

Community Response Protocol  
for  
Sexual Assault and Domestic  
Violence

**Case Scenario-One**  
Adult Female  
Sexual Assault & Domestic Violence

2007 -08 Training Series

## **Presentation of Case Scenario – Domestic Violence and Sexual Assault**

### **1. The first contact person and using the Protocol**

#### **a. Using the First Contact Check list, Risk Assessment for Safety Planning**

A woman aged 67, reports to a Public Health Nurse in Bruce County, in an outreach moment at a local area church group meeting information session on ‘Eating Healthy and Senior’s’, that she has been physically abused and sexually assaulted within her marriage by her husband. The latest assault took place two weeks ago. All of the assaults occurred in Bruce County. **(The Public Health Nurse in this situation is ‘The first contact person’.)**

She is new to the community. The woman reported to the nurse a number of issues – (that may require referrals regarding both housing, financial supports) and said that she was feeling generally unsafe. On initial contact, the public health nurse, with the victim’s permission completed the First Contact Checklist (see Tool 1 Community Response Protocol) and Risk Assessment Form (see Tool # 4 Community Response Protocol). The public health nurse then, with the victim’s permission, reviewed resources and optional available using the quick reference check list (see Protocol appendix). Based on what the woman wanted in terms of support the nurse facilitated referrals to the 24 hour Assaulted Women’s Helpline and Sexual Assault Program @ Women’s House Serving Bruce & Grey, Community Care and Access Centre / Seniors Program and local Mental Health Team.

### **2. Victim’s First Contact with first referral:**

The woman had signed a release of information form so that her First Contact Check list and Risk Assessment Forms could be forwarded to Women’s House Serving Bruce & Grey prior to her arrival for her first meeting with them.

On initial presentation at Women’s House Serving Bruce & Grey the woman was highly disorganized. High agitation, anxiety and distress over the reported assaults by her husband within the past two weeks were evident as were concerns about living arrangements (continuing to live with her husband was becoming less and less of an option for her as her fear and anxiety increased), and fear of coming apart and not coping. As her story unfolded, she presented information that identified she had suffered from being both sexually and physically assaulted within her marriage over an extended period of time (30+ years). She reported a history of mental health challenges, noting two periods of interface with the formal mental health system in Grey County. She reported the use of medication, both self and physician directed frequent ongoing challenges around feeling stable and able to cope along with financial and housing concerns etc.

**3. Additional requests for assistance from victim and using the Protocol to prepare for the first Case Management Meeting:**

She informed the Sexual Assault Program (SAP) worker that she was interested in following up on the mental health and senior's program referrals. She also requested from the SAP information about going to court regarding the assaults (recent) and then disclosed interest in discussing her feelings that she just couldn't cope anymore.

**Your Community Response Team**

As a small group please complete the following tasks:

Complete the attached First Contact Check list as if you were the public health nurse working with the victim. The Risk Assessment Form Tool # 4 is attached and has been completed. Since she is a victim of both domestic violence and sexual assault this Risk Assessment can be used. It is not used in cases of sexual assault directly with the victim. The Risk Assessment Tool is used in cases of Domestic Assault to help you and the victim understand risk factors. Please feel free to use the Initial Contact Check list and The Risk Assessment Tool for your reference in your work with the victim and in your case management meeting. There are a number of other resources in this Work Book including a service flow chart and Case Management Action Plan.

- 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.
- Complete the first Case Management Meeting (you have the permission/signed consent of the woman to have the case management meeting about her situation and she has chosen not to attend the meeting).

**The Case Management Meeting:**

This first Case Management meeting has in attendance the following people; the public health nurse who initially met the victim, her Mental Health Team case worker, and at the victim's request her support worker/counsellor from the Sexual Assault Program at Women's House Serving Bruce & Grey and member from the CCAAC Senior's Program.

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

- Were referrals for supports made in the case appropriate and timely? (i.e. was her immediate safety assessed and her other requests for support followed through on as quickly as possible – 24 – 72 hours?)

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2007-08**

- Was access to forensic assessment and associate supports for the victim of recent sexual violence discussed with the victim?
- Was the issue of the age of the woman discussed? (If she had been 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 not at SAP/Women's House but at the CAS).
- Was the issue of lack of identification of abuse issues in older women discussed? (Support for women that face additional barriers was identified as victims of the rural, First Nations and Mennonite communities in particular were identified as under resourced in addition to older women).
- Was education on the occurrence, presented to the victim along with information regarding resources available for support – particularly the emergency shelter for women at risk?
- 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

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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

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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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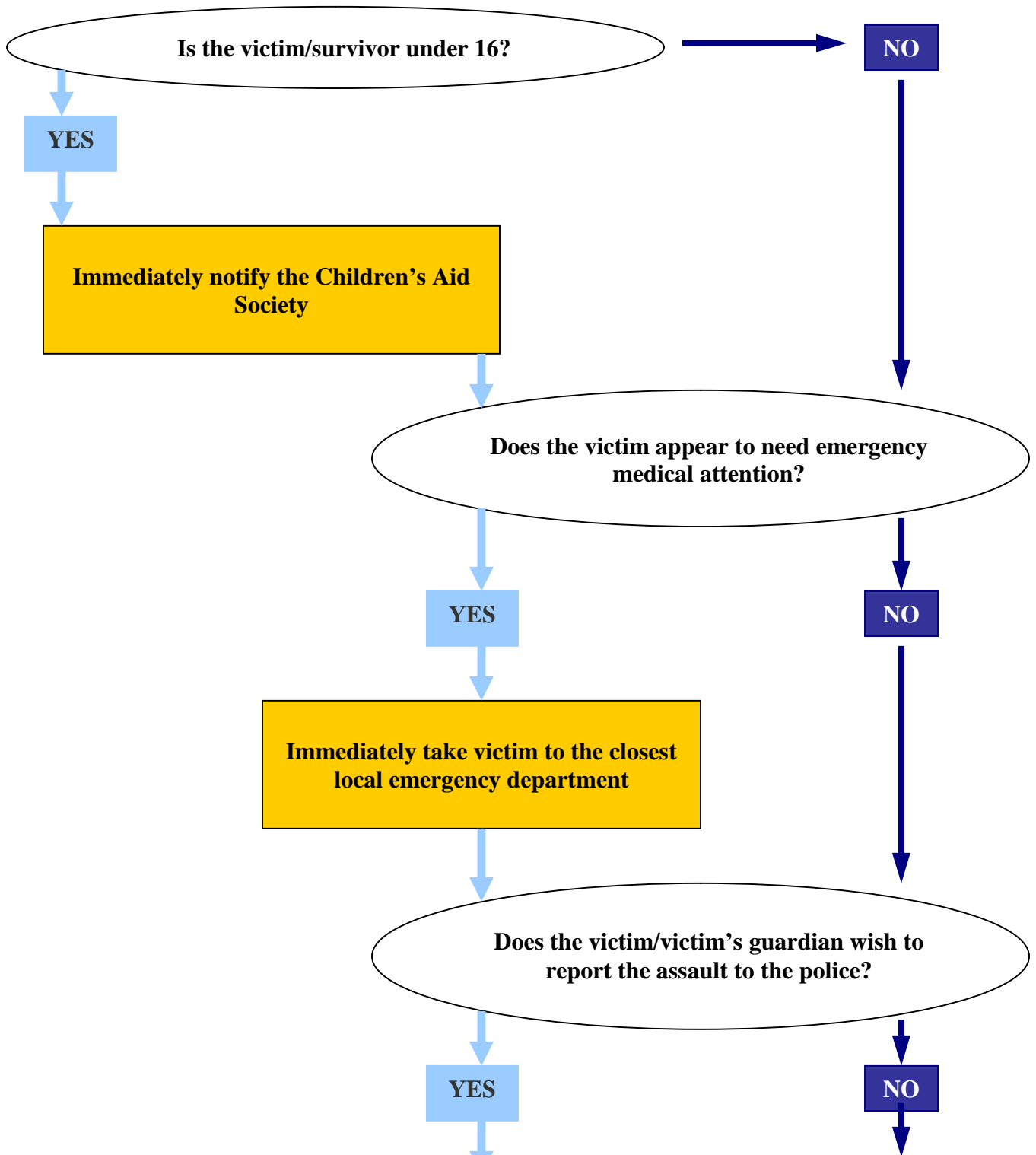
TOOL #4

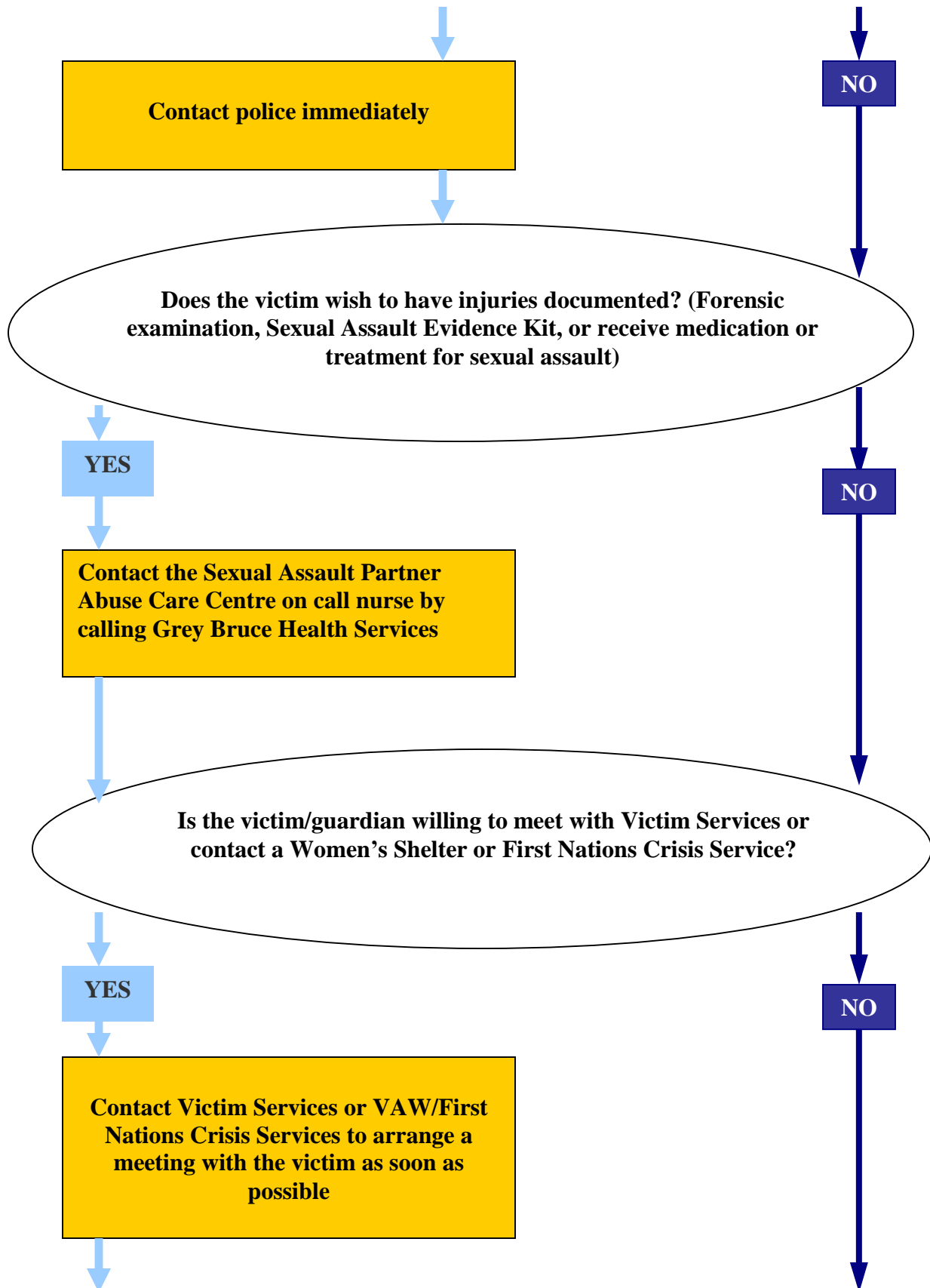
QUESTION	YES	NO
Has your partner assaulted/threatened you before?	*	
Have you been injured in prior assaults?	*	
Has there been a recent increase in assaults/threats?		*
Has there been a recent change or separation in your relationship?		*
Have your children been assaulted by your partner?		*
Have the 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?	*	

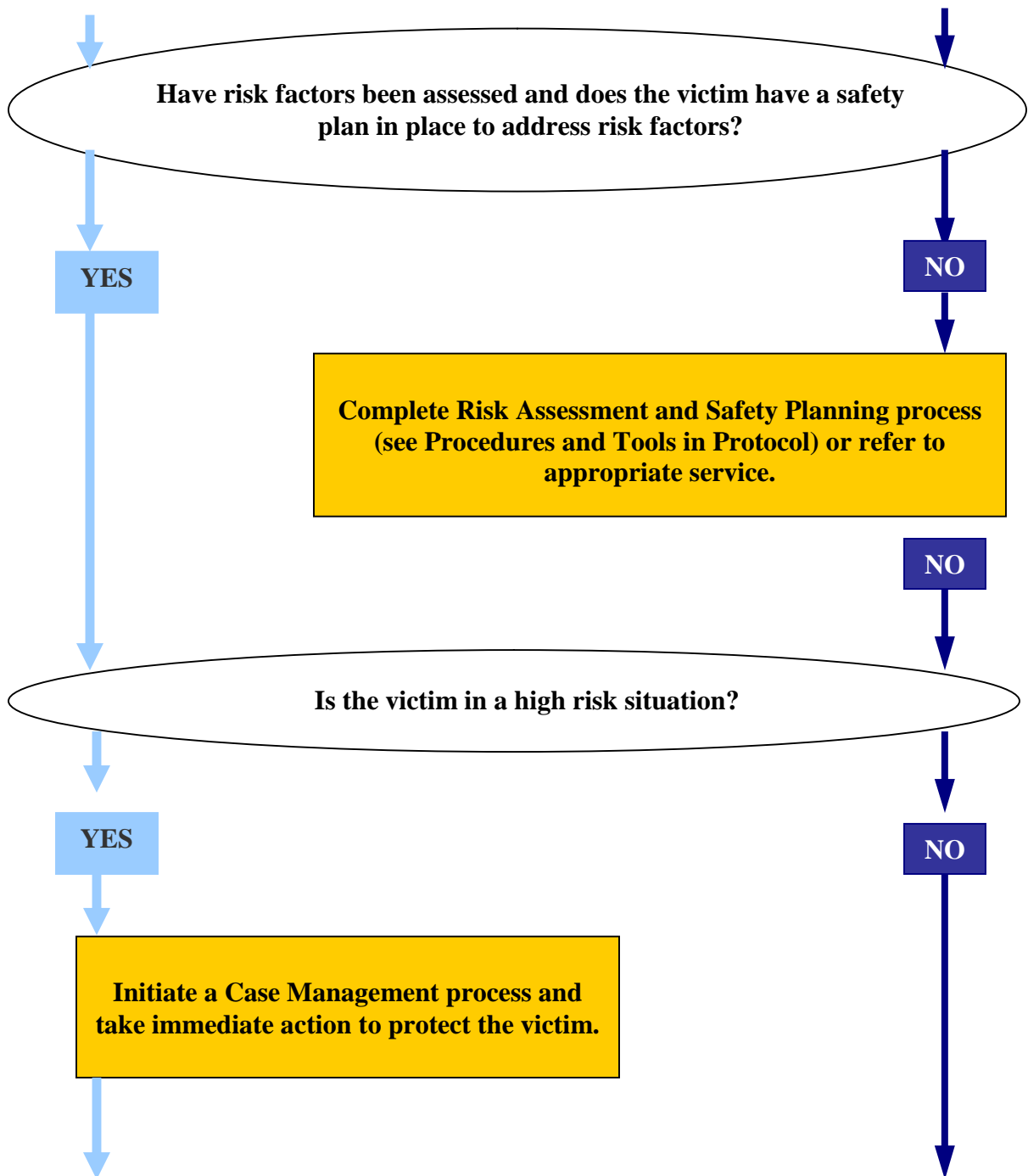
**Figure 1**

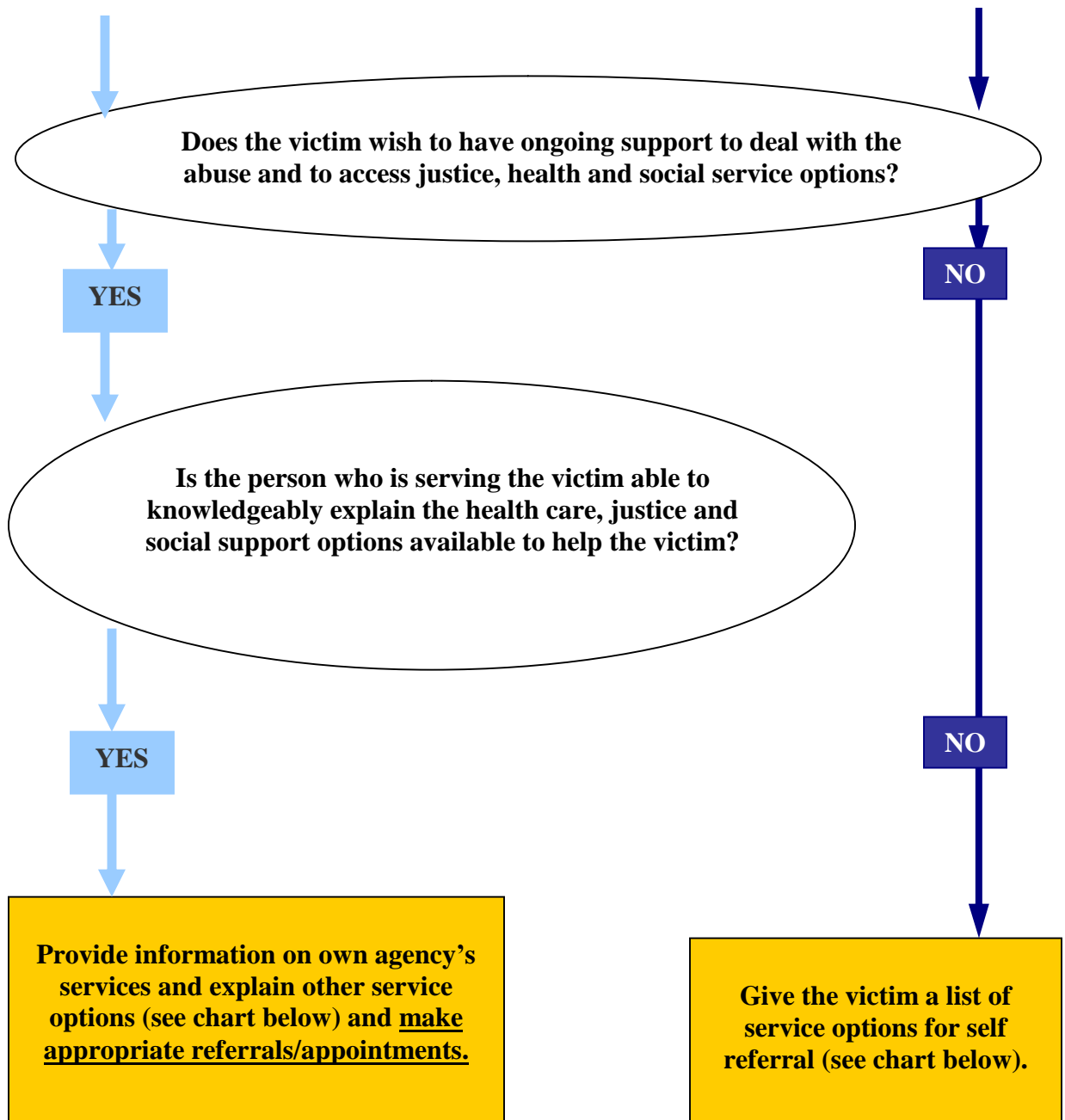
**Flow Chart of Services**

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,

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**

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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.