

***How Research is Informing
New Brunswick's Coordinated
Community Response to High Risk
and High Danger Intimate Partner
Violence Cases***

Panel Presentation

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Outline

1. What CCR was designed to do
2. What were the findings of the CCR pilot evaluation
3. How CCR processes have changed as a result

WHAT CCR WAS DESIGNED TO DO

What is the Coordinated Community Response (CCR)?

- CCR is a client-centered, multi-agency team approach to D/IPV based on equal partnership
- Brings together existing service providers to collaborate on a common plan for high risk / high danger referrals

Context



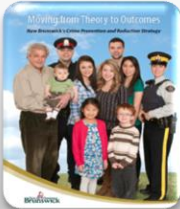
Roundtable on Crime and Public Safety:

Collective decision making body



Crime Prevention Branch:

Coordinating body or 'responsibility centre'



Strategy:

Outlines vision, mission, goals, priorities and guiding principles



Action Plans:

Outlines concrete activities, responsibilities and timelines



Advisory Committees and Working Groups:

Complete the work

Why CCR?

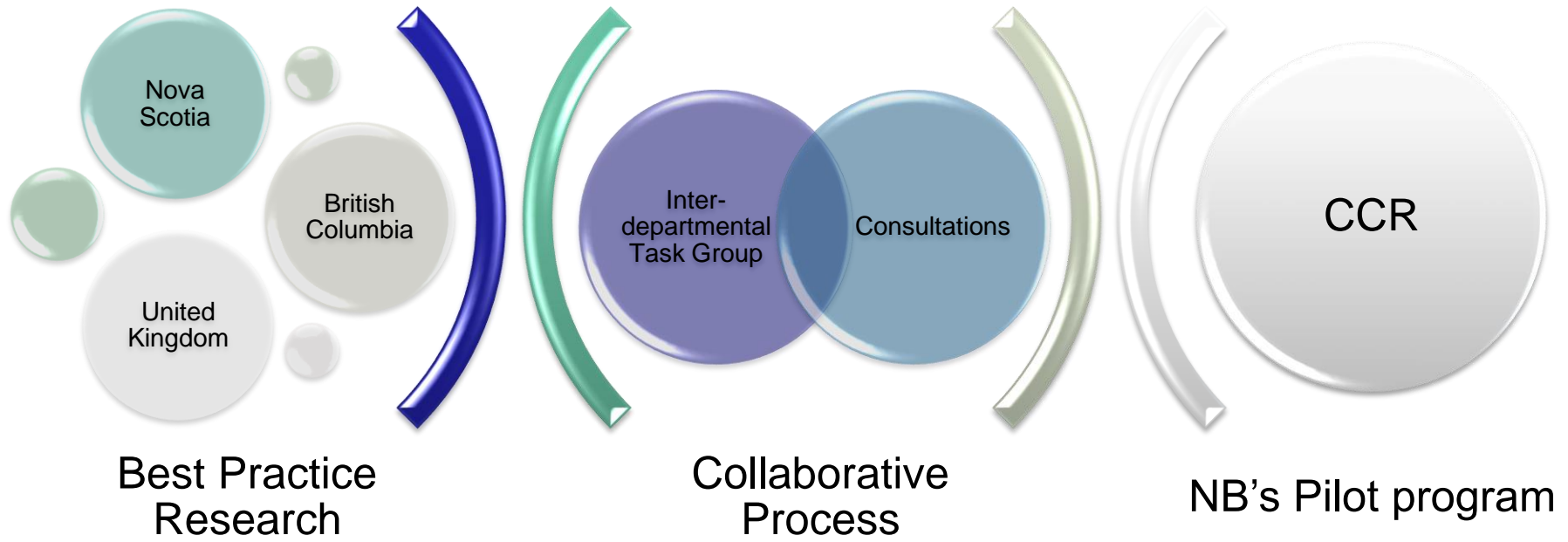
- High rate of IPV and domestic homicide in NB
- Domestic Violence Death Review Committee recommendations: *Need for co-ordination and information-sharing*
- The 'next step' to police use of ODARA and the use of the danger assessment tool
- Federal funding: test the model before going province-wide

Goals and Objectives



- **Goals (*the what*) of CCR are to:**
 - Increase the safety of victimized partners and children
 - Reduce the abusive partner's risk to re-victimize
 - Make the best use of available resources
- **Objectives (*the how*) of CCR are to:**
 - Build new and strengthen existing relationships based upon trust
 - Improve information sharing
 - Collaborate on victim safety planning
 - Collaborate on risk/danger management strategies

Development of CCR



Who's involved?



WHAT WERE THE FINDINGS OF THE PILOT EVALUATION

Pilot Evaluation

CCR pilot evaluation

- What worked?
- What did not work?
- What was missing?
- What needs to change before provincial roll-out?

February 2017-June 2018

Pilot Evaluation Evidence

Gaps & Challenges

- Aboriginal and First Nation populations
- Confidentiality and privacy
- Workload and resources
- Offender and Crown

Recommendations:

- Training
- Processes and activities
- Paperwork and technology
- Teamwork and cooperation

Pilot Evaluation Findings

Increase the safety of victimized partners & children

Reduce the abusive partner's risk to re-victimize

Make the best use of available resources

Process

High Risk/Danger D/IPV case identified by service provider.
*SERVICE PROVIDER FIRST DEALS WITH CASE AS REQUIRED BY RESPECTIVE
AGENCY POLICY AND PROTOCOL*

Service provider familiarizes victim
with CCR and obtains consent to
forward referral to Coordinator.



Referral is sent to Coordinator
as soon as practical and possible.
Referring agency contacts Coordinator to
ensure referral was received.



Consent is not obtained: referral
is not shared with Coordinator,
but information on available
services shared with victim.



Initial intervention responses
continue within referring agency:
police, transition homes, child
protection, etc.



Process (Continued)



After receiving referral, Coordinator contacts victim to further explain CCR and request their informed consent to participate. If consent is obtained, Coordinator completes program intake with victim.



Coordinator schedules team meeting, to be held within 48 hours of receiving referral or *as soon as practical and possible*. Coordinator emails meeting details and referral information to team, via password protected electronic document.



Using the referral information provided, all team members prepare for upcoming meeting by checking their records for information relevant to victim's risk/danger.



Process (Continued)



CCR TEAM MEETING

Team members share information relevant to victim's risk/danger and begin exploring options for a safety/risk management case plan.



CCR CLIENT MEETING

Victim joins team meeting and risk factors are reviewed. A safety/risk management case plan is developed, with specific tasks being assigned to specific individuals.



Process (Continued)



Each team member pursues the provision of services for the victim, as per the case plan and their department/agency mandate.



Case is reviewed at regular intervals or as risk/danger factors change. Relevant updates to risk/danger are shared by team members. Safety and risk management plans are updated to reflect current risk/danger.



Case is closed when certain criteria are met (e.g. team determines victim's risk/danger has reduced). Case closure process is currently being developed.

Case Scenario



Kay Schubach is author of the book **Perfect Stranger** about her experience of being in an abusive relationship. It took just eight weeks for her relationship with her ex-partner, who is now in jail, to escalate to a point where he tried to kill her.

<https://www.theguardian.com/society/ng-interactive/2015/jun/02/domestic-violence-five-women-tell-their-stories-of-leaving-the-most-dangerous-time>

Summary of DV Risk Factors

1. Relationship History

1. **Status of relationship**
2. **Escalation in abuse**
3. Children exposed
4. **Violence during pregnancy**
5. **Threats**
6. Forced sex
7. **Strangling, choking**
8. **Stalking, obsessive jealousy, coercion/control**
9. Information on relative social powerlessness

2. Victimized partner's perception of risk

1. **Victimized partner's perception of personal safety**
2. **Victimized partner's perception of future violence**

3. Abusive partner's history

1. Abusive partner's criminal violence history
2. **Abusive partner's domestic violence history**
3. Court order violations
4. **Interference with criminal justice**
5. Alcohol/drugs
6. Employment instability
7. Mental illness
8. Suicidal ideation

4. Access to weapons/firearms

1. **Weapons/firearms (used/threatened)**
2. **Access to weapons/firearms**

Case Plan

TASK/ACTION	AGENCY/INDIVIDUAL
Schedule <u>safety planning</u> meeting with Kay.	Liberty Lane / Andrea
Submit hazardous location for Kay's residence.	FPF / Brandon
Schedule medical follow-up with Kay.	SANE / Candace
Schedule tour of Women in Transition House.	TH / Jan
Counselling Referral.	VS / Lauren

Critical Developments

1. Another offence allegedly committed
- 2. Abusive partner released (promise to appear)**
- 3. Contact occurs between victimized partner and abusive partner**
- 4. Applications/trials/sentencing dates**
- 5. Bail (with conditions) or QB made conditions i.e. no contact with children**
- 6. Breach of order (i.e. alcohol/drugs, unauthorized contact with children)**
7. Application for Peace Bond made
- 8. Accused released at end of sentence**
9. Legal proceedings related to children
- 10. Victimized partner relocates/other major changes**
- 11. Victimized partner enters a new relationship**
12. A primary service provider becomes aware that either the victim or the accused/perpetrator takes an action that is contrary to an agreed upon safety plan or intervention
13. Other (not meant to be an exhaustive list)

Successes

- Increased trust among partners
- Decreased sense of isolation as a service provider
- Increased comfort in reaching out to partner agencies with questions regarding their agency's role & service options
- Knowledge that the program has been beneficial for clients
- Improved facilitation of access to/advocacy for services within their respective organization

Challenges

- Increased demand on resources
- Barriers to sharing of information
- Mandates/policies of different agencies can conflict
- Turnover of team members and gaps in representation
- Service providers in partner agencies need training on how to make CCR referrals
- Can't advocate for client as a team
- Intervention has potential to escalate risk



HOW CCR PROCESSES HAVE CHANGED AS A RESULT

Where are we now?

- Pilot commenced in April 2017: Victim focus only
- 115+ consenting referrals to end of March 2019
 - All very high risk to be re-assaulted by their partner and/or at extreme danger to be killed.
- CCR teams are helping to determine what works well and what does not
 - Supported by evaluation (completed: June 2018)
- Preliminary Privacy Impact Assessment was completed (June 2018)
- Improved CCR policies and procedures based on evaluation and PPIA

Where are we going?

- Complete Memorandum of Understanding & Information Sharing Agreement (*Fall 2019*)
- Determine how CCR model can expand to working with abusive partners (*Fall 2019*) and begin testing this approach in one region (*Winter 2019*)
- Seek financial support to resource CCR
- Establish inter-departmental implementation committee (*Fall 2019*)
- Province-wide roll out of CCR (*2020*)

Questions?