

Community Response Protocol
For
Sexual Assault and Domestic
Violence

Case Scenario-Three
Adult Female & 3 Children
Domestic Violence and Sexual
Assault

2007 -08 Training Series

Presentation of Case Scenario – Domestic Violence and Sexual Assault

A 41 year old woman is in a 21 year abusive relationship with a man. They are legally married and have 3 children – 2 girls and 1 boy. All children are under the age of sixteen. The husband/wife relationship has been abusive from the beginning with a whole family culture of entrapment. She has nearly been killed by him on several occasions. Recently she learned (through a discussion with her oldest daughter) that her oldest daughter has been sexually assaulted by her husband over the last 5 years. She knows if she takes any type of action on this that he is likely to kill her and she feels that he may also harm the children. She is terrified but has the courage to pick up the phone and call the local shelter in Kincardine. She talks anonymously on the phone with the crisis line counsellor who offers support, encouragement to seek more supports with an offer to assist/facilitate this process and helps to develop a safety plan for herself and her children. With that the woman agrees to come to the local shelter in Bruce County during the day (while the husband is at work) to meet with a counsellor to discuss her situation and to explore more options. After their discussion the woman with her children decides not to return home and to stay at the local shelter with her children.

On initial contact, the shelter worker, 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 shelter worker/counsellor is the first contact person.** The shelter then, with the victim's permission, facilitated referrals to the Children's Aid Society of Owen Sound Bruce County (CAS) for further follow-up with her daughter.

1. The first contact person and using the Protocol

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

The woman had signed a release of information form so that her First Contact Check list and Risk Assessment Forms could be forwarded to the CAS prior to their arrival for her first meeting with them.

b. Using the Protocol to assist the victim in preparing for a meeting with the CAS – Appendix 3 of the Protocol

Prior to the visit at the shelter from the Children's Aid Society the shelter worker uses the Community Response Protocol for Sexual Assault and Domestic Violence as a resource with the woman. Together they review and discuss Appendix 3 of the Protocol "Children's Aid Society Investigation Process For Domestic Violence And Sexual Abuse". During this discussion the woman reports to the shelter worker that she feels more prepared for her meeting with the CAS. (Note that the CAS and VAW services also have a CAS/VAW Protocol in place).

2. Victim's First Contact with first referral:

CAS has their initial meeting with the victim at the shelter. Based on the information provided by the victim, the CAS contacts police services and decides to launch a joint CAS-Police investigation into suspected child sexual abuse (CAS-Police Protocol). CAS and police staff will attend the first interview at the shelter to ensure that the child does not have to be re-interviewed any more than necessary. The case worker assigned to the victim and her children advises the victim that the following will happen;

Her case is treated individually and interventions and supports will be 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 children 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 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

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

She informed the shelter 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 shelter worker information about going to court regarding the recent assaults on her (committed by her husband) regarding and what might happen if her partner was charged with sexually assaulting her daughter.

Your Community Response Team

The Case Management Meeting

As a small group please complete the following tasks:

Complete the attached First Contact Checklist as if you were the shelter worker 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 this Risk Assessment can be used. It is not used in cases of sexual assault directly with the victim.

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 to be used by your Team.

- 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). Please use the attached Case Management Tool #5 from the Community Response Protocol. Two copies have been included in this work book for your use.

This first Case Management meeting has in attendance the following people; the shelter worker who initially met the victim, her CAS case worker, the investigating police officer, and at the victim's request her counsellor from the transitional housing and support program and a counsellor/nurse from the Sexual Assault and Partner Abuse Program.

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

- Were referrals for supports made in the case appropriate and timely?
- Was access to forensic assessment and associate supports for the victim of recent domestic violence discussed?
- Was the issue of the age of the children discussed? (If they 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 the shelter but at the CAS).

- Was education on the occurrence, presented to the victim along with information regarding resources available for support – particularly the emergency shelters 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

(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'Wkwedong 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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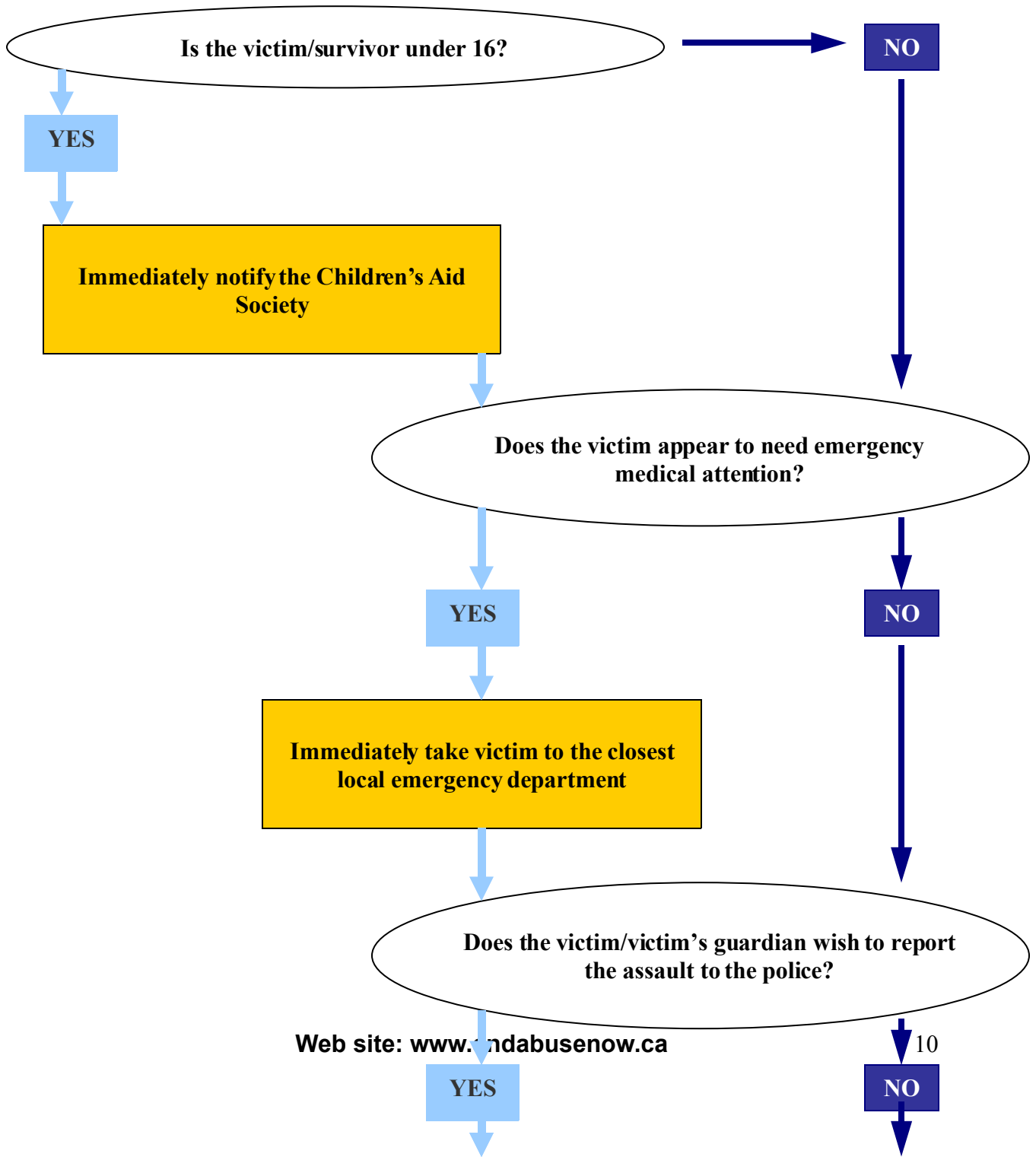
TOOL #4

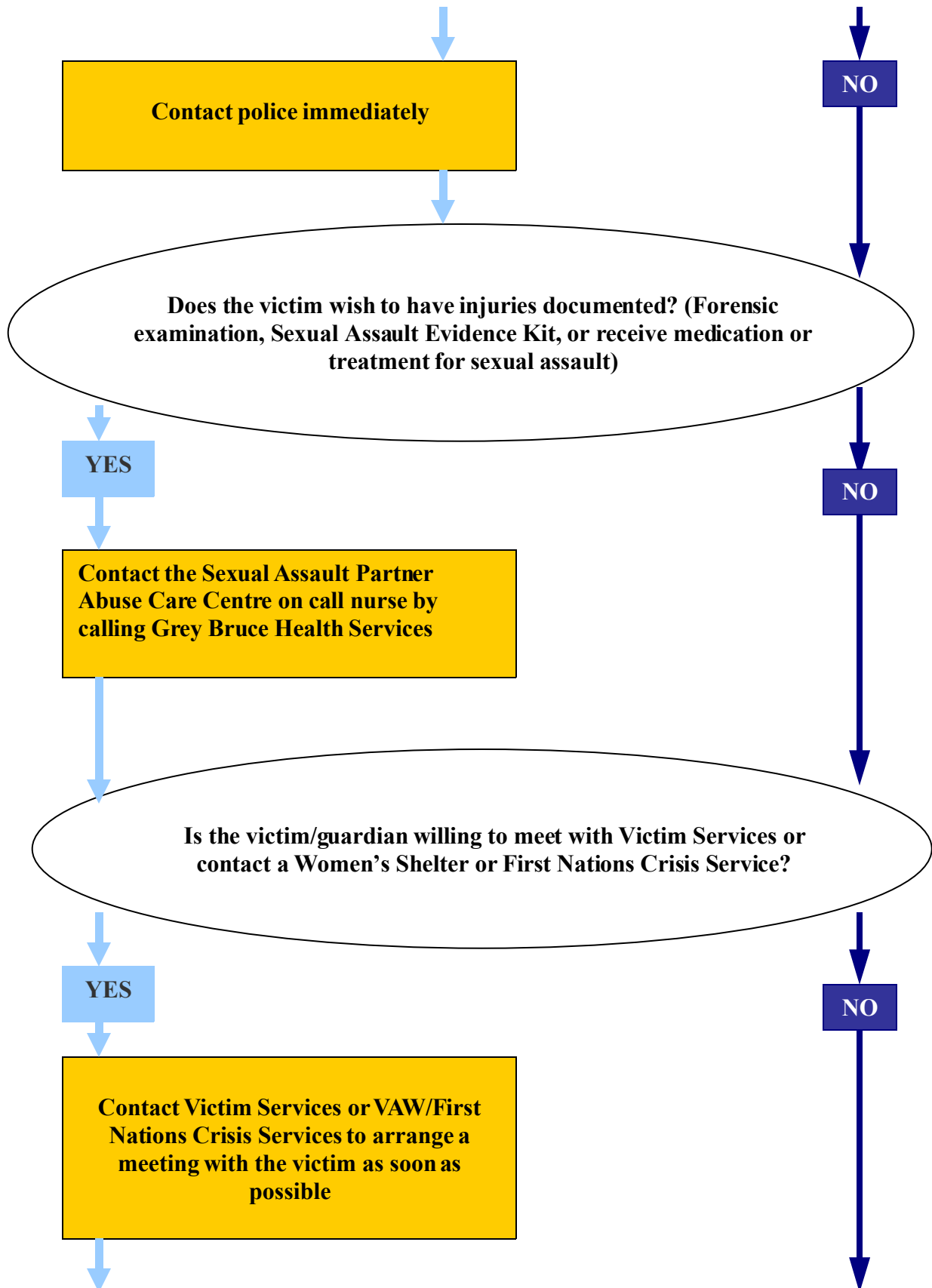
QUESTION	YES	NO
Has your partner assaulted/threatened you before?	*	
Have you been injured in prior assaults?	*	
Has there been a recent increase in assaults/threats?	*	
Has there been a recent change or separation in your relationship?		*
Have your children been assaulted by your partner?	*	
Have the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

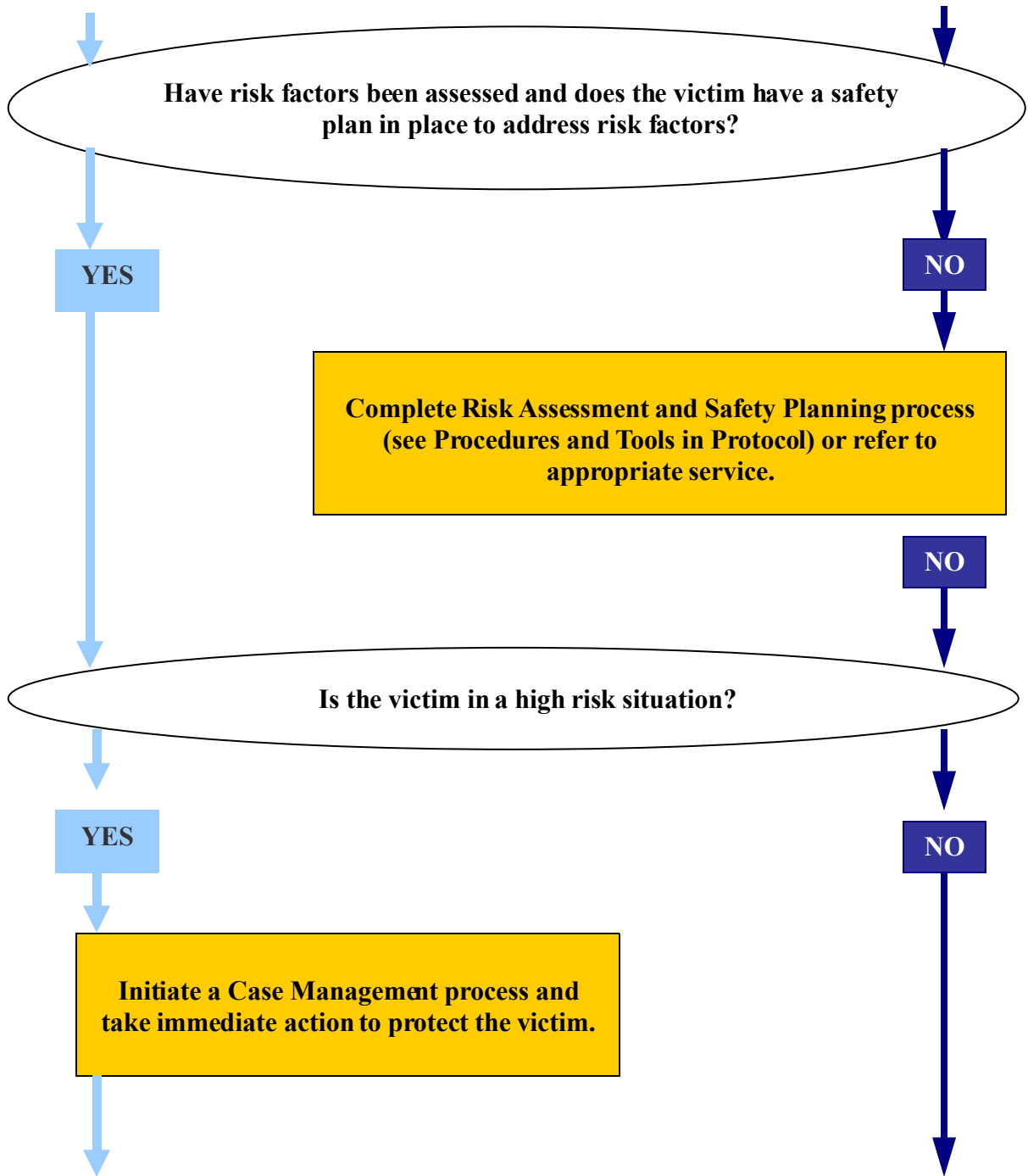
Figure 1

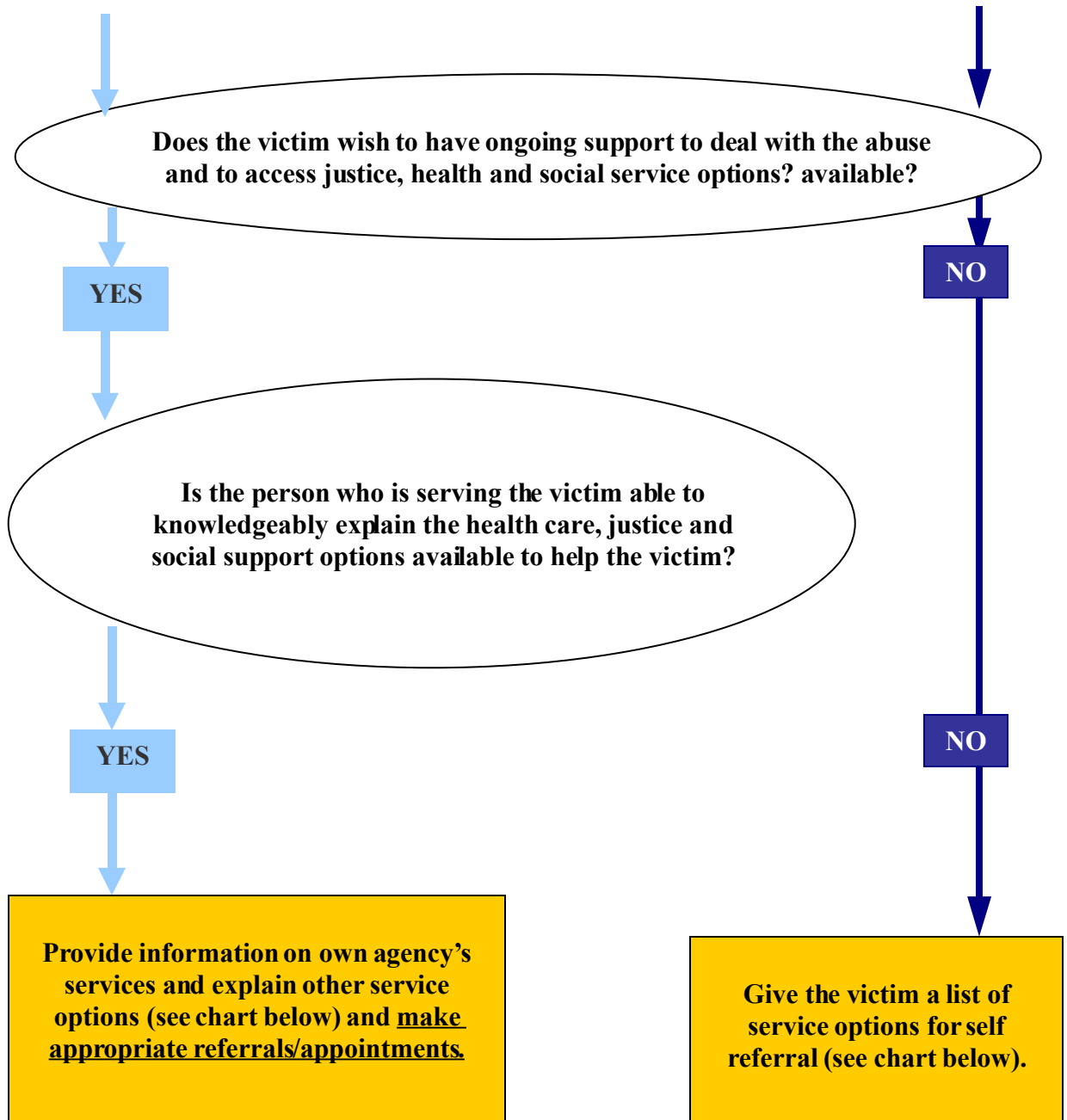
Flow Chart of Services

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,

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

(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.

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.