# SAFE & TOGETHER INTERSECTIONS MEETING (STIM) GUIDE

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# BACKGROUND & RATIONALE FOR THE STIM

Domestic violence in families often intersects with the substance abuse and/or mental health issues of one or more family members. The intersection of these issues is complex and diverse. It includes "real" intersections like the situation where the domestic violence perpetrator may have a pattern of more severe violence while under the influence of substances. Adding another layer of complexity, intersections also encompasses the perpetrator's use of false allegations of substance abuse or mental health issues lodged against the survivor as a form of manipulation or control. It also includes circumstances where the perpetrator causes a survivor's mental health issues, like anxiety, or sabotages a partner's substance abuse recovery. Complexity also arises when practitioners seek to treat a perpetrator's family or cultural trauma history while addressing current abusive behaviours directed at family members.

Because the complexity of the intersection of domestic violence and other issues spans case management, service delivery and safety issues, it is valuable to have a specific meeting protocol that offers a framework for:

1. Improving the assessment of how these issues intersect
2. Ensuring the role of domestic violence is considered when developing mental health (MH) and/or addiction (AOD) treatment plans
3. Developing domestic violence interventions that are domestic violence-informed
4. Promoting cross-sector collaboration through the use of a common domestic violence-informed framework (the Safe & Together Model)
5. Developing child protection case plans related to MH and AOD

The Safe & Together Intersections Meeting (STIM) Guide seeks to achieve the following key goals:

- Keeping a focus on the children and young people when there are issues of adult domestic violence, mental health issues and/or substance abuse. Work with domestic violence is often siloed as an adult-to-adult issue. Using a multiple pathways to harm framework that considers intersections can help in the assessment of how the perpetrator's behaviours directly, or indirectly, through the impact on the partner's parenting or the family ecology, have impacted child, partner and family functioning. The meeting protocol considers, but is not limited to, the following areas of potential disruption:
  - Safe, stable, nurturing home environment
  - The day-to-day functioning of the family
  - The other parents' parenting and their relationship with the child
  - Their own relationship with the child
  - Their partner and/or child receiving services for their needs
  - Their relationship with kin and relative supports
  - Connections with cultural heritage and community
  - Education and learning
  - Housing and economic stability

- Partnering with the adult child survivor by ensuring that adult and child survivors' mental health and/or substance abuse assessments and treatments are domestic violence-informed. The following are some examples of how this is achieved:
  - Survivors' mental health and addiction diagnoses are contextualized to the perpetrator's pattern of abuse and coercive control.
  - Professionals use a domestic violence-informed lens to evaluate perpetrators' allegations of mental health and/or addiction issues against adult and child survivors.
  - Professionals avoid pathologizing survivors by using a perpetrator-based approach to the domestic violence which can assess the relationship between the perpetrators' behaviour and the survivors' AOD and MH

(causing/exacerbating); how the perpetrator may be interfering with treatment and services; and using a holistic assessment framework that assesses the survivors' day-to-day parenting and protective efforts (not equating the survivor with her diagnoses).
    - Professionals seek to understand a survivors' unique cultural supports and challenges related to domestic violence, addiction, and MH issues.
    - Using a family functioning and safety framework alongside clinical diagnoses to create more comprehensive assessments and treatment/case plans.
- Working with perpetrators. The following are some examples of how this achieved:
    - Ensuring that perpetrators' domestic violence behaviours are not attributed to either mental health or AOD issues.
    - Behaviours like suicidality and depression are considered through a domestic violence-informed intersections lens: danger of self-harm, danger of harm to others and/or potential manipulation.
    - Ensuring that one form of treatment is not substituted for other forms of treatment, e.g., not assuming AOD treatment will automatically stop the abuse.
    - Maintaining a focus on creating plans based on behaviour change that leads to real improvements in the safety, self-determination and satisfaction of the family (stronger family functioning) remains a central focus, e.g., instead of disconnected "successful completion" of a program.

This meeting protocol can be implemented without Safe & Together Model training. It will be significantly more effective when participants are trained in the Model. The protocol is designed to work best with the Safe & Together Model Mapping Tool but can be completed without it.

## STIM CASE SELECTION, REFERRAL AND PARTICIPATION

### STIM PARTICIPANT COMPOSITION

The STIM can be used in a variety of settings. While designed with a multi-sector team composition in mind, it can also be used by internal child welfare teams or other intra-agency teams. The following is a list of participants showing the potential scope of a large, multi-sector team:

1. Child Safety
    - Case Worker
    - Case Supervisor
    - Relevant Manager (optional)
2. Mental Health Provider Team
    - Therapist
    - Supervisor
3. Substance Abuse
    - Counsellor
    - Supervisor
4. Women's Sector
    - Worker
    - Supervisor
5. Men's Behavior Change
    - Worker
    - Supervisor
6. Other participants may include law enforcement, health or home visitors, health workers, child and family agency staff.

*In multi-agency team settings, confidentiality and information sharing protocols need to be sorted based on relevant statutes and agreements.

## CASE SELECTION

What is the case selection criteria for a referral to the Safe & Together Intersections Meeting (STIM)?

1. The case must have identified issues of domestic violence and one of the following issues with one or more family members: Mental Health and/or Substance Abuse Concerns.
    - Domestic violence can be the reason for the referral in the most recent case; be present in the history of one or both parents;
        - This framework can be especially useful in a family where one member has an identified history of domestic violence but the current referral is for another issue.
        - Domestic violence includes situations that may involve little to no physical violence but show evidence of coercive control behaviours.
2. The meeting can be used for mental health and or substance abuse cases where there are indicators of coercive control to help better assess the presence of that issue.

## REFERRAL SOURCES

Referrals can come from multiple sources depending on the configuration of the meeting participants. The two primary referrals sources are:

1. Child Safety
2. Mental Health, DV, Substance Abuse Providers

A STIM team may agree to take referrals from other sources as relevant. The referrals need to be made using the STIM referral form.

## MEETING FACILITATION

STIMs are facilitated using a specific step-by-step process. The meeting facilitator plays a critical role in the success of the STIM. The meeting facilitator should ideally be a relevant manager (but can be a team leader/supervisor). Facilitators/chairs should be familiar with the STIM guide and, whenever possible, receive training in how to run the STIM. Stability, over time, of facilitation, is desirable but not always possible. The main tasks of the facilitator are to:

1. Screen in or out referrals.
    - This can include sending back a referral form for more information.
2. Keep the STIM following the design.
3. Designate a person to keep meeting notes and action steps and ensure they are sent to all the relevant parties.

## STIM PROTOCOL

STIMs have three major steps:

- Initial presentation of the case by the caseworker[1]
- A behavioral discussion of the key components of the case
- Development of Action Steps

1 This is best completed by using the Safe & Together Model Perpetrator Pattern Mapping Tool which is available as part of the Safe & Together Model CORE Training. The virtual version will be available by mid year 2021.

## INITIAL PRESENTATION

The caseworker presenting the case uses the referral form to present the case initially covering the following:

- Family demographics including race/ethnicity
- Reason for most recent entry into services using a perpetrator pattern-based approach to describe domestic violence if that is the most recent issue
- Reason for a referral to the STIM
- Concerns related to each family member
  - Domestic violence perpetration
  - AOD
  - MH
- Brief history of each person related to each concern including domestic violence perpetration behaviours, substance use, and mental health concerns
- Brief summary of treatment or other interventions (include arrest or intervention orders for perpetrators)
- Current System Status:
  - Open Child Protection Case
  - Family Court
  - Criminal Court

## DISCUSSING THE PERPETRATOR'S PATTERN AND INTERSECTION WITH OTHER ISSUES

The STIM is designed to be used with or without the Safe & Together Institute Perpetrator Pattern Mapping Tool. The tool offers the best way for the team to explore the intersections of whatever issues are present, ensuring that domestic violence is considered as the context for the discussion of mental health and/or substance abuse.

These areas can be covered with or without the Tool. The Tool offers direction and guidance in completing each area. The Tool is available to professionals who have completed the Safe & Together Institute CORE Training or directly through the virtual version.

A perpetrator pattern-based lens is used as the foundation of the mapping process. When the Mapping Tool is used the options for completion are:

- The tool is completed by the worker prior to the meeting and reviewed by the team for additional information and discussion.
- The tool is completed in the meeting, facilitated by the team chair.

When the tool is not used, the meeting discussion needs to cover the following areas:

- Risk and safety concerns for children from the perpetrator's behaviours: Describe the perpetrator's pattern of coercive control and actions taken to harm the children and their impact on child, parent and family functioning.
- Protective efforts by the non-offending (survivor) parent: Describe the full spectrum of the survivor's efforts to promote the safety and wellbeing of the children.
- The intersections of domestic violence, substance abuse and mental health concerns: Describe how the domestic violence perpetrator's behaviour intersects with substance abuse and/or mental health issues.
- How culture, privilege and marginalization factor into the case: Describe factors related to privilege, oppression and vulnerability that impact the domestic violence dynamic.
- Worker safety issues: Describe any worker safety concerns in this case.
- Interventions and Partnering: Describe the interventions attempted with the perpetrator and the steps taken to partner with the adult survivor.
- Next steps in the case: Describe what needs to happen next in the case.

**ACTION ITEMS**

This formalizes and documents next steps based on the Tool (or discussion). Responsibility for completion of those steps is clearly identified.

## FOLLOW-UP MEETING

Some cases will benefit from a review after the initial meeting. The goals of the review discussion are:

- Review changes in the case status including any changes in the perpetrator's pattern of behaviour.
- Review any other changes related to domestic violence, substance abuse and mental health issues including treatment updates.
- Review progress on action items.
- Discussion of updated next steps.

# REFERRAL FORM INFORMATION

Referrals are made using a specific STIM referral form that provides the necessary information to a) determine if this is an appropriate case for the team and b) offers a starting point for the meeting discussion. Referrals are received and screened by the meeting facilitator/chair.

Referral Source:

Name:

Agency:

Date of referral:

Email:

Phone Number:

**FAMILY DEMOGRAPHICS INCLUDING RACE/ETHNICITY (USE NOTES SECTION IF MORE THAN FIVE CHILDREN)**

Parent or Caregiver Name: d/o/b:

Gender: Race/Ethnicity:

Current Address:

Parent or Caregiver Name: d/o/b:

Gender: Race/Ethnicity:

Current Address:

Domestic Violence Perpetrator Name (if not listed above):

d/o/b: Gender: Race/Ethnicity:

Current Address:

Child: d/o/b:

Gender: Race/Ethnicity:

Current Address:

Child: d/o/b:

Gender: Race/Ethnicity:

Current Address:

Child: d/o/b:

Gender: Race/Ethnicity:

Current Address:

Child: d/o/b:

Gender: Race/Ethnicity:

Current Address:

Child: d/o/b:

Gender: Race/Ethnicity:

Current Address:

Reason for most recent entry into services (use perpetrator pattern-based approach to describe domestic violence if that is the most recent issue):

Reason for a referral to the STIM (must meet the criteria):

Concerns related to each family member (provide information specific to domestic violence, substance abuse, and/or mental health issues for each relevant family member including brief history related to the issue):

Brief summary of treatment or other interventions for each family member (include arrest or intervention orders for perpetrators):

Current System Status (clearly indicate status in that system--if it not known or there is no active involvement in that system please clearly indicate):

☐ Child Protection Case

☐ Family Court

☐ Criminal Court (include involvement with probation, parole or corrections)

Additional Notes:

**CONTACT US**

**Safe & Together Institute**
**1-860-319-0966 (USA)**



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