

Our Way Forward: A Coordinated Response to Intimate Partner Violence

Community Response Plan

For use by Fort Saskatchewan Community Response Partners



Families First Society
FORT SASKATCHEWAN

Developed in Partnership with Community Initiatives Against Family Violence (CIAFV)



A collaborative, coordinated, community response to family violence

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Project Information

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Project Name:

Our Way Forward: A Coordinated Response to Intimate Partner Violence

Community Response Partners:

Families First Society of Fort Saskatchewan
RCMP: Fort Saskatchewan Detachment
A Safe Place
Fort Saskatchewan Family and Community Support Services
Heartland Primary Care Network
Child and Family Services of Fort Saskatchewan
Victim Services Unit, Fort Saskatchewan
Fort Saskatchewan Community Hospital
Alberta Health Services – Public Health

Project History

In March 2012, Families First Society of Fort Saskatchewan received a three year Status of Women Canada project grant to reduce violence against women and girls in rural communities and small urban centers. Families First Society and their partners conducted a Gender Based Analysis (GBA) to explore the root causes of violence against women and girls in Fort Saskatchewan and create a collaborative community based plan to address those causes. Once the GBA was complete, they were able to implement effective, evidence based, sustainable solutions to reducing violence as outlined in their community plan.

Building Bridges, an informal network of dedicated human services professionals, volunteers and elected officials from Fort Saskatchewan, agreed to serve as the project's Advisory Committee and partners in implementing identified strategies. The project was carried out over three years; March 2012 to March 2015. From the writing of the proposal to the implementation of all the components of the project, collaboration was an overriding theme. The "Bridge Mender", who acted as the Project Coordinator and liaison between network members, ensured the partners' efforts were leveraged and maximized.

Based on the findings and recommendations of the GBA, a Community Plan to end Domestic Violence was written. Analysis of Fort Saskatchewan's existing services and supports along with the gaps and

opportunities identified resulted in the selection of four strategic focus areas; Gender Equity, Prevention, Legal and Justice Capacity Building, and Policy Coordination.

Policy Coordination, one of the Strategic Focus Areas, was a complex step. A Community Mapping series of exercises was undertaken by Building Bridges. With the help of M.A.P.S. Alberta, the group placed their agencies on a Continuum of Services. They then identified where they fit in a family violence response model, after which they were able to identify gaps, and action steps. Fort Saskatchewan's services has grown to include more prevention activities without sacrificing the important work of support and intervention. Building Bridges has created an environment to enable the creation of harmonized protocols and policy coordination to ensure a sustained effort to reducing Intimate Partner Violence in our community.

Families First has once again been awarded the opportunity to reduce violence in our community, thanks to a three year grant from Status of Women Canada. **Our Way Forward – A Coordinated Response to Intimate Partner Violence** is our next step in this effort. Our goal, with the help of a Strategic Alliance of partners, is to implement a Tiered Response to Intimate Partner Violence (IPV), a Linking Protocol, as well as Universal Screening Tools to reduce the impact of IPV in our community.

Project Goals

Intimate partner violence is a significant community and social issue, which crosses all economic, cultural and social boundaries. Through a collaborative, community effort, this plan has been developed as a strategy to address this problem. This community response plan provides guidelines and best practices to assist agencies to identify, assess, intervene and refer individuals and families impacted by violence.

Through the creation of this community strategy to address intimate partner violence, we intend to ensure that:

- A joint, unified community wide response to intimate partner violence is developed and utilized in Fort Saskatchewan.
- Individuals and families impacted by intimate partner violence have their needs met in a caring, consistent and comprehensive manner.
- Community based organizations have an increased capacity to identify and intervene in violent relationships.
- Screening for intimate partner violence is completed by every community response partner to ensure that “every door is the right door” for people to disclose violence.
- Intimate partner violence prevention and intervention services and supports are streamlined and any gaps in service or areas of duplication are identified and addressed.
- A community awareness and understanding of the issues and implications of intimate partner violence is established.
- Through the sharing of resources, information, policies, procedures and best practices, the likelihood that women and girls remain at risk, is significantly reduced.

Project Definitions

Rationale of Choosing Common Definitions

There are many different terms that can be used to describe an abusive situation. Few people use the term “Intimate partner violence” to describe what is happening to them, but may allude to their situations by saying things like “they are having problems at home” or that their family member is acting out of “anger and stress”. It is important for organizational staff to gain a clear picture of what is happening for the family if appropriate assistance is to be provided. Therefore, it is imperative that when staff discusses intimate partner violence with clients, they use plain language and ask questions if they are unsure of the true nature of the situation.

Though terms like “intimate partner violence”, “family violence” and “domestic violence” are often used interchangeably in practice, for the purpose of this plan, we will seek to establish a set of common, universally utilised and accepted terms to be applied when addressing intimate partner violence in Fort Saskatchewan. By doing so, we feel we are supporting one of the primary goals of this project; the establishment of consistency, clarity and commonality. As such, the following definitions have been formally adopted for use within our community and project:

Intimate Partner Violence:

Intimate partner violence describes a systematic pattern of abusive behaviors within a relationship that is characterized by intimacy, dependency and/or trust. The abusive behaviors exist within a context where their purpose is to gain power, control and induce fear. Abusive behavior can take many forms including verbal, emotional, physical, sexual, psychological (e.g. destruction of pets and property), spiritual, economic, violation of rights, and exploitation through neglect. All forms of abusive behavior are ways in which one human being is trying to have control and/or exploit or have power over another. (*Community Initiatives Against Intimate partner violence, Adopted Oct 9, 2001*)

This definition recognizes many perspectives of intimate partner violence and encompasses relationships that include dating, cohabitating, co-parenting and marital.

Tactics of Violence:

Violence and abuse can involve various tactics, from outright physical violence to subtle manipulation, typically escalating in frequency and severity over a period of months or years. Regardless of its form, violence and abuse profoundly affect an individual’s health, safety and well-being. Intimate partner violence can encompass (but is not limited to) any/all of the below:

Physical Abuse:

Physical abuse includes any kind of physical assault that results in pain, discomfort or injury. This can include slapping, pushing, kicking, punching, or injuring with an object or weapon.

Emotional/Psychological Abuse:

Emotional abuse diminishes the identity, dignity and self-worth of people. It may also provoke intense fear, anxiety or debilitating stress. Psychologically or emotionally abusive acts can include forcing a person who has experienced abuses to do degrading things, controlling their activities, treating them like children, attacking their self-esteem and intentionally causing them fright or worry.

Sexual Abuse:

Sexual abuse is any unwanted sexual activity or contact. This can include unwanted physical contact, verbal or suggestive behavior, not respecting personal privacy, unwanted exposure to pornography and sexual intercourse.

Financial Abuse:

Financial abuse includes the misuse of the funds or property through fraud, trickery or force. This can include forcing signature on financial documents, limiting a client's access to their own or joint funds, and the outright taking of money, property, or objects of value from a person who has experienced abuse.

Cultural/Spiritual/Religious Abuse:

Cultural violence occurs when a person is harmed as a result of practices that are part of her or his culture, religion or tradition. Spiritual (or religious) violence occurs when someone uses a person's spiritual beliefs to manipulate, dominate or control the person. This could include not allowing the person to follow her or his preferred spiritual or religious tradition or forcing a spiritual or religious path or practice on another person

Client Terminology:

There are many different terms that can be used to describe a person experiencing or perpetrating intimate partner violence. We acknowledge that each of these terms has the potential to impact the person being labeled. We believe people are more than their actions, and should not be identified solely by their behaviors or situations.

In the past, the person who uses power and control to abuse another would be considered the offender, abuser or perpetrator. These traditional labels may be better replaced with alternatives such *person using abusive behaviors* as this emphasizes having the capacity for change and the ability to move forward from a negative experience (intimate partner violence).

The same can be said for the traditional terminology used to describe "victims" or "survivors" of intimate partner violence. While both terms recognize the pain that is inflicted by violence and the strength required to live with and recover from intimate partner violence, they fail to emphasize the ability of people to move forward from such experiences. Therefore, these past labels may be better replaced with alternatives such as *person experiencing abuse/violence*, which acknowledges the effect of intimate partner violence on the individual, while still suggesting the violence as an event that does not define the individual indefinitely.

However, when the individual identifies themselves with a certain label, that word should be honored, as it is ultimately their personal choice. We do believe that this also presents an opportunity to discuss the significance of the words we choose.

Example: A client who chooses to refer to themselves as a "victim" should not be discouraged from doing so, but can also be informed of the benefits of using a more empowering term when referring to themselves.

For the purpose of this community plan, the term "*person impacted by abuse*" will be used to reference one who is traditionally described as a "victim of violence". In addition, the term "*person using abusive behaviors*" will be used to reference one who has traditionally been labelled as an "abuser".

Community Partner Levels of Response (Appendix B)

We all have a role to play in responding to incidences of Intimate Partner Violence occurring with our community. However, the specific roles and responsibilities each organization can fulfill can vary, based on a wide range of factors including agency mandate, available resources and staff training. In order to clearly designate and define the expectations of every community partner involved in the *Our Way Forward Project*, community organizations have been divided into three, primary levels of response. The responsibilities of each individual level as it pertains to intimate partner violence prevention and intervention are (generally) as follows:

Level One Community Partner:

- Staff should have knowledge of (and be watchful for) *Possible Indicators of Intimate Partner Violence (Appendix A)*.
- Staff should be prepared to offer a referral to the Family Violence Prevention Program (using the *Passport to Positive Pathways* cards) to people they suspect may be experiencing IPV.

Level Two Community Partner:

- Staff should have knowledge of (and be watchful for) *Possible Indicators of Intimate Partner Violence (Appendix A)*.
- Staff will screen client for IPV using universal and reactive screening methods.
- Staff will complete the *Brief Safety Assessment (Appendix C)* with clients to determine immediacy of need.
- Staff will offer a referral to the Family Violence Prevention Program to people they suspect may be experiencing IPV.
- Staff will offer additional referrals for services and supports as needed.

Level Three Community Partner:

- Comprehensive Family Violence Interventions (i.e. risk assessment, safety planning, resources, referrals and supports specific to IPV)

To determine your individual organizations' grouping, please refer to *Appendix B: Community Partner Level of Response Classification*.

Identifying Possible Indicators of Intimate Partner Violence (Appendix A)

Having an awareness of possible signs of abuse is the first step in identifying individuals who may be experiencing IPV. The presence of any of these indicators should trigger Community Partner Organizations to make a referral for more intensive, IPV specific supports and services.

It is important however to acknowledge that, though Appendix A has been developed based on research into common indicators of IPV, it is not an all-encompassing list. Though organizations are encouraged to be watchful of these so-called "red flags" (which may indicate the presence of violence in the lives of their clients), they also must remain aware that not all forms of abuse are easily and tangibly identifiable. It is for this reason that it is best practice for organizations (if at all possible and appropriate) to combine a watchfulness for indicators of IPV with one of the direct screening methods

identified in the preceding paragraph. It is however acknowledged that Level One Partners may not have the organizational capacity to ask a direct IPV screening question.

Screening for Intimate Partner Violence

Purpose of Screening:

The purpose of screening for intimate partner violence is to:

- Assist community response partners in identifying abusive behaviors
- Reduce the likelihood of further abuse through early identification and intervention.
- Gather information in order to develop and put in place a plan to keep people impacted by abuse safer.
- Raise awareness that intimate partner violence is a widespread problem affecting many families.

Screening Methods

Intimate partner violence is frequently difficult to recognise by using any single means of identification. Watching solely for physical indicators of violence (i.e. bruises and black eyes) alone are typically a poor way of determining the presence of intimate partner violence, as abuse can often take other forms such as emotional, spiritual or financial abuse. As well, people who use abusive behaviours will often leave marks in places that are not visible in order to conceal the abuse. Because of this, actively screening for abuse, is the best method available to assist us in determining if intimate partner violence is an issue in the lives of our client families.

In the funding proposal for this project, increasing the capacity of community response partners to identify intimate partner violence through the use of screening methods and tools was identified as a significant project goal. In doing so, it is hoped that intimate partner violence can better be identified in its earliest of stages, so as needed services and supports can be put in place in a timely manner, reducing the risk of harm for people impacted by abuse. Additionally, through the adoption of community wide screening tools and methods, the confidence of community response providers in their ability to adequately identify and respond to intimate partner violence will be increased.

Screening for intimate partner violence involves asking a direct, predetermined question targeted at confirming whether or not abuse is an issue in the life of a client. When this question is asked will depend on each community response partner's individual agency mandate and their capacity to respond to cases of confirmed intimate partner violence. All community response partners will however be expected to participate in intimate partner violence screening *in some capacity* (as described below). *The three methods that will be utilised primarily in Fort Saskatchewan are; universal screening, reactive screening and direct disclosure screening.*

Universal Screening

Universal screening will involve the asking of a direct, pre-determined intimate partner violence question, **of all clients, upon intake**. This information is collected from *every person* seeking supports and services from the community response partner, regardless of whether or not abuse is suspected. When a client answers "yes" to the screening question, a positive universal screen has occurred.

Universal screening for intimate partner violence will occur at the face-to-face interview, during the intake registration process (ideally the first or second client visit). Due to safety concerns, couples will not be screened together. If it is not possible to screen the couple individually at this interview, the screening question may be postponed or omitted (for additional information, please see *“Possible Delays to Screening”*, below)

Each community response partner who utilizes universal screening methods is responsible for allocating this responsibility to specific staff positions within their organizations. Ideally, this person should have direct, client service responsibilities within the organization, and have the ability to provide additional/follow-up support to the client as needed.

The universal screening question that will be used should be included on the organization’s existing intake and/or registration form and will read as follows:

“Many families we have worked with expressed concern about abuse at home. Have you ever been hurt or afraid in your relationships? If yes, is this happening now or is this in the past”

All responses, as well as any additional information given will be recorded directly on the intake/registration form. Information regarding historical abuse will be collected in order to assemble the whole story/picture of that particular family, as well as to create awareness around impacts which the past abuse may be having on present circumstances. Information regarding current abuse will be collected in order to offer appropriate supports and services to alleviate the situation.

If a client discloses current abuse, the screener will follow the steps as outlined in the *Community Partner Response Flow Chart* and in accordance with agency policy, procedures and guidelines.

If the client denies abuse, the universal screener will state the following:

“I am glad to hear that you are safe right now because I think you deserve that. Relationships are always changing and if you have any concerns with this in the future I hope you’ll feel free to tell me about them.”

Even when the screening does not result in a disclosure or request for support, by asking the question the client knows that the organization is a safe place to discuss their concerns. They will also know that the door is always open for further discussion and that there is help available from your organization or from others in the community.

The designated universal screener will also be responsible for using reactive screening procedures, as needed, with all clients, throughout service delivery (please refer to the next section for instructions).

Reactive Screening Procedures

Reactive Screening begins with all staff having an awareness of the general indicators of intimate partner violence and being watchful for the presence of these indicators in the lives of their clients. For a comprehensive list of possible indicators of abuse in adult relationships, please refer to *Appendix A*:

Possible Indicators of Intimate Partner Violence. Though all community response partner organizational staff members are responsible for being watchful for indicators of abuse, like in the case of universal screening, only certain staff members will be designated as reactive screeners and be therefore responsible for asking the screening question. Ideally, this person should have some client service responsibilities within the organization, and have the ability to provide additional/follow-up support (even if limited to external referral) to the client, as needed.

Once indicators of intimate partner violence are present, the staff person responsible for screening will take the client suspected of being abused to a private location and ask the following:

"I know that I may have asked this before, but we have noticed _____ (outline the reasons for concern). In my experience this can be related to intimate partner violence. I am just wondering what if this happening in your life and if there is anything we can do to help?"

If the reactive screening question is asked and the person suspected of being abused indicates that intimate partner violence is still not a concern, the reactive screener will complete the screening by responding with the following:

"I am glad to hear that you are safe right now because I think you deserve that. Relationships are always changing and if you have any concerns with this in the future I hope you'll feel free to tell me about them."

All information pertaining to this conversation will then be recorded in the client file (if applicable).

Direct Disclosure Screening Procedures

Intimate partner violence can also be confirmed outside of the two formal screening methods listed above, through spontaneous direct client disclosure. Disclosures may occur at any time during program and/or service delivery. Disclosures often happen when an individual is in crisis or a level of trust has been developed between the individual and the organization/individual staff member.

If a direct disclosure of intimate partner violence occurs, community response agencies will be expected to refer this client to external supports and services. They will do so by following the procedures as outlined on the *Appendix F: Fort Saskatchewan Family Violence Prevention Program Referral Form*.

Things to Consider When Screening for Intimate Partner Violence:

Disclosing intimate partner violence can be a serious and intensely emotional experience. Therefore, when screening for intimate partner violence, community response partners must consider the following:

- The privacy of the client. Please ensure no one else can hear the information discussed and that the client is screened individually (not as a family/couple).
- The safety of the client and organizational staff. If the person using abusive behaviors is in the building, a plan may need to be put in place in the event it becomes necessary to safely remove this person and/or the client.

- The limits of confidentiality. All organizational staff, regardless of their specific position within the organization, are mandated to report if a client is at risk to harm themselves and others.
- If English isn't a first language. The objectivity and knowledge of interpreters if they are used must be considered. Interpreters should not be family members, especially children. (Please refer to *Appendix C: The Use of an Interpreter in Intimate partner violence Cases*). Multicultural Health Brokers can also be called to assist in cases where interpretation services are needed.
- If there is a mental, cognitive, and/or hearing impairment. The client may not be able to comprehend your screening question, preventing you from getting appropriate information.
- Using direct and clear communication. Please speak in plain language and ensure the client understands what you are asking.
- Documentation of all information is occurring, as dictated by agency procedures.
- If it is disclosed that a child has been exposed to intimate partner violence or is being directly harmed and/or neglected, a call to Child and Family Services must be made. This includes any/all children living in the home, regardless of relationship to the client. If a report is deemed necessary, please refer to *Appendix B: Tips for Reporting to the Child and Family Services Authority*.

Possible Delays to Screening:

In order to ensure the best possible information is collected, screening for intimate partner violence may be delayed in the following circumstances:

- The client is intoxicated and/or medicated (to the point of impairment). The information you receive in the case may not be accurate and/or complete.
- The client is physically ill and/or in need of medical attention. Please address physical injury foremost.
- The staff member is not able to communicate directly to the client due to a language barrier, impairment or a third party (whom may not be impartial) is speaking for the client.
- The client cannot be assured privacy.
- The client is hostile, abusive and/or a safety risk if confronted. Please respect the client's right to refuse discussion and/or referral.

Responding to Minor Children Exposed to Family Violence

Though this specific project is directed to responding to cases of Intimate Partner Violence between adults, there may be times when a report to Child and Family Services may still necessary. For example, if a minor child is living in a home where IPV is occurring, even if no physical harm is being experienced directly by the child themselves, a report to Child Family Services is **mandatory**. This is in compliance of the Child and Youth Enhancement Act which states:

“If there are reasonable and probable grounds to believe that the survival, security or development of a child is endangered”, the concern should be reported to Child and Family Services. This includes physical, sexual, and emotional abuse and/or injury.

Emotional injury is further defined in the legislation as being when there “is impairment of the child's mental or emotional functioning or development, and if there are reasonable and probable grounds to believe that the emotional injury is the result of:

- Rejection
- emotional, social, cognitive or physiological neglect
- deprivation of affection or cognitive stimulation
- **exposure to domestic violence or severe domestic disharmony**
- inappropriate criticism, threats, humiliation, accusations or expectations of or toward the child
- the mental or emotional condition of the guardian of the child or of anyone living in the same residence as the child
- chronic alcohol or drug abuse by the guardian or by anyone living in the same residence as the child”

The Child and Family Services Authority has the mandate for investigating and responding to both those perpetrating and experiencing child abuse. Everyone should be aware that it is not their duty to investigate child abuse, but to simply report what they may know and/or suspect. If it is unclear that a child is in need of intervention, a consultation with an Intake Worker at any Child and Family Services office is **mandated by law**. Also, agency staff who have uncertainty, regarding a particular case are encouraged to discuss the situation with their direct supervisor.

Depending on the individual client and the nature of the risk, it may be preferable that a call to Child and Family Services be made by the client themselves, with the support of, and in the presence of, an agency staff member. If however, making the call in conjunction with the client is deemed by the agency staff member to be of increased safety risk for themselves and/or the child, the report to Child and Family Services should be made directly after the client has left your presence. This report must be made using the Child Abuse Hotline at 1-800-387-KIDS (5437) or the Fort Saskatchewan Child and Family Services (780) 992-6700.

Assessing Risk in IPV

Risk Management and Risk Assessment Tools are completed to help generate a more complete picture of the IPV situation. The assessment examines common risk factors which research has indicated to be of particular importance in determining the risk level for present and future abuse. These tools cannot predict the future, but can provide information to assist individuals in determining appropriate interventions, resources and referrals.

The goal of risk exploration is to maximize safety and personal options. Any positive responses could indicate a high risk to the safety of the person experiencing abuse. It is important to help the person experiencing abuse to become aware of the danger they are in and to not minimize it.

In the majority of cases, Level One and Two Partners will NOT be responsible for completing risk assessments on behalf of their clients, but will instead make a referral to the Fort Saskatchewan Family Violence Prevention Program for such services. It would be helpful however, if all community partners maintained a general awareness of the risk assessment process, in order to better prepare their clients for what to expect when a comprehensive risk assessment is conducted. For your further

information, the Fort Saskatchewan Family Violence Prevention Program utilizes the *Danger Assessment* as their tool of choice when conducting comprehensive risk assessments.

Safety Planning

Comprehensive Safety Plans assist individuals in examining safe places, practices and people they can access to help reduce the harm to themselves caused by their abusive relationship. These tools prompt clients to explore all their options and to form a plan of action in an attempt to increase their level of safety when living in or leaving an abusive relationship.

A Safety Plan is developed specifically for the individual for a specified period of time and should be reviewed and revised regularly, as the individual's situation changes. The Safety Plan is geared to the decisions of the client, regardless of whether they choose to remain in contact with the person using abusive behaviours or separate themselves from the relationship.

Similar to risk assessment, in the majority of cases, Level One and Two Partners will NOT be responsible for completing safety planning on behalf of their clients, but will instead make a referral to the Fort Saskatchewan Family Violence Prevention Program for such services. It would be helpful however, if all community partners maintained a general awareness of the safety planning process, in order to better prepare their clients for what to expect when a comprehensive safety plan is conducted. The Fort Saskatchewan Family Violence Prevention Program's safety planning template takes into account the following:

- The client's individual situation and experience.
- High Risk factors present within the relationship
- Changing family circumstances and dynamics. (i.e. separation)
- Minor children

Brief Safety Assessment (Appendix C)

Though it is ideal for clients experiencing IPV to undergo comprehensive safety planning with a Level Three Community Partner, due to waitlists and delays in accessing services, it will be necessary for Level Two Community Partners to complete a brief safety assessment with clients, as a means to keep them safer in the interim.

This document (*Brief Safety Assessment: Appendix C*) is meant to quickly assess any current, **immediate** safety concerns for the client experiencing IPV. It is to be completed by agencies if they are **not** providing Level Three Response Interventions (comprehensive risk assessment, safety planning) within their own agency, or if the client cannot be **immediately** assessed by a Level Three Community Partner (the same or next day). This assessment should be completed **prior** to any referral being made (unless that referral is directly to police or shelter).

This document should not be used to replace comprehensive risk assessment and/or safety planning, but is simply meant to be used as an interim document to bridge the safety gap until more intensive services can be accessed.

Resources and Referrals

Because the needs of each client experiencing abuse are different, the resources and referrals available to assist them are as well. Available resources and referrals should be discussed with the client as soon as possible to ensure proper supports are put in place. Discussing all the options available to the client is an important part of an ongoing support plan for clients living with abuse. Organizations will choose, based on their capacity to respond, if they are able to make *targeted* referrals or *general* referrals. The difference is explained below.

All organizations are also encouraged to keep a variety of brochures and print educational materials about family violence available to distribute to clients as needed. These materials should be updated yearly to ensure relevance and timeliness.

Targeted Referrals for IPV Specific Supports and Services

There are three, Level Three Community Partners that clients experiencing IPV should be directly referred to. These are:

Immediate/Crisis Response:

- RCMP: Call 780-997-7900 (support client when making the call)
OR If client does not wish to contact RCMP,
- A Safe Place: Call 780-464-7233 (support client when making the call)

Non-Urgent Response:

- The Fort Saskatchewan Family Violence Prevention Program (refer to *Appendix F and G*)

Targeted Referrals NOT directly related to IPV

Level Three Community Partners are those whose mandate is (generally) *specifically directed* to family violence prevention and intervention. It is to these agencies that Level Two Partners will refer for IPV specific supports and services. However (as mentioned in the previous paragraph) people experiencing IPV often have complex and multifaceted needs and often require additional referrals to a wide variety of community partners for reasons other than IPV (but usually closely connected to).

Because the time and resources of Level Three partners is limited and best directed to supports and service specific to IPV, Level Two Community Partners are therefore asked to assist clients with meeting their other needs through a targeted community referral process.

Targeted Referrals are different from *general referrals* in the following ways:

- Targeted referrals require additional time. The support person must work in partnership with the client experiencing abuse to identify their most pressing *unique, specific goals and needs*.
- Targeted referrals attempt to address a more comprehensive range of needs for the client experiencing IPV. Referral may be made for abuse-specific services, but may also include referrals to address more complex needs such as for food, shelter and counseling services.

- Targeted referrals are made to *specific* agencies that address *very specific, identified* issues and goals of the client. This means the support person must have a broader, more in-depth knowledge of the range of human services available.
- Targeted referrals tend to be more supportive in nature. They often involve the support person assisting the client experiencing abuse to connect with the community referral/resource. This may include things like explaining services a specific agency can provide or assisting the client with transportation to access the referral.
- Targeted referrals often involve follow-up support. They usually involve periodically checking in with the client experiencing abuse to ensure that the referrals made were timely, appropriate and met their identified needs. The support person may work with the client for an extended period of time, as their needs change.

By providing the support of targeted referrals, Level Two Community Partners can assist people experiencing IPV with meeting a comprehensive, holistic range of needs. **The Guide to Fort Saskatchewan and Area Community Services** (not contained in this document) lists a variety of resources and referrals available to clients experiencing IPV and can assist when making targeted referrals. The Level Two Community Partner is also encouraged to develop a good working knowledge of the various human services available in the community and surrounding area. When making referrals, it is up to support person to ensure that the referral made is appropriate and timely.

General Referrals

General referrals are a more hands-off approach to connecting clients experiencing abuse to the supports and services they may need. These broad referrals are typically given by organizations who do not provide direct human service supports to clients and who may not have the time, capacity and/or information necessary to offer more explicit recommendations. These referrals will be given once a staff member has reason to believe the client in question may be experiencing IPV.

General referrals will be given by Level One Community Partners *only* and will occur in the following manner:

- Staff member states; “I have noticed you may need some additional help”.
- Client is given Families First “*Passport to Positive Pathways*” Card.

Documentation

Each community partner participating in this project will document all relevant information according to established, internal organizational policies and procedures. This includes any disclosures, outcomes of screening, safety assessments, resource/referral provisions and all other client interventions (both offered and accepted).

Overall however, organizations should be mindful of the following when documenting outcomes:

- Safety of the person experiencing abuse. Disclosures of abuse should NOT be recorded in joint client/family files. Joint files may be accessed by the abusive partner if his/her name is also on the file, through FOIP.

- Documentation should be easily understood by others, if they need to access your client file. Write in simple terms, using plain and concise language.
- Documentation should include only what is said and/or observed, not the opinion of the writer. Documentation must be factual and clear.

Ensure information is as complete and comprehensive as possible to allow for the best assessment and intervention.

Confidentiality

Complete confidentiality can never be assumed. It is important for clients to know that, although you will do your utmost to maintain their privacy and work within their individual wishes, there are times when you are legally bound to break their confidence. These limits to confidentiality may be discussed with clients and include:

- A court order/subpoena requiring disclosure.
- The person requesting the information is a caseworker with Child and Family Services.
- The client is at risk to harm themselves or others.
- A minor child is at risk of abuse, neglect or exposure to family violence.

In cases when a client is determined to remain at imminent risk of harm to themselves or others, the community partner is responsible to obtain emergency assistance from police, ambulance, and/or mental health.

Community Response Training for Organizations

As part of the implementation for this community plan, IPV training will be made available to any organization within Fort Saskatchewan who wishes to attend. These trainings will vary in content and length, based on the level of response being provided by each individual organization. These training will provide organizational staff with the tools and skills they need to fulfill their individual role within this community plan. Contact Fort Saskatchewan Families First at 780-998-5595 for more information regarding current and future IPV training opportunities.

Long Term Sustainability: Community Response Partners Joint Responsibilities

Ongoing Training

In order to consistently implement this Community Response Plan, all staff responding to Intimate Partner Violence must have the necessary training regarding the use of the plan. It is understood that once the initial training is completed with all Community Response Partners, staff turnover will occur, and training will be an ongoing need. Therefore, a training program and structure is being developed and will be available at the end of the first year of implementation.

Ongoing Evaluation

All Community Response Partners have agreed to participate in an ongoing evaluation of the Community Response Plan. A comprehensive evaluation plan will be created, utilized and adjusted by the end of the first year of implementation. The long term evaluation plan will be shared with Community Response Partners by September 2018.

Our Way Forward

Appendix A: Possible Indicators of Intimate Partner Violence (IPV)

Your ability/opportunity to be watchful for these possible indicators of intimate partner violence will be determined by your role in your organization and the level of contact you have with individuals experiencing violence. No single indicator, on its own, definitively confirms abuse, but should rather act as a red flag that the person **may** be experiencing abuse. The presence of these indicators should prompt you, if appropriate and safe to do so, to ask further questions to increase your understanding of each person's unique situation. Please remember that this list is not exhaustive, but only a series of examples.

You should be aware of and watch for, the following:

Physical Abuse

Actions that cause physical discomfort, pain or injury

You may observe the person as having:

- **unexplained** abrasions, bruises, burns, bumps, contusions, falls, multiple fractures, loss of hair,
- a history or pattern of falls, accidents, injuries and trips to the hospital
- untreated medical problems,
- repeated absences or lateness to work and other appointments
- the appearance of being frightened of their partner or ex-partner or they may be easily startled.

The person may:

- report being slapped, bitten, kicked, choked (strangled), punched.....by partner/family member
- report being physically intimidated (being "made" to do things not in their best interest under the threat of harm)
- be reluctant to remove appropriate clothing (i.e. sunglasses, scarves, sleeves) or hide areas of the body without reason (to cover physical injuries)
- delay seeking treatment for injuries, seek medical attention from an excessive number of doctors (to prevent a pattern of abuse from being discovered)
- be reluctant or unable to explain injuries (or the explanation does not reasonably explain the injury)
- fail to fill prescriptions or seek follow-up care after initial medical attention

Financial Abuse

Absolute control over and/or misuse of funds or property through force, fraud, trickery, and/or theft

The person may report:

- lack of financial choices/decisions
- not being “allowed” to have a job, or acquire the skills to find employment (i.e. further education)
- overdrawn/depleted bank account
- no access to family funds or financial information
- all assets being put into the name of the abuser
- all debts being put into the name of the victim
- selling or damaging their possessions
- family member moving in without agreement
- disappearance of jewellery, art or other personal possessions
- forced to sign over control of assets, power of attorney, to sell house, to change their will

You may observe in the person’s life:

- discrepancy between their standard of living and income
- unusual transactions conducted on behalf of the account holder (ATM withdrawals)
- the cashing of pension or other cheques/insurance by another
- confusion over their own finances
- Job performance issues including frequent tardiness and absenteeism, requests to leave work early, fluctuations in job performance and lack of ability to concentrate and focus on tasks

Psychological/Emotional Abuse

Actions or statements that cause fear, shame or loss of dignity

You may observe the person as:

- appearing shamed, excessively passive, withdrawn, apathetic, depressed and/or unresponsive
- showing fear and inappropriate guilt
- being treated as a “child” by their partner/family member
- seeming nervous (i.e. eyes dart about, avoiding eye/verbal contact with people)
- being socially isolated (i.e. not permitted to have friends visit, to have contact with family)
- being unsure and helpless about making decisions, often looking to their partner/family member to answer for them

- reluctant to talk openly about their life
- believing they are unworthy or unwanted
- Making radical (unnecessarily) changes in their life in order to please a partner
- The urgent need to return home as soon as possible after work; reluctant to go out to lunch with co-workers or participate in after-work activities

You may observe a person who uses abusive behaviours:

- speaking for the person, not allowing the person to answer questions directed at them, controlling the person interview
- exerting excessive control over their partner (i.e. dictating how they dress, behave...)
- Repeatedly visiting/calling/emailing/contacting the person at work
- completing the person's paperwork/forms
- making appointments for the person, then making excuses as to why the person can't answer questions/be spoken to directly
- insist on accompanying the person throughout their time with your organization, never allowing the person to be alone with staff, becoming agitated when asked to leave (even for a moment)
- expressing extreme jealousy or mistrust over their partner
- putting down the person in public and talking about them in a negative manner
- blaming the person for all their "problems"
- making humiliating remarks or gestures, yelling
- monitoring the person's movements constantly, telling them where they can and cannot go
- threatening the person

Spiritual (or Religious) Abuse

The uses of a person's spiritual/religious beliefs to manipulate, dominate or control

The person may report:

- a loss of trust in self (criticising their former beliefs) and others (especially spiritual leaders)
- Not being allowed to follow her or his preferred spiritual or religious tradition
- Being forced on a spiritual or religious path or practice by another person
- Being denied access to spiritual/religious/cultural events and celebrations.
- Being forced to behave in a manner contrary to their spiritual/religious/cultural beliefs (i.e. being forced into abortion)

You may observe the person:

- has changes in long term patterns (i.e. having long absences from ceremonies or other forms of religious worship)

- making excuses for not attending ceremonies or other forms of religious worship

Sexual Abuse

Forced, unwanted sexual behaviour and any non-consensual sexual activity

The person may report:

- pain, bruising and bleeding in the genital and/or chest area
- unwanted sexual touching or fondling by partner/family member
- being forced/coerced into having multiple abortions
- partner's refusal to use birth control or sabotage of birth control
- partner/family member not respecting the person's privacy (i.e. when undressing or going to the washroom)
- partner/family member forcing sexual behaviours with others (i.e. pimping out the person, "sharing" the person with friends)
- partner/family member exposing them to (unwanted) pornography
- partner having multiple affairs

You may observe in the person who uses abusive behaviour:

- sexual name calling of the person
- inappropriate sexual comments addressed to the person
- overemphasis on person's appearance (i.e. forcing partner to wear a cocktail dress and heavy make-up when inappropriate)

Our Way Forward
Appendix B. Community Partner Level of Response Classification

Level Three: Agencies who provide direct, intensive IPV interventions.
Level Two: Agencies which may directly support people experiencing IPV, but whose mandate is not specifically, IPV intervention.
Level One: Agencies that have the opportunity to identify and refer people experiencing IPV, with no direct client support provided.

Agency	Classification
Adult Acquired Brain Injury	One
Adult Day Support Program	One
Caregiver Support Group	One
Community Adult Learning & Literacy Society (CALLS)	One
Driving Miss Daisy	One
Fort Saskatchewan Municipal Enforcement	One
Fort Saskatchewan Public Library	One
Grief Support – Living With Loss	One
Meals on Wheels	One
Multiple Sclerosis Community Group	One
Pioneer House Club 50	One
Special Transportation Services Society (STSS)	One
Welcome Wagon	One
Alberta Health Services (Home Care)	Two
Alberta Heartland Primary Care Network	Two
Alberta Works	Two
Assured Income for the Severely Handicapped (AISH)	Two
Boys and Girls Club of Fort Saskatchewan	Two
Careers in Transition	Two
Careers Under Construction	Two
Child and Family Services, Edmonton & Area	Two
Court House	Two
Families First Society	Two
Family and Community Support Services (FCSS)	Two
Food Bank	Two
Fort Saskatchewan Community Hospital	Two
Fort Saskatchewan Public Health Unit	Two
Heartland Housing Foundation	Two
Kabisig Society	Two
Lamoureux Support Services	Two
Legal Aid Alberta	Two
Multicultural Association	Two

Next Step Outreach High School – Fort Saskatchewan	Two
Parent Advocates Linking Special Services (PALSS)	Two
Robin Hood Association	Two
Shiloh Youth Ranch	Two
Sunflower Community Resource Program	Two
Victim Services	Two
A Safe Place	Three
Family Violence Prevention Program	Three
Royal Canadian Mounted Police (RCMP)	Three

Our Way Forward
Appendix C: Brief Safety Assessment/Safety Plan

This safety assessment is completed as a means to determine if there is **an immediate, imminent risk** to the client’s physical wellbeing and should be completed prior to any external referral being made. It will assist in determining if immediate action is needed (example: immediate, direct call to police) or if the client can wait to access full interventions from the Fort Saskatchewan Family Violence Prevention Program. This assessment is **only** meant to bridge the time gap until more serious interventions and assessments can be completed and should not replace a comprehensive risk and safety planning process. If the client can immediately access full intervention services (i.e. police or shelter), it is not necessary to complete this assessment.

This assessment should be completed on behalf of all clients who discloses IPV.

1. Discuss with the client the following:

Risk Questions	Yes	No
Is the abuse physical?		
Is the abuse sexual?		
Is the abuse getting worse and/or happening more often (escalating)?		
Are there any children being directly harmed and/or exposed to family violence?		
Are you afraid to go home to the person abusing you?		
Has your partner threatened to kill you or someone you care about?		
Has your partner threatened to commit suicide?		

Additional Information

2. If the person answers “**no**” to the above questions, then the abusive situation (while still serious) is likely of lower risk and can wait for intervention. Follow-up with referral to the Fort Saskatchewan Family Violence Prevention Program (using Appendix F).

3. If a client responds with a “yes” to any of the above risk questions:

Indicate that you are very concerned for their safety.

Outline **why** you are concerned (i.e. abuse is getting worse, happening every day....).

Offer to support/make a phone call to police or shelter if a threat of harm, physical and/or sexual abuse is present.

Determine if a call to the proper authorities is mandated (police, CFS), **regardless** of the client’s wishes.

4. If the client responds with a “yes” to any of the above risk questions **and** is not able to immediately access the intervention services from police or shelter **and** the client is going home to their abusive partner then:

Discuss what the client would do if they had to leave their home in a hurry because the abuse escalated, such as:

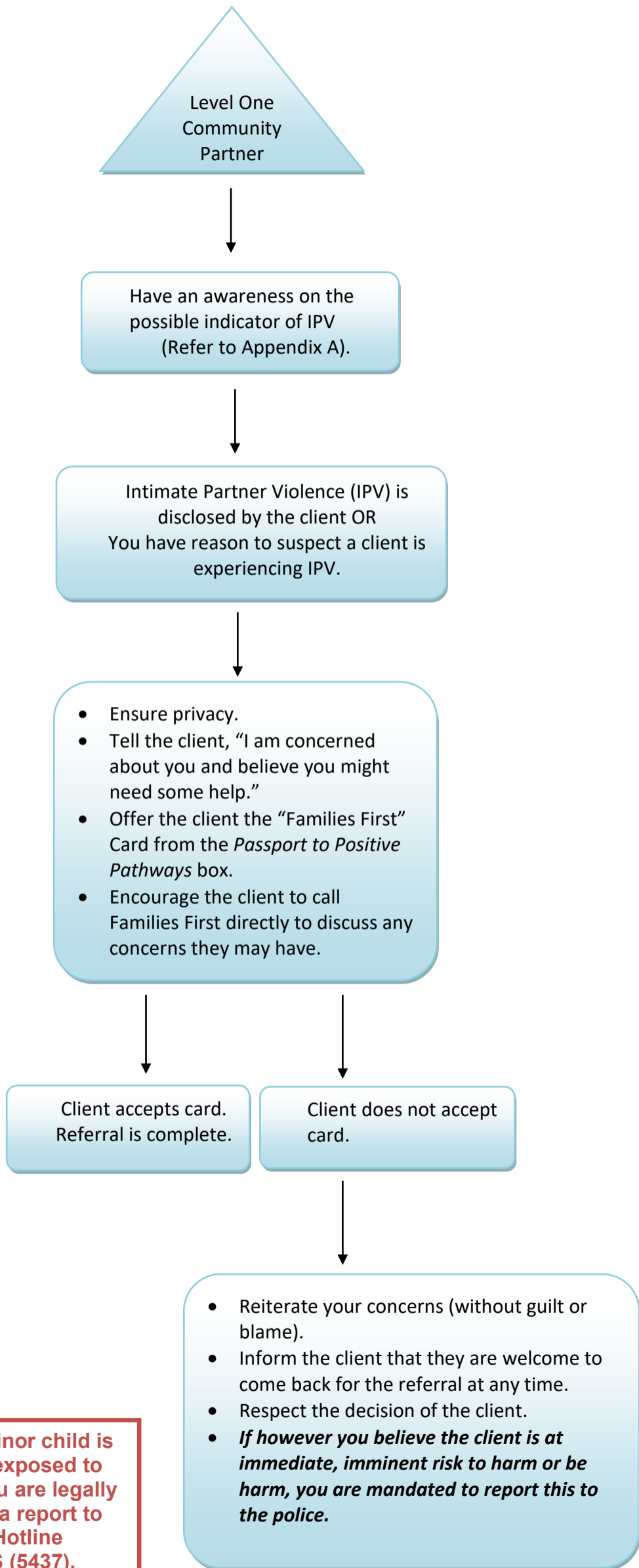
- Where could you go safely?
- How would you get there? (day/night/weekday/weekend)
- Who could safely help you?
- What would you need to take with you?

Additional Information

5. Follow-up with referral for more comprehensive interventions to the Fort Saskatchewan Family Violence Prevention Program (using Appendix F).

6. Document all relevant information (client responses, referrals made, resources given) below.

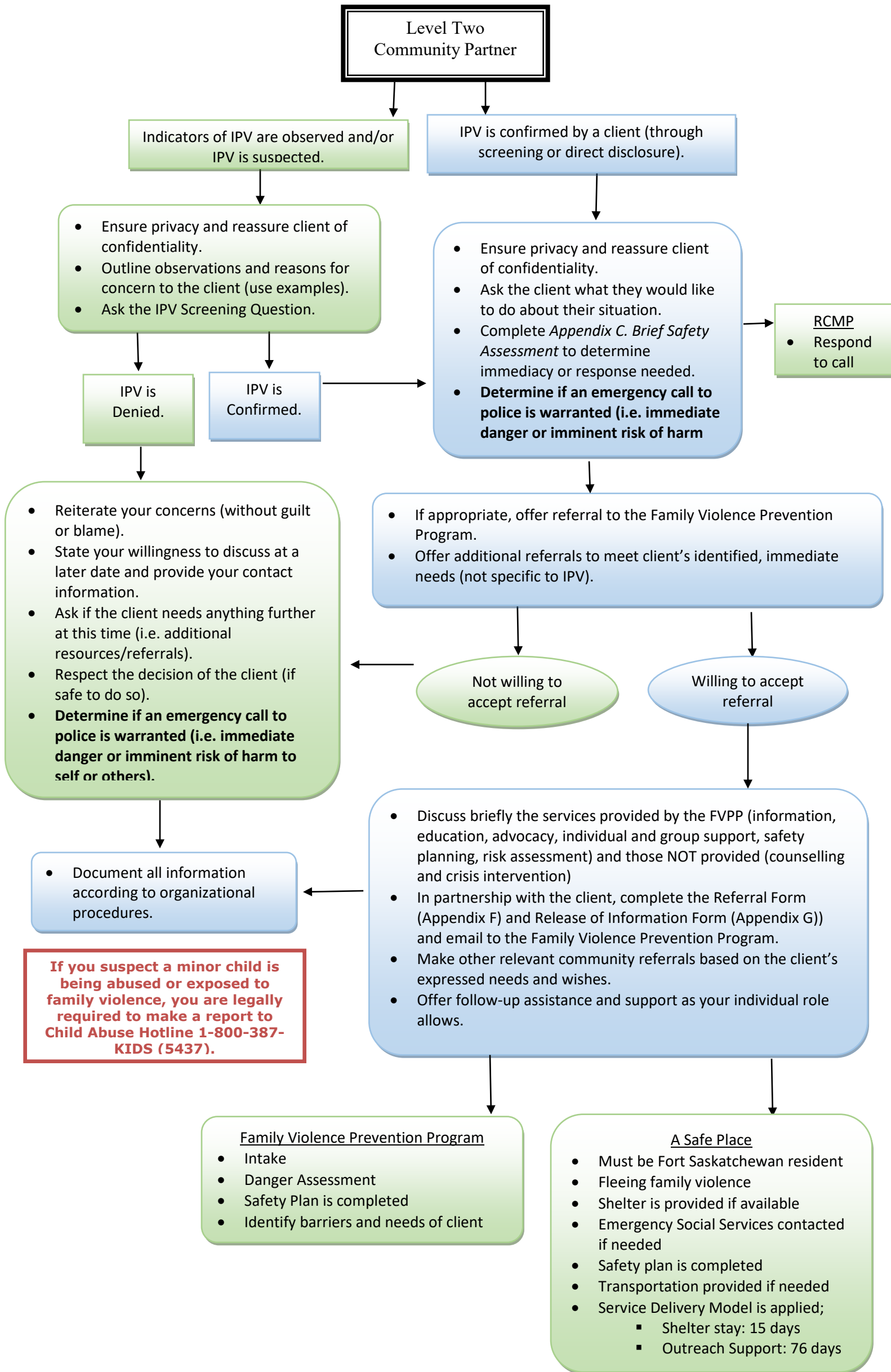
Our Way Forward
Appendix D: Level One Community Partner Response Flow Chart



If you suspect a minor child is being abused or exposed to family violence, you are legally required to make a report to Child Abuse Hotline 1-800-387-KIDS (5437).

Our Way Forward

Appendix E. Level Two Community Partner Response Flow Chart



Our Way Forward

Appendix F. Fort Saskatchewan Family Violence Prevention Program

Referral Guidelines

1. Referral to the Family Violence Prevention Program is *ONLY* to be made *AFTER* completion of the **Brief Safety Assessment (Appendix C)** *AND* if the client has been deemed to not be in an emergent or crisis situation. If you determine that the client requires *immediate* supports and services, please refer them directly to the local RCMP detachment.
2. Prior to making a referral, please be aware of the parameters of our program. Our program provides education, referrals, advocacy and a variety of group/individual supports for anyone who is experiencing, or has experienced, violence within their relationships. We **do not** provide crisis intervention nor counselling services.
3. Please ensure that you have received direct consent from the client *prior* to making a referral to the Family Violence Prevention Program. A signed consent form that clearly indicates the client's willingness to be contacted by and have their information shared, must accompany this referral form.
4. We accept referrals for all sources, including self-referrals. Client must however convey a willingness to receive supports to address the violence within their relationship.
5. In the interest of time, we ask that referrals for basic needs (i.e. food, clothing and shelter) be made **separate and in addition** to this referral. This allows us to focus our time with the client on what we do best (family violence specific support). Please refer to the *Fort Saskatchewan Resource Guide* for assistance with this.
6. For clients living in Fort Saskatchewan proper, please send this form, along with any supporting documents to jodih@familiesfirstsociety.ca .
7. Clients can be expected to be contacted approximately one week after the referral is received, with time of intake dependent on volume and waitlist.

Referral Source Information

Name: _____ Date: _____
Organization: _____ Contact Info: _____

Referral Information

Client Name: _____
Best Means to Contact: _____
Safe Time to Contact: _____
Safe to Leave Message: _____
Number/Age of Children: _____
CFSA/Police
Involvement: _____

Client Background Information

Based on your knowledge of the client, please answer the following to the best of your ability:

1. What are the most prevalent issues currently being experienced by the client?
Financial, Family Law, Mental Health, Social Isolation, Safety, Addictions, Housing
Please explain:
2. What family violence specific supports, services, referrals and/or assessments have previously been accessed/completed with the client?
3. What other information might we need to know to best assist us with working successfully with this client?