

Grey Bruce Domestic Violence Coordinating Committee

Community Response Protocol for Sexual Assault and Domestic Violence

Case Scenario-Two Adult Female and 3 Children Domestic Violence

2007 -08 Training Series

Web site: www.endabuse.ca

Presentation of Case Scenario – Domestic Violence and Sexual Assault

A First Nations woman aged 27 is a band member of the Chippewas of Nawash First Nation (Cape Croker) she moved from 'Cape' when she was 16 and has lived in Ontario and western Canada before relocating to Owen Sound three months ago.

The man who is her partner is also the father of her 3 young children. Her partner has been abusive to her since they began the relationship. He is also a band member of the Chippewas of Nawash.

Her partner was repeatedly abused as a child. He has had 3 other marriages all have ended due to abuse. He has 5 other children from these previous relationships and she reports that he has no contact with these children.

Her children, boy aged 2, girl aged 4 and boy aged 7 continue to witness the abuse he inflicts on her on almost a daily basis. She had heard about the shelter on the local radio and one day while her partner waited in the car and she was in a store grocery shopping with her children she and her children quietly slipped away.

1. The first contact person and using the Protocol

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

Upon admission to the shelter the First Contact Check list was completed along with the Risk Assessment Tool for safety planning in addition to regular shelter intake package. **The shelter staff on duty at the time of admission is the first contact person.**

During her first few weeks at the shelter she kept the night counselling staff very busy with her anxiety, a result of having been woken frequently from sleep by the crack of a belt buckle.

Shelter staff, through their support work with this woman, have discovered that although he cracked her rib on their last reconciliation (she left him to temporarily go and live with her mother), she is guilt ridden over leaving him and insists that as soon as she gains her strength back she needs to go and save him. These statements are then followed by statements where she reports that she is very fearful that he will find out where she and the children are and wants to make sure that he cannot 'get custody' of any of the children. She reports that she does not think that he has harmed the children.

The youngest boy (2) is very clingy and cries from dawn to dusk cannot be separated from mom without experiencing terrible anxiety. The girl (4) is like 'mother's little helper' and the oldest boy is very loud and aggressive in the shelter and wets the bed every night.

She does not want to return to her family in Cape Croker but would like to be near them. She wants her children to grow up knowing the teachings of the elders.

She is terrified of the CAS taking her children. She needs a place to live and money to live on. She has asked the shelter staff to help her. The shelter staff have facilitated a number of referrals the first is The Children's Aid of Owen Sound and Grey. The victim has placed the call herself to the intake worker and a visit at the shelter is arranged.

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 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.

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 decides to launch an investigation into suspected child abuse. The CAS decides not to involve police at this time as there is no indication that a crime against a child has been committed (CAS-Police Protocol). 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.
8. Interview non-offending parent(s) regarding the allegation(s) and all safety factors.
9. Interview the perpetrator regarding the allegation(s) and any other issue resulting from the interviews with the children, non-offending parent(s) and collateral witnesses.
10. The case worker may be directed to see a non-verbal toddler or a baby, without clothing or diaper.

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

The victim has requested assistance in court/custody and access regarding her 3 children. She also requires and has requested assistance in obtaining housing through rent geared to income and/or 2nd stage and income through Ontario Works.

Please follow the instructions on the next page to prepare for the first Case Management Meeting.

Your Community Response Team

As a small group please complete the following tasks:

Complete the attached First Contact Checklist by having a group discussion on how you might proceed in completing this form and process with the victim. The Risk Assessment Form Tool # 4 is attached and has been completed as she is a victim of domestic violence so in this case 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 Checklist 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 during your Team meeting.

- 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.

The Case Management Meeting:

This first Case Management meeting has in attendance the following people; the shelter counsellor who initially met the victim, her CAS case worker, and at the victim's request her support counsellor from M'Wikwedong and her sponsor from the local AA 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 with the victim?
- Was the issue of abuse issues in First Nations women discussed? (Support for women that face additional barriers was identified including how the cultural needs of this woman and her children are being met).
- 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**

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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.



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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.

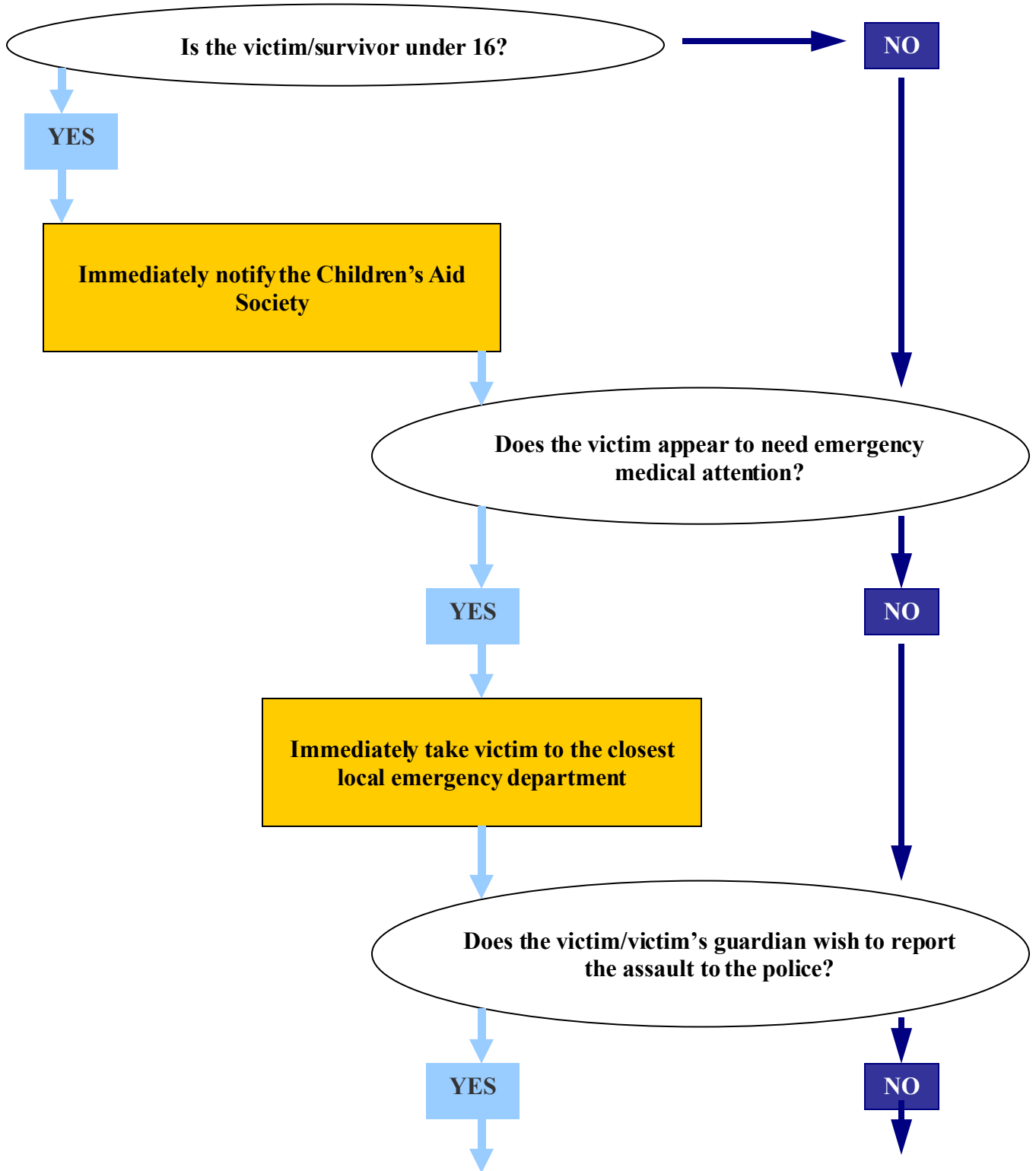
RISK ASSESSMENT/SCREENING TOOL for DOMESTIC VIOLENCE

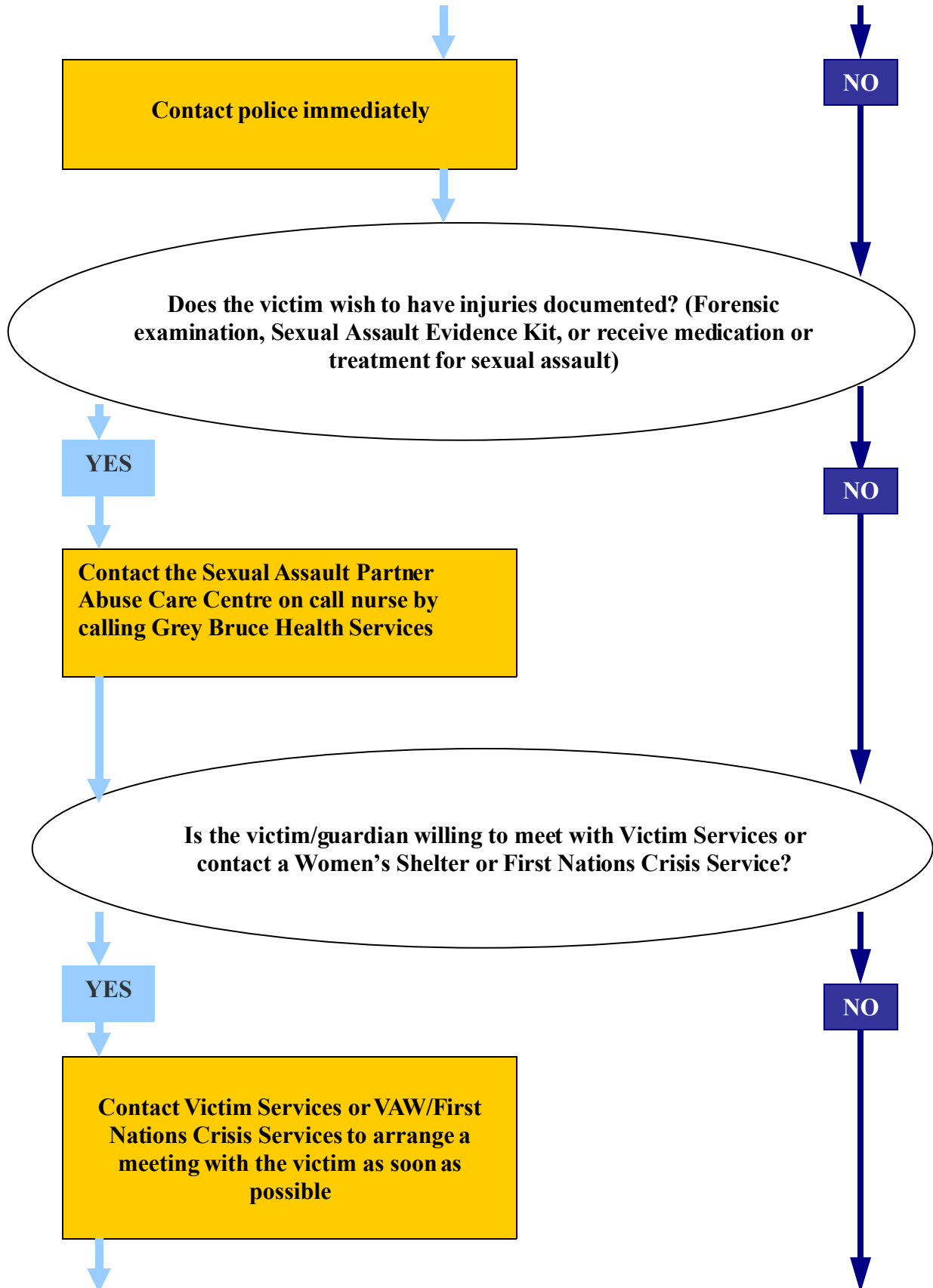
QUESTION	YES	NO
Has your partner assaulted/threatened you before?	*	
Have you been injured in prior assaults?	*	
Has there been a recent increase in assaults/threats?	*	
Has there been a recent change or separation in your relationship?	*	
Have your children been assaulted by your partner?	*	*
Have the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

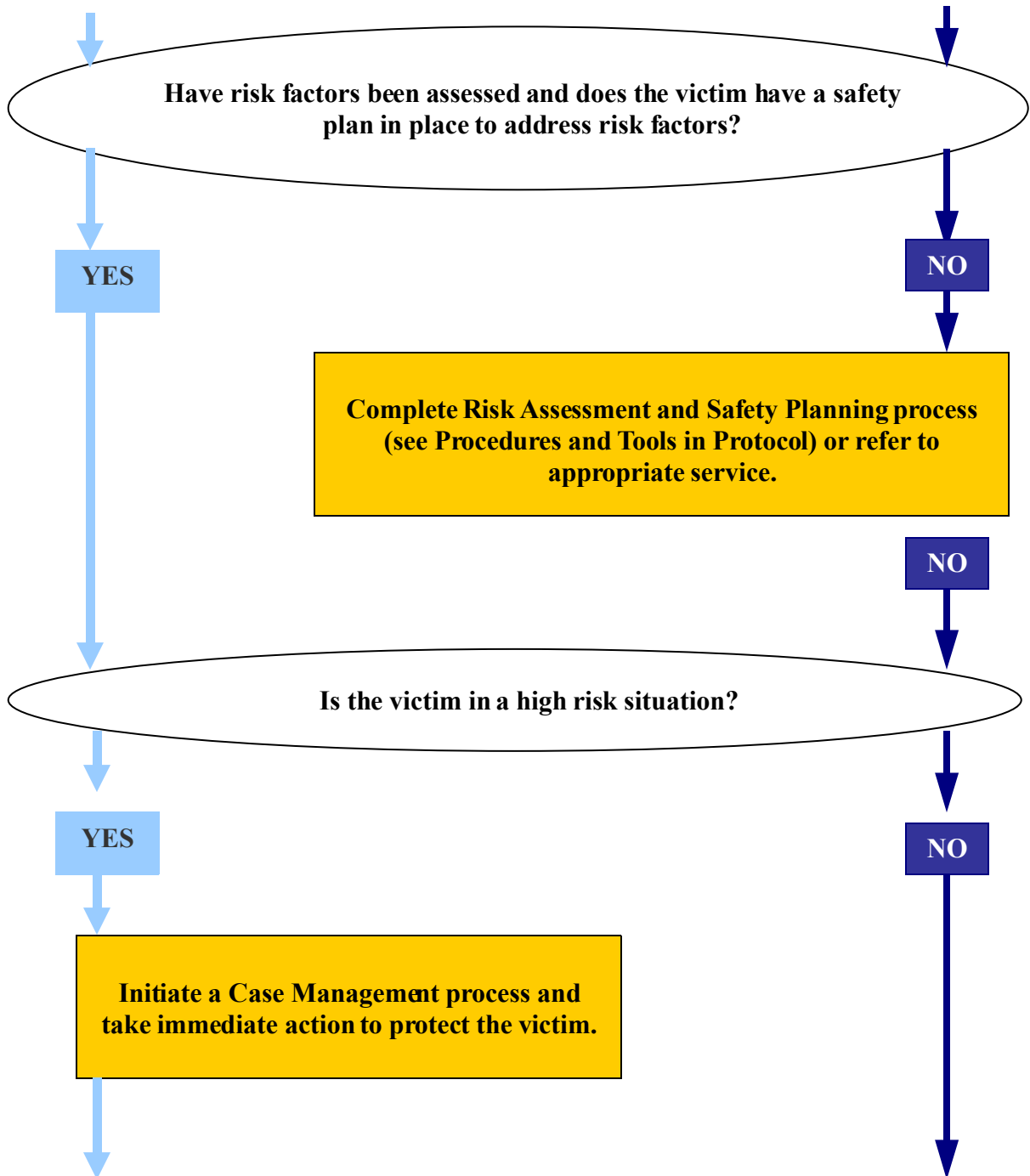
Figure 1

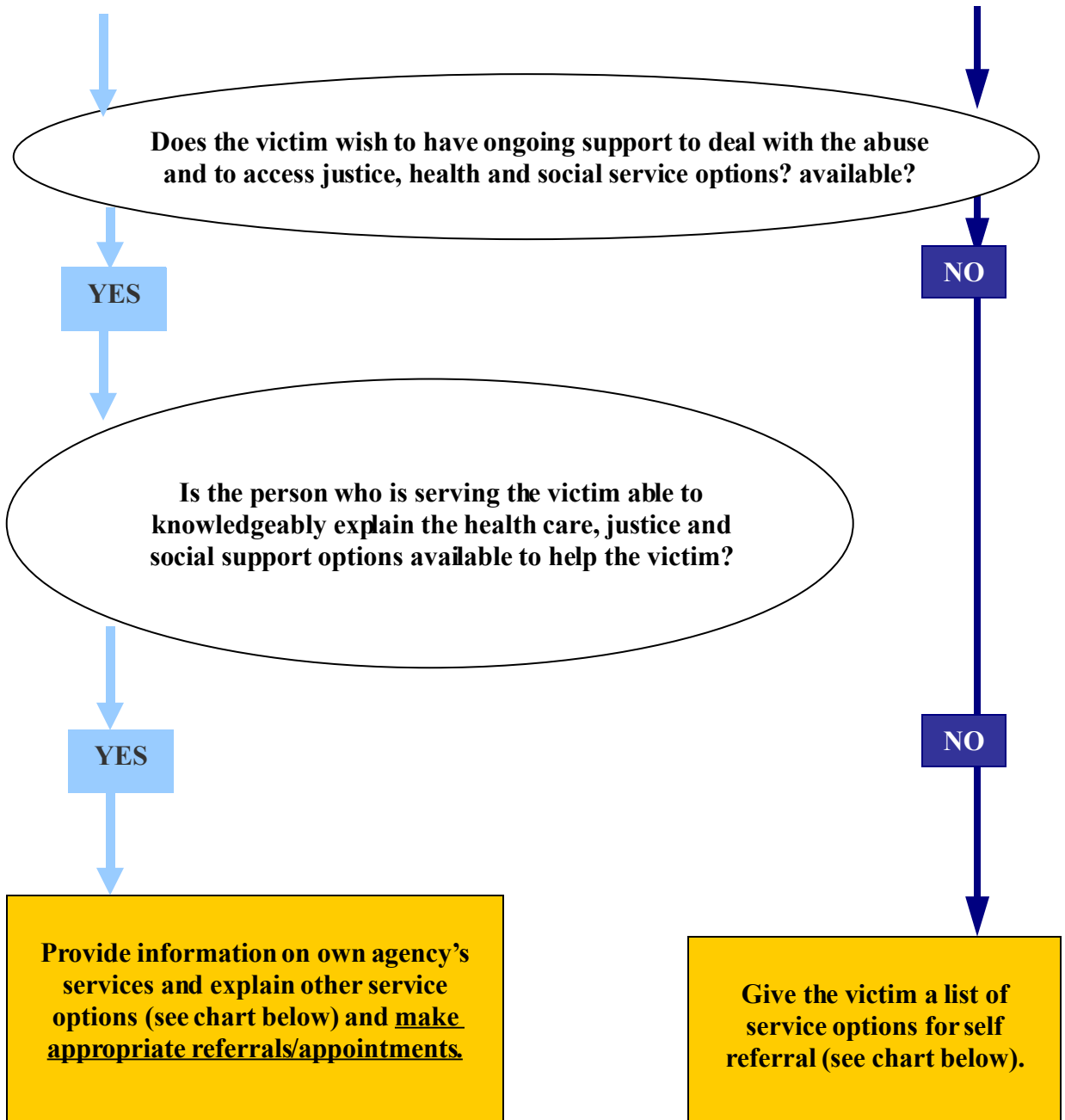
Flow Chart of Services

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.