

Safety from Domestic Violence: Using Evidence Based Practices to Keep Women Safe

Medicine Hat Regional Consultation Summary

Regional Consultation Overview

- The Medicine Hat Regional Consultation was held on June 23rd, 2016 from 12 PM to 4 PM
- A total of 26 participants attended the consultation
- Participants represented:
 - Alberta Justice and Solicitor General (Crown)
 - Canadian Mental Health Association
 - City of Medicine Hat
 - Fort Mile Regional FCSS
 - Human Services (Prevention of Family Violence, Housing and Homeless Supports)
 - Medicine Hat Community Housing Society
 - Medicine Hat John Howard Society
 - Medicine Hat Police Service
 - Medicine Hat Women's Shelter Society
 - Miywasin Centre
 - Oyen FCSS
 - Prairie Rose School Division
 - Redcliff RCMP Detachment
 - Safe Haven Women's Shelter
 - Sexual Assault Response Committee

Common Themes

Relationships, Partnerships and Community Collaboration

A strong collaborative has been established in the region and continues to make a difference in the safety of women and children fleeing from domestic violence. The participants described many critical elements that they thought contributed to establishing and maintaining effective collaboration processes.

- There is an emphasis in the region on providing multiple networking opportunities for service providers, where the staff share information about their particular agency, and establish stronger and new connections to support streamlined and effective service delivery.
- These opportunities include interagency meetings, both locally in Medicine Hat and elsewhere - for example having the region's voices heard at provincial tables was viewed as critical in informing the local collaborative.
- The region organizes an 'agency crawl', where community members spend a day visiting each others' agencies.
- Community partners make sure that their board members are well informed about the work of the other programs in the area.
- The community makes interagency training and in-service opportunities available to new staff to introduce them to the collaborative work; and to the long-time staff to ensure that they remain involved and knowledgeable about the services offered by each agency.
- A manual has also been developed and is updated on a monthly basis to reflect the services provided by each agency and clarifying and describing everyone's roles with respect to service



provision and client contact. Service providers describe this approach as critical in contributing to sustainability of the collaborative.

Participants also provided several best practice examples that work particularly well in the region. For example, they highlight the positive and active involvement of key decision makers in the collaborative efforts, especially, their commitment to the common community vision. This is particularly evident with the justice partners, the Domestic Violence Court, and the Crown who works tirelessly to make sure that the vision and the philosophy of the collaborative are understood by crowns newly assigned to Domestic Violence Court.

The Safe Families Intervention Team (SFIT) was described as another best practice example in the area. This partnership was formed between the Medicine Hat Police Service and the Medicine Hat Women's Shelter Society. The partnership has since grown to include community and some government departments, and allows for effective information sharing. It also uses a cross-interdisciplinary team approach, and, ultimately, provides effective supports to families that are dealing with the issue of domestic violence. Kind Communities Alliance and the Medicine Hat Family Violence Coalition were identified as two other examples of strong community collaboratives, although they have been challenged by limited resources.

The participants also provided directions for the future that they thought would further strengthen partnerships and collaboration in the area. First, they would like to reproduce the success of the Medicine Hat community in the surrounding rural areas, by building stronger partnerships between rural and urban organizations and obtaining resources needed to respond to the unique needs of rural communities. Second, they would like to expand the service manual to include a comprehensive community framework, which can then guide the work of the community members and provide further clarification of everyone's roles.

Domestic Violence Education and Awareness

Community members spoke to the need for a "cultural shift" with respect to the norms and beliefs associated with perpetuating domestic violence. They identified building awareness of domestic violence and sexual violence through early education initiatives in schools as well as engaging men and boys to provide healing opportunities as two key directions for work in this area.

Legal and Justice System Processes

As noted earlier, participants describe as effective the involvement of the legal and justice system in their community. They specifically highlighted the work of the SFIT team as well as the Domestic Violence (DV) Team that supports the work of the Domestic Violence Court. The DV team is comprised of the Crown, women's shelter and other agencies and discusses and prepares files that are due to appear in court, in this way increasing efficiencies of the court processes and ensuring that women's voices are heard in court. Ultimately, SFIT and DV Teams help formalize and prioritize the domestic violence work in the justice system and build long-term sustainability of the cross-system collaboration. Community members would like to build on the success of the initiative by developing a systematic evaluation process and framework which would allow them to measure their results against similar work in other communities.

Wrap Around, Client Centred Services

Participants identified several directions for improvement with respect to provision of wrap around, woman centred services. They thought service access for women living in rural areas was a priority, requiring that transportation barriers are addressed, improving access to progressive housing, and, in general, developing a continuum of care in rural communities.

Need for consistent risk assessment approach was identified as another priority for the region. There is no standardized assessment approach helping service providers fully understand the degree of risk that women experience, account for their experience of trauma and reflect the needs of women who do not speak English. Thorough, consistent and standardized assessment is necessary to help service providers assess clients' readiness for change and develop trauma informed service plans.

There are also discussions in the community about how to keep women and children fleeing domestic violence in stable housing, while addressing their often precarious financial situation and making needed supports available. Community members would like to find a way for women and children to remain in their homes while the abuser is asked to leave, although, there is no policy currently in place that allows women to remain in their homes.

Finally, there is a need to provide women with system navigation support. A guide or an advocate role can be established in the community to assist women in navigating various systems they need. These advocates can help women access needed services and funds, and, in general, get the help that they need. Signs of safety approach was discussed as another possibility for providing wrap-around supports for women. It is based on solution focused principles and empowers families to build on their strengths and natural resources.

Culturally Sensitive and Inclusive Practices for Indigenous Women and Their Children

Consultation participants described two programs in the area that support Indigenous women and children fleeing domestic violence. Miywasin Centre incorporates Indigenous healing practice in serving Indigenous men and women who have been impacted by domestic violence and Centre staff consultation representatives encouraged the community to make more referrals to the Centre. The Medicine Hat women's shelter (Musasa House) also supports a large number of Indigenous women, providing culturally appropriate communal living, group and daycare opportunities.

Culturally Sensitive and Inclusive Practices for Vulnerable Groups

Much of the discussion here focused on working with many newcomers who settle in the region and who represent a multitude of different cultural groups. The participants talked about the need to develop a balance between respecting a cultural groups' belief system and stopping abuse. They thought that a multi-faceted approach was required, including education for newcomers regarding behaviour that is acceptable in Canada; broader community education with respect to the newcomers' cultural norms and values; offering help without alienating clients' support systems; and helping clients to talk openly about how their faith influences their lives.

They also identified several barriers that need to be addressed in the community in working with newcomers. Language barriers pose challenges in finding interpreters who are not known to the client, especially in smaller centres. Racism is also a significant problem and represents a barrier to service. More work is required in the community to establish culturally safe environments in all service areas.



The issue of elder abuse was also brought up and identified as another area where more services and knowledge is needed, particularly as the incidence of elder abuse is on the increase.

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