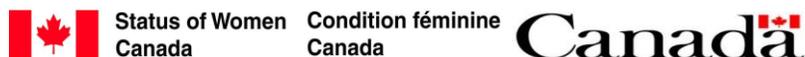


*Rexdale Domestic Violence Collaborative- Breaking the  
Cycle: RDVC-BTC -A Co-ordinated Service Response for  
Abused Women*

INTERAGENCY PROTOCOL



**GENEROUSLY FUNDED BY: STATUS OF WOMEN CANADA**

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# Rexdale Domestic Violence Collaborative- Breaking the Cycle: RDVC- BTC -A Co-ordinated Service Response for Abused Women

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## INTERAGENCY PROTOCOL

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## **Rexdale Domestic Violence Collaborative-Breaking the Cycle (RDVC-BTC)**

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### **Community/Agency Contributors**

This project relied on the significant contributions of many individuals within each organization. The following list identifies only the primary contact for each agency and not the complete list of staff persons who contributed to the development of each protocol.

## Note from the Project Lead

The Rexdale Domestic Violence Collaborative-Breaking the Cycle (RDVC-BTC) within the last year has been meeting at the Rexdale Community Hub to strategize ways of working together to reduce domestic violence in the community. This Domestic Violence Protocol represents the dedicated work of both committee members and respective community agencies to achieve this goal

The six partner agencies recognize that domestic violence is a serious problem with dramatic negative effects on individuals, families and communities. It is a crime that knows no economic, racial, ethnic, religious, age or gender limits.

At the Rexdale Community Hub while agencies work very well together when specific problems arose or patterns emerged, they did so in a more informal way. During the needs assessment consultation Domestic Violence victims spoke of their frustration with not being able to access appropriate services in a timely manner and felt strongly that this had impeded them in effectively addressing the issue. As a result, partners agreed that a more formal and strategic approach would be needed by all agencies involved in responding to domestic violence and tackle this issue in a coherent and effective manner.

An interagency protocol pertaining to responses within the Rexdale community hub would be of benefit. This would clarify and direct responses to domestic violence in line with best practice approaches and also in line with the aims of the project.

This Protocol development is an ongoing process for any community. A number of Best practice models were examined and reviewed The RDVC-BTC Steering Committee references these models as useful to guide and inform the work to be carried out. This document will be reviewed and updated by the Steering committee as necessary.

The Rexdale Domestic Violence Collaborative-Breaking the Cycle expresses their deepest gratitude to the contributors of this protocol, the Status of Women Canada for their ongoing and generous support of the project.

## Introduction

The objective of the Rexdale Domestic Violence Collaborative-Breaking the Cycle (RDVC-BTC) Protocol Project is to make available to service providers written guidelines that can be used as a resource in their daily practice.

This protocol is intended to provide information about how domestic violence cases are dealt within the Rexdale community Hub and more broadly in North Etobicoke. It reflects how different agencies identify and intervene with individuals and families who are affected by violence. It is a resource for agencies exploring domestic violence protocol development, as well as a resource for service providers wishing to make referrals to agencies that have clear practice guidelines for dealing with issues of domestic violence.

Protocols provide a system of accountability. Each section of the protocol includes important information in working with survivors and perpetrators of abuse. The interagency conflict resolution section provides a similar conflict resolution process between agencies.

The RDVC-BTC anticipates that other protocols will continue to be developed and will be added to the RDVC-BTC Protocol Project manual.

## What is an Interagency Domestic Violence Protocol?

An interagency Domestic violence protocol is a formal agreement among agencies to work together on Domestic violence and abuse issues. A protocol is a working document that can involve any number of agencies or informal support systems, like community groups.



An interagency domestic violence protocol involves:

1. Building relationships and making commitments to work with other agencies: The agencies must agree to work together to improve services to victims of Domestic violence. The agencies must be clear about what their agencies does /can do to help, and what services other agencies provide and how they do it.
2. Defining key words and concepts: The agencies need to agree on a definition of Domestic violence and abuse. For example, the agencies can review the definition on pages ?? of this manual to see if these understandings work for them.
3. Sharing a vision, goals and principles: Agencies should share a vision of a community that does not tolerate violence against women or Domestic violence in any form, and coordinates its responses to victims of Domestic violence.
4. Working together and working differently: Agencies must want to change the way they work with victims of Domestic violence so they are better able to support victims as they work towards their own safety and their dignity. Agencies must want to change the way they work with other agencies so they are more responsible for their actions, more open and more respectful of one other.

### Did you know?

The effectiveness of an interagency protocol depends on:

- The strength of the relationships among agencies;
- The willingness of each agency to change and improve their own policies and practices to better cooperate with other agencies; and
- Openness to working in different ways and with a different attitude.



## TERMS

### Domestic Violence

**The Calgary Domestic Violence Committee defines Domestic Violence as:** “the attempt, act or intent of someone within a relationship, where the relationship is characterized by intimacy, dependency or trust, to intimidate either by threat or by the use of physical force on another person or property. The purpose of the abuse is to control and/or exploit through neglect, intimidation, inducement of fear or by inflicting pain. Abusive behaviour can take many forms including: verbal, physical, sexual, psychological, emotional, spiritual, economic and the violation of rights. All forms of abusive behaviour are ways in which one human being is trying to have control and/or exploit or have power over another. Domestic violence includes the abuse of the youngest to the most senior members of our society, in relationships including dating, cohabiting, marital, parent-child, grandparent-grandchild and caregiver and person requiring care”<sup>1</sup> (CDVC,2000)

**The United Nations** defines domestic violence as “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 life”.

**According to the United Nations Children Fund (UNICEF), specific types of Domestic Violence include:**

1. **Physical abuse** such as slapping, beating, arm twisting, stabbing, strangling, burning, choking, kicking, threats with an object or weapon, and murder. It also includes traditional practices harmful to women such as female genital mutilation and wife inheritance (the practice of passing a widow, and her property, to her dead husband’s brother).
2. **Sexual abuse** such as coerced sex through threats, intimidation or physical force, forcing unwanted sexual acts or forcing sex with others.
3. **Psychological abuse** which includes behaviour that is intended to intimidate and persecute, and takes the form of threats of abandonment or abuse, confinement to the home, surveillance, threats to take away custody of the children, destruction of objects, isolation, verbal aggression and constant humiliation.
4. **Economic abuse** includes acts such as the denial of funds, refusal to contribute financially, denial of food and basic needs, and controlling access to health care, employment, etc.
5. **Spiritual abuse:** Using her religious or spiritual beliefs to manipulate, dominate, and control her.
6. **Criminal harassment/stalking:** Following her or watching her in a persistent, malicious, and unwanted manner. Invading her privacy in a way that threatens her personal safety.(Canada Women’s Foundation)

### Victim or Survivor

The term “victim” recognizes the victimization that occurs in domestic violence and acknowledges the pain that is inflicted by domestic violence. The term “survivor” is used to describe a person who has survived a past relationship

where domestic violence was a dynamic. Survivor recognizes the strength required to live through and recover from domestic violence (Health Department of Western Australia, 1998).

### **Offender, Perpetrator, Aggressor, Abuser or Individual Who Chooses to Use Abusive Behaviour**

Different terms are commonly associated with different sectors of service delivery. Justice agencies frequently refer to abusers as “offenders”, while many community agencies use the term “perpetrator”. “Individual with abusive behaviour” or “individual who chooses to use abusive behaviour” is an increasingly popular term that emphasizes the aspect of responsibility and choice in violent behaviour and reinforces that the abusive behaviour can change. All of the above terms will be found within this protocol

### **Disclaimer**

The information contained in this Interagency Protocol does not represent the viewpoints of all Rexdale Domestic Violence Collaborative-Breaking the Cycle members and/or the agencies by whom they are employed or the sector they represent.

Information included in this protocol was inspired by several best practice models throughout Canada and other countries cited throughout in the Protocol.

The Information may change over time and be updated as necessary. It is the responsibility of the reader to ensure that any information required is currently applicable.

Permission is granted for the material contained within top be shared as long as the RDVC-BTC is credited.

# SECTION 1

## **Project Background**

In the spring of 2015, the Status of Women Canada solicited funding proposals for projects that will contribute to ending violence against women and girls in Canada. The Rexdale Women’s Centre responded to the call for proposal demonstrating the need to work with other service providers to develop protocols ensuring that women who have experienced or are at risk of violence are able to engage with timely access to tailored services they need.

The centre was successful in receiving funds to lead what is now: *The Rexdale Domestic Violence Collaborative- Breaking the Cycle (RDVC-BTC): A Co-ordinated Services Response for Abused Women*. The project’s mandate is to promote a comprehensive and effective response to Domestic Violence in North Etobicoke, recognizing that a lack thereof contributes to the cycle of violence against women. To support a co-ordinated response, RDVC-BTC has engaged in multidisciplinary agency collaboration to develop a one-stop, accessible, case-management model of service delivery. This work is critical and will address service gaps, improving access and ultimately bettering outcomes for women who are experiencing domestic violence in our community.

Together, the six partners are working to develop the inter-agency case management model with protocols then implement the model via a co-ordinated assessment and referral team within the hub. Once the model is implemented it will co-ordinate a service delivery system which is seamless, client-focused and client-led. This will empower women who are at risk of or are experiencing domestic violence to engage with timely access to supports and services.

## **Protocol Agency Signatories \***

### **DIRECT SERVICE SIGNATORIES:**

- Rexdale Women’s Centre
- Albion Neighbourhood Services
- Rexdale Community Legal Clinic
- Legal Aid Ontario
- Toronto Employment and Social Services
- Rexdale Community Hub

### **ASSOCIATE SIGNATORIES**

## **REXDALE DOMESTIC VIOLENCE COLLABORATIVE-BREAKING THE CYCLE :STATEMENT OF PRINCIPLES**

### **RESPECT AND DIGNITY**

Every individual deserves to be treated with dignity, compassion and respect. We acknowledge the intrinsic worth of each victim/survivor.

### **QUALITY SERVICE/CARE**

We provide qualified, knowledgeable, professionally trained and open-minded staff who understand that trauma affects memory and decision-making. Staff will also understand diverse needs and have knowledge of their own limitations.



### **COMMITMENT**

Each agency and service has clear, well-developed and integrated protocols around their response to sexual assault and domestic violence. There is on-going commitment to professional development for those in management, supervision and delivery of service.

### **INCLUSIVENESS**

We are inclusive and equitable and sensitive to gender, race, age, ability, sexual orientation, culture, socio-economic and religious issues. We respect the diversity among individuals in Canadian society and the right of individuals to their unique beliefs consistent with the rights of others (Canadian Association of Social Workers [CASW], 2005).

### **CHOICES**

Our services are client-driven. We support clients to make their own choices including medical, legal, counselling and living arrangements. We respect the right of the individual to self-determination

### **ACCESSIBILITY**

Services are well co-ordinated and we ensure that programs are comprehensive and adequate to meet the community's needs. Services are inclusive and available to all community members.

### **ACCOUNTABILITY**

Services for victims/survivors domestic violence must be accountable to those who use their services.

### **COMMUNITY AWARENESS AND EDUCATION**

We are working towards educating, preventing and stopping the violence in our community. We will ensure that the community has awareness of these response protocols.

### **TIMELY RESPONSE**

There is expediency in response and referral for all victim/survivors.

### **NON-JUDGEMENTAL / ANTI-OPPRESSIVE APPROACH**

A victim/survivor's experience of domestic violence is to be supported, respected and taken seriously.

### **ADEQUATE FUNDING**

We advocate to obtain funding for adequate programs and facilities to meet the needs of our community.

### **ADVOCACY**

Ending domestic violence is everyone's responsibility. The RDVC-BTC Domestic Violence Protocol must address the issue of violence at both the individual and systemic level in order to create a non-violent society.

### **SUPPORT**

Support includes legal, medical, counselling and financial support and is available according to the needs and choice of each victim/survivor.

### **CULTURALLY SENSITIVE ENVIRONMENT**

Victims/survivors need a sensitive environment that is welcoming, supportive, non-clinical and safe.

### **SAFETY**

The safety of the victim/survivor of domestic violence (and children or family) should be the primary focus of any intervention.

**CO-ORDINATED SERVICES**

Our Interagency protocol is well-developed, integrated, clear and organized so that we offer seamless service delivery. There will be appropriate follow-up and resource provision for the victim/survivor and family.

**CONFIDENTIALITY**

All services will endeavour to protect the confidentiality of the victim/survivor and family.

**Protocol Development Process**

The Project's Steering committee guides the work of the project lead. The membership of committee includes representatives from Rexdale Women's Centre, Albion Neighbourhood Services, Rexdale Community Legal Clinic, Legal Aid Ontario, Toronto Employment and Social Services and The Rexdale Community Hub

After receiving funding for the project, the project lead studied the development of internal, citywide linking protocols in other jurisdictions. Developing this Interagency Domestic Violence Protocol for the Rexdale Community Hub is major undertaking. A needs assessment which entailed one on one interviews as well as group discussions with Victims /Survivors of domestic violence was conducted. As part of this needs assessment the project lead met with management of tenant agencies within the Rexdale Community Hub and also front line staff that work within the agencies. The responses and feedback were helpful in identify the current needs, concerns of women who are victims domestic of violence to better guide co-ordinated service planning, assess agency capacity to meet the needs of women and identify assets and challenges/barriers related to meeting the needs. It essentially guided and informed the strategic development for the interagency protocol.

**Barriers to Protocol Development**

Domestic violence is such a sensitive and complexed issue that often there is a lack of discussion in our communities about addressing it. The RDVC-BTC steering committee were cautious in the steps undertaken to develop this protocol. One main concern was identifying the victims/survivors to participate in the focus group. Some of the agencies that were a part of the committee acknowledge it would be difficult to track women who could potentially participate. The other concern was conducting it in a safe space where clients can be open when asked about the incidence of violence in their lives and the comfort they will feel when responding.

Having time to spend with agency staff to address perceived barriers and to ensure the barriers were addressed by the protocol, effects both the degree to which the protocol is implemented and the support of front-line and administration for the protocol.

In developing the protocol, agencies were asked to examine existing policies and practices that dealt with domestic violence and to identify barriers to the development of a protocol. Most of the agencies within the Rexdale Community Hub had few policies or guidelines regarding domestic violence and identified a host of difficulties that might impact the development of protocols

Other difficulties faced:

- Agency Capacity /Staffing resources to inform/develop the protocol
- Extensive knowledge about the issue of domestic violence and possible contents of a protocol; and
- Coordination to ensure consistency among internal agency protocols and develop linking protocols between agencies.

## **Protocols are indentified as a Key Strategy in Domestic Violence Prevention**

Elements of an effective domestic violence community intervention strategy have been identified as:

- Development of a shared philosophy
- Development of an agreed upon set of protocols
- Networking between government and community agencies
- Monitoring of intervention protocols to ensure consistent treatment of domestic violence issues
- Providing services for victims of domestic violence, including shelters/housing, court advocacy, and support and education groups
- Rehabilitation of offenders with legal penalties for those who choose not to comply with court-mandated treatment or conditions of court orders, and
- Regular process and outcome evaluations, especially from a victim perspective. (Busch & Robertson, 1993)

In the context of the Rexdale Community Hub, an Interagency protocol will provide a way for service providers to begin and continue a dialogue on domestic violence within our community and the role of individual agencies in identifying and intervening with families affected by violence.

# SECTION 2

## **Incidence, Prevalence & Severity**

Violence against women is a prevalent and well-documented social problem in Canada. A 2005 Statistics Canada profile on family violence prepared by the Canadian Centre for Justice Statistics and the 2004 General Social Survey (GSS) on Victimization are the most recent reports available that track family violence, including the incidence, prevalence and severity of woman abuse in Canada. These resources are the source for most of the statistics given below. The statistics are also categorized according to the pervasiveness of woman abuse in our society by: age (younger women 18-24) or women over 65, aboriginal women, immigrant or refugee women, women who are living with disabilities, abuse during pregnancy, abuse faced by homosexuals, and the effects on children who witness abuse in the home.

### **Overall Statistics**

According to statistics Canada report (2009), “the majority of spousal violence victims are women, representing 83% of all victims”. Another statistics Canada report (2013) shows that “women are almost four times more likely than men to be victims of spousal violence”. There is no doubt that domestic violence is one of the most common forms of violence in Canada that impacts everyone regardless of socio- economic or cultural background.

Consider these statistics on Canadian women who reported on violence in a current or previous spousal relationship in the past five years :

- 81% reported having been pushed, shoved or grabbed;
- 61% were threatened to be hit;
- 44% reported having something thrown at them;
- 38% were beaten or choked;
- 36% were slapped;
- 27% were kicked, hit or bit; and
- 16% were sexually assaulted
- Emotional and financial abuse often accompanies physical and sexual violence in either a current or previous relationship. 37% of women in a current or previous spousal relationship reporting on physical violence in the past five years also experienced some form of emotional abuse.
- 61% of women who were stalked by an intimate partner also indicated that they had experienced violence by a current or previous spouse or common-law partner in the last five years.
- Between 1994 and 2003, a history of family violence was present in 6 out of 10 spousal homicides.
- In both 1999 and 2004 (the years the General Social Survey was conducted), about 47% of female victims indicated that they had turned to a formal help agency because of the violence and abuse they experienced.

### **Age Statistics**

- Women under the age of 25 are more likely than those who are older to be victimized by their intimate partner.
- In 2010, women aged 15 and older accounted for 81% of all victims of police – reported spousal violence ( Family violence in Canada: A Statistical Profile, 2010).
- In 2010, there were over 102,500 victims of intimate partner violence, including spousal and dating violence. This translates into a rate of 363 per 100,000 population aged 15 years and older and was almost 2.5 times higher than the rate recorded for family violence against a child, parent or other family member ( 150 victims per 100,000) [Family violence in Canada: A Statistical Profile, 2010].
- Between 1994 and 2003, females aged 15-24 had the highest rate of spousal homicide (22.5 per million female spouses), nearly 3 times the overall rate of spousal homicide for women during the same period (7.7 per million female spouses) and nearly 3 times the rate of males aged 15 to 24 (8.5 per million male spouses).

- Older women are more likely than their male counterparts to be victims of family violence. In 2003, almost 4 out of 10 senior female victims were assaulted by a family member. Older victims of family-related assaults most often experienced common assault (55%) followed by uttering threats (19%).
- Based on police-reported data, nearly 2,800 seniors aged 65 years and older were the victims of family violence in 2010. Overall, seniors were most at risk from friends and acquaintances ( 73 victims per 100,000 seniors), followed by family members ( 61 victims per 100,000) and strangers (51 victims per 100,000) [Family violence in Canada: A Statistical Profile, 2010].

### **Abuse Faced by Aboriginal Women**

- Aboriginal people are three times more likely to be victims of spousal violence than those who are non-Aboriginal (21% vs. 7%) (General Social Survey, 1999 and 2004).
- A larger proportion of Aboriginal women (37%) experienced emotional abuse from either a current or previous marital or common law partner in the 5-year period relative to non-Aboriginal women (17%).
- In one Ontario study, 8 out of 10 Aboriginal women had experienced violence in their relationships. Of these, 87% were physically injured and 57% were sexually abused. An estimated 75% to 95% of women in some northern Aboriginal communities have been physically abused. (Health Canada, 2005).
- An Amnesty International report (2004) found that Aboriginal women between the ages of 25 and 44 were five times more likely than other Canadian women to die as a result of violence( Satzewich, 2011).

### **Abuse Faced by Immigrant and Refugee Women**

- Woman abuse occurs in all societies and cultures. Refugee and non-status women in Canada are at high risk of experiencing violence because of the vulnerable position they live in:
- They have very limited access to information, counselling and other social services;
- They are reluctant to call the police in an emergency because they may fear being deported, as the police have authority to arrest or detain someone on behalf of Immigration Canada;
- If her partner is charged with assault, this could lead to devastating consequence for her; and
- They cannot easily access medical services. (METRAC, 2006).
- They have limited host-language skills, isolation from and contact with family and community, lack of access of dignified jobs and experiences with authorities in their origin countries ( Menjivar & Salcido, 2002).
- Actual reported victimization rates among immigrant and visible minority women in a 1999 Statistics Canada survey were somewhat lower than other women (10.5% of immigrant and visible minority women experienced emotional or financial abuse compared to 14% of other women; 4.2% cited physical or sexual abuse compared to 6.2% of other women. However, the survey was done in English and French and not representative of immigrant women who were not proficient in either language. (Canadian Council on Social Development, 2004)

### **Abuse Faced by Women with Disabilities**

- Women with disabilities are estimated to be 1.5 to 10 times more likely to be abused than are non-disabled women, depending on whether or not they live in a community or institutional setting (Health Canada, 2005).
- Abuse against women with disabilities includes a wide range of behaviours that women who are not disabled may not experience. For example, women with disabilities often have to rely on others to help them with mobility, toileting, eating, bathing or other daily tasks. This dependence requires quite intimate relationships with a wide range of
- others, including partners, caregivers, health professionals, transportation providers and other family members. Dependence on a large network of relationships increases the chances that a disabled woman will experience abuse (Health Canada, 2005).
- The degree of risk of sexual abuse of persons with disabilities "appears to be at least 150% of that for individuals of the same sex and similar age without disabilities". (DAWN Ontario, Disabled Women's Network Ontario, 2006).

- It is estimated that only 20% of the cases of sexual abuse involving disabled people are ever reported to the police, community service agencies, or other authorities. (DAWN Ontario, Disabled Women's Network Ontario, 2006).

### **Abuse During Pregnancy**

- 1 in 6 pregnant women are abused during pregnancy (Middlesex-London Health Unit, 2000).
- Women abused during pregnancy were four times as likely as other abused women to report having experienced very serious violence, including being beaten up, choked, threatened with a gun/knife or sexually assaulted. (Health Canada, 2004).
- Of the women who were abused during pregnancy, approximately 18% reported that they had suffered a miscarriage or other internal injuries as a result of the abuse. (Health Canada, 2004.)

### **Abuse Faced by Homosexuals**

- The rate of spousal violence among those who are homosexual has been twice the rate of reported violence experienced by those who are heterosexual (15% vs. 7%).
- Some studies estimate that the 'prevalence of domestic violence among gay and lesbian couples is approximately 25-33%' (Barnes, as cited Aurora Centre for Education, 2002).
- Studies suggest that 'each year, between 50,000 and 100,000 lesbian women and as many as 500,000 gay men are battered' (Murphy as cited in Aurora Centre for Education, 2002). May 2006

### **Effects on Children Witnessing Abuse in the Home**

- In 2004, 33% of all victims (or 394,000 out of approximately 1,194,000 victims) of spousal violence reported that children saw or heard the violence in the home.
- In 2009, over half (52%) of spousal victims with children reported that their children heard or saw assaults on them in the previous five years. This was up from 43% in 2004, the last time the General Social Survey on victimization was conducted (Family violence in Canada: A Statistical Profile, 2010).
- Children who witness family violence often display elevated rates of depression, aggression, delinquency, and other emotional problems (Steinberg et al, 1993; Edleson, 1999; Fitzgerald, 2004).
- Children who witness their mother being abused by their father or other male partner tend to have lowered school achievement and social skills (Health Canada, 2005).
- Children who witness the violent behaviour of their father or their mother's partner toward their mother are being emotionally abused. (Health Canada, 2005).
- There is a 30% to 40% overlap between children who witness wife assault and children who experience direct physical abuse themselves. (Health Canada, 2005).
- Witnessing violence increases the chances that boys will grow up to act violently with dating and/or marital partners. For girls, it increases the chances that they will accept violence in their dating and/or marital relationships. (Health Canada, 2005).
- Between April 1, 2003 and March 31, 2004, more than 95,000 women and children were admitted to 473 shelters across Canada. (Statistics Canada Transition Home Survey, 2004).
- A recent survey found on an average day in 2004, there were 6,100 women and dependent children in shelters, the majority of which were there to escape abuse (76% of women and 88% of children.). 67% of children accompanying their mothers to escape abuse were under the age of 10, with children under the age of 5 accounting for 40% of all children admitted. (Statistics Canada Transition Home Survey, 2004).

### **Costs to Society**

- Women who have experienced violence were three times more likely to take time off from their every day activities.
- In 1995, the estimated annual health-related costs associated with violence against women were \$1.5 billion (Centre for Research on Violence Against Women and Children, 1995.)

- In 1995, the estimated costs of violence against women in four policy areas combined (social services/education, health/medicine, criminal justice and labour/employment) were estimated at more than \$4.2 billion annually (Day, 1993).

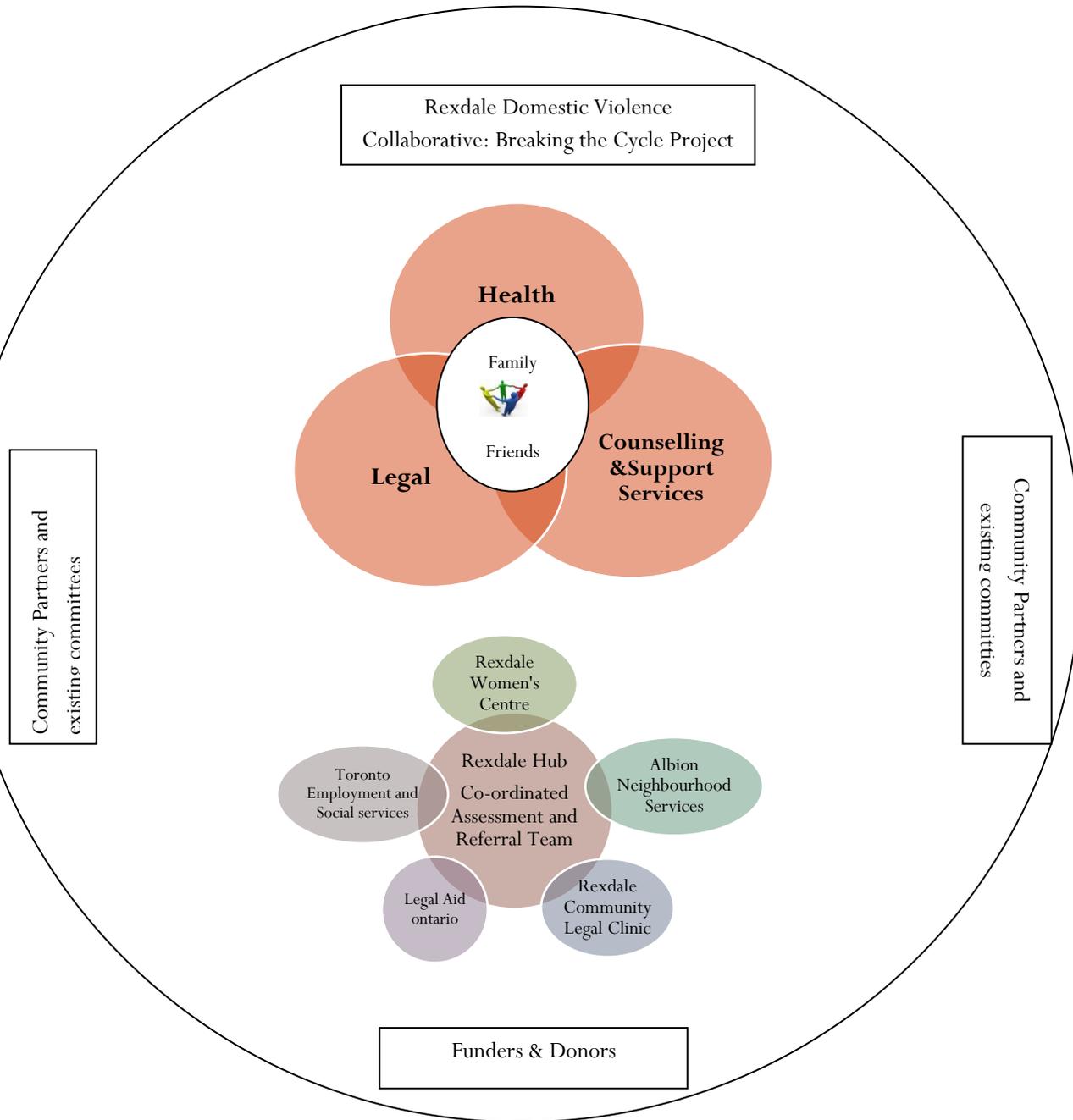
#### Notes

1. The number 653,000 represents 7% of Canadian women aged 15 and older who experienced and reported spousal violence by a current or previous partner in the past 5 years. Source: Canadian Centre for Justice Statistics and the 2004 General Social Survey, p. 8.
2. Figures do not add to 100% due to multiple responses. Source: Canadian Centre for Justice Statistics and the 2004 General Social Survey, p. 28.
3. Older women are defined as women aged 65 years of age and older. Source: Canadian Centre for Justice Statistics and the 2004 General Social Survey, p. 86.
4. Average day is defined as the Snapshot Day, April 14, 2004, a one-time profile of all programs and services in existence for a particular day. Source: Statistics Canada Transition Home Survey, 2004.

**Source: Peel Committee Against Women Abuse May, 2006**

# Response to Domestic Violence : “A Staged Model” (RDVC-BTC)

Rexdale Domestic Violence Collaborative- Breaking the Cycle: RDVC-BTC -A Co-ordinated Service Response for Abused Women | 12/21/2016



Women experiencing Domestic violence often come into contact with multiple services from many sectors. The reality is that one agency /organization cannot provide all the supports that a woman and her family needs. The conceptual model above captures the range of services available by Community partners within the Rexdale Community Hub and potential partners to be involved as the model gets implemented. This model reflects a holistic, coordinated community response. The model is woman centered to imply that an

agency's response should be tailored to the client's experience, capacities and needs, so to avoid the continual cycle of oppression and victimization of the client. The model is circular to reflect the complex relationships that exist between agencies and to represent the multiple points of entry and exit into these systems

The circle immediately surrounding the woman represents her personal support network, which may include members of her family and/or friends. The overlapping circles symbolize the coordinated community response and encompass the broad sectors within which agencies and services may operate, including the health sector, legal or judicial sector, and the community, counseling and support services sector. Immediately below represents the proposed assessment and referral team that will be organized through the partnership of the Rexdale Domestic Violence Collaborative-Breaking the Cycle (RDVC-BTC): Breaking the Cycle Project to implement the model through an anti-oppressive, strengths-based and feminist framework.

The outer circle represents the infrastructure that supports and sustains the work done across sectors e.g. existing committees, collaboratives etc. And lastly ,government (municipal, provincial and federal) , foundations , funders are represented given the valuable financial support they provide. Without viable funding this work would not be achieved.

## SECTION 3

## **Shared Protocol in Responding to Domestic Violence:**

In the process of developing domestic violence protocols with multiple agencies a number of existing best practice models were research and adapted . This section contains the portions of the protocol that will be shared and that form the basis of the protocols developed for all agencies and organizations as part of this collaborative within the Rexdale Hub.

**Source: Calgary Domestic Violence Committee 2000, Peel Committee against Women Abuse 2006, Woman Abuse Council Toronto, Canadian Domestic Homicide Prevention Initiative Nov, 2016.**

### **SCREENING**

Domestic violence is frequently difficult to identify. The individual who has experienced abuse may not understand or may deny that injuries, illness, behavioural and/or emotional difficulties are the result of violence and abuse.

Indicators of violence are typically a poor method of determining the presence of violence, as many families are experienced at hiding signs of abuse. Identification strategies include history taking, observation, and asking routine direct questions of all adolescents and adults.

#### **PURPOSE OF SCREENING FOR DOMESTIC VIOLENCE**

The purpose of screening for domestic violence is to:

- a) Raise awareness that family violence is a widespread problem affecting many families;
- b) Prevent further abuse through early identification;
- c) Assist individual to identify abusive behaviour; and
- d) Intervene in domestic abuse by providing information on community resources and assisting in the development of personal safety plans.

#### **GUIDELINES FOR SCREENING**

Screening for domestic violence is more than asking a client a question. Screening includes creating an environment of privacy, trust, safety and respect for the client. It is ministered in an anti-oppressive, non-threatening and strength-based approach. This type of screening informs clients that abuse is a significant issue and that staff can assist, making information on domestic violence available to clients, asking directly about the incidence of abuse and violence, providing support and resources for clients, and ensuring that staff receive training and are able to respond to disclosures of abuse.

#### **Sample of a Women Abuse Screen Tool (WSAT)**

<http://womanabuse.webcanvas.ca/documents/wast.pdf>

#### **MAKING INFORMATION AVAILABLE**

Prior to screening, check to see if your agency has the following information available for clients:

- Information on 24-hour resources located in washroom facilities and private offices. This information should be available in multiple languages and formats (e.g. large print, including TTY numbers) and small enough that the information can be hidden for the safety of the client ;

- Posters addressing the issue of domestic violence in mainstream and diverse communities; and
- Pamphlets available in private offices that give examples of abusive behaviour provide information on how to plan for safety, and list services for both individuals who have experienced abuse and individuals who choose to use abuse.
- Media- television, Advertisement

## GUIDELINES FOR SCREENING

The following are considerations in the development of a screening protocol:

- Identify who will be screened. It is recommended that all adolescents and adults (men and women including seniors) be screened for domestic violence. In pediatric settings parents or guardians should be screened for domestic violence.
- Explain the limits of confidentiality in the client/professional relationship. Clients must be made aware of the service provider's obligation to report. Issues including mandatory reporting for children/persons at risk as outlined in the Child Welfare Act and the Protection of Persons in Care Act and the duty to warn should be included in the protocol. If the service provider is aware that the client is bringing harm to themselves or to others it is their obligation or duty to report or if subpoenaed by the court

- Interview the individual being screened in privacy.

For family therapy programs this issue is part of an ongoing discussion on how to screen families without increasing risk. Staff screening in emergency departments and other similar settings must consider the privacy of the client when asking about domestic violence.

- The interviewer should be at or below the eye level of the person being screened (Hotch, Grunfeld, Mackay & Cowan, 1995).

Domestic violence is an issue of power and control. Sitting at or below the eye level of the client acknowledges the power differential.

- Ask a specific question or set of questions to every individual who is seeking services. The question(s) should be direct and easy to understand.

Routine screening occurs at every visit or at pre-determined intervals. Universal screening ensures that both men and women are screened. It is recommended both routine and universal screening.

- Screening questions should provide the opportunity for both individuals who have experienced abuse and individuals who choose to use abusive behaviour to disclose current and/or historical abuse.
  - Use a professional interpreter if you are not fluent in the client's primary language.
  - Provide examples of behaviours considered abusive (e.g. yelling, hitting, controlling the behaviour or finances of another person, neglect), the results of abuse (e.g. fear, illness, injury), that abuse is wrong, and that action can be taken to stop the abuse if that is what the client should choose to do (e.g. give resource information).
  - Document that the question that was asked and the response of the client.
- If screening was not completed, document the reason.

## RESPONDING TO A DISCLOSURE OF ABUSE FROM A VICTIM

If the client identifies that domestic violence/abuse is an issue, take the following steps to address safety and support the client's disclosure of abuse.

- Assess immediate danger.

Is the client presently in an abusive relationship? Is the client afraid to return home? If there are children, are the children safe?

- Identify risk factors. Explore the history of abuse and/or threats towards the victim, other family members, pets, the use of alcohol or drugs by the abuser, and the availability of weapons. Violence that is escalating, increasing in severity, indiscriminate, and where there is access to weapons is increasingly dangerous. Risk changes quickly. Ensure that clients have developed a safety plan for themselves and any other dependents/children.
- Communicate to the abused person that they are not responsible for the abuse. Most forms of abuse are against the law. There are many factors that prevent individuals from reporting abuse to the police. Exploring the consequences of reporting may assist the abused in verbalizing their fears.
- Explore options available for the abused person and their family. Who is aware of the abuse? Are family or friends appropriate resources? What personal resources does the client have (financial, transportation)?
- Give information on resources available to assist families affected by abuse. Provide clients with pamphlets, resources and information etc.
- Assist clients to make a plan for their safety. Emergency shelters can assist clients to develop individualized safety plans. Have clients contact the shelter crisis line while they are in your office.
- Arrange for follow-up to ensure the ongoing safety of the client. Establish safe contact procedures, including an alternate contact if the client cannot be reached. The client is never alone in this process.

## The Dynamics of Woman Abuse: Issues of Power and Control

Woman abuse is about power and control. It is the intentional and systematic use of tactics to establish and maintain power and control over the thoughts, beliefs, and conduct of a woman. The tactics can include, but are not limited to, the following examples.



Adapted from Home of the Duluth Model: <http://www.theduluthmodel.org/pdf/PowerandControl.pdf>

Abuse may also be observed as a systematic pattern of behavior. In many cases, abuse occurs in a repetitive sequence, often referred to as the "cycle of violence" (Walker, 1979). During the 'tension building phase' of this cycle, the abuser experiences a period of increasing stress and tension. This can build over a matter of hours, days or weeks, during which time women often try to avoid an outburst by accommodating the demands of the abuser. Women may feel that they are "walking on eggshells." When the pressure peaks, the abuser explodes, unleashing anger and rage,

trying to control the situation through partner abuse. After the abusive incident, there may be a period of relief when the abuser offers apologies and promises to change. This pattern occurs repeatedly over time. Often, the incidents of abuse become more frequent and severe, with shorter periods of relative calm.

## Reasons Why Women Do Not Leave the Abusive Situation?

- **Fear:** A person may be afraid of what will happen if they decide to leave the relationship.
- **Believing Abuse is Normal:** A person may not know what a healthy relationship looks like, perhaps from growing up in an environment where abuse was common, and they may not recognize that their relationship is unhealthy.
- **Fear of Being Outed:** If someone is in an LGBTQ relationship and has not yet come out to everyone, their partner may threaten to reveal this secret.
- **Embarrassment or Shame:** It's often difficult for someone to admit that they've been abused. They may feel they've done something wrong by becoming involved with an abusive partner. They may also worry that their friends and family will judge them.
- **Low Self-Esteem:** When an abusive partner constantly puts someone down and blames them for the abuse, it can be easy for the victim to believe those statements and think that the abuse is their fault.
- **Love:** So often, the victim feels love for their abusive partner. They may have children with them and want to maintain their family. Abusive people can often be charming, especially at the beginning of a relationship, and the victim may hope that their partner will go back to being that person. They may only want the violence to stop, not for the relationship to end entirely.
- **Cultural/Religious Reasons:** Traditional gender roles supported by someone's culture or religion may influence them to stay rather than end the relationship for fear of bringing shame upon their family.
- **Language Barriers/Immigration Status:** If a person is undocumented, they may fear that reporting the abuse will affect their immigration status. Also, if their first language isn't English, it can be difficult to express the depth of their situation to others.
- **Lack of Money/Resources:** Financial abuse is common, and a victim may be financially dependent on their abusive partner. Without money, access to resources or even a place to go, it can seem impossible for them to leave the relationship. This feeling of helplessness can be especially strong if the person lives with their abusive partner.
- **Disability:** When someone is physically dependent on their abusive partner, they can feel that their well-being is connected to the relationship. This dependency could heavily influence their decision to stay in an abusive relationship (The National Domestic Violence).

## RESPONDING TO A DISCLOSURE OF ABUSE FROM A PERSON WHO CHOOSES TO USE ABUSIVE BEHAVIOUR

Offenders, like victims, are represented in all ethnic, racial, cultural, occupational, sexual orientation, religious, and age groups. The one identifying similarity among offenders is their use of tactics of control within their relationships, not their demographics or personality characteristics.

Offenders of domestic violence may be either male or female. In heterosexual relationships, offenders are usually male. According to Statistics Canada of the homicide cases with domestic violence involvement which occurred in Ontario from 2002 to 2009, 80% of victims were women, 12% were children and 8% were men.

Of the cases reviewed in Ontario's 2011 Domestic Violence Death Review Committee Report, 88% of spousal homicide perpetrators were male while 89% of victims were female.

In gay, lesbian, bi-sexual and transgendered relationships the victim and the offender may be the same sex.

With universal screening it is anticipated that both victims and offenders will be screened. For service providers this means that not only the needs of the victim and victimized children need to be anticipated but also the needs of the offender.

If an offender accompanies a victim or is the client/patient being screened for violence, the service provider may hear the domestic violence minimized, denied or lied about, as well as, the victim being blamed for the abuse. Examples of minimizing and denying include: "it's no big deal", "my partner bruises easily" or "my partner hit a door". Offenders are able to justify continuing abusive behaviour by avoiding the responsibility for the abuse. Examples/statements that reflect avoidance of responsibility: "I was drunk" or "I was under a lot of stress".

Offenders frequently attempt to control the victims' contact with service providers by accompanying the victim to appointments, cancelling the victim's appointments or by being intimidating or cajoling so that the service provider withdraws from the client/patient. Offenders may also use subtle tactics of manipulation in an effort to distract the service providers' attention away from the abusive behaviour and convince the service provider that it is all a misunderstanding. Offenders may appear overly concerned and rational, while victims in response to the ongoing abuse may appear to be overly emotional and irrational.

Offenders are likely to use the same tactics of control in their contact with service providers: threatening, controlling and intimidation. It is important to follow the protocol for interviewing victims in privacy and assisting victims to develop plans for their safety and the safety of their children, even when the offender has been compliant or appears unthreatened by contact with their partner.

Offenders may respond to screening questions on abuse by indicating that they have concerns about their behaviour and would like information on resources. Offenders may disclose feeling victimized, may struggle to express a range of emotions, and may feel guilty, isolated and ashamed.

Service providers may respond by remaining objective, acknowledging the courage required to take responsibility for abusive behaviour and assisting the offender in developing a responsibility plan for getting help or for when the offender feels that there is a risk of re-abuse. It is essential that service providers communicate that the offender is responsible for initiating the abuse and for taking action to stop the abuse. Service providers may refer offenders to specialized domestic violence serving agencies, which can assist offenders in developing safety and responsibility plans.

## RESCREENING

If the client has a history of domestic violence they should be asked about any incidents since the last visit. If there is no history of domestic violence, rescreening is advised if there are indications of abuse, at periodic intervals, and/or if there is any change in circumstances.

**ASSESSMENT / IDENTIFYING RISK FACTORS:** The questions below will assist in determining if abuse is a problem, circumstances when abuse is most commonly occurring and if there is an escalating risk. Partner/caregiver may be interpreted as lover, boyfriend/girlfriend, sibling, parent, etc. This information is typically included as an appendix in a domestic violence protocol as it is not always part of an agencies mandate to explore beyond immediate safety issues.

## SAFETY ASSESSMENT

- Is the client safe now? Is telephone contact safe? If the client is on the phone and discloses that they are in an abusive situation and it is unsafe to talk, ask only closed ended questions that can be answered by a yes or no, or arrange another time to call back. Check to see if the caller requires police assistance.
- Is the client presently involved in an abusive relationship? This could mean living with the abuser, in contact with the abuser or being harassed by the abuser. Risk can continue for 24 months after leaving an abusive relationship.
- Does the client have a safety plan? Is there a safe time and way for the client to leave their home? Is there another place for the client to move to that is not known to the abuser? Does the client need assistance to leave right away? Does the client have any special needs that prevent them from leaving?
- Does anyone else know about the abuse? Are there children in the home or other dependent people who may be at risk of abuse? Is the client aware of resources that can assist families affected by violence, e.g. shelters, police, treatment programs, etc.?
- Develop a safe method of contacting the client. When contacting the client, block identification of your number (\*67), speak only to the caller, and do not leave messages with other individuals. Do not send mail to the caller unless they have indicated that it is safe. If possible, have the name of an alternate contact if you are unable to contact the caller.

If the client feels that they have a safety plan and/or is not prepared to take any action at this time, set an appointment time and arrange a way to check on the client if the appointment is missed.

## GENERAL BACKGROUND INFORMATION

- Do you live with your partner, a family member, or a caregiver?
- Are there extended family members, boarders or nannies living in the home? Please identify.
- Are there children or adolescents under the age of eighteen in the home?
- Have any of the children or adolescents ever witnessed abuse or violence?
- Have any of the children ever been the targets of the abuse?
- Has Child Welfare ever investigated abuse directed at the children? Is Child Welfare presently involved?
- Is alcohol or drugs a problem for any of your family or friends?
- Do you have regular contact with anyone with past charges or convictions for domestic violence or sexual assault?

## BARRIERS IMPACTING DISCLOSURE &/OR INTERVENTION

Assist client to identify factors that may impact disclosure or intervention:

- Mobility/special transportation needs
- Communication barrier requiring an interpreter or special equipment
- Dependent relationship with a caregiver who is identified as abusive
- Orientation issues
- Custody and access issues
- Age
- Gender
- Cultural issues
- Immigration status
- Other (e.g. financial, parole/probation conditions)

## SOCIAL CONTROL AND EMOTIONAL ABUSE

- Does your partner/caregiver blame you for the abuse?
- Does your partner/caregiver ever blame you for your health problems?
- Does your partner/caregiver control your daily activities?
- Does your partner/caregiver control access to your money and make decisions about how it is spent?
- Does your partner/caregiver limit your contact with friends or family (on the phone or in person)?
- Does your partner/caregiver prevent access to a health care provider (community health nurse, physician, home care)?
- Does your partner/caregiver humiliate you in front of other people?
- Does your partner/caregiver get jealous?
- Has your partner/caregiver ever harmed or threatened to harm you?
- Has your partner ever withheld sexual intimacy or affection to punish you?

## NEGLECT (Specifically for People Dependent on a Partner/Caregiver)

- Does your partner/caregiver ever withhold food or medication?
- Does your partner/caregiver refuse to assist with matters of personal hygiene?
- Does your partner/caregiver prevent access to a health care provider?

## SEXUAL VIOLENCE

- Has your partner/caregiver made sexually harassing jokes and comments to you?
- Has your partner ever withheld sexual intimacy or affection to punish you?
- Has your partner/caregiver ever forced you to watch or to be involved in making pornography?
- Has your partner/caregiver ever coerced, bribed, threatened or forced you to engage in sexual activities that you are not comfortable with?
- Has your partner ever forced non-consensual bondage, dominance or sadomasochism (BDSM ) in your relationship?
- Has your partner/caregiver ever sexually abused your children or made sexual comments about them?

## ESCALATING RISK FACTORS

Violence that is escalating, increasing in severity, indiscriminate, and where there is access to weapons is increasingly dangerous. Risk can change quickly. Make appropriate plans for the safety of the victim(s).

- Does your partner/caregiver have a criminal record?
- Have the police ever been called to your residence? Why? On how many occasions?
- Has your partner/caregiver ever violated a court order? (e.g. no-contact order, peace bond or restraining order)
- Has your partner/caregiver ever destroyed your personal belongings or property?
- Has your partner/caregiver ever harmed or threatened to harm your children?
- Has your partner/caregiver ever harmed or threatened to harm other family members?
- Has your partner/caregiver ever harmed or threatened to harm your pets?
- Is your partner/caregiver violent or abusive to others outside the home?
- Has the abuse increased (frequency and severity) over the last 24 months?
- Have you sought medical attention because of your injuries?
- Has your partner/caregiver ever threatened to kill you?
- Do you believe your partner/caregiver is capable of killing you?
- Does your partner/caregiver have access to weapons?
- Has a weapon ever been used or been threatened to be used against you?
- Has your partner/caregiver ever said, "If I can't have you, no one can"?
- Has your partner ever abducted or threatened to abduct the children?
- Has your partner/caregiver ever threatened to commit suicide as a way of controlling you?
- Have there been any recent changes or additional stressors for you, your partner or any of your family members?
- Is your partner employed? Has your partner's work history changed during the last year, become less stable?
- Is your partner's/caregiver's use or abuse of drugs a problem for you in any way? Does the abuse escalate when your partner/caregiver uses drugs or alcohol?
- Have you ever tried to leave? Were you stalked or harassed?
- Have you made plans to separate from your partner/caregiver? Is the partner/caregiver aware of these plans?

## **SAFETY PLANNING**

Safety planning must take into account the specific circumstances and abilities of each individual. All or some of the information may be helpful in planning for safety. For a personalized safety plan, please contact an emergency shelter for assistance. This information is typically included as an appendix in a domestic violence protocol as it is not always part of an agency's mandate or expertise to assist with the development of a personal safety plan.

### LEAVING AN ABUSIVE SITUATION

1. If possible, pre-program emergency numbers into your phone (i.e. 911). In addition, need to teach the children when and how to call 911.

2. Keep a phone in a room that you can lock from the inside.
3. Plan an escape route out of your home; teach it to your children. Also, need to instruct children to leave the home if possible when things begin to escalate, and where they can go.
4. Try to put away a little money at every opportunity, even enough for a phone call. If possible, an extra key to a vehicle should be hidden.
5. Gather important papers (both your own and your children's) birth certificates, social insurance numbers, citizenship and/or immigration papers, Health card, immunization records, etc. Put these in a safe place, preferably outside your home, such as a safety deposit box or with a trusted friend.
6. Put together a suitcase of essential items such as clothing and medicines and store them in a safe place. Make plans for any pets that you have that you are unable to take and that you cannot leave behind. If you have no place to leave your pets and this will prevent you from leaving, mention this to the shelter when you call.
7. Have a list of shelters and phone/TTY numbers accessible but hidden. If you are ready to leave, keep checking to see if there is space for you and your children. If possible, check to see if the shelters are barrier free, for your needs.
8. Ensure that some form of emergency transportation is available upon request. This may be through a friend or through community supports.
9. Work out a code word that can be used on the phone with a person that is trusted. The code could mean to contact the police or to inform them that you are leaving.
10. Look at options for safe places (a friend, neighbour, a relative, motel, emergency shelter). If you can do so safely, contact the people in advance to let them know you are coming. This allows them to watch for you and call for help if needed. Do not go to a friend or relatives house if your partner is likely to try to find you there. This can be dangerous for you and those trying to assist you.
11. Whenever calling a shelter or other resources, phone another number or press several numbers randomly immediately afterwards, so that your partner/caregiver cannot press the redial button and find out whom you've been speaking with.
12. Keep any health records from doctor/ General Practitioner or police that document the abuse.
13. If you have a support person that your partner/caregiver is not aware of, keep that person's name and address confidential.

The abused may wonder whether to tell their partner/caregiver they are leaving. In cases where there has been physical abusive or extremely controlling behaviour, telling the abuser can seriously endanger the abused. Many abusers become increasingly violent when they fear their partner is leaving or they are losing their control over them. Violence may escalate as victims attempt to leave their abusive partner.

#### SAFETY PLANNING WHEN CHOOSING TO STAY IN AN ABUSIVE SITUATION

If you choose to stay, there are some steps that can be taken to increase your safety if an abusive incident occurs. Even if all of these precautions are followed, your safety cannot be guaranteed. Remember you do not deserve to be hurt or threatened.

- 1.If an abusive situation seems likely, try to avoid rooms with access to weapons (knives, heavy objects), and with only one exit. Avoid the kitchen and bathroom areas.
- 2.Don't run to where the children are or your abuser may hurt them as well.
- 3.Talk to a neighbour or friend that you can trust and arrange a signal or code for when you need help.
- 4.Teach your children not to intervene in the violence. Teach them a code for when you need them to get help.
- 5.Have an emergency bag packed and hidden in an accessible location. Have the numbers of the shelters and police, identification, a few items of clothing and money for the phone and/or transportation. Have an extra set of car keys or enough money for a taxi or bus fare. Keep your important papers for you and your children including Toronto Health Care numbers, birth certificates, custody agreements and passports. Practice getting out of the house with your children.
- 6.Children should be told that violence is not okay, even when the abuser is someone that they love. Tell your children that the targets of not at fault. Neither you nor they caused the violence. The most important thing is for children to be protected and to protect themselves.

#### SAFETY PLANNING FOR YOUTH

If you are in a violent relationship or someone you trust is being abusive to you, the following are some steps that you can take to increase your safety.

- 1.If there is an emergency, call 911.
- 2.Decide whom you are best able to talk to about the abuse. It may be a teacher, counsellor, police officer, parent or relative.
- 3.If you are unable to approach an adult on your own, you might find it more comfortable to bring a trusted friend with you.
- 4.If you would like to talk to someone anonymously, you can call the Kids Help Phone 1-800-668-6868).
- 5.If have been in a violent dating relationship ask your counsellor about the Non-Abusive Futures Group. These groups are for youth that have witnessed violence, been abused or who have been abusive towards others. Groups are run in many schools and in the community.
- 6.If you are under the age of eighteen and you are living with your abuser, call one of the emergency shelters and talk to them about a safety plan.

Please refer to the appendix for Toronto Sexual Abuse and Assault Resources

#### SAFETY IN YOUR HOME

Emergency shelters have trained staff available 24-hours to talk to you about protecting yourself and your family. Crisis staff can direct you to resources for assistance in accessing protection orders. They can also help you to develop a personalized safety plan.

### **1. Get a protection order from the court:**

- Keep it with you at all times.
- Inform friends, neighbours and employers that you have a protection order in effect.
- When there are provisions on the order regarding contact with children, give a copy of the order to the school and/or daycare providers.
- Always call the police to enforce the order even for the slightest violation.
- Develop a safety plan with your children.
- Plan alternative ways to keep safe if the police do not respond right away.

### **2. If your abuser is leaving:**

- Change your locks on your home and add dead bolts.
- If you are in an apartment, do not have a room on the ground floor.
- Change your phone number.
- Change your routine and schedule (grocery shopping, medical or dental appointments, children's lessons).
- Change your work hours and the route you take to work.
- Change the route you take your children to school.
- Teach your children not to open the door to the abuser.
- Talk to the emergency shelter about the availability of an alarm system.
- Keep a telephone in a room in your home that locks from the inside.
- If possible, have a cellular phone that is pre-programmed to 911 or to the number of a friend or relative. **3.**

### **If you leave:**

- Consider renting a post office box for your mail or using the address of a friend.
- Addresses may be listed on legal orders and police reports and can be accessed by your abuser. Request that addresses and phone numbers be kept confidential.
- Be careful to whom you give your new address and phone number.
- Change any appointments your abuser was aware of (medical or dental appointments).
- Shop at different stores and frequent different social spots so that your abuser will be less likely to find you.
- Change work hours if possible.
- Change the car you are driving, or switch cars with a friend or relative.

4. Alert school authorities of the situation, and that there is a protection order. The shelters can also provide a referral to the school-shelter liaison to assist your children's teachers in understanding the needs of children who have witnessed abuse.

5. Consider changing your children's school.

6. Alert neighbours of the situation, and request that they call the police if they feel you may be in danger. Show neighbours a picture of the abuser and the car the abuser may be driving in order to alert you or the police.

7. Replace doors with solid-core wood, steel or metal doors. Install security systems, if possible.
8. Install motion sensitive lights that light up when a person is coming close to the house.
9. Tell your co-workers about the situation and if possible, ask them to assist you in screening all calls you receive during working hours.
10. Explicitly inform your children's caretakers about who is allowed to pick up the children, who are not, and what to do if someone, who does not have permission, attempts to pick up the children.
11. Call the telephone company and ask about "Caller ID", so that you can identify the telephone number of anyone attempting to call you. Ask that your phone be blocked, so that if you make the phone call, no one will be able to get your new, unlisted phone number.

## PLANNING FOR SAFE CONTACT WITH CLIENTS

### **Contacting clients by telephone:**

- Block identification of your number by dialling \*67 before dialling the client's telephone number.
- Ask for the client.
- Speak only to the client.
- Do not leave messages for the client with other members of the household, on answering machines, voice mail, or Email unless directed to do so by the client.
- If questioned by someone other than the client, do not indicate who you are or which agency you are calling from.

### **Speaking with clients on the telephone:**

- Ask if it is a safe time to talk.
- Ask if you should call the police.

### **Contacting clients through the mail:**

- Do not send mail to clients without information from the client that it is safe to do so.
- For new clients, when practices for safe communication have not been established, write the client a letter requesting a response without identifying who you are or which agency you are employed by (do not use letterhead).

### **Accompanying clients to court:**

- Arrive early so that the client is not alone with the abuser.
- Position yourself between the client and the abuser when speaking to the client.
- Do not permit the abuser or friends or family members of the abuser to speak to the client, request that contact occur through legal representatives for both parties.
- When the client is exiting the building be aware that the abuser may attempt to follow.

## **SAFETY PLAN FOR STAFF**

Be aware of your safety. Staff should always take precautions to ensure their own safety. If you are concerned about meeting with a client, for whatever reason, take the following steps:

- Talk to a supervisor or co-worker about your concerns.
- See the client with another staff person.
- Meet with the client in a space that can be seen by others or leave the door to your office slightly ajar so that any signs of distress can be heard by other staff. • Sit close to the door so that the client cannot block your exit.
- Make arrangements for another staff person to call you at pre-arranged intervals to ensure your safety.
- Have a signal or code to use if you require help.
- Do not meet with the client outside of your office or after hours.
- Have another staff person or the security guard walk you to your car if you are concerned that the client may attempt to speak with you outside of the office.

If you feel you are being harassed or are frightened of your client, contact the police to discuss your concerns.

## **GUIDELINES FOR DOCUMENTATION**

In deciding what kinds of information an agency is obligated to record an agency or organization must first clarify their mandate and therefore, the purpose of their records. Agencies who provide support and referral for victims of domestic violence will keep different types of information than will agencies that are mandated to report to the courts. Agencies must also consider the requirements of their employees professional associations. Each registered professional will be governed by the ethics of their profession and agency documentation practices should reflect professional standards.

Clients need to be informed of the limitations and exceptions to an agency's confidentiality policy. Consumers of counselling and crisis services have long understood that the information disclosed to their counsellor will be kept in strictest confidence. Due to recent precedents, clients' records may now be accessed for legal proceedings and it is essential that clients are aware of what will be recorded, the length of time it will be kept and circumstances under which it may be accessed by the courts.

Record keeping or documentation typically varies from agency to agency and from counsellor to counsellor. Practices vary from copious note taking to minimal recording. Barsky (1997) recommends that agencies have a clear standard of recording that supports the mandated role of the agency. For a counselling agency these records may include intake information, historical data, progress notes, assessments, termination summaries, billings, telephone messages, videotapes, appointment calendars, and release forms. It is essential that the counsellor not include personal opinion, judgments, bias or speculation. Information communicated by the client should not be recorded verbatim as it is unlikely that this could be accomplished accurately. Basic information to be included in progress notes is:

- who was involved in the contact;

- what its purpose was;
- the date, time and location of the meeting;
- assessment information;
- the basis for treatment decisions (including decisions not to treat); and
- any ethical issues raised.

Counsellors need to be aware of how clinical information may be interpreted by non-clinicians. For example, recording a client’s feelings of guilt may be understood as a part of a grieving process to clinicians. For those involved in legal proceedings, feelings of guilt may reflect the client’s active and equal participation in subsequent events. To prevent this misinterpretation, Regehr, Bryant, & Glancy (1997), recommend that statements reflecting fact not client feelings may be less open to misinterpretation.

Further recommendations include informing clients how historical data may negatively reflect upon the client. Clients would then have the right to request that the information not be recorded and this would be documented in their file.

Barsky (1997) recommends that agencies providing multiple services, keep records separately for each of the roles they serve. For example sexual assault records kept apart from records for marriage counselling may not prevent the courts from accessing either set of records (Regehr, Bryant, & Glancy, 1997) but may assist in limiting access to information about every aspect of the client's life.

If client records are subpoenaed, it is recommended that the agency retain legal counsel. This allows an opportunity for arguments on the relevance of records to the proceedings. Choosing counsel with experience and expertise in these matters will benefit in protecting both the interests of the agency and the client.

## **TRAINING**

### DOMESTIC VIOLENCE TRAINING FOR SERVICE PROVIDERS

As a result of the protocol project, training has been identified as an issue in the implementation of protocols and as a long-term issue in provision of services to families affected by violence

This is a proposed model of training for domestic violence. It assumes a shared responsibility for domestic violence training between the agency and the community although the primary responsibility for training is assumed by agencies that have written domestic violence protocols. As a part of the protocol agencies agree to provide basic training in the area of domestic violence and on the use of the domestic violence protocol.

The following outline has been developed to provide service providers with basic information on domestic violence including the dynamics of violence and abuse, screening for violence, and assessment and intervention strategies. Six hours has been suggested as the minimum training time required. All training will address issues of diversity and reflect cultural sensitivity.

1. Terms of Reference
  - a) Definitions
  - b) Types of Abuse

- c) Impact of Violence on Health
- d) Incidence and Impact of Abuse on Health
- 2. Dynamics Of Domestic Violence
  - a) Cycle of Abuse
  - b) Barriers to Leaving
  - c) Process of Leaving & the Stages of Change
  - d) Principles for Dealing with Domestic Violence
- 3. Indicators of Abuse
  - a) Child Abuse
  - b) Spousal Abuse
  - c) Elder Abuse
- 4. Police/Justice Response to Domestic Violence
  - a) Role of the Domestic Conflict Unit
  - b) Options Available to the Police
  - c) Other Legal Options
- 5. Emergency Shelters Response
  - a) Role of Emergency Shelters
  - b) Services Available through Shelters
  - c) Shelter Response When Shelters are at Capacity
- 6. Screening for Domestic Violence
  - a) Creating an Environment for Screening
  - b) Asking Direct Questions about Abuse and Violence
  - c) Responding to Disclosures of Abuse
  - d) Documentation
- 7. Trauma informed Education
- 8. Working with Diverse Populations

Agencies with domestic violence protocols have also agreed to provide ongoing opportunities for training in order to advance knowledge and to keep current on issues related to domestic violence. Training is best provided through collaborative efforts within the community. Not only does a community model serve to pool resources, it also provides opportunities for agencies to interact and work in partnership on domestic violence issues and through interaction to reduce barriers for clients.

## **INTERAGENCY CONFLICT RESOLUTION**

The purpose of developing a conflict resolution process between agencies is to:

- Ensure uncompromising service delivery to clients.
- Identify and close gaps in service delivery.
- Build positive working relationships between individual professionals and their respective organizations.

In the event differences arise about how individuals believe a particular situation should be handled, it is agreed that the following process be followed.

1. The individuals involved are encouraged to attempt to work the situation out between them. They may use their own professional discretion in this effort as to whether they would like to involve a supervisor immediately. If this attempt is not successful, then the persons involved will consult their respective supervisors for clarification and/or direction.
2. If unable to resolve the issue in the first step, the supervisors and persons involved will decide if the supervisors should be involved in a meeting of the two persons.
3. If still unresolved, it is recommended that the agencies invite RDVC-BTC to participate in the process of working toward a resolution.
4. RDVC-BTC may recommend the assistance of a community mediator if all parties are in agreement that this would assist in moving towards resolution.

# SECTION 4

## **Guidelines for Domestic Violence Treatment: Children**

Children who witness violence or abuse or who are abused in domestic relationships are profoundly affected by their experience. The impact on children has both short-term and long-term effects, e.g. social, emotional, physical, behavioural, and school difficulties.

### **GUIDING PRINCIPLES**

- Children have the right to be safe and to live a life free of social, emotional, physical, sexual, and spiritual abuse.
- The physical and emotional safety of the child and the child's family is central to the treatment process.
- The person who chooses abusive behaviour is viewed as responsible for initiating, continuing and stopping the violence.

### **TERMS OF REFERENCE**

To be effective, treatment for child victims of domestic violence must be part of a coordinated effort to intervene in the violence. This might include the child; the abused parent and/or the non-offending parent; and the parent/parent figure that chooses abusive behaviour. The child should not be treated in isolation; treatment includes assisting children and/or their families to connect with their community.

Within this context, treatment programs include the following components:

- 1.Safety issues will be addressed throughout treatment.
  - a.Safety planning will occur with the child directly and with other family members, if available.
  - b.The safety of the child will be monitored through ongoing contact with the non-abusive custodial parent/guardian.
  - c.The safety of the child will be monitored through ongoing consultation with various treatment agencies including those agencies providing service to the person who chooses abusive behaviour.
2. Domestic violence must be the primary focus of intervention and be addressed directly in treatment.
- 3.Through differing modalities (e.g. individual, group, family) treatment programs provide opportunities for children to:
  - a.Share their stories.
  - b.Express their feelings.
  - c.Identify and have their feelings validated.
  - d.Learn safety skills.
  - e.Practice problem solving and social skills that these children may lack.
  - f.Experience violence-free relationships.
  - g.Understand that violence is the responsibility of the person who chooses abusive behaviour.
  - h.Increase their emotional health and self-esteem.
4. Confidentiality protocols must provide opportunities for information to be shared between agencies, as required, to maximize safety. There is a requirement to report to Calgary Rocky View Child and Family Services:
  - a. When children have been abused or have been exposed to domestic violence.
  - b. Disclosures of threats of harm to self or others.

5. Treatment providers will have an awareness of:

- a. Children’s developmental stages and needs: physical, cognitive, social and sexual.
- b. Impact of trauma on development and attachment.
- c. Community resources that can provide individual treatment to address psychological, developmental and attachment issues and a willingness to refer to these agencies.
- d. How to work cross-culturally.

**Additional resource for working with children:**

How do you work with children experiencing domestic violence in a group setting or one to one bases?

<http://www.honourvoices.org/docs/GuideforPractice.pdf> : University of Minnesota

- Develop safety plan
- Create a welcoming environment
- Focus on children’s strength
- Endorse community partnership
- Promote healthy role models
- Cultivate informal support
- Explore relationship with parent
- Support everyday routine
- Encourage children to share their stories
- Evaluate needs through the lifespan

**Guidelines to Domestic Violence Treatment :Adults**

It is the premise of the Rexdale Domestic Violence Collaborative-Breaking the Cycle that those individuals providing services to adults who have experienced abuse in domestic relationships will have the skills and knowledge to provide those services with expertise. The skills and knowledge required to provide domestic violence treatment include:

- Knowledge of the dynamics of domestic violence, including the profound psychological, emotional, spiritual and physical impact of abuse.
- An ability to assess risk factors, develop a safety plan and monitor the safety of the victim(s).
- A willingness and ability to effectively collaborate with other treatment or community services engaged with the client system to increase client safety.
- A commitment to organizational change to address issues of systemic violence, discrimination and marginalization. This commitment would be demonstrated through the removal of barriers to service and through community partnerships and dialogue.

Service providers are responsible for providing clients with a statement of expertise and accountability. Avenues for accountability will vary depending upon the service provider, but will include one of the following:

- Accountability to a professional association.
- Accountability to the policies and standards of the agency/organization that employs the service provider, including information on the client appeal/complaint process.
- Service providers not affiliated with an agency/organization nor members of a professional association will provide a statement of expertise and accountability to clients and will describe the process for having client concerns addressed.

## GUIDING PRINCIPLES

The following guidelines will apply to both public agencies/organizations and private practitioners.

- Service providers will hold the person who uses abusive behaviour as responsible for initiating, continuing and stopping the abusive behaviour. Using abusive behaviour is a choice.
- Service providers will respect the clients' right to make their own decisions regarding their lives and relationships.
- Service providers will address the issue of violence directly, not as a peripheral issue.
- Change towards well-being is a process that requires recognition of the context of clients' lives, potential barriers (e.g. discrimination), as well as the profound effects of and response to abuse.

## TERMS OF REFERENCE

Treatment can be defined as a variety of therapist/client activities designed to enhance safety and to assist clients in making long-term changes that support living a life without abuse. These activities will include, but are not limited to:

1. Offering support.
2. Assisting clients to establish increased safety.
3. Defining abusive behaviours.
4. Identifying and accessing internal and external resources.
5. Assisting clients to make informed choices about available options and resources.
6. Assisting clients to take responsibility for their own well-being and the well-being of their children.
7. Clarifying that the person who uses abusive behaviour is responsible for the abuse.

## INTENDED OUTCOMES OF TREATMENT

1. Increased ability by client to assess risk factors associated with lethality and dangerousness.
2. Increased understanding of client as to how they can enhance their safety and the safety of their children.
3. Increased knowledge of client about abuse.
4. Increased ability by client to identify and participate in making choices that will enhance well-being.
5. Increase in the client's belief in self to manage a violence free life.

## MODALITIES FOR TREATMENT OF ADULTS WHO HAVE EXPERIENCED ABUSE IN DOMESTIC RELATIONSHIPS

Individual and group counselling are appropriate treatment modalities for working with adults who have experienced abuse in domestic relationships. Couple and/or family counselling which includes the person who chose abusive behaviour is not appropriate unless all parties are agreed in the purpose, consent to participate is gained individually with each client, and safety can be assured.

## CONFIDENTIALITY

It is recognized that client confidentiality is an intrinsic component of work with adults who have experienced abuse in domestic relationships. Safety and ethical principles inform the need for client confidentiality. According to value 5 of social work code of ethics “ A cornerstone of professional social work relationships is confidentiality with respect to all matters associated with professional services to clients” (CASW, 2005). Consents for the release of information will be time limited and will itemize the organizations/service providers with whom information may be exchanged. Except when required to report by law, collaboration with agencies will occur in the context of client consent, with the intent of increased safety.

## Addressing Trauma

### **Spousal violence victims report effects consistent with post-traumatic stress disorder**

Just under one-third (31%) of spousal violence victims reported sustaining physical injuries such as bruises, cuts or broken bones as a result of spousal violence, with women (40%) more likely than men (24%) to report such injuries in the previous five years. Overall, these proportions have remained steady over the past decade

In addition to physical injuries, psychological effects consistent with post-traumatic stress disorder (PTSD) were reported by spousal violence victims in the provinces. About 16% of victims reported three or more of the long-term effects outlined in the Primary Care PTSD Screen, including nightmares, avoidance of situations that bring the incident(s) to mind, feeling constantly on guard, and feeling detached from others. According to the GSS, female spousal violence victims were more likely to report these effects than male victims. Effects consistent with PTSD were more prevalent among those victims who experienced multiple victimizations (36% of those who were victimized more than 10 times), and those that reported the most severe types of violence (32%) (Statistics Canada 2014)

## Guidelines for making Referrals

A referral is not a matter of diverting or sending a client from one Violence Against Women (VAW) agency to another, or providing her with a list of agencies and telephone numbers. For the purposes of the Best Practice Guidelines, a referral is the transfer of trust from one VAW worker to another. Accordingly, the Guidelines use the word ‘connect’ to reflect this transfer of trust.

One of the key components of the Woman Abuse Response Protocol is the systematic and consistent connecting of any woman requesting VAW services with an appropriate service provider within 48 hours of the request.

**Referring to Another Agency:** When connecting a woman to another agency, the agency making the referral will:

- Wherever possible, encourage the client to make a telephone contact with the receiving agency in the presence of the worker. An appointment is then made between the client and the receiving agency.
- Ensure that the client has all the names and directions that she requires.
- If the client declines an immediate referral to the receiving agency, but agrees to consider

it for the future, the referring agency will provide the client with the names and numbers of workers of both the agencies and encourage her to call one of them if and when she is ready.

• If referring to an agency that is not currently utilizing the Woman Abuse Protocol, the referring agency will first speak to the receiving agency worker to explain the procedure and establish whether the receiving agency is willing and able to provide the client with the services requested.

**Receiving a Referral from Another Agency:** When receiving a referral from another agency, the receiving agency will:

- Make every attempt to take the phone call right away.
- Reassure the client that you would be happy to see her at her earliest convenience, and
- attempt to book an appointment right away.
- Obtain consent for the referring agency to send her case information so she will not have repeat her story by referring to available information in the file. Explain the range of services you can provide to her and with what time frame.
- Whenever possible, avoid having the client repeat her story by referring to available information in the file. Explain the range of services you can provide to her and with what time frame.
- Assure the client that, as a client of a crisis support service agency, she may receive several appointments and, be connected to other needed services including group support services.

# SECTION 5

## **AGENCY PROFILE –**

**Rexdale Women’s Centre:** Rexdale Women’s Centre is an independent, non-for-profit, voluntary agency that serves high-need women and their family members residing in the Greater Toronto Area. At the Rexdale Women’s Centre, our vision is that in the Greater Toronto Area all immigrant, newcomer and refugee women and their partners, children, parents, and other family members of all generations have everything they need

### **Commitment:**

We will within the mandate of our services :

- Serve the community through community development and culturally appropriate service delivery
- Partner with other organizations, do research and asset inventories, develop resources and volunteers from within the community
- Consult and promote diversity through community outreach

### **We will provide :**

- Support for women who are experiencing or who have experienced domestic violence
- Crisis and violence counselling and support
- Legal and medical referrals
- Information and resources on violence
- Client accompaniment for women who are victims of violence
- Public and community education and outreach
- Support group for women experiencing or who have experienced spousal abuse
- Court mandated counselling and intervention groups for male batterers convicted of spousal assault
- Support for partners of spouses of male participants in court mandated program

### **Hours of Operation**

Monday-Thursday

9am-5pm

Tuesdays and Wednesdays

9am-8pm

Fridays 9am-5pm

### **Accountability**

A client’s complaints or concerns regarding the quality of services provided shall be reported directly to the executive director. All complaints and concerns will be investigated and responded to according to the policies and procedures of the organization.

**We Are Committed to Rexdale Domestic Violence Collaborative-  
Breaking the Cycle: Interagency Protocol**

## **AGENCY PROFILE**

**Toronto Employment and Social Services:** Employment and Social Services provides employment supports, financial benefits and social supports to people living in Toronto. Our employment centres are open to all Toronto residents, and our staff provide a range of services including helping people with:

- finding a job or the training they need to find work,
- accessing financial benefits available through the Ontario Works program, and
- connecting to health, housing, childcare and other social services.

### **Commitment to RDVC-BTC:**

We will within the mandate of our services:

- Streamline Services for clients to access resources, be it financial, employment or training.
- Work with community partners to support clients and to facilitate access to services.

### **We will:**

- Assist residents of Toronto with financial assistance under the Ontario Works Program'
- Provide dental, vision care, and medically based items for those eligible
- Provides client with information to other benefits and re-sources provided by other governmental agencies.
- Provide employment supports, skill training through purchase of services
- Make referrals to other employment programs and community partners.
- Work with employers to provide employment opportunities to City residents.
- Provide services that are aligned with services being offered at Attwell Employment centre in Etobicoke

### **Hours of Operation**

Mon, Wed, Friday -8:30am-4:30pm

Tues. Thursday – 8:30-6pm

### **Accountability**

A client's complaints or concerns regarding the quality of services provided shall be reported directly to the executive director. All complaints and concerns will be investigated and responded to according to the policies and procedures of the organization.

**We Are Committed to Rexdale Domestic Violence Collaborative-  
Breaking the Cycle: Interagency Protocol**

## **AGENCY PROFILE**

**Albion Neighbourhood Services:** Albion Neighbourhood Services works in partnership with the community to enhance peoples' lives through the delivery of programs, services and supports that are engaging, accessible and responsive.

**Commitment to RDVC-BTC:** we will provide

- Housing Services
- Participate as member of advisory committee

**We will provide the following services:**

- Immigration Settlement Services; Affidavits; Income Tax Clinic; Information and Referrals; Interpretation and Translation; ; Assistance with Pensions; Assistance with Ontario Works/ ODSP; Assistance with filling out Government Forms;
- Voluntary Trusteeship Service
- Guarantees rent & bills are paid on time; Offers community re-source connections; Provides advocacy & support for landlord and tenant matters
- Housing Help Service
- Housing Listings; Landlord-Tenant Mediation; Assistance with Social Housing Applications; ; Tenant Support Program
- Rent Bank Service
- Interest free loans for eligible tenants at risk of eviction due to rental arrears; Interest-free loans for first and last month rent de-posit.
- Winter Warmth Program
- Energy assistance for low-income eligible households with Hydro and Enbridge gas arrears facing disconnection.
- Street Outreach Program
- Assistance in finding housing for people who are homeless and who live outside/outdoors.
- Follow-Up Support Program
- Provide follow up support for clients who have been placed in housing through Street Outreach Services.

**Hours of operation:**

Monday to Friday: 9:30am-5:00pm

Saturday Sunday: closed

**Accountability:**

A client's complaints or concerns regarding the quality of services provided shall be reported directly to the executive director. All complaints and concerns will be investigated and responded to according to the policies and procedures of the organization.

**We Are Committed to Rexdale Domestic Violence Collaborative-  
Breaking the Cycle: Interagency Protocol**

## **AGENCY PROFILE**

**Legal Aid Ontario** is an independent but publicly funded and publicly accountable non-profit corporation, to administer the province's legal aid program

- The organization aims to provide consistently high quality legal aid services in a cost-effective and efficient manner to low income individuals and families
- Identifying, assessing and recognizing the diverse legal needs of low-income individuals and of disadvantaged communities in Ontario with particular emphasis on victims of domestic violence
- Legal Aid Ontario will determine a client's eligibility for service based on financial and legal thresholds

### **Commitment to RDVC-BTC:**

- Serve as the liaison for project partners with Legal Aid Ontario
- Identify and assess domestic violence clients and surveying their legal needs and remedies
- Provide external referrals for abused clients both legal and non-legal
- Conduct public legal education sessions to different groups within the community
- Navigate the client's family legal problems as they intersect with criminal and immigration issues
- Supervise a Legal Aid Worker that assists clients with their document drafting needs and other vulnerabilities of domestic violence clients

**We will provide:** the following legal services to clients:

- separation
- divorce
- custody
- access
- child support
- restraining orders
- child protection

Services include but are not limited to the following:

- summary legal advice
- drafting of legal documents
- limited court representation (if necessary)
- full court representation under the legal aid certificate program (lawyer will be funded for the client)
- expedited service for victims of domestic violence

Hours of operation:

Monday to Friday- 8:00a.m. – 5:00p.m.

### **Accountability:**

A client's complaints or concerns regarding the quality of services provided shall be reported directly to the executive director. All complaints and concerns will be investigated and responded to according to the policies and procedures of the organization.

**We Are Committed to Rexdale Domestic Violence Collaborative-  
Breaking the Cycle: Interagency Protocol**

## **AGENCY PROFILE**

**Rexdale Community Legal Clinic:** delivers a broad spectrum of legal services to low-income residents of Rexdale. Services include referral, summary advice, brief service, representation on individual cases, public legal education, law reform campaigns, community development initiatives.

Our areas of law are primarily landlord/tenant, and income support (Ontario Works, Ontario Disability, employment insurance, WSIB, Canada Pension Disability) but we also have services in:

Youth justice

Refugee and immigration

Youth justice

Human rights

Employment (wrongful dismissal)

Criminal injuries

Mediation

### **Commitment to RDVC-BTC:**

- We work with Rexdale Community Hub Partnership Committee to support sharing and coordination of services for DV and generally.
- We have access to lots of public legal education materials ready to go, or can design them for use in this initiative.
- We can provide legal process information; deliver public legal education units as part of a community outreach plan.
- We can provide some staff time for meetings and other steps in the process as it unfolds

### **We will provide:**

- Landlord/tenant and income support (Ontario Works, Ontario Disability, employment insurance, WSIB, Canada Pension Disability).

In addition we provide services in the following areas:

- Youth justice
- Refugee and immigration
- Youth justice
- Human rights
- Employment (wrongful dismissal)
- Criminal injuries
- Mediation

### **Accountability:**

A client's complaints or concerns regarding the quality of services provided shall be reported directly to the executive director. All complaints and concerns will be investigated and responded to according to the policies and procedures of the organization.

**We Are Committed to Rexdale Domestic Violence Collaborative-  
Breaking the Cycle: Interagency Protocol**

## **AGENCY PROFILE**

**Rexdale Community Hub:** The vision statement expresses the hub’s commitment to provide a healthy and sustainable community. Where residents are empowered and engaged. Together organizations accomplish a healthy and sustainable community where they provide innovative, client-centred, integrated health, social, legal, employment, and cultural services by working with the strengths of our residents and community.

**Commitment to RDVC-BTC:**

- Participating member of advisory committee
- Welcome, receive, refer clients to the co-ordinated project
- Participate in staff training

**We will provide: innovative, client-centred and integrated services in:**

- Health
- Social Areas
- Legal Areas
- Employment
- Cultural Services

**Accountability:**

A client’s complaints or concerns regarding the quality of services provided shall be reported directly to the executive director. All complaints and concerns will be investigated and responded to according to the policies and procedures of the organization.

**We Are Committed to Rexdale Domestic Violence Collaborative-  
Breaking the Cycle: Interagency Protocol**

## Co-ordinated Intake , Assessment and Referral Forms

### **Rexdale Domestic Violence Collaborative-Breaking the Cycle:**

**Co-ordinated Intake Form: (Work in progress)**

**Co-ordinated Assessment Form**

**Co-ordinated referral Form**

**Co-ordinated Case management procedures**

## **Works Cited:**

Calgary Domestic Violence Committee (2000). *Protocol Project*. Calgary

Canadian Domestic Homicide Prevention Initiative (2016):*Domestic Violence Risk Assessment* . Ontario

Centre for Community Based Research: Women’s Issues: Domestic Violence, Ontario  
 Centre for Relationship Abuse Awareness: *How to screen your clients for Domestic Violence*. Palo Alto, California

Day, T, (1995). The health-related costs of violence against women in Canada: The tip of the iceberg . London, Canada: Centre for Research and Education on Violence against Women and Children.

“*Establishing An Appropriate Response to Domestic Violence in Your Practice, Institution and Community*”, C. Warshaw, M.D. *Improving the Health Care Response to Domestic Violence: A Resource Manual for Health Care Providers*, Family Violence Prevention Fund, Pennsylvania Coalition Against Domestic Violence, 1995.

Everything You Need to Know about Breaking the Cycle of Domestic Violence. 1997, Charlotte Kinstlinger-Bruhn

Kawartha Lakes Haliburton Domestic Violence Coordinating Committee (2007): *Best Practice Guidelines for a Collaborative Response to Victims of Partner Abuse*. Haliburton , Ontario

Luton, K. J, (1996). Shared connections - shared values: Assessing the integrated model of delivering woman abuse services in London, Ontario . London, Canada : Centre for Research and Education on Violence against Women and Children.

MacQuarrie, B, (2007). Implementing a woman abuse screening protocol: Facilitating connections between mental health, addictions and woman abuse . London, Canada : Centre for Research and Education on Violence against Women and Children.

Peel Committee Against Woman Abuse (2000). *Creating a Safety Plan*. Mississauga, Ontario

Peel Committee Against Woman Abuse (1999). *Woman Abuse Response Protocol: Best Practice*

*Representing Victims of Domestic Violence*”, American Bar Association, Division for Public Education, 2001.

Woman Abuse Council of Toronto (n.d.) *Best practices guidelines, For health care providers working with women who have been abused*. Toronto Ontario

Stop Violence against Women: Website

This Project has been made possible by a grant from the Ministry of Community Safety and Correctional Services and the Ministry of the Attorney General Canada

The website's goal is to create connectivity for individuals in need of outreach services that are multicultural and language specific in helping to connect with the community support they need  
<http://www.domesticviolenceinfo.ca/article/resources-8.asp>

The Learning Network is an initiative

The Learning Network is an initiative based at the Centre for Research & Education on Violence Against Women & Children. <http://www.vawlearningnetwork.ca/about>