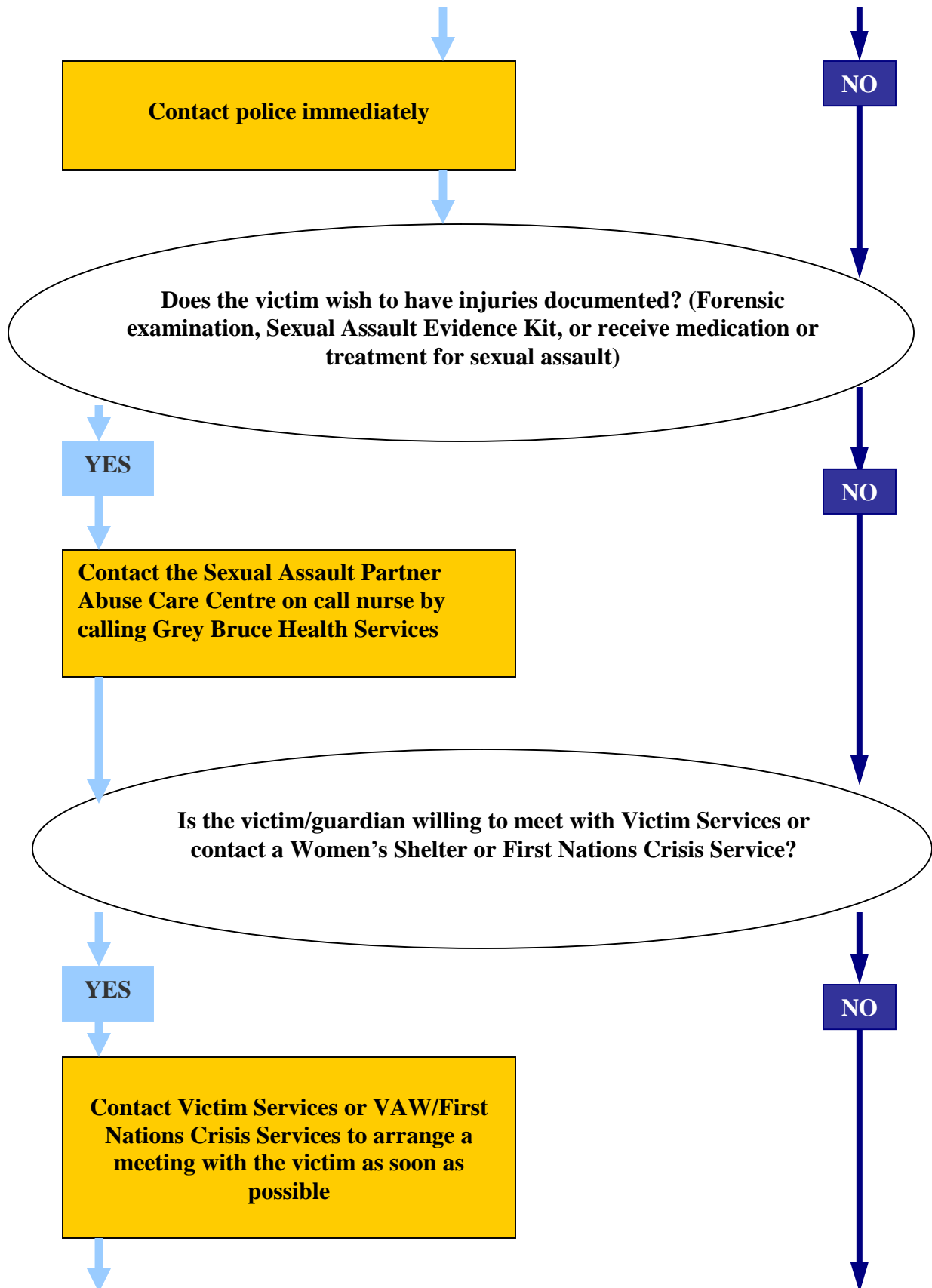
QUESTION	YES	NO
Has your partner assaulted/threatened you before?		
Have you been injured in prior assaults?		
Has there been a recent increase in assaults/threats?		
Has there been a recent change or separation in your relationship?		
Have your children been assaulted by your partner?		
Have the police been called to respond to any Domestic Violence situations involving your partner?		
Has there been a change in contact between your partner and the children?		
Is your partner jealous of you?		
Does your partner stop you from seeing family, friends or anyone else?		
If you are not separated from your partner is your partner preoccupied or obsessed with you? (For example, is your partner making repetitive phone calls or checking your movements and contacts?)		
If you are separated from you partner, has your partner stalked you, the family or others? (E.g. harassing phone calls, watching, tampering with personal property, frequenting workplace etc.)		
Has your partner killed or injured your pet?		
Has your partner destroyed or threatened to destroy your personal property?		
Has your partner threatened or attempted suicide?		
Has your partner threatened to harm/kill the children?		
Has your partner threatened to harm/kill any other family members or acquaintances?		
Has your partner experienced any unusual stress recently? (Such as losing a job?)		
Does your partner abuse alcohol or drugs?		
Is your partner more aggressive or violent when using alcohol or drugs?		
Does your partner have mental health problems?		
Is your partner on any medication?		
If so, are they taking the medication as prescribed?		
Has your partner sexually abused you?		
Has your partner breached any court order, such as bail conditions or restraining order?		
Does your partner own/have access to firearms?		
Does your partner have a Firearms License or recently applied for one?		
Do you fear that your partner will injure or kill you?		
Have you ever received medical treatment for injuries because you were assaulted?		
Do you fear that your partner will injure or kill the children?		
Do you have children from a previous relationship?		
Is there anything else that is causing you to fear your partner?		

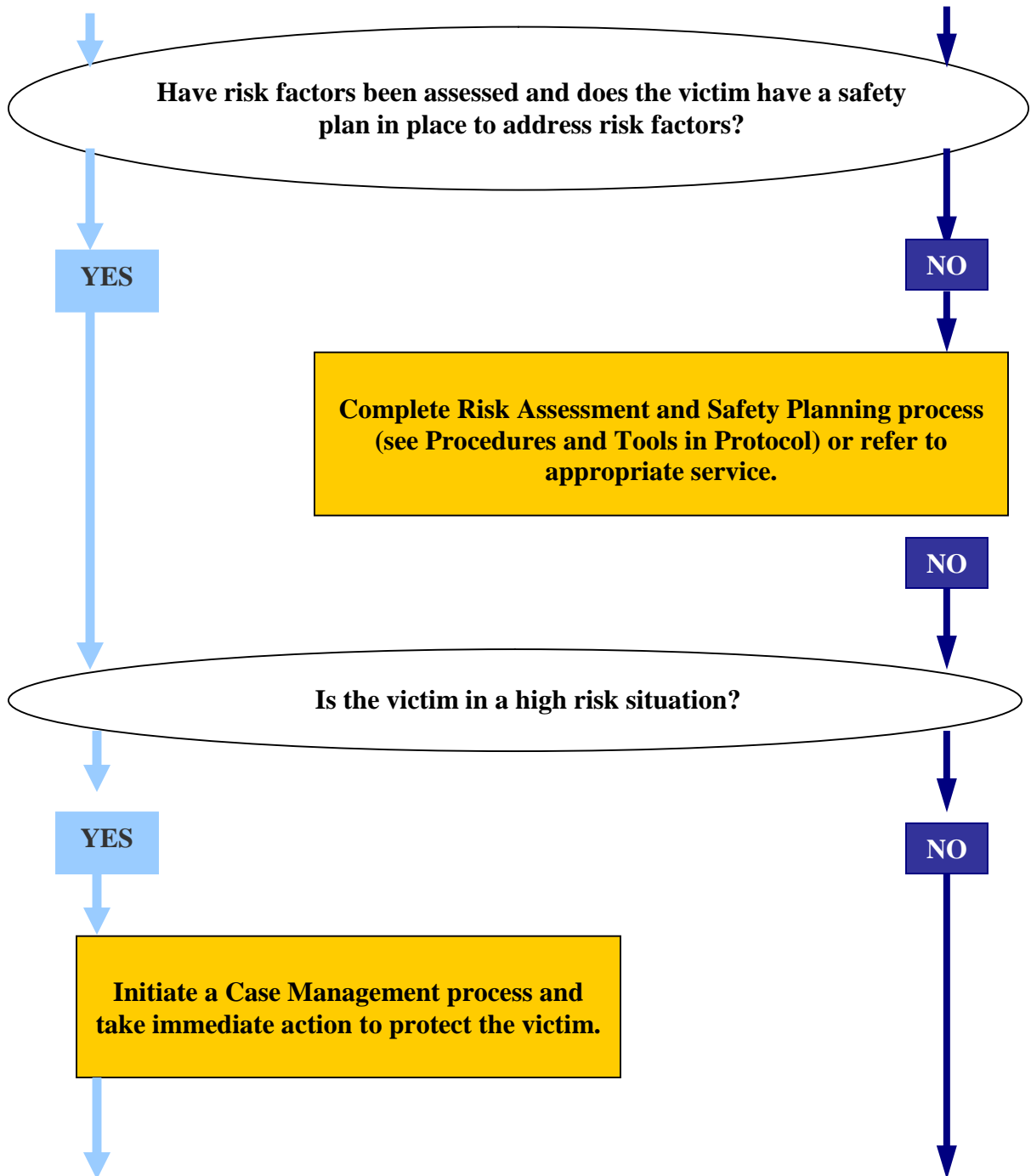
Figure 1

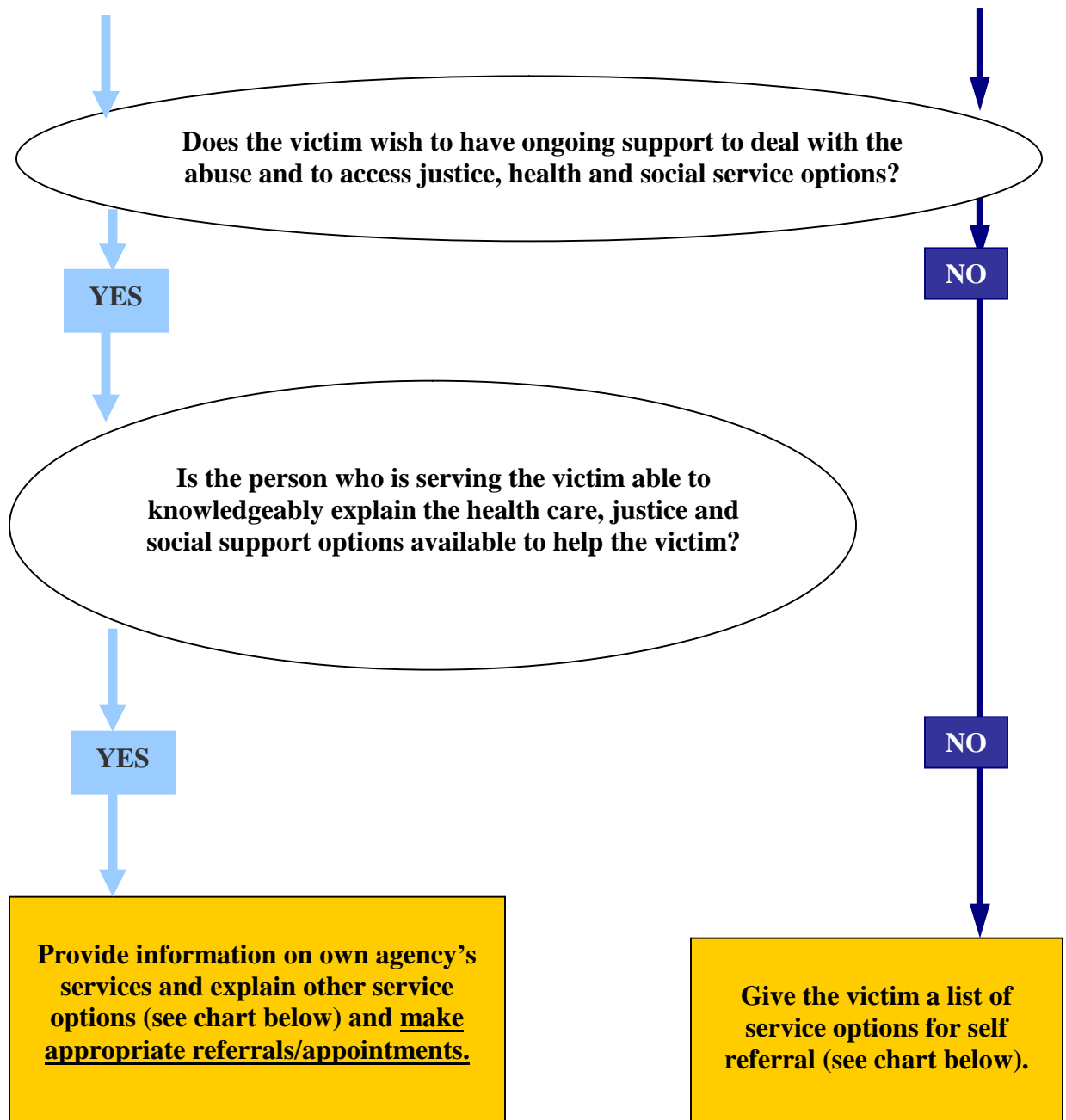
Flow Chart of Services

Ask the questions  and complete the actions  shown below to provide a consistent community response to domestic violence and sexual assaults.









Case Management and Community Partner Meetings

Purpose

- To plan for increased safety especially in high risk situations.
- To coordinate services in order to respond effectively to each adult victim's and/or child's needs.
- To review cases and share information.
- To identify follow-up and support services.
- To review ongoing risk especially in high risk situations.
- To play an advocacy and support role for adult victims and children in the case management process, to assist them in taking control of their lives whenever possible and to support adult victims in the protection of their children.
- To identify and advocate for perpetrator accountability strategies and/or treatment.
- To review and evaluate the intervention and outcomes.

Procedures

1. Any service provider may initiate a Case Management Meeting in any one of the following situations:
 - When there is high/elevated risk.
 - When there are complex issues (e.g., where there are barriers to service).
 - When there is a need to coordinate multiple services.
 - When service providers need to engage in proactive problem solving.
2. The adult victim will be asked for consent to hold a Case Management Meeting. If the adult victim declines to give consent, an informal Case Management discussion may happen on a non-identifying basis.
3. The service provider seeking the Case Management Meeting will be responsible for completing all signed consent forms.
4. The adult victim will be invited to attend the Case Management Meeting. The adult victim will be encouraged to bring along a support person. If the victim declines to attend they will be invited to present their comments verbally or in writing.
5. The service provider who calls the Case Management Meeting will chair the first meeting.
6. The meeting chair will record and disseminate an action plan for the victim (for reasons of safety they may decline) and to all members present at the Case Management Meeting (Case Management Action Plan,

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Tool 5 , Page 2 of the action plan will be used to check that all procedures have been followed.

7. The First Contact Checklist will be reviewed (Tool 1).
8. During the Case Management Meeting the effectiveness of the protocol will be monitored. Suggestions and challenges will be recorded by the chair of the meeting and forwarded to the Domestic Violence Coordinating Committee/Protocol Committee.
9. During the Case Management Meeting consideration should be given concerning the involvement of the DART Team for Grey and the Dart Team for Bruce counties especially where high risk situations are a factor and the domestic court process is underway. Each DART Team is especially equipped to review, assess and evaluate the court process as it relates to all domestic violence cases.

**YOUR COMMUNITY RESPONSE TEAM AND
CASE MANAGEMENT MEETING ACTION PLAN**

(Page 1 of 2) Tool #5

Date: _____

Present: _____

ACTION PLAN	SERVICE PROVIDER RESPONSIBLE	COMPLETED ✓
Other follow-up required		

COMMUNITY RESPONSE TEAM AND PARTNER ACTION PLAN

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Risk Assessment Form Completed	Yes	No	If not describe why not.
High Risk situations have been identified and a safety and accountability plan is in place			
On going Risk Assessment Plan in place especially in high risk situations.	Yes	No	If not describe why not.
Safety Plan Completed.	Yes	No	If not describe why not.
Case Management and Communication Plan in place with all members of the Case Management Group.	Yes	No	If not describe why not.
Interventions are in place to hold the abuser accountable.	Yes	No	How many? Please describe.
Interventions are in place to protect children	Yes	No	How many? Please describe.

CASE MANAGEMENT MEETING ACTION PLAN

(Page 1 of 2)

Date: _____

Present: _____

ACTION PLAN	SERVICE PROVIDER RESPONSIBLE	COMPLETED ✓
Other follow-up required		

COMMUNITY PARTNER ACTION PLAN

(Page 2 of 2)

Risk Assessment Form Completed	Yes	No	If not describe why not.
High Risk situations have been identified and a safety and accountability plan is in place			
On going Risk Assessment Plan in place especially in high risk situations.	Yes	No	If not describe why not.
Safety Plan Completed.	Yes	No	If not describe why not.
Case Management and Communication Plan in place with all members of the Case Management Group.	Yes	No	If not describe why not.
Interventions are in place to hold the abuser accountable.	Yes	No	How many? Please describe.
Interventions are in place to protect children	Yes	No	How many? Please describe.