



Table de concertation
en violence conjugale
de Montréal

Protocol of Intersectoral Collaboration for Children Exposed to Conjugal Violence

Montreal Region

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Revision

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Collaboration

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Table of contents

page

PREAMBLE	1
I. CURRENT SITUATION	4
1. THE PROBLEM	4
1.1. EXTENT OF THE PHENOMENON.....	4
1.2. AND IN MONTREAL... ..	5
1.3. EXPERIENCES OF CHILDREN EXPOSED TO CONJUGAL VIOLENCE	6
1.4. IMPACT OF CONJUGAL VIOLENCE ON CHILDREN.....	6
2. SERVICES IN MONTREAL	8
2.1. OBSERVATIONS ON THE HARMONIZATION OF VARIOUS NETWORKS WORKING IN CONJUGAL VIOLENCE	8
II. PROTOCOL OF INTERSECTORAL COLLABORATION FOR CHILDREN EXPOSED TO CONJUGAL VIOLENCE	10
1. GUIDING PRINCIPLES	10
2. PROTOCOL OBJECTIVES	11
2.1. GENERAL OBJECTIVES	11
2.2. SPECIFIC OBJECTIVES	11
3. RESPONSIBILITIES OF PARTNERS	12
3.1. SHARED RESPONSIBILITIES	12
3.2. RESPONSIBILITIES OF DELEGATES.....	13
3.3. RESPECTIVE RESPONSIBILITIES OF THE PARTNERS	14
3.3.1. Service de police de la Ville de Montréal (SPVM)	14
3.3.2. Health and social services centres – CLSC institutions	15
3.3.3. Centre jeunesse.....	16
3.3.4. Shelters.....	17
3.3.5. Organizations for spouses with violent behaviour	19

3.3.6.	Côté cour.....	19
III.	IMPLEMENTATION OF THE PROTOCOL.....	21
1.	CONDITIONS FOR IMPLEMENTATION	21
2.	IMPLEMENTATION STRUCTURES	21
2.1.	AGENCE DE LA SANTÉ ET DES SERVICES SOCIAUX DE MONTRÉAL.....	22
2.2.	TABLE DE CONCERTATION EN VIOLENCE CONJUGALE DE MONTRÉAL.....	22
2.3.	FOLLOW-UP COMMITTEE.....	22
2.4.	SUB-REGIONAL COMMITTEES.....	22
2.5.	CLINICAL SEMINARS	23
IV.	PROCEDURES FOR REFERRALS AND COLLABORATION	24
1.	GUIDING PRINCIPLES	24
2.	DEFINITIONS	25
2.1.	DEFINITION OF TASKS RELATED TO THIS PROTOCOL	25
	Exchange of information.....	25
	Personalized referrals	25
	Personalized transfers.....	25
	Clinical exchanges	26
2.2.	OTHER DEFINITIONS.....	26
	Intervention plan (IP)	26
	Individualized service plan (ISP)	26
	Imminent danger	26
3.	PROCEDURES	28
3.1.	REQUESTING ORGANIZATION: CSSS.....	28
	<u>Solicited</u> organizations:.....	28
	<u>CENTRE JEUNESSE</u>	28
	CÔTÉ COUR.....	29

SPVM	30
ORGANIZATIONS FOR SPOUSES WITH VIOLENT BEHAVIOUR.....	31
SHELTERS	32
3.2. REQUESTING ORGANIZATION: CENTRE JEUNESSE	33
Solicited organizations:	33
CSSS	33
CÔTÉ COUR.....	34
SPVM	35
ORGANIZATIONS FOR SPOUSES WITH VIOLENT BEHAVIOUR.....	36
SHELTERS	37
3.3. REQUESTING ORGANIZATION: ORGANIZATIONS FOR SPOUSES WITH VIOLENT BEHAVIOUR.....	38
Solicited organizations:	38
CSSS	38
CENTRE JEUNESSE	Erreur ! Signet non défini.
CÔTÉ COUR.....	40
SPVM	41
SHELTERS	41
3.4. REQUESTING ORGANIZATION: SHELTERS.....	42
Solicited organizations:	42
CSSS	42
CENTRE JEUNESSE	Erreur ! Signet non défini.
CÔTÉ COUR.....	44
SPVM	44
ORGANIZATIONS FOR SPOUSES WITH VIOLENT BEHAVIOUR.....	45
3.5. REQUESTING ORGANIZATION: SERVICE DE POLICE DE LA VILLE DE MONTRÉAL (SPVM)	46
Solicited organizations:	46
CSSS	46
CENTRE JEUNESSE	Erreur ! Signet non défini.

CÔTÉ COUR.....	47
SHELTERS	48
ORGANIZATIONS FOR SPOUSES WITH VIOLENT BEHAVIOUR.....	49
3.6. REQUESTING ORGANIZATION: CÔTÉ COUR	50
Solicited organizations:.....	50
CSSS	50
<u>CENTRE JEUNESSE</u>	Erreur ! Signet non défini.
SPVM	51
SHELTERS	52
ORGANIZATIONS FOR SPOUSES WITH VIOLENT BEHAVIOUR.....	53
REFERENCES	54
APPENDIX I: DEFINITION OF TERMS	56
Conjugal violence	56
Children	56
• Witnesses of conjugal violence.....	56
• Victims of conjugal violence.....	56
• Exposed to conjugal violence	56
APPENDIX II : LIST OF PROTOCOLS ON ISSUES OF CONJUGAL VIOLENCE IN MONTREAL	57
APPENDIX III: SIGNATORIES OF THE PROTOCOL OF INTERSECTORAL COLLABORATION FOR CHILDREN EXPOSED TO CONJUGAL VIOLENCE.....	60

PREAMBLE

“Children who live in an environment of conjugal violence present more physical and psychological problems than those who do not” and “they present, more than other children, increased risks of integrating violence into their own lives and of reproducing the relationship models to which they have been exposed by becoming victims or abusers.”¹

These observations—stated in the Québec government’s 1995 *Politique d’intervention en matière de violence conjugale - Prévenir, dépister, contrer la violence conjugale* and corroborated by many recent studies—demonstrate the importance providing specific interventions to children who live in a context of conjugal violence.

The 1995 government policy on conjugal violence reiterates the criminal character of conjugal violence by specifying that it must be subject to judicial control. It also sets forth that children must receive special attention during conjugal violence interventions. This policy also states the following:

“Implicated professionals must evaluate the possible effects and repercussions that a given situation can have on children, and provide services that are adapted to these children’s needs with the objective of reducing the consequences of violence in the short, medium, and long term”;²

“Access to services for children who live with conjugal violence must be improved.”³

Moreover, the government action plan 2004–2009 on conjugal violence includes many commitments and objectives with regard to children exposed to conjugal violence.⁴

This concern for providing adapted and specific services for children exposed to conjugal violence is shared by all Montrealers who are, in one way or another, in contact with these children and their families. Services offered must however be part of a comprehensive approach based on screening and prevention, and must be accompanied by intensive strategies aimed at identifying these children who, very often, are already receiving services for problems which have not been linked to conjugal violence.

¹ Gouvernement du Québec (1995). Free translation.

² Gouvernement du Québec. (1995). Free translation.

³ Ibid: p. 55. Free translation.

⁴ Gouvernement du Québec. (2004).

In its action plan *Défi de l'accès 1998-2002*, the *Régie régionale de la santé et des services sociaux de Montréal-Centre* adopted ten procedures within the framework of its priority “Violence against Women”. Two of these procedures are more specifically aimed at children exposed to conjugal violence:

Measure 9: “To limit the repercussions for children who are victims of or witnesses to conjugal violence.”

Measure 10: “To establish protocols of collaboration between the CLSC, centre jeunesse, and other partners and better coordinate interventions with victims and children who are witnesses.”⁵

Although many protocols on conjugal violence exist in Montreal, most are essentially aimed at providing services for women victims of conjugal violence. Certainly, these protocols have an indirect effect on the well-being of children who are exposed to conjugal violence, but no intersectoral agreement exists that is specifically aimed at improving access, continuity, and coherence of services for these children and their parents, and at adapting services to their specific needs.

This is the context in which all concerned regional partners came together to develop the present protocol, driven by the firm belief that working together will improve access to hundreds of children exposed to conjugal violence in Montreal and provide them with appropriate support.

In October 2001, the *Table de concertation en violence conjugale de Montréal* and the *Régie régionale de la santé et des services sociaux de Montréal-Centre* joined forces to establish an intersectoral committee aimed at developing a protocol of intersectoral collaboration for children exposed to conjugal violence.

On June 17th, 2004, the *Table de concertation en violence conjugale de Montréal* and *Agence de la santé et des services sociaux de Montréal* officially signed the *Protocol of Intersectoral Collaboration for Children Exposed to Conjugal Violence*, thereby reaching a decisive milestone for the implementation of this protocol.

Within the framework of a pilot project—that began in the fall of 2006 and that lasted just over two years—the protocol was implemented in the territories of two local health and social services agencies. In March 2008, a mid-term report⁶ assessed the actions of partners involved in the pilot project and identified what needed to be done in order to facilitate the implementation of the protocol in each organization.

⁵ Régie régionale de la Santé et des Services sociaux de Montréal-Centre (1998). Free translation.

⁶ Follow-up committee (2008).

In the spring of 2009, the Interdisciplinary Research Centre on Family Violence and Violence against Women (CRI-VIFF) published its research report on the evaluation of the pilot project.⁷ It identified four conditions for the successful implementation of our protocol:

- ▶ Motivated partners and organizational leadership for the implementation of the protocol;
- ▶ Communication opportunities that encourage the sharing of common interests and the building of trusting relationships;
- ▶ Common understanding of the problem as well as of the protocol (conditions for collaboration);
- ▶ Ongoing professional skill development activities and tools to share information and develop awareness.

Experimentation and evaluation enriched the knowledge about children exposed to conjugal violence, facilitated ownership of the procedures for referral and collaboration between the various partners, and also led to identifying the conditions needed for a successful implementation of the protocol throughout the Montreal area in the fall of 2009.

The present protocol has four segments. The first segment presents a summary of the issue concerning children exposed to conjugal violence and the main observations of the protocol follow-up committee of the *Table de concertation en violence conjugale de Montréal* regarding the harmonization of various Montreal networks involved in matters of conjugal violence.

Following a statement of the protocol's guiding principles and objectives, the second segment defines the responsibilities of partner organizations and institutions in light of their respective missions and mandates. The third segment deals with the conditions and standards of implementation and follow-up of the protocol. The fourth and final segment identifies tasks, as well as procedures for referral and collaboration which are agreed upon within the framework of this protocol.

⁷ Dubé, Boisvert, Marchand (2009)

I. CURRENT SITUATION

1. PROBLEM

Highlighting the issue of children exposed to conjugal violence is closely linked to acknowledging the scope of the phenomenon of violence against women within the family as well as to identifying the multiple types of violence that are sustained.

1.1. EXTENT OF THE PHENOMENON

Some authors affirm that a high percentage of children witness physical violence within the family. Data from the 1999 General Social Survey on Victimization reveal that children had seen or heard one of their parents assault the other in an estimated 461,000 households, or 37% of households with conjugal violence, during the five-year period preceding the survey.⁸ In cases where children had witnessed violence, they were more often witness to assaults against their mother (70%) than against their father (30%), and these assaults against women were generally more serious.⁹ Moreover, separation does not appear to put an end to conjugal violence in all situations. The 1999 General Social Survey revealed that for 172,000 women, the violence either continued or began after separation, and among these women, 56% reported that their children had been exposed to this violence.

The survey on violence against women in Quebecois couples conducted in 1999 (*Enquête sur la violence, envers les conjointes dans les couples québécois 1999*) revealed that 45% of women who reported having been subjected to conjugal violence during the preceding year believed their children had seen or heard the violent acts.¹⁰

Yet, these statistics under-estimate the reality, as children are often able to give detailed accounts of conjugal violence situations, whereas the mothers maintain, to the contrary, that their child could not have been a witness. Thus, women who acknowledge being victims of conjugal violence do not always realize, because of the victimization, the extent to which their children are exposed to this violence or the consequences, particularly in early childhood.¹¹ Also, “parents may intentionally minimise, deny or refuse to recognize the extent of the violence witnessed by children because of embarrassment or fear of the consequences.”¹² This is what was put forth by O’Brien and his colleagues in a 1994 study and in which

⁸ Statistics Canada (2001).

⁹ Ibid.

¹⁰ Riou, D.A., Rinfret-Raynor, M., and Canin, S. (2001).

¹¹ Fortin, (2005); Laverigne, Chamberland, Laporte and Baraldi, (2003).

¹² O’Brien, M. John, R., Margolin, G. and Erel O. (1994).

they reported that 10% of the children in their sample stated they had witnessed inter-parental violence when neither the father nor mother had acknowledged that any assault had occurred.¹³

What is more, Jaffe and his colleagues estimate that 60% to 80% of children, living in a family where the woman is abused, are witness: they see or hear it.¹⁴ In other words, 11% to 23% of Canadian children are witnesses, at home, of various acts of violence against their mother. A prudent estimate would be that in each classroom, two to six children have witnessed, at home, some form of violence against their mother during the past year.¹⁵

The fact that children intervene during instances of conjugal violence against their mother can have consequences on their physical and psychological safety. In a study conducted in 2001, 23% of mothers reported that their children had sometimes tried to physically intervene in a violent situation, whereas 8% stated that their children had often intervened. Results of this research suggest that children have a greater tendency to intervene in order to protect their mother when the family situation is fragile, such as when the mother is unemployed, when she is subjected to a high degree of psychological and physical violence, or when her physical and psychological health is more affected by this violence.¹⁶ This study demonstrates the existence of a link between the escalation of violence and the involvement of children.

1.2. AND IN MONTREAL...

- In 2007, the *Service de police de la Ville de Montréal* (SPVM) received 5,924 calls reporting conjugal violence; in 2008, this number had increased to 7,506. Almost one-third (30%) of calls to police to report crimes against the person involve situations of conjugal violence.¹⁷
- Nearly 30 shelters for abused women throughout the Montreal area took in more than 5,000 women and children in one year from 2007-2008.¹⁸
- *Côté cour*, which offers specialized psychosocial intervention in conjugal and family violence for all cases which are subject to judicial control throughout the Montreal area, oversees more than 7,000 cases annually.¹⁹

¹³ Ibid

¹⁴ Jaffe, P., Wolfe, D., Wilson S. (1990).

¹⁵ Sudermann M., Jaffe P. (1999).

¹⁶ Edleson et al. (2003).

¹⁷ Statistics of the Service de police de la Ville de Montréal (SPVM)

¹⁸ Statistics of the Agence de la santé et des services sociaux de Montréal

¹⁹ Statistics of Côté cour

1.3. LIFE EXPERIENCES OF CHILDREN EXPOSED TO CONJUGAL VIOLENCE

Children exposed to conjugal violence face a difficult reality²⁰ that can be understood as :

- anxiety and fear in conjugal violence situations which they repeatedly witness or anticipate;
- feelings of guilt for failing to intervene during incidents of conjugal violence or because they consider themselves to be the source of the conjugal problems;
- believing that it is important to keep the secret or to keep silent about conjugal violence situations, because revealing this reality often constitutes a threat;
- confusion that can set in after one or both parents minimise conjugal violence;
- conflicts of loyalty toward both parents.

*“Conjugal violence can represent a serious violation of the child’s need for security and create a threatening feeling. The more severe and frequent the violence, the more the child becomes sensitive and watchful of any indication of impending violence. Children exposed to conjugal violence are subjected to a cycle of violence in the same way as their mother. They adapt their daily life according to the phases. They sense the tension, are subjected to outbursts of violence and, in a remission phase, they embrace the hope that violence will not reoccur.”*²¹

1.4. DIRECT IMPACT OF CONJUGAL VIOLENCE ON CHILDREN

Results of research studies indicate that children can suffer serious effects when exposed to conjugal violence. Despite factors of resilience or protection, which can lessen the negative consequences of exposure to conjugal violence,²² children and adolescents can present the following problems which can be manifested in the short, mid, or long term:

- ▶ **Psychological:** usually two types of problems, either internalized problems (anxiety disorders, mood disorders or depression, tendency toward social isolation, difficulty in separating from their mother, low self-esteem, etc.), or externalized problems (behaviour problems, aggression, delinquency, drug and alcohol problems, etc.).²³ Children can also present post-traumatic stress disorder;²⁴

²⁰ Fortin, Côté, Rousseau, Dubé (2007).

²¹ Fortin, A. (2009).

²² Fortin, (2007); Fortin (2005).

²³ Wolfe et al. (2003).

²⁴ Holden (2003).

- ▶ **Cognitive:** learning disorders, problems with learning and concentration;
- ▶ **Social:** lack of social skills, relationship problems with other children and with adults, etc.;
- ▶ **Physical:** eating disorders, stomach aches, headaches, insomnia, etc.²⁵

In addition, studies have shown that witnessing violent acts against the mother during childhood is the most significant indicator for predicting violent behaviour in men and for women becoming victims.²⁶ Existing data on this subject are differentiated according to gender and indicate that men who have experienced scenes of violence in which their mother was assaulted are those most likely to assault their spouse, whereas women who have experienced the same violence have a higher risk of becoming the victims of assault.²⁷

It is estimated that about 30% to 60% of those children who are exposed to conjugal violence are also victims of maltreatment.²⁸ In some families, the father assaults his spouse as well as his children.²⁹ The study by Straus and Gelles on family violence indicates that 50% of men who said they had assaulted their spouse three or more times during one year, also said they had assaulted their children three or more times during the same period.³⁰

Moreover, mothers who are assaulted can also neglect their children, particularly when these mothers are injured and preoccupied by the violence.³¹ When the issue is one of violence committed by women against their children, researchers state that women who are subjected to conjugal violence are two times more likely to mistreat their children than women who are not subjected to this violence.³²

Children can be injured in situations of conjugal violence either because they find themselves in the same room where the assault takes place, or because they try to intervene to protect their mother.³³ This observation is corroborated by the General Social Survey on Victimization (1999), which revealed that children under the age of 15 years had been assaulted or threatened in 10% of cases in which the female spouse was assaulted.³⁴

²⁵ Fortin, Côté, Rousseau, Dubé (2007) Wolfe et al. (2003).

²⁶ Rinfret-Raynor et al. (2004).

²⁷ Ibid.

²⁸ Edleson (2001).

²⁹ Lavergne, Turcotte, Damant, Chamberland, Jacob, Ménard (2006).

³⁰ Ibid.

³¹ Carter, Schechter (1997).

³² Ibid.

³³ Lavergne, Turcotte, Damant, Chamberland, Jacob, Ménard (2006).

³⁴ Statistics Canada (1999).

Also, one child in four who was reported for being abused and that was corroborated by authorities, lives in an environment of conjugal violence. In 20% of cases, the child's physical integrity was directly affected by this violence.³⁵

Research conducted on exposure to conjugal violence and concomitant maltreatment of children shows that these children are much more affected in their functioning, compared to children who live in families where there is no conjugal violence, or compared to children who are exposed to conjugal violence but who are not mistreated.³⁶ Thus, exposure to conjugal violence constitutes a form of abuse.³⁷

2. SERVICES IN MONTREAL

There is little data available regarding children exposed to conjugal violence in Montreal, and the specific interventions which are offered to them in the public network. However, it is possible to affirm that apart from the services provided by shelters for women victims of conjugal violence, few services or specific programs are offered to children exposed to this violence, whether being individual, group, or family interventions.

2.1. OBSERVATIONS ON THE HARMONIZATION OF VARIOUS NETWORKS WORKING IN CONJUGAL VIOLENCE

A brief assessment of services offered by public and community networks revealed the following:

- The impact on children who are exposed to conjugal violence is increasingly documented in both research and practice. However, much still needs to be done to establish quality services that respond to these children's diverse needs. In addition, various approaches to ongoing professional development within organizations must be further developed in order to ensure that the knowledge base is continually updated and to allow for new and promising avenues of intervention to emerge;
- The increasing openness to intersectoral collaboration and intervention contributes to the enrichment of practices, the defining of each partner's role in relation to their respective missions and mandates, and the enhancement of services for children who are exposed to conjugal violence;
- The experimentation of this protocol—within the framework of a pilot project that lasted two years in two CSSS territories in Montreal—not only contributed to enriching the knowledge and expertise in matters of children exposed to conjugal violence, but also mobilized partners around concrete

³⁵ Chamberland, Laporte, Lavergne (2002).

³⁶ Fortin, Tabelsi, Dupuis (2002).

³⁷ Wolfe et coll. (2003).

situations and facilitated building relationships of trust between professionals of diverse organizations.

II. PROTOCOL OF INTERSECTORAL COLLABORATION FOR CHILDREN EXPOSED TO CONJUGAL VIOLENCE

Based on the needs identified regarding screening, referral and intervention of children exposed to conjugal violence, the various partners agree to the following:

- each partner must consider the impact of conjugal violence on children and, more broadly, on all family members;
- crisis intervention (24 hours) must be improved in order to reach, to the extent that it is possible, all family members (children, parent victim, and abuser); to this end, attention should be focused on children's life experiences and on maintaining the relationship between the parent victim and the children in order to favour the children staying with this parent, thereby avoiding an out-of-home placement;
- the security and protection of victims (mothers and children) must be ensured through concerted and coordinated interventions;
- the importance of implementing a protocol of intersectoral collaboration for children exposed to conjugal violence.

1. GUIDING PRINCIPLES

The protocol of intersectoral collaboration for children exposed to conjugal violence rests on the nine guiding principles set forth in *Politique d'intervention en matière de violence conjugale : Prévenir, dépister, contrer la violence conjugale* (1995 : 30):

- 1) Society must refuse and denounce all forms of violence;
- 2) Society must promote the respect of individuals and their differences;
- 3) Gender equality is the primary condition for the elimination of conjugal violence;
- 4) Conjugal violence is a criminal matter;
- 5) Conjugal violence is a chosen means to dominate another person and to assert power over them;
- 6) The safety and protection of women victims and children are intervention priorities ;
- 7) All interventions with victims must be based on respect of their autonomy and must focus on their ability to regain control of their life;
- 8) All interventions must take into account the effects of conjugal violence on children and must be geared to reducing these effects;

- 9) Abusers are responsible for their violent behaviour; interventions must be aimed at making abusers acknowledge and take responsibility for their violence.

The protocol follow-up committee has added the four following principles to those aforementioned:

- 1) The needs and the rights of children must be recognized;
- 2) Services offered to women victims, to children who are exposed, and to violent partners in their role as fathers, must be accessible, coordinated, coherent, and ongoing;
- 3) All interventions must be swift and concerted because they are decisive for the protection of the child;
- 4) All interventions must be respectful of each person's rights: children, mother, father.

2. PROTOCOL OBJECTIVES

2.1. GENERAL OBJECTIVES

- 2.1.1 Implement means that favour the protection and security of children exposed to conjugal violence, including victims and their children;
- 2.1.2 Provide the needed help to children exposed to conjugal violence;
- 2.1.3 Reduce the short-, mid-, and long-term consequences of conjugal violence for children exposed to conjugal violence;
- 2.1.4 Ensure efficient collaboration between the various partners involved with the issue of children exposed to conjugal violence;
- 2.1.5 Improve knowledge about intervening with children exposed to conjugal violence.

2.2. SPECIFIC OBJECTIVES

- 2.2.1 Take into account the consequences of conjugal violence on children who are exposed and promote interventions adapted to their needs;
- 2.2.2 Encourage access, continuity, and the creation of services for children exposed to conjugal violence;
- 2.2.3 Take into account the needs and specific realities of ethnocultural communities.

3. RESPONSIBILITIES OF PARTNERS

For the application of the protocol, the various partners must assume certain shared responsibilities, as well as specific responsibilities which are based on their respective missions and mandates and their own particular orientations.

Certain practices are mandatory due to diverse legislation or various professional codes, and must therefore be applied by all partners, such as:

- ▶ The consent of parents or a legally appointed guardian is required for all referrals, transfers, or interventions involving a child under 14 years;
- ▶ All professionals have an obligation to report to the *Direction de la protection de la jeunesse* (DPJ) situations in which a child is exposed to conjugal violence where there is reason to believe that the child's security or development is, or could be, considered at risk;
- ▶ In accordance with the *Act to amend various legislative provisions as regards the disclosure of confidential information to protect individuals*, there is an obligation to report nominative information without the consent of the person concerned in order to prevent an act of violence, where there is reasonable cause to believe that there is an imminent danger of death or serious bodily injury to a person or an identifiable group of persons.

3.1. SHARED RESPONSIBILITIES

- Designate a coordinator who ensures links with other protocol partners and who responds, if need be, to the various problems that can arise in one or more specific cases of children exposed to conjugal violence;
- Identify which services are available for dealing with conjugal violence and ensure that these services as well as existing programs for children exposed to conjugal violence in Montreal are known within the organization or the institution and refer children when needed;
- Receive and process referrals from partners and, if necessary, provide a personalized referral³⁸ or a personalized transfer;³⁹

³⁸*Personalized referral*: With a view to ensuring access and continuity of the intervention with children exposed to conjugal violence, contact another partner to solicit complementary or additional services. The requesting organization can continue to manage the case; it can maintain its clinical responsibility over the case. An authorization form, duly signed by the client, is required.

Procedures: The advocate or practitioner who receives a personalized referral must acknowledge its receipt (by phone or in writing) within 72 hours of having received the request. Coordinates pertaining to where the referred client can be reached must be specifically indicated to ensure her security and protection.

In the case of shelters and organizations for violent spouses, it is the client who contacts the organization.

- Encourage clinical exchanges⁴⁰ after obtaining voluntary and informed consent of the client when there are concurrent interventions between one or many partners, and participate in clinical discussions that a professional may initiate by calling on, if necessary, specialists in the field of conjugal violence and ethnocultural interventions, with the exception however of police officers who are bound by an oath of secrecy;
- Promote the protocol objectives through training and any other means considered pertinent;
- Compile statistics related to the referrals of children exposed to conjugal violence and their family members;
- Participate in meetings within the framework of the protocol follow-up, evaluation, and implementation.

3.2. RESPONSIBILITIES OF DELEGATES

The designated person (there can be more than one person, according the structure of the organization) is responsible for implementing the protocol in their organization or institution and for follow-up with their director. More concretely, the delegate, who is appointed by their organization or institution, is assigned the following duties:

- ▶ Circulate information about the protocol throughout their setting;
- ▶ Act as a resource person for colleagues with regard to children exposed to conjugal violence;
- ▶ Promote intersectoral interventions with children exposed to conjugal violence and, if necessary, with their family members;
- ▶ Act as a liaison with other partners in order to resolve difficult cases;
- ▶ Participate, when necessary, in case discussions which bring together professionals of one or several organizations or institutions;
- ▶ Ensure that a link exists with other involved professionals when a problem or dispute arises;
- ▶ Participate in meetings within the framework of the protocol follow-up and make recommendations as required.

³⁹ *Personalized transfer*: With a view to ensuring access and continuity of the intervention with children exposed to conjugal violence, contact another partner to solicit complementary or additional services. The requesting organization can continue to manage the case; it can maintain its clinical responsibility over the case. An authorization form, duly signed by the client, is required.

⁴⁰ *Clinical exchange*: With a view to ensuring the continuity and the improvement of services for children who are exposed to conjugal violence and their family, favour the communication and exchange of relevant information between advocates and practitioners involved with the case. When appropriate, the presence and participation of the client is favoured. Individualized service plans can also be developed by the partners involved in order to coordinate and harmonize interventions. As soon as more than one partner becomes involved, clinical exchanges are recommended. These can be modified at any time in order to account for new circumstances. An authorization form, duly signed by the client, is required for each of the partners involved. These exchanges must be confidential and must ensure the security of families.

3.3. RESPECTIVE RESPONSIBILITIES OF PARTNERS

3.3.1. *Service de police de la Ville de Montréal (SPVM)*

- Intervene in situations of family violence and, if possible, arrest the abuser without the children being present;
- Meet with each of the parties separately (abuser and victim):
 - **Intervention with the victim**
 - Inform the victim about existing resources (CSSS/CLSC, shelters, *Côté cour*);
 - Take the victim's statement and, in accordance with the SPVM/CLSC protocol on conjugal violence, offer the possibility of signing an authorization to transmit information about her and her children to the CLSC;
 - Direct the victim to a hospital if necessary;
 - Accompany the victim to a shelter or to another resource if required;
 - In subsequent contacts with the victim, and if the victim refused to do so at the time of the initial police intervention, the investigator gives the victim another opportunity to sign an authorization to transmit information to the CLSC, in accordance with the SPVM/CLSC protocol on conjugal violence. The investigator also provides the victim with information about various existing resources (CLSC, shelters, *Côté cour*).
 - **Intervention with children**
 - Ensure that the parent victim or a member of their immediate network assumes responsibility for the care of the children;Or
 - Report to child protection services (*Direction de la protection de la jeunesse* [DPJ]) on the basis of article 38.
 - **Intervention with the abuser**
 - During the interview with the abuser, the investigator offers information about resources that provide services for persons with violent behaviour;
 - Proceed with the steps of the investigation (interview, pressing charges, conditional or unconditional release, or detention pending hearing).

- **Links with partners**
 - Report to child protection services (*Direction de la protection de la jeunesse* [DPJ]), including the information mentioned in the SPVM/CLSC protocol, in the following situations:
 - › The child's security and development is at risk;
 - › When there are repeated police interventions in situations of conjugal violence;
 - › According to the severity of the assaults;
 - › According to the vulnerability of the child;
 - › There is very little or no motivation or capacity on the part of the parent victim to seek help;
 - › The presence of various types of concurrent violence.
 - Systematically forward by fax to the CSSS-concerned CLSC institution, in the hours following the intervention and in accordance with the terms of the SPVM-CLSC protocol, the following information about the children:
 - › The history of violent incidents, when available;
 - › The presence, or absence, of children during the intervention;
 - › The names and ages of the children, their date of birth, names of their schools and daycare facilities;
 - › Alternate coordinates for reaching the parent victim.

If additional information must be forwarded, contact the delegate of the aforementioned organizations (CLSC, DPJ) in order to explain the situation.

3.3.2. Health and social services centres – CLSC institutions

- Receive and ensure follow-up, with the concerned CLSC teams, of referrals of children exposed to conjugal violence;
- Encourage the development and continuity of specific services for children exposed to conjugal violence;
- Apply, if the need arises, the standards of the collaboration guide *CLSC–Centre jeunesse (guide de collaboration CLSC - Centres jeunesse)*;⁴¹

⁴¹ This guide defines the rules of collaboration between Montréal CLSC and youth centres so as to ensure access to services offered by both organizations for children and families in crisis.

- Encourage and promote collaboration between the protocol partners for the well-being of children exposed to conjugal violence as well as their parents and, depending on the case, offer help to victims and abusers;
- Standardize and systematize data collection pertaining to the clientele in order to identify cases of children exposed to conjugal violence, thereby contributing to improving knowledge about the issue of conjugal violence in Montreal.
 - **Referrals within the framework of the SPVM/CLSC protocol**
 - Within a maximum of 24 to 48 hours, establish contact with the parent victim, evaluate the situation while taking into account the reality of the children exposed to conjugal violence, and offer services to the parent victim and their children;
 - Verify if CLSC knows about the case, including school-based services and, if need be, assign the case to a psychosocial professional for the family.

- **Request for services made directly by the victim or the child**

When a victim of conjugal violence or a child exposed to conjugal violence (older than 14 years) directly requests services from a CLSC, without any police intervention and outside of the SPVM/CLSC protocol, the CLSC has the following responsibilities:

- Ensure that a professional evaluates and follows up, as quickly as possible, with the particular child and their parents;
- Always ensure the safety of the particular victim and child, and obtain the victim's or the child's consent before contacting family members or before referring to other partners.

3.3.3. Les centre jeunesse

- **Processing of child abuse reports**
 - Receive reports and decide on the protective needs as well as on the procedures to correct the situation with regard to the children exposed to conjugal violence;
 - Apply, if necessary, the procedures outlined in the following agreements:
 - › CLSC–Centre jeunesse collaboration guide;

- › Multisectoral agreement related to children victims of sexual abuse, of physical maltreatment, or threatened physical health due to a lack of appropriate care;
- › The ACLSC/CHSLD and ACJQ working group report on children exposed to conjugal violence;
- If the need arises and with the client's consent, request that clinical exchanges take place with the concerned partners. Problems related to conjugal violence would be integrated into the analysis of the situation, the needs assessment, and the provision of services;
- Ensure that children who need protection receive appropriate help and services from the *Centre jeunesse* and, if need be, provide appropriate referrals for the child, the mother, and the father;
- Share information and raise awareness amongst the partners regarding the retention criteria for reporting of children exposed to conjugal violence, and also ensure that the established criteria for retaining reports takes into account the recurrence of conjugal violence interventions and the severity of the assaults;
- Receive and process CLSC requests for the placement of a child in accordance with the CLSC/CJ frame of reference;
- Encourage a preventive approach to placement of children who are exposed;
- Standardize and systematize data collection on the clientele in order to identify cases of children exposed to conjugal violence and thus contribute to improving the knowledge base about conjugal violence in Montreal.

3.3.4. Shelters

- Receive and evaluate shelter requests for women victims of conjugal abuse and their children who are referred to shelters by various partners such as *SOS violence conjugale*, SPVM police officers, psychosocial staff of CSSS–CLSC institutions, *Les Centres jeunesse*, metropolitan area hospitals, community-based organizations or other shelters in the Montreal area or any other region in Quebec.

- **Services offered to women and their children**
 - Offer women the help and the support they need according to the services available at the shelter such as psychosocial support, accompaniment for various tasks (legal, life management, etc.), accompaniment for retrieving personal belongings, accompaniment for legal proceedings as well as medical or other types of procedures, safety plans, support for the mother-child relationship, referrals, etc.;
 - Refer, when requested, the mother and her children to other resources and health clinics or, to the nearest CSSS–CLSC institutions. When the woman or her children are already involved with a partner organization, provide support for the continuity of this contact;
 - Refer, when needed, the mother or her children to various support programs offered either by parent education groups, by CSSS–CLSC institutions, or within the framework of programs specifically intended for children;
 - Offer post-shelter follow-up programs to mothers and children whenever they are necessary and available from the shelter;
 - For certain resources, external services are offered to women and children before, after, or as an alternative to the shelter;
 - Other available services also include:
 - › Crisis intervention service;
 - › 24/7;
 - › Telephone support;
 - › Cultural interpretation services.
- **Services specifically intended for children**
 - Offer children exposed to conjugal violence the help and the support they need including referrals, post-shelter follow-up, and external services based on availability;
 - Ensure that children continue to attend school without compromising their security and, in collaboration with their mother, work with those responsible (school principal and teacher) to ensure their integration.

3.3.5. Organizations for spouses with violent behaviour

- When a person who has violent behaviour towards their partner or family requests services, and in the absence of police or child protection services (DPJ) intervention:
 - Ensure that a professional evaluates and follows up with the abusive parent within a very short timeframe, and evaluate the relevance of making a report in accordance with the Youth Protection Act;
- If need be, refer to various support programs offered by either parent education groups, by the CLSC, or within the framework of a program intended for children exposed to conjugal violence;
- Offer post therapy group services when they are needed and available.

3.3.6. Côté cour

- At the time of the court appearance and the bail hearing, ensure that the *Communic-action* information sheet contains the following data: the presence of children at the time of the incident and at the time of the police intervention, names and ages of children, general state of the children, and the involvement of professionals in the case. In all cases, assess the children exposed to conjugal violence and, when the need arises, refer the children and the parent victim to those resources which can best respond to their needs. When the situation requires, report the child to child protection services (DPJ):
 - When a child has been reported to child protection services (DPJ), contact the professional responsible for the child's case and ensure that relevant information is forwarded by all concerned (in accordance with legislation on the disclosure of confidential information);
- For children exposed to conjugal violence, encourage referrals to the CLSC network, notably by applying the procedures of the "child witnesses" section of the *Côté cour* and CLSC protocol;
- If appropriate, refer the parent accused of the conjugal violence offence, via the defence attorney, to appropriate services as quickly as possible in the criminal justice process;
- If appropriate, propose conditions for release or probation in relation to access rights that are safe for the parent victim (generally the mother) and the children;

- Communicate with the shelter professional when the mother is being housed in order to maximize the court intervention (this is as much for the mother as the children), and forward all information to the Crown which the mother believes to be pertinent;
- Encourage better use of the CLSC–*Côté cour* protocol and help circulate information through biannual meetings which bring together delegates from all CLSC and from *Côté cour*;
- Encourage positive collaboration with the network of women’s shelters, notably via shelter resources in the Montreal area, by disseminating information about *Côté cour* (role, mandate and services offered).

III. IMPLEMENTATION OF THE PROTOCOL

The protocol of intersectoral collaboration constitutes a first step in achieving objectives of access, continuity, and coherence of services for children exposed to conjugal violence. It brings together all partners who are concerned with this problem, according to their respective missions and mandates.

1. CONDITIONS FOR IMPLEMENTATION

In order to ensure implementation of the protocol, the following conditions must exist:

- ▶ **A firm commitment** from all partners, that is, decision-makers of each institution or organization;
- ▶ **The designation of delegates** who are responsible for implementing the protocol within each organization;
- ▶ **The development of a common understanding** of the protocol and of the **problems** related to children exposed to conjugal violence;
- ▶ **The creation communication opportunities** in order to favour the **exchange of ideas, clinical discussions** and the **creation of relationships based on trust that are essential** amongst the professionals of the various organizations;
- ▶ **An openness to intersectoral collaboration** in order to enrich viewpoints, courses of action, and strategic interventions, and to share expertise and resources in order to better adapt responses to children exposed to conjugal violence;
- ▶ **The realization of activities that support continued skill development** and the production of information and awareness tools within each organization;
- ▶ **The presence of a regional follow-up structure** in order to ensure the follow-up of protocol implementation throughout the Montreal area.

2. IMPLEMENTATION STRUCTURES

The follow-up committee has developed a deployment plan that supports and facilitates implementation of the protocol. This plan was formally adopted by the members of the *Table de concertation en violence conjugale de Montréal* (Table) and *Agence de la santé et des services sociaux de Montréal*.

The plan identifies objectives and strategies, as well as flexible implementation structures. The roles and responsibilities of each of these structures are the following.

2.1. AGENCE DE LA SANTÉ ET DES SERVICES SOCIAUX DE MONTRÉAL

- The *Agence de Montréal* must ensure implementation of the protocol with all partners throughout the Montreal area as well as ensure regional coordination for its implementation;
- The *Agence* coordinates, jointly with the *Table*, the work of the follow-up committee.

2.2. TABLE DE CONCERTATION EN VIOLENCE CONJUGALE DE MONTRÉAL

- The *Table* ensures proper application of the protocol with all partners throughout the Montreal area;
- It coordinates, together with *Agence de Montréal*, the work of the follow-up committee;
- It provides technical support for the functioning of sub-regional committees;
- It organizes all regional activities that facilitate, for the various partners, taking ownership of issues related to children exposed to conjugal violence as well as the intentions of the protocol;
- It produces the various information and awareness documents in support of these objectives.

2.3. FOLLOW-UP COMMITTEE

Jointly coordinated by the *Agence de Montréal* and the *Table*, the follow-up committee has the following mandate:

- To ensure the deployment and implementation of the protocol with all partners throughout the Montreal area:
 - ▶ To this end, it creates appropriate structures across local territories in order to promote implementation and follow-up of the protocol:
 - *Composition*: representatives of the six partners.

2.4. SUB-REGIONAL COMMITTEES

In order to support and facilitate deployment and implementation of the protocol throughout each territory, the follow-up committee has created four (4) sub-regional committees which bring together the jurisdictions of a few CSSS and which take into account the geographic divisions of the other partners.

These committees have the following mandate:

- ▶ Ensure the implementation of the protocol with all partners of the concerned sub-regions;
- ▶ Raise awareness about the protocol in their respective territories;
- ▶ Facilitate contact between the partners in order to ensure cohesion of services for children exposed to conjugal violence;
- ▶ Facilitate communication that enhances knowledge and understanding of the roles and mandates of the protocol partners;
- ▶ Encourage case discussions when needed, and ensure that the professionals involved have been assigned to the discussion.

Each sub-regional committee is responsible for establishing its own procedures in accordance with the culture of the territory, the needs of the committee, as well as the specific needs and expertise within the territory. The various CSSS are responsible for chairing the committee meetings.

Each organization is responsible for choosing representatives. However, it is recommended to choose people who have clinical and organizational responsibilities (*program manager, clinical supervisor, director, and psychosocial staff*).

2.5. CLINICAL SEMINARS

In order to facilitate and maximize taking ownership of the protocol's clinical objectives, the follow-up committee favours setting up clinical seminars within each sub-regional territory. This constitutes a structure for clinical follow-up that helps keep the protocol "alive" within each organization and, more specifically, among all the professionals. Moreover, these clinical seminars will enhance the continual updating of knowledge about exposure to conjugal violence.

The functioning of each clinical seminar shall be determined by each sub-regional committee. People responsible, the professionals from the various organizations may submit clinical cases in accordance with the generally acknowledged rules regarding the confidentiality of personal information.

The *Table de concertation en violence conjugale de Montréal* will begin to ensure the regional coordination of clinical seminars. After two or three years of experimentation, clinical seminars will be able to replace the sub-regional committees.

IV. PROCEDURES FOR REFERRALS AND COLLABORATION

1. GUIDING PRINCIPLES

- Interventions by various partners with the same family must be complementary. The intervention of one partner must not duplicate the intervention of another partner, nor should it compensate for the absence of a partner's intervention.
- In order to facilitate access to services for the child and the child's family, partners agree to use referral mechanisms which are adapted to various circumstances:
 - ▶ Exchange of information;
 - ▶ Personalized referrals;
 - ▶ Personalized transfers;
 - ▶ Clinical exchanges.
- A consent form must be completed and signed by the client before obtaining information and forwarding to partners:

*When a report is received or retained, in accordance with article 35.4 YPA, and without necessarily having the consent of the clients, the staff of an institution within the network of health and social services-CSSS, and Centre jeunesse with this status in the protocol, **must verbally** upon request of the DPJ staff, either the staff who receives and treats reports [RTS and Urgences sociales], or the staff assigned to evaluation-orientation [E/O],:*

- *disclose information contained in the file of the child, of the child's parents or of a person implicated in a report;*
- *if the information contained in the file reveals or confirms a situation related to the alleged grounds (any grounds related to article 38 and 38.1);*
- *and which could justify retaining the report for evaluation (reception staff of DPJ is responsible for this decision);*
- *decide whether the security or development of the child is compromised (the staff assigned to evaluation-orientation services is responsible for this decision).*

Moreover, in accordance with article 36, with respect to a retained report on any of the grounds cited in article 38, the staff responsible for evaluation-orientation (E/O) may:

- *enter a facility to examine the institution's file and make copies of it, or receive a copy upon request;*
- *upon court order, examine on the premises, the file on the parents or on the person implicated in the report.*

The efforts required to obtain the consent of the parties in no way releases professionals from their obligation to report a child's situation to DPJ whenever there are reasonable grounds to believe that the child's security or development can be at risk (article 39).

- When requested by one of the partners, and with the agreement of the parents or the legal guardian(s), or if the child is aged 14 years and older, a meeting can be held to determine together the needs, or to develop a coherent and concerted intervention.

2. DEFINITIONS

2.1. DEFINITION OF TASKS RELATED TO THIS PROTOCOL

Exchange of information

Discussion between two or more partners about the personal or family situation of a client which allows for gathering of data for identifying available services, for clarifying an intervention, for evaluating a situation, for establishing a direction, for reviewing an intervention plan, or for developing individualized services, etc. An authorization form duly signed by the client is required.

Personalized referrals

In order to ensure access and continuity of interventions with children exposed to conjugal violence, contact is made with another partner to solicit either complementary or additional services. The requesting organization may remain in charge of the case; it can preserve clinical responsibility in the case. An authorization form duly signed by the client is required.

Procedures

- The professional who receives a request for a personalized referral must acknowledge receipt of the request (by phone or in writing) within 72 hours;
- Coordinates pertaining to where the referred client can be reached must be specifically indicated in order to ensure their security and protection.

In the case of shelters and organizations working with violent partners, the client contacts the organization.

Personalized transfers

In order to ensure access and continuity of interventions with children exposed to conjugal violence, contact another partner in order to solicit complementary or additional services. The requesting organization is no longer in charge of the case; it no longer has clinical responsibility in the case. An authorization form duly signed by the client is required.

Clinical exchanges

Exchanges aimed at ensuring the continuity and enhancement of services for children exposed to conjugal violence and for their family favour communication and sharing of relevant information between the professionals who are involved in a case. When deemed appropriate, the client's presence and participation is encouraged.

Individualized service plans can also be developed by the involved partners in view of coordinating and harmonizing interventions. Clinical exchanges are recommended as soon as more than one partner is involved. These can be modified at any time to account for new circumstances. An authorization form duly signed by the client is required for each partner. These exchanges must take place in complete confidentiality and the security of families must be ensured.

2.2. OTHER DEFINITIONS

Intervention plan (IP)

Plan developed by an institution which describes the needs of the person concerned, the objectives being pursued, the means to be used, the duration of services with a view to coordinating all the services being provided by the various professionals of the institution.

Individualized service plan (ISP)

Plan developed by an institution in view of coordinating and harmonizing interventions when a concerned person receives services from many institutions or from various resources within the same environment, notably community-based organizations.

Imminent danger

Professional and/or confidential privilege is waived:

- ▶ in order to prevent an act of violence, including suicide;
- ▶ when there is reasonable cause to believe that there is an imminent danger of death or serious bodily injuries to a person or an identifiable group of persons;
- ▶ when elements of danger linked to the incident or to the threat thereof:
 - are alleged by the victim or by the offender;
 - are reported by a credible source;

- are witnessed.
- ▶ The danger can be imminent even though it does not occur within the following 24 hours.⁴²

⁴² Ministère de la Justice du Québec (2006).

3. PROCEDURES

3.1. REQUESTING ORGANIZATION: CSSS

Solicited organization:

CENTREJEUNESSE

Tasks related to the protocol	Context of the request	Procedures for referral and collaboration
1. Exchange of information	<ul style="list-style-type: none"> ✦ To obtain information in order to review the intervention plan (IP). ✦ Consultation regarding doubts and concerns about the children's security and development. ✦ Reporting when the child's security and development can be considered as compromised. 	<ul style="list-style-type: none"> ✦ Signature required*. ✦ Confidentiality is waived, if required. ✦ Confidentiality is waived as stipulated in article 39 of the Youth Protection Act.
2. Personalized referrals	✦ Request for services.	✦ Signature required*.
3. Personalized transfers	N/A	
4. Clinical exchanges	✦ Exchanges aimed at a concerted intervention.	<ul style="list-style-type: none"> ✦ Signature required for each partner involved*. <p><i>* Application of the CSSS-CJ protocol</i></p>

Professional privilege or confidentiality is waived in a situation of imminent danger.

* The authorization for obtaining or transmitting information must be signed by the person concerned, and then forwarded using the agreed upon method.

REQUESTING ORGANIZATION: CSSS

Solicited organization:

CÔTÉ COUR

Tasks related to the protocol	Context of the request	Procedures for referral and collaboration
1. Exchange of information	<ul style="list-style-type: none"> ✦ Request for information in order to review the intervention plan (IP) in the following situations: <ul style="list-style-type: none"> ▪ there is a criminal complaint; ▪ it is necessary to evaluate the relevance of setting legal proceedings in motion. 	<ul style="list-style-type: none"> ✦ Signature required*.
2. Personalized referrals	<ul style="list-style-type: none"> ✦ Request for services. 	<ul style="list-style-type: none"> ✦ Signature required*. ✦ <i>Côté cour</i> has 72 hours to confirm to CSSS that it has received the request.
3. Personalized transfers	<ul style="list-style-type: none"> ✦ Request for services. 	<ul style="list-style-type: none"> ✦ Signature required*. ✦ <i>Côté cour</i> has 72 hours to confirm to CSSS that it has received the request.
4. Clinical exchanges	<ul style="list-style-type: none"> ✦ To obtain information in order to review the intervention plan (IP). 	<ul style="list-style-type: none"> ✦ Signature required for each partner involved*.
		<p><i>* Application of the CSSS–Côté cour protocol</i></p>

Professional privilege or confidentiality is waived in a situation of imminent danger.

* The authorization for obtaining or transmitting information must be signed by the person concerned, and then forwarded using the agreed upon method.

REQUESTING ORGANIZATION: CSSS

Solicited organization:

SPVM

Tasks related to the protocol	Context of the request	Procedures for referral and collaboration
1. Exchange of information	✦ Request for information in order to review the intervention plan (IP).	✦ Signature required* .
2. Personalized referrals	N/A	
3. Personalized transfers	N/A	
4. Clinical exchanges	N/A	
		* Application of the CSSS-SPVM protocol

Professional privilege or confidentiality is waived in a situation of imminent danger.

* The authorization for obtaining or transmitting information must be signed by the person concerned, and then forwarded using the agreed upon method

REQUESTING ORGANIZATION: CSSS

Solicited organization:

ORGANIZATIONS FOR SPOUSES WITH VIOLENT BEHAVIOUR

Tasks related to the protocol	Context of the request	Procedures for referral and collaboration
1. Exchange of information	✦ Request for information in order to review the intervention plan (IP).	✦ Signature required*.
2. Personalized referrals	✦ Request for services.	<ul style="list-style-type: none"> ✦ Signature required*. ✦ The organization has 72 hours to confirm to CSSS that it has received the documents. ✦ The client contacts the organization working with the abusive partners.
3. Personalized transfers	✦ Request for services.	<ul style="list-style-type: none"> ✦ Signature required* ✦ The organization has 72 hours to confirm to CSSS that it has received the documents. ✦ The client contacts the organization working with the abusive partners.
4. Clinical exchanges	✦ Exchanges aimed at a concerted intervention.	<ul style="list-style-type: none"> ✦ Signature required for each partner involved*. ✦ The client's presence and participation is encouraged.

Professional privilege or confidentiality is waived in a situation of imminent danger.

* The authorization for obtaining or transmitting information must be signed by the person concerned, and then forwarded using the agreed upon method.

REQUESTING ORGANIZATION: CSSS

Solicited organization:

SHELTERS

Tasks related to the protocol	Context of the request	Procedures for referral and collaboration
1. Exchange of information	✦ Request for information in order to review the intervention plan (IP).	✦ Signature required*.
2. Personalized referrals	✦ Request for services.	✦ Signature required*. ✦ The shelter has 72 hours to confirm to CSSS that it has received the request. ✦ The client contacts the shelter.
3. Personalized transfers	✦ Request for services.	✦ Signature required*. ✦ The shelter has 72 hours to confirm to CSSS that it has received the request. ✦ The client contacts the shelter.
4. Clinical exchanges	✦ Exchanges aimed at a concerted intervention.	✦ Signature required for each partner involved*.

Professional privilege or confidentiality is waived in a situation of imminent danger.

* The authorization for obtaining or transmitting information must be signed by the person concerned, and then forwarded using the agreed upon method.

3.2. REQUESTING ORGANIZATION: CENTRE JEUNESSE

Solicited organization:

CSSS

Tasks related to the protocol	Context of the request	Procedures for referral and collaboration
1. Exchange of information (verbal, written)	<ul style="list-style-type: none"> ✦ According to needs, request information for: <ul style="list-style-type: none"> ▪ deciding if a report must be retained; ▪ deciding if anything is compromised; ▪ determining an orientation; ▪ reviewing an intervention plan (IP). 	<ul style="list-style-type: none"> ✦ Signature required*. <p><i>Note: Consent is not required at the retention stage or the evaluation-orientation stage, in accordance with article 35.4 and article 36.</i></p>
2. Personalized referrals	<ul style="list-style-type: none"> ✦ Request for services. 	<ul style="list-style-type: none"> ✦ Signature required* except for cases referred by persons responsible for reception and treatment of reports (RTS), in which case verbal consent is sufficient. ✦ CSSS has 72 hours to confirm to CJ that it has received the request.
3. Personalized transfers	<ul style="list-style-type: none"> ✦ Request for services. 	<ul style="list-style-type: none"> ✦ Signature required*. ✦ CSSS has 72 hours to confirm to CJ that it has received the request.
4. Clinical exchanges	<ul style="list-style-type: none"> ✦ In order to: <ul style="list-style-type: none"> ▪ evaluate a situation; ▪ determine an orientation; ▪ review an intervention plan (IP); ▪ develop individualized service plans (ISP). 	<ul style="list-style-type: none"> ✦ Signature required for each partner involved*.

Professional privilege or confidentiality is waived in a situation of imminent danger.

* The authorization for obtaining or transmitting information must be signed by the person concerned, and then forwarded using the agreed upon method.

REQUESTING ORGANIZATION: CENTRE JEUNESSE

Solicited Organization:

CÔTÉ COUR

Tasks related to the protocol	Context of the request	Procedures for referral and collaboration
1. Exchange of information	<ul style="list-style-type: none"> ➤ According to needs, request information for: <ul style="list-style-type: none"> ▪ deciding if a report must be retained; ▪ evaluating a situation; ▪ determining an orientation; ▪ reviewing an intervention plan (IP). 	Signature required*.
2. Personalized referrals	<ul style="list-style-type: none"> ➤ Request for services. 	<ul style="list-style-type: none"> ➤ Signature required* except for cases referred by persons responsible for reception and treatment of reports (RTS), in which case verbal consent is sufficient. ➤ <i>Côté cour</i> has 72 to confirm to CJ that it has received the request.
3. Personalized transfers	<ul style="list-style-type: none"> ➤ Request for services. 	<ul style="list-style-type: none"> ➤ Signature required*. ➤ <i>Côté cour</i> has 72 to confirm to CJ that it has received the request.
4. Clinical exchanges	<ul style="list-style-type: none"> ➤ In order to: <ul style="list-style-type: none"> ▪ evaluate a situation; ▪ determine an orientation; ▪ review an intervention plan (IP); ▪ develop individualized service plans (ISP). 	<ul style="list-style-type: none"> ➤ Signature required for each partner involved*.

Professional privilege or confidentiality is waived in a situation of imminent danger.

* The authorization for obtaining or transmitting information must be signed by the person concerned, and then forwarded using the agreed upon method.

REQUESTING ORGANIZATION: CENTRE JEUNESSE

Solicited Organization:

SPVM

Tasks related to the protocol	Context of the request	Procedures for referral and collaboration
1. Exchange of information	<ul style="list-style-type: none"> ✦ According to needs, request information for: <ul style="list-style-type: none"> ▪ deciding if a report must be retained; ▪ evaluating a situation; ▪ determining an orientation; ▪ reviewing an intervention plan (IP). 	<ul style="list-style-type: none"> ✦ Contact by phone.
2. Personalized referrals	<ul style="list-style-type: none"> ✦ Report is retained in accordance with articles: <ul style="list-style-type: none"> ▪ 38 b(1) ii, or; ▪ 38 d, or; ▪ 38 e. 	<ul style="list-style-type: none"> ✦ Application of the multisectoral agreement.
3. Personalized transfers	N/A	
4. Clinical exchanges	N/A	
		✦ Application of the SPVM-CJ protocols

Professional privilege or confidentiality is waived in a situation of imminent danger.

REQUESTING ORGANIZATION: CENTRE JEUNESSE

Solicited organization:

ORGANIZATIONS FOR SPOUSES WITH VIOLENT BEHAVIOUR

Tasks related to the protocol	Context of the request	Procedures for referral and collaboration
1. Exchange of information	<ul style="list-style-type: none"> ✦ According to needs, request information for: <ul style="list-style-type: none"> ▪ deciding if a report must be retained; ▪ evaluating a situation; ▪ determining an orientation; ▪ reviewing an intervention plan (IP). 	<ul style="list-style-type: none"> ✦ Signature required* specifying the type of information requested. Exceptionally, the client's authorization is not required if there is a court order.
2. Personalized referrals	<ul style="list-style-type: none"> ✦ Request for services. 	<ul style="list-style-type: none"> ✦ Signature required for each partner involved*, except for cases referred by persons responsible for reception and treatment of reports (RTS), in which cases verbal consent is sufficient. ✦ The organization has 72 hours to confirm receipt of the documents. ✦ The client contacts the organization.
3. Personalized transfers	<ul style="list-style-type: none"> ✦ Request for services. 	<ul style="list-style-type: none"> ✦ Signature required*. ✦ The organization has 72 hours to confirm receipt of the documents. ✦ The client contacts the organization.
4. Clinical exchanges	<ul style="list-style-type: none"> ✦ In order to: <ul style="list-style-type: none"> ▪ evaluate a situation; ▪ determine an orientation; ▪ review an intervention plan (IP); ▪ develop individualized service plans (ISP). 	<ul style="list-style-type: none"> ✦ Signature required for each partner involved*. ✦ The client's presence and participation is encouraged.

Professional privilege or confidentiality is waived in a situation of imminent danger.

* The authorization for obtaining or transmitting information must be signed by the person concerned, and then forwarded using the agreed upon method.

REQUESTING ORGANIZATION: CENTRE JEUNESSE

Ssolicited organization:

SHELTERS

Tasks related to the protocol	Context of the request	Procedures for referral and collaboration
1. Exchange of information	<ul style="list-style-type: none"> ✦ According to needs, request information for: <ul style="list-style-type: none"> ▪ deciding if a report must be retained; ▪ evaluating a situation; ▪ determining an orientation; ▪ reviewing an intervention plan (IP). 	<ul style="list-style-type: none"> ✦ Signature required*. Exceptionally, the client's authorization is not required if there is a court order.
2. Personalized referrals	<ul style="list-style-type: none"> ✦ Request for services. 	<ul style="list-style-type: none"> ✦ Signature required* except for cases referred by persons responsible for reception and treatment of reports (RTS), in which cases verbal consent is sufficient. ✦ The shelter has 72 to confirm it has received the request. ✦ The client contacts the shelter.
3. Personalized transfers	<ul style="list-style-type: none"> ✦ Request for services. 	<ul style="list-style-type: none"> ✦ Signature required*. ✦ The shelter has 72 to confirm to CJ that it has received the request. ✦ The client contacts the shelter.
4. Clinical exchanges	<ul style="list-style-type: none"> ✦ In order to: <ul style="list-style-type: none"> ▪ evaluate a situation; ▪ determine an orientation; ▪ review an intervention plan (IP); ▪ develop individualized service plans (ISP). 	<ul style="list-style-type: none"> ✦ Signature required for each partner involved*. ✦ The client's presence and participation is encouraged.

Professional privilege or confidentiality is waived in a situation of imminent danger.

* The authorization for obtaining or transmitting information must be signed by the person concerned, and then forwarded using the agreed upon method.

3.3. REQUESTING ORGANIZATION: ORGANIZATIONS FOR SPOUSES WITH VIOLENT BEHAVIOUR

Solicited organization:

CSSS

Tasks related to the protocol	Context of the request	Procedures for referral and collaboration
1. Exchange of information	✦ Request for information in order to clarify the intervention.	✦ Signature required*.
2. Personalized referrals	✦ Request for services.	✦ Signature required*. ✦ CSSS has 72 hours to confirm with the organization responsible for the intervention with the abusive partner that it has received the request.
3. Personalized transfers	✦ Request for services.	✦ Signature required*. ✦ CSSS has 72 hours to confirm with the organization responsible for intervention with the abusive spouse that it has received the request
4. Clinical exchanges	✦ Exchanges aimed at a concerted intervention.	✦ Signature required for each partner involved*. ✦ The client's presence and participation is encouraged.

Professional privilege or confidentiality is waived in a situation of imminent danger.

* The authorization for obtaining or transmitting information must be signed by the person concerned, and then forwarded using the agreed upon method.

REQUESTING ORGANIZATION: ORGANIZATIONS FOR SPOUSES WITH VIOLENT BEHAVIOUR

Solicited organization:

CENTRE JEUNESSE

Tasks related to the protocol	Context of the request	Procedures for referral and collaboration
1. Exchange of information	<ul style="list-style-type: none"> ✦ Request for information in order to clarify the intervention. ✦ Consultation regarding doubts and concerns about the children's security and development. ✦ Reporting when the child's security and development can be considered as compromised. 	<ul style="list-style-type: none"> ✦ Signature required*. ✦ Confidentiality is waived, if appropriate. ✦ Confidentiality is waived in accordance with the Youth Protection Act.
2. Personalized referrals	N/A	
3. Personalized transfers	N/A	
4. Clinical exchanges	<ul style="list-style-type: none"> ✦ Exchanges aimed at a concerted intervention. 	<ul style="list-style-type: none"> ✦ Signature required for each partner involved*. ✦ The client's presence and participation is encouraged.

Professional privilege or confidentiality is waived in a situation of imminent danger.

* The authorization for obtaining or transmitting information must be signed by the person concerned, and then forwarded using the agreed upon method.

REQUESTING ORGANIZATION: ORGANIZATIONS FOR SPOUSES WITH VIOLENT BEHAVIOUR

Solicited organization:

CÔTÉ COUR

Tasks related to the protocol	Context of the request	Procedures for referral and collaboration
1. Exchange of information	✦ Request for information in order to clarify the intervention.	✦ Signature required*.
2. Personalized referrals	✦ Request for services.	✦ Signature required*.
		✦ <i>Côté cour</i> has 72 hours to confirm with the organization responsible for the intervention with the abusive partner that it has received the request.
3. Personalized transfers	✦ Request for services.	✦ Signature required*. ✦ <i>Côté cour</i> has 72 hours to confirm with the organization responsible for the intervention with the abusive partner that it has received the request.
4. Clinical exchanges	✦ Exchanges aimed at a concerted intervention.	✦ Signature required for each partner involved*. ✦ The client's presence and participation is encouraged.

Professional privilege or confidentiality is waived in a situation of imminent danger.

* The authorization for obtaining or transmitting information must be signed by the person concerned, and then forwarded using the agreed upon method.

REQUESTING ORGANIZATION: ORGANIZATIONS FOR SPOUSES WITH VIOLENT BEHAVIOUR

Solicited organization:

SPVM

Tasks related to the protocol	Context of the request	Procedures for referral and collaboration
1. Exchange of information	✦ Request for information in order to clarify the intervention.	✦ Signature required*.
2. Personalized referrals	N/A	
3. Personalized transfers	N/A	
4. Clinical exchanges	N/A	

SHELTERS

1. Exchange of information	N/A	
2. Personalized referrals	N/A	
3. Personalized transfers	N/A	
4. Clinical exchanges	Procedures to be completed.	

Professional privilege or confidentiality is waived in a situation of imminent danger.

* The authorization for obtaining or transmitting information must be signed by the person concerned, and then forwarded using the agreed upon method.

3.4. REQUESTING ORGANIZATION: SHELTERS

Solicited organization:

CSSS

Tasks related to the protocol	Context of the request	Procedures for referral and collaboration
1. Exchange of information	✦ Request for information in order to clarify the intervention.	✦ Signature required*.
2. Personalized referrals	✦ Request for services.	✦ Signature required*. ✦ CSSS has 72 hours to confirm with the shelter that it has received the request.
3. Personalized transfers	✦ Request for services.	✦ Signature required*. ✦ CSSS has 72 hours to confirm with the shelter that it has received the request.
4. Clinical exchanges	✦ Exchanges aimed at a concerted intervention.	✦ Signature required for each partner involved*. ✦ Client's presence and participation is encouraged.

Professional privilege or confidentiality is waived in a situation of imminent danger.

* The authorization for obtaining or transmitting information must be signed by the person concerned, and then forwarded using the agreed upon method.

REQUESTING ORGANIZATION: SHELTERS

Solicited organization:

CENTRE JEUNESSE

Tasks related to the protocol	Context of the request	Procedures for referral and collaboration
1. Exchange of information	<ul style="list-style-type: none"> ✦ To obtain information in order to clarify the intervention; ✦ Consultation regarding doubts and concerns about the children's security and development; ✦ Reporting when the child's security and development can be considered as compromised. 	<ul style="list-style-type: none"> ✦ Signature required* . ✦ Confidentiality is waived, if appropriate; ✦ Confidentiality is waived in accordance with the Youth Protection Act.
2. Personalized referrals	N/A	
3. Personalized transfers	N/A	
4. Clinical exchanges	<ul style="list-style-type: none"> ✦ Exchanges aimed at a concerted intervention. 	<ul style="list-style-type: none"> ✦ Signature required for each partner involved* ✦ Client's presence and participation are encouraged.

Professional privilege or confidentiality is waived in a situation of imminent danger.

* The authorization for obtaining or transmitting information must be signed by the person concerned, and then forwarded using the agreed upon method.

REQUESTING ORGANIZATION: SHELTERS

Solicited organization:

CÔTÉ COUR

Tasks related to the protocol	Context of the request	Procedures for referral and collaboration
1. Exchange of information	✦ Request for information in order to clarify the intervention.	✦ Signature required*.
2. Personalized referrals	✦ Request for services.	✦ Signature required*. ✦ <i>Côté cour</i> has 72 hours to confirm with the shelter that it has received the request.
3. Personalized transfers	✦ Request for services.	✦ Signature required*. ✦ <i>Côté cour</i> has 72 hours to confirm with the shelter that it has received the request.
4. Clinical exchanges	✦ Exchanges aimed at a concerted intervention	✦ Signature required for each partner involved*. ✦ Client's presence and participation is encouraged.

SPVM

1. Exchange of information	✦ In order to clarify the intervention.	✦ Signature required*.
2. Personalized referrals	N/A	
3. Personalized transfers	N/A	
4. Clinical exchanges	N/A	
		* When needed, application of the protocol for the retrieval of belongings

Professional privilege or confidentiality is waived in a situation of imminent danger.

* The authorization for obtaining or transmitting information must be signed by the person concerned, and then forwarded using the agreed upon method.

REQUESTING ORGANIZATION: SHELTERS

Solicited organization:

ORGANIZATIONS FOR SPOUSES WITH VIOLENT BEHAVIOUR

Tasks related to the protocol	Context of the request	Procedures for referral and collaboration
1. Exchange of information	N/A	
2. Personalized referrals	N/A	
3. Personalized transfers	N/A	
4. Clinical exchanges	Procedures to be completed.	

Professional privilege or confidentiality is waived in a situation of imminent danger.

3.5. REQUESTING ORGANIZATION: SERVICE DE POLICE DE LA VILLE DE MONTREAL (SPVM)

Solicited organization:

CSSS

Tasks related to the protocol	Context of the request	Procedures for referral and collaboration
1. Exchange of information	✦ Referral in the context of the SPVM-CLSC protocol.I	✦ Signature required* .
2. Personalized referrals	N/A	
3. Personalized transfers	N/A	
4. Clinical exchanges	N/A	
		<i>*Application of the SPVM/CSSS protocol</i>

CENTRE JEUNESSE

1. Exchange of information	✦ Consultation regarding doubts and concerns about the children's security and development.	✦ Confidentiality is waived, if appropriate.
	✦ Reporting when the child's security and development can be considered as compromised.	✦ Confidentiality is waived in accordance with the Youth Protection Act.
2. Personalized referrals	N/A	
3. Personalized transfers	N/A	
4. Clinical exchanges	N/A	
		<i>*Application of the SPVM/CJ protocol</i>

Professional privilege or confidentiality is waived in a situation of imminent danger.

* The authorization for obtaining or transmitting information must be signed by the person concerned, and then forwarded using the agreed upon method.

REQUESTING ORGANIZATION: SERVICE DE POLICE DE LA VILLE DE MONTRÉAL (SPVM)

Solicited organization:

CÔTÉ COUR

Tasks related to the protocol	Context of the request	Procedures for referral and collaboration
1. Exchange of information	✦ Information requested in order to clarify the intervention.	✦ Signature required* .
2. Personalized referrals	✦ Request for services.	✦ Signature required* ✦ <i>Côté cour</i> has 72 hours to confirm with SPVM that it has received the request.
3. Personalized transfers	N/A	
4. Clinical exchanges	N/A	
		* <i>Application of the Communic-action protocol</i>

* The authorization for obtaining or transmitting information must be signed by the person concerned, and then forwarded using the agreed upon method.

REQUESTING ORGANIZATION: SERVICE DE POLICE DE LA VILLE DE MONTRÉAL (SPVM)

Solicited organization:

SHELTERS

Tasks related to the protocol	Context of the request	Procedures for referral and collaboration
1. Exchange of information	✦ Information requested in order to clarify the intervention.	✦ Signature required**.
2. Personalized referrals	✦ In order to accompany the victim to a shelter.	✦ Client must contact the shelter by phone for an evaluation of her situation prior to being accompanied by the police.
3. Personalized transfers	N/A	
4. Clinical exchanges	N/A	

Professional privilege or confidentiality is waived in a situation of imminent danger.

REQUESTING ORGANIZATION: SERVICE DE POLICE DE LA VILLE DE MONTRÉAL (SPVM)

Solicited organization:

ORGANIZATIONS FOR SPOUSES WITH VIOLENT BEHAVIOUR

Tasks related to the protocol	Context of the request	Procedures for referral and collaboration
1. Exchange of information	Procedure to be completed.	
2. Personalized referrals	N/A	
3. Personalized transfers	N/A	
4. Clinical exchanges	N/A	

Professional privilege or confidentiality is waived in a situation of imminent danger.

3.6. REQUESTING ORGANIZATION: CÔTÉ COUR

Solicited organization:

CSSS

Tasks related to the protocol	Context of the request	Procedures for referral and collaboration
1. Exchange of information	✦ Information requested in order to clarify the intervention.	✦ Signature required*.
2. Personalized referrals	✦ Request for services.	✦ Signature required*. ✦ CSSS has 72 hours to confirm with <i>Côté cour</i> that it has received the request.
3. Personalized transfers	✦ Request for services.	✦ Signature required*. ✦ CSSS has 72 hours to confirm with <i>Côté cour</i> that it has received the request.
4. Clinical exchanges	✦ Exchanges aimed at a concerted intervention.	✦ Signature required for each partner involved in the case*.
		* Application of the CSSS/ <i>Côté cour</i> protocol

Professional privilege or confidentiality is waived in a situation of imminent danger.

* The authorization for obtaining or transmitting information must be signed by the person concerned, and then forwarded using the agreed upon method.

REQUESTING ORGANIZATION: CÔTÉ COUR

Solicited organization:

CENTRE JEUNESSE

Tasks related to the protocol	Context of the request	Procedures for referral and collaboration
1. Exchange of information	<ul style="list-style-type: none"> ✦ Information requested in order to clarify the intervention; ✦ Consultation regarding doubts and concerns about the children's security and development; ✦ Reporting when the child's security and development can be considered as compromised. 	<ul style="list-style-type: none"> ✦ Signature required*. ✦ Confidentiality is waived, if appropriate. ✦ Confidentiality is waived in accordance with the Youth Protection Act.
2. Personalized referrals	N/A	
3. Personalized transfers	N/A	
4. Clinical exchanges	✦ Exchanges aimed at a concerted intervention.	✦ Signature required for each partner involved*

SPVM

1. Exchange of information	✦ Information requested in order to clarify the intervention.	✦ Signature required*.
2. Personalized referrals	N/A	
3. Personalized transfers	N/A	
4. Clinical exchanges	N/A	
		* <i>Application of the Communication protocol</i>

Professional privilege or confidentiality is waived in a situation of imminent danger.

* The authorization for obtaining or transmitting information must be signed by the person concerned, and then forwarded using the agreed upon method.

REQUESTING ORGANIZATION: CÔTÉ COUR

Solicited organization:

SHELTERS

Tasks related to the protocol	Context of the request	Procedures for referral and collaboration
1. Exchange of information	✦ Information requested in order to clarify the intervention.	✦ Signature required*.
2. Personalized referrals	✦ Request for services.	✦ Signature required*. ✦ Shelters have 72 hours to confirm with <i>Côté cour</i> that they have received the request. ✦ Client contacts the shelter.
3. Personalized transfers	✦ Request for services.	✦ Signature required*. ✦ Shelters have 72 hours to confirm with <i>Côté cour</i> that they have received the request. ✦ Client contacts the shelter.
4. Clinical exchanges	✦ Exchanges aimed at a concerted intervention.	✦ Signature required for each partner involved*. ✦ Client's presence and participation is encouraged.

Professional privilege or confidentiality is waived in a situation of imminent danger.

* The authorization for obtaining or transmitting information must be signed by the person concerned, and then forwarded using the agreed upon method.

REQUESTING ORGANIZATION: CÔTÉ COUR

Solicited organization:

ORGANIZATIONS FOR SPOUSES WITH VIOLENT BEHAVIOUR

Tasks related to the protocol	Context of the request	Procedures for referral and collaboration
1. Exchange of information	✦ Information requested in order to clarify the intervention.	✦ Signature required* .
2. Personalized referrals	✦ Request for services.	✦ Signature required*. ✦ The organization that intervenes with abusive spouses has 72 hours to confirm with <i>Côté cour</i> that it has received the request.
3. Personalized transfers	✦ Request for services.	✦ Signature required*. ✦ The organization that intervenes with abusive spouses has 72 hours to confirm with <i>Côté cour</i> that it has received the request. ✦ Client contacts the organization responsible for intervention with abusive spouses.
4. Clinical exchanges	✦ Exchanges aimed at a concerted intervention.	✦ Signature required for each partner involved*.

Professional privilege or confidentiality is waived in a situation of imminent danger.

* The authorization for obtaining or transmitting information must be signed by the person concerned, and then forwarded using the agreed upon method.

REFERENCES

- CARTER, J., Schechter, S. (1997). *Child Abuse and Domestic Violence: Creating Community Partnership for Safe Families: Suggested Components of an Effective Child Welfare Response to Domestic Violence*. Family Violence Prevention Fund at MINCAVA: The Minnesota Center Against Violence and Abuse, University of Minnesota, p.15.
- COMITE DE SUIVI (2008). *Protocole de collaboration intersectorielle pour les enfants exposés à la violence conjugale. Rapport d'étape*. Montréal, p.20.
- DUBE, M., BOISVERT, R., MARCHAND, I. (2009). *Rapport de Recherche. Évaluation du projet pilote d'implantation du Protocole de collaboration intersectorielle pour les enfants exposés à la violence conjugale*, Montréal, CRI-VIFF and Table de concertation en violence conjugale de Montréal, p.38.
- EDLESON, J. (2001). *Studying the co-occurrence of child maltreatment and woman battering in families*. In Graham-Bermann, S.A. and Edleson, J.L. (Eds.), *Domestic violence in the lives of children: The future of research, intervention and social policy*, Washington, DC, American Psychological Association, pp. 91-110.
- EDLESON, J., MBILINYI, L., BEEMAN, S. , HAGEMEISTER, A. (2003). *How Children are Involved in Adult Domestic Violence Results From a Four-City Telephone Survey*. Journal of interpersonal violence, Vol. 18, No. 1, pp.18-32.
- FORTIN, A. (2009). *L'enfant exposé à la violence conjugale : quelles difficultés et quels besoins d'aide ?* EMPAN, 1 (73) pp. 119-127.
- FORTIN, A., COTE, I., ROUSSEAU, S., and DUBE, M. (2007). *Soutenir les mères pour prévenir les effets néfastes de la violence conjugale chez les enfants*. Guide pour les intervenantes des maisons d'aide et d'hébergement. Montréal and Québec, CRI-VIFF.
- FORTIN, A. (2005a). *Venir en aide aux enfants exposés à la violence conjugale. Une action multicible*. Montréal: L'Escale pour Elle.
- FORTIN, A., CYR, M., LACHANCE, L. (2000). *Les enfants témoins de violence conjugale : analyse des facteurs de protection*. Rapport de recherche, Montréal, CRI-VIFF.
- FORTIN, A., TABELSI, M., DUPUIS, F. (2002). *Les enfants témoins de violence conjugale : analyse des facteurs de protection*, Document synthèse. Montréal, Centre de liaison sur l'intervention et la prévention psychosociales (CLIPP), p.31.
- FORTIN, A., (2005). *Le point de vue de l'enfant sur la violence conjugale à laquelle il est exposé*. Montréal, Rapport final de recherche, CRI-VIFF, p.64.
- GOUVERNEMENT DU QUEBEC (2004). *Plan d'action gouvernemental en matière de violence conjugale 2004-2009*. Direction des communications du ministère de la Justice, Québec, p. 35.
- GOUVERNEMENT DU QUEBEC (1995). *Politique d'intervention en matière de violence conjugale : Prévenir, dépister, contrer la violence conjugale*, p. 71.
- Holden, G. W. (2003). *Children Exposed to Domestic Violence and Child Abuse: Terminology and Taxonomy*. In Clinical Child and Family Psychology Review, Vol. 6, No 3, pp. 151-160.
- JAFFE, P., WOLFE, D., WILSON S. (1990). *Children of Battered Women*. Sage Publications, p.130.

- LAVERGNE, C., TURCOTTE, D., DAMANT, D., CHAMBERLAND, C., JACOB, M., and MENARD, S. (2006). *Concomitance de violence conjugale et de mauvais traitements envers les enfants : points de vue des intervenants et intervenantes de la protection de la jeunesse sur le phénomène et l'intervention auprès des familles*. Montréal : Institut de recherche pour le développement social des jeunes.
- CHAMBERLAND, C., LAPORTE, L., LAVERGNE, C. (2002). *Définir et reconnaître la violence faite aux enfants et aux femmes en contexte familial : considération éthique, théorique et empirique*", dans *La violence privée*, sous la direction de Claire Chamberland. Québec, Presses de l'Université du Québec, p.175.
- O'BRIEN, J., MARGOLIN, R G., EREL O. (1994). *Reliability and diagnostic efficacy of parents' reports regarding children's exposure to marital aggression*. *Violence and Victims*, 9, (1): pp.45-62.
- MINISTERE DE LA JUSTICE DU QUEBEC (2006). *Comment gérer la confidentialité lors de danger*. Gouvernement du Québec, p.65.
- REGIE REGIONALE DE LA SANTE ET DES SERVICES SOCIAUX DE MONTREAL-CENTRE (1998). *Plan d'amélioration des services de santé et des services sociaux 1998-2002 - Le défi de l'accès*. p.136.
- RINFRET-RAYNOR, M., RIOU, A., CANTIN, S., DROUIN, C., and DUBÉ, M. (2004). *Results of a survey on violence against female partners in Quebec, Canada*. *Violence against Women*, 10(7), pp. 709-728.
- RIOU, D.A., RINFRET-RAYNOR, M., and CANTIN, S. (2001). *La violence envers les conjointes dans les couples québécois*. 1998, p.158.
- ROSEMBAUM, A., LEISRING, P.A. (2003). *Beyond Power and Control: Towards an Understanding of Partner Abusive Men*. *Journal of Comparative Family studies*, Vol. 34, No 1, pp. 7-22.
- STATISTICS CANADA (2001). *Kids Witnessing Family Violence*. Canadian Centre for Justice Statistics, p.14.
- STATISTICS CANADA (1999). *Family Violence in Canada: a statistical profile 1999*. Canadian Centre for Justice Statistics, p.155.
- SUDERMANN M., JAFFE P. (1999). *Les enfants exposés à la violence conjugale et familiale : Guide à l'intention des éducateurs et des intervenants en santé et en services sociaux*, Le Centre national d'information sur la violence dans la famille,
<http://www.phac-aspc.gc.ca/ncfv-cnivf/publications/femexpose-fra.phpP>
- WOLFE, W.A., CROOKS, C.V., LEE, V., MCINTYRE-SMITH, A., and JAFFE, P.G. (2003). *The Effects of Children Exposure to Domestic Violence: A Meta-Analysis*. *Clinical Child and Family Psychology Review*, 6(3), 171-187.

APPENDIX I: DEFINITION OF TERMS

Conjugal violence

“Conjugal violence is characterized by a series of repeated actions which generally follow an upward curve... [It] includes psychological, verbal, physical and sexual assault and economic control. It is not due to a loss of control; on the contrary, it is a chosen means to dominate and assert power over another person. It may be experienced at any age in a marital, extra-marital or intimate relationship.”⁴³

Certain **forms of violence** are recognized by the Criminal Code of Canada, while others are more difficult to identify but no less harmful (denigration, humiliation, etc.).

The vast majority of victims of conjugal violence are women in heterosexual relationships wherein the abuser is male. However, conjugal violence can be experienced differently by:

- ✦ homosexual couples (gay and lesbian);
- ✦ men who are assaulted by their female partner;
- ✦ immigrant women and cultural communities;
- ✦ older women, disabled women, or Aboriginal women.

Children

- ✦ *Witnesses of conjugal violence*
- ✦ *Victims of conjugal violence*
- ✦ *Exposed to conjugal violence*

Witnesses of conjugal violence: a person who sees or hears violent acts. This term does not refer to the active roles of children in violent situations, nor to the consequences that result from witnessing conjugal violence.

Victims of conjugal violence: refers mainly to the consequences experienced by children who see, hear, implicated in, or who intervene in a conjugal violence episode. According to many specialists, in some of these cases, these children are victims of psychological and/or physical maltreatment.⁴⁴

Exposed to conjugal violence: refers to the overall life experience of these children which includes seeing, hearing, and observing the effects of violence, as well as living in fear.

The protocol follow-up committee has opted for to use the expression “children exposed to conjugal violence” because of its broader scope.

⁴³ Gouvernement du Québec (1995).

⁴⁴ Fortin A. (2006).

APPENDIX II: LIST OF PROTOCOLS ON ISSUES OF CONJUGAL VIOLENCE IN MONTRÉAL

For more information regarding these various protocols, please consult the website of the Table de concertation en violence conjugale de Montréal at: www.tcvcm.ca

► PROTOCOL FOR COLLABORATION SPVM - CLSC

Protocol between SPVM and the Montreal CLSC which allows for referral of victims of conjugal violence to the CLSC for psychosocial counselling. The victim's consent is required.

General objectives

- ✦ To clarify the roles and procedures for collaboration and functioning between the PDQ and the CLSC;
- ✦ To facilitate screening, referral, and access to counselling services on issues of conjugal and family violence;
- ✦ To offer psychosocial counselling services, referrals, and support for clients on issues of conjugal and family violence.

► PROTOCOL FOR COLLABORATION WITH REGARD TO MISSING PERSONS

Protocol concluded between SPVM and *SOS Violence conjugale* which allows the police to verify if a person reported as missing has taken refuge in a shelter for women victims of conjugal violence while ensuring that the shelter location is confidential.

General objectives

- ✦ To increase the effectiveness of research and investigations in cases where the missing person(s) could have taken refuge in a shelter for women victims of conjugal violence;
- ✦ To preserve the confidentiality of the shelter location.

► PROTOCOL FOR RETRIEVAL OF BELONGINGS

Protocol between SPVM and shelters or other organizations working in the field which establishes a safe procedure whenever it is necessary to retrieve the victim's personal belongings from the family home.

General objectives

- ✦ To increase the safety of procedures for retrieving personal belongings by standardizing the accompaniment procedure;
- ✦ To specify the role and responsibilities of each partner.

► **PROTOCOL S.A.U.V.E.R.**

Protocol between ADT security systems, SPVM, women's shelters, and CLSC which allows victims of conjugal violence to have a portable alarm device that is provided free of charge.

General objectives

- ✦ To provide participants, who have exhausted all other personal-protection alternatives, with heightened security and peace of mind within their own homes;
- ✦ To develop an instrument of deterrence for potential abusers;
- ✦ To allow ADT Canada to demonstrate its social commitment to the community.

► **PROTOCOL ISA**

Protocol between SPVM, women's shelters, and IVAC which allows victims of conjugal violence to benefit, free of charge, from an alarm system and a panic button which are connected directly (optional) to a central surveillance station.

General objectives

- ✦ To increase the physical safety and the feeling of security for women victims of conjugal violence;
- ✦ To provide women victims of conjugal violence with free access to an alarm system.

► **PROTOCOL SPVM/CAVAC**

Service provided 24/7 which is at the disposal of the police and, when required, allows for immediate intervention for victims of conjugal violence directly at the location of the incident and which is complementary to police intervention.

General objective

- ✦ To provide psychosocial support as quickly as possible after a criminal offence has been committed.

► **PROTOCOL FOR COLLABORATION *Côté Cour*–CLSC**

Protocol between *Côté cour* and CSSS which allows victims of conjugal violence and their children to have quick access to psychosocial assistance at CSSS while favouring continuum of services.

General objectives

- ✦ To diminish the destructive consequences of conjugal and family violence and its risks of worsened and repeated violence by accelerating and supporting the request for help;
- ✦ To specify the roles and procedures for collaboration and referrals between *Côté cour* and CLSC throughout the Montreal territory;
- ✦ To encourage communication and exchange of information between *Côté cour* and CLSC throughout the Montreal territory.

► **PROTOCOL COMMUNIC-ACTION**

Protocol between *Côté cour*, SPVM, and the criminal prosecutor's office which allows for rapidly informing victims of conjugal violence about release conditions, for early screening of children exposed to conjugal violence, and for referrals, when needed, to appropriate resources for these persons.

General objective

- ✦ To provide a better service for victims of conjugal and family violence.

APPENDIX III: SIGNATORIES OF THE PROTOCOL OF INTERSECTORAL COLLABORATION FOR CHILDREN EXPOSED TO CONJUGAL VIOLENCE

*Suzanne Turmel, director general
CSSS West Island*

*Diane Daigle, director general
CSSS Ahuntsic and Montréal-Nord*

*Yves Masse, director general
CSSS Dorval-Lachine-LaSalle*

*Nicole Clouâtre, interim director general
CSSS Coeur-de-l'Île*

*Danielle McCann, director general
CSSS Sud-Ouest—Verdun*

*Sylvie Simard, interim director general
CSSS Jeanne-Mance*

*Francine Dupuis, director general
CSSS Cavendish*

*Suzanne Hébert, director general
CSSS Saint-Léonard and Saint-Michel*

*Marc Sougavinski, director general
CSSS de la Montagne*

*Gary Furlong, director general
CSSS Lucille-Teasdale*

*Daniel Corbeil, director general
CSSS de Bordeaux-Cartierville-Saint-Laurent*

*André Gagnière, director general
CSSS Pointe-de-l'Île*

*Jean-Marc Potvin, director general
Centre jeunesse de Montréal – Institut universitaire*

*Margaret Douek, director general
Batshaw Youth and Family Centres*

*Mireya Alonso Vargas, coordinator
Alternat'Elle*

*Danielle Mongeau, director
La Maison Dalauze*

*Diane Sasson, director
Auberge Shalom pour femmes*

*Stéphanie Delage, interim coordinator
La Maison du réconfort*

*Irène Jansson, director
Auberge transition*

*Sonia Dionne, director
Le Parados Inc*

*Flora Fernandez, coordinator
Assistance aux femmes de Montréal Inc.*

*Élise Collin-Viens, coordinator
Maison d'hébergement d'Anjou*

*Melpa Kamateros, executive director
Le Bouclier d'Athena, family services*

*Hélène Bourgeois, interim director
La Maison Flora Tristan*

*Sylvie Bourque, director
Inter-Val 1175 Inc.*

*Louise Houle, director
Maison l'Océane*

*Sophie Baillargeon, president
L'autre escale*

*Nicole Richer, director
Maison secours aux femmes de Montréal Inc.*

*France Dupuis, coordinator
L'Escale pour Elle*

*Nathalie Jalicke, co-administrator
Multi-Femmes Inc.*

*Sabrina Lemeltier, director
La Dauphinelle*

*Chloé Deraiche, director
La Passerelle*

*Kim Cairnduff, director
Refuge pour les femmes de l'Ouest-de-l'Île*

*Blandine Tongkalo, director
Transit 24 Inc.*

*Normand Bourgeois, director general
Pro-gam Inc.*

*Clément Guèvremont, director general
Option: une alternative à la violence conjugale*

*Yves C. Nantel, coordinator-advocate
Service d'aide aux conjoints (SAC)*

*Lise Poupart, coordinator
Côté cour*

*Sylvie Simard, interim director general
Côté cour - CSSS Jeanne-Mance*

*Commandant Vincent Richer, representative of
conjugal violence cases
Service de police de la Ville de Montréal*

*Murielle Leduc, associate director for regional
case management
Agence de la santé et des services sociaux de Montréal*

“Because the implementation of a protocol for intersectoral action is, in reality, a change of organizational paradigm, or put more simply, it is the emergence of a unifying and innovative intervention philosophy aimed at disengaging the work accomplished in isolation in order to encourage complementarity of work.

In addition, the protocol stimulates learning with regard to a way of working, which requires the integration of a reinvigorated know-how. And despite inherent and anticipated resistance in the face of any organizational change, it is important to remember that development of a new work culture requires not only time and consistency, but especially the unwavering commitment of public decision-makers and managers of health and social services in order to reach the expected outcomes of intervention with children.”

Passage from: Dubé, M., Boisvert, R., Marchand, I. (2009 :24) *Rapport de Recherche Évaluation du projet pilote d’implantation du Protocole de collaboration intersectorielle pour les enfants exposés à la violence conjugale*, Montréal, CRI-VIFF and *Table de concertation en violence conjugale de Montréal*, p.38 (free translation).