CALGARY DOMESTIC VIOLENCE COMMITTEE, ACTION COMMITTEE AGAINST VIOLENCE

Protocol Project 1998-2001: Evaluation Report

W. E.Thurston, PhD
Leslie Tutty, PhD
Amanda Eisener, MA

January 31, 2003

Acknowledgements

The authors would particularly like to thank Gaye Warthe who freely collaborated and who provided documents and information and several interviews. We thank Melissa Hyman who provided assistance with collection and analysis of background material and analysis of meeting minutes. We also thank the agency staff who participated in questionnaire completion, interviews, and focus groups, once again demonstrating their commitment to the work of ending domestic violence.

January 31, 2003

Introduction

When the Protocol Project was planned, as far as the sponsors could tell it was a unique undertaking. Some documents referred to it as "the first known project in Canada to develop and train for universal screening protocols for domestic violence." An extensive search of the World Wide Web from May to July 2002 supported the sponsor's view. This search found 38 sites with programs relevant to domestic violence (Appendix A). A little over half of these (55%) had an evaluation completed. Almost three quarters of these had a report available. Many of the programs or reports were not directly related to protocols for screening or interagency collaboration, and some that were had no reports. Similarly, a search of the literature published in academic journals for articles concerning community protocol projects (Appendix B) revealed few articles concerning screening for domestic violence and the majority of these were related to health care settings. In other words, there is a paucity of published material concerning the development of domestic violence screening protocols for social service, justice, and violence prevention agencies. Further, few efforts to develop universal screening have been documented.

Methods

This evaluation used case study design and multiple methods of data collection. Several documents were reviewed, including minutes of the planning and advisory committee meetings; project funding proposals; and the protocols that were developed. Following training sessions, questionnaires were completed by most of those in attendance. These were analyzed qualitatively for themes. In 2000, questionnaires were sent to the directors of all agencies involved in the Protocol Project asking about the stage of protocol development and other feedback on the project. In 2003, interviews were conducted with key informants, including the Protocol Coordinator and several agency directors concerning the stage of protocol implementation and sustainability, and further agency needs. A group interview was held with directors of four shelters.

Background

The Mayor's Task Force and ACAV

The social context in which the ACAV/CDVC Protocol Project was introduced was a crucial factor in its resulting success. In 1990, the then Mayor Duerr established the *Mayor's Task Force on Community and Family Violence* to investigate and address increases in various forms of violence in Calgary. After several months of public hearings and community consultation, a report was released in 1991 with 66 recommendations for a proactive community action plan to address violence.

The Action Committee Against Violence (ACAV) was established by City Council in December 1991 to implement Task Force recommendations in collaboration with existing coalitions and organizations in the community. The mission of ACAV is to work towards a violence free community. Given the scope of this mission, it was decided by the ACAV Executive Steering

Committee that, "only a community-based, co-ordinated, and comprehensive model for prevention, education and intervention could begin to address this multifaceted problem"[1].

Professional and community representatives from a wide variety of service areas are members of ACAV and coordinate the work of three Sub-Committees. These inter-related committees were formed to address specific aspects of violence in the community and include the pre-existing Calgary Domestic Violence Committee (CDVC), the Children and Youth Sub-Committee, and the Urban Safety Sub-Committee (Appendix C).

Key ACAV Initiatives from 1998-2000 included:

- 24- Hour Help for Everyone Cards (in alternate formats and diverse languages);
- Revised Community Resource Inventory;
- Angus Reid Survey Examining Calgarians' Perceptions and Attitudes about Violence;
- Faith Communities Conference;
- HomeFront™ (the Calgary Justice Working Project);
- Creation of Youth Violence Coordinator; and
- Turn Off the Violence (through the Child & Youth Sub-Committee)[2].

The Calgary Domestic Violence Committee (CDVC)

Originally formed in 1981, the Calgary Domestic Violence Committee (CDVC) became a standing committee of Action Committee Against Violence (ACAV) in 1992. The purpose of CDVC is to "effect a reduction in the incidence of family violence through effective and seamless services delivery, collaboration, promotion of prevention initiatives, advocacy, professional and public education and media relations,"[3] to be achieved through the following goals:

- Service providers, consumers and ACAV will know the definition of family violence and will have accurate and appropriate information about the causes, incidences and dynamics of family violence and will know the appropriate resources to address family violence;
- Services and systems will be consumer focused; integrated and linked, able to identify and close service gaps in a timely manner, and effectively address policy issues related to family/domestic violence;
- CDVC will be comprised of primary stakeholders who are able to make timely and effective decisions and communicate with designated sectors that reflect commonly agreed upon goals.[4]

The CDVC concluded that protocols were necessary in the development of a comprehensive strategy to address domestic violence (DV). Protocols[5], defined as the guidelines for any

---

[1] *ACAV Activity Report 2000* (electronic document).
[2] A more detailed overview of ACAV initiatives can be found in their "Activity Report, 2000" available on the City of Calgary website (http://www.calgary.ca).
[3] *Calgary Domestic Violence Committee (CDVC) Protocol Project - Protocol Manual 2000* (electronic document)
[4] *ACAV Activity Report 2000* (electronic document).
[5] The following is paraphrased from "Protocol Manual - Rationale for Protocols," in *Calgary Domestic Violence Committee (CDVC) Protocol Project - Protocol Manual 2000* (electronic document).

procedure, reflect an understanding and agreement between the parties at one particular time and serve to clarify roles and responsibilities. Protocols assist in identifying the range of agencies available to respond to issues and can encourage closer working relationships. From this perspective, protocols provide a forum for discussing shared problems and identifying gaps in services. They provide a consistent and common understanding of how the system should respond as well as providing a means to resolve conflict that may develop. Protocols can also provide a framework for accountability.

CDVC made development and implementation of domestic violence protocols for agencies across Calgary a primary activity, and developed what is now known as the CDVC Protocol Development Project ("the Protocol Project"). The purpose of the Protocol Project was to raise awareness about domestic violence, prevent further abuse through early identification, assist individuals to identify abusive behaviour, and intervene by providing information on community resources and assisting in the development of personal safety plans through written and implemented agency protocols.

To achieve this, CDVC was divided into three Sub-Committees, with working groups within each. The *Entry Points Sub-Committee* aimed to ensure engagement and interactions between all stakeholders through networking and communication of actions taken. The *Treatment Issues Sub-Committee* of CDVC and HomeFront™ works with the Calgary Justice Working Project (a partner of CDVC) contributes to the reduction of domestic violence through advocacy for and the development and enhancement of treatment for families affected by domestic violence and abuse.

The *Protocol Development Sub-Committee* assisted agencies in the development of both internal and interagency domestic violence protocols. Established in 1994, the Protocol Development Committee included representatives from ACAV, Alberta Justice, Calgary Coalition on Family Violence, Calgary Communities Against Sexual Abuse (CCASA), Calgary Legal Guidance, Calgary Police Service, Calgary Rocky View Child and Family Services, and the YWCA/Family Violence Prevention Centre and Sheriff King Home. A Training Sub-Committee was added in 2000 to address the training needs of participating community agencies. The Protocol Development and Training Sub-Committee coordinated both protocol development and domestic violence training to ensure consistency in protocol development and maximization of training resources. In 2003, the Committee consists of representatives from ACAV, CCASA, and HomeFront™.

Definitions

As a means to promote consistency and clarity, the Protocol Project used the definition of domestic violence previously developed by CDVC and widely accepted by government and community agencies:

> ... the attempt, act or intent of someone within a relationship, where the relationship is characterized by intimacy, dependency or trust, to intimidate either by threat or by the use of physical force on another person or property. The purpose of the abuse is to control and/or exploit through neglect, intimidation,

> inducement of fear or by inflicting pain. Abusive behaviour can take many forms including: verbal, physical, sexual, psychological, emotional, spiritual, economic and the violation of rights. All forms of abusive behaviour are ways in which one human being is trying to have control and/or exploit or have power over another.

In addition, the CDVC supported universal screening for domestic violence:

> It is recommended that all women and men, including seniors and adolescents, be screened for past or present domestic abuse. In pediatric settings, the parents or guardians of children should be screened for abuse. Exceptions to universal screening would include circumstances where clients present with immediate crisis, which would necessitate the delay of screening. Any delays in screening should be documented in the client file.

Instead of "violence against women" or "wife abuse," the conscious decision to use the term "domestic violence" emphasized the universal nature of violence and how it has an impact on men, women, and children throughout the lifecycle.

The Protocol Development Process

The Protocol Development Committee divided the Protocol Project into four continuing and overlapping phases[6]:

> *Phase I:* Development of internal agency protocols that identify strategies for universal screening, assessment, and intervention with families affected by violence, as well as issues of safety planning, training, documentation, confidentiality, client appeal process and interagency conflict resolution.
>
> *Phase II:* Protocol development both within and between larger organizations that address communication, information sharing and help clarify the roles and responsibilities of the agencies. This will hopefully serve to formalize existing relationships, improve communication, increase safety for victims, and provide a consistent response to individuals who use abusive behaviour.
>
> *Phase III:* Training and implementation of protocols
>
> *Phase IV:* Evaluation and monitoring the outcomes[7]

Phase I (1997- 2000): Internal Domestic Violence Protocols

The first priorities for the Protocol Development Sub-Committee were to further develop expectations and goals for the project; to review already developed protocols and guiding

[6] See Appendix D for a timeline of events.
[7] "Project Overview/Proposal," no date.

principles from other jurisdictions; and conduct a more intensive literature review. The group also developed a list of potential agencies and key contact information including community representatives, service agencies, and systems (Appendix E). With a few exceptions, agencies in Calgary had few written policies or guidelines regarding domestic violence. It was soon recognized that the process of protocol development in Calgary would differ from other communities reviewed in the literature because of the number and diverse types of agencies involved.

In March 1997 the Protocol Development Sub-Committee developed a proposal and was successful in obtaining funding from the United Way of Calgary and area. The Committee hired a part time Protocol Coordinator for a two-year term to assist agencies with the development of protocols. The Protocol Coordinator was to work with each agency to develop domestic violence protocols reflecting needs specific to the agency but consistent with CDVC definitions and goals.

A letter about the project was sent to potential agencies in May 1997, and the Protocol Coordinator contacted them in order to gauge interest, readiness, existing protocols, resources, and any gaps in services in the community. As the Project progressed, the list of agencies was added to and included agencies later identified by the Protocol Development Sub-Committee and more significantly, agencies that independently approached the Coordinator for assistance in developing their own protocols.

The focus of protocol development in the first year was to assist agencies in writing their internal protocols. Specifically, this task involved assisting agencies to identify strategies for universal screening, assessment, intervention, and safety planning with families affected by violence. In addition, each protocol developed would address the issues of training, documentation, confidentiality, client appeal procedures and interagency conflict resolution. This was to be achieved through:

1) Establishing and confirming the need for protocol development process;
2) Developing key contacts within each agency interested in participating;
3) Initiating process of internal protocol development;
4) Reconciling internal and external protocols;
5) Building mechanisms to address maintenance of protocols; and
6) Establishing training and implementation of protocols[8].

Standardized Protocols

There was an identified need for standardized protocols from which all agencies could begin writing their own protocols with the option and flexibility of adding information that would more accurately reflect specific agency needs[9]. The basic components of internal protocols guidelines were soon identified to include:

[8] From "Internal Protocol Development," distributed to the Protocol Development Work Group, April 27, 1997

[9] Agencies writing their own protocols were requesting copies of the Durham region protocols to use as a guide (see minutes from May1/97 for a copy of the existing protocols from Durham, Dawson Creek and Vancouver Hospital).

- A definition of domestic violence (as defined by CDVC);
- A mission statement regarding domestic violence;
- The mandate/role of the agency;
- An internal protocol for addressing:
  - Identification/Screening for domestic violence (how to screen, who to screen, determining risk);
  - Procedures for ensuring safety;
  - Determination of appropriate interventions;
  - How to document;
  - Confidentiality; and
  - Consultation;
- Training and support for agency staff;
- Appeals: Client and Agency; and
- Conflict Resolution (how agencies will resolve conflict with other agencies)[10]

While a general format for protocols was established, it was recognized that protocols could not be successful in the same form in all situations. It was agreed by the Protocol Development Sub-Committee that the final decision about the contents of the protocol would always rest with the agency staff as they were considered the experts on their client population. The Protocol Development Sub-Committee would comment, suggest, and make recommendations to agencies. For example, nurses in some settings felt that they could not universally screen for domestic violence. It was acknowledged that while universal screening was the ideal, offering information may be all that some groups are willing to do. However, offering information in itself would be an improvement over ignoring domestic violence. In writing out protocols, agencies demonstrated recognition that domestic violence is a serious and pervasive issue that must be addressed in some way in the provision of service.

Accountability Groups were formed in 1998 to assist the Protocol Development Sub-Committee in maintaining a focus on the safety of individuals and families and the centrality of victims in intervention strategies. One group included women who had been abused and one group included men who had past abusive behaviour. Members of both groups had experience within the justice and social service systems intended to assist families in coping with domestic violence. The groups were given an honorarium to critically review and make recommendations regarding agency protocols developed within the community[11], identifying strengths, weaknesses and lack of clarity in the protocols. All feedback given by the groups was recorded and given to the agencies in the form of recommendations.

Domestic violence occurs in all cultural groups and communities. Groups such as cultural communities, the gay, lesbian, and transgendered community, people with disabilities, immigrant families, seniors, and Aboriginals are likely to have unique service needs. Most services had been designed to meet the needs of a homogenous community and were not, therefore, designed to recognize and meet other needs. Although many agencies had additional services for diverse

[10] "Internal Protocol Guidelines," distributed to Protocol Development Work Group, January 27, 1998.
[11] Minutes March 10, 1998

populations, no specialized services existed for some communities[12]. The Protocol Development Sub-Committee worked with representatives from the community to develop guidelines for agencies providing information on additional service requirements of various Calgary communities. The recommendations provided were intended to enable all agencies to address the needs of diverse populations needing assistance because of domestic violence.

Within this first year of work, the demand for assistance made it apparent to the Protocol Development Sub-Committee that it was necessary to limit the number of agencies the Coordinator would assist with writing protocols. Rather than turn away the opportunity to work with groups representing particular populations, general guidelines were developed for specific populations to use on their own. For instance, general guidelines would be developed for ethno-cultural groups for protocol development and thus reduce the involvement of the Coordinator with individual groups or agencies.

In order to complete more protocols, priority was given to agencies serving marginalized populations and protocols for similar types of agencies were written together whenever possible. Phase II (interagency linking protocols) and the writing of a "Protocol Manual" were delayed to focus attention on completing internal agency protocol writing[13].

As the protocol process progressed, ACAV continued to respond to other emerging community needs and focused on promoting the coordination of services, providing education and information, and encouraging community involvement in domestic violence screening, treatment programs, services, and prevention.

Internal Protocol Outcomes

Overall, there was an overwhelming positive response to developing domestic violence protocols. It was this overwhelming response that also hindered the progress of the Protocol Project. The unanticipated volume of requests for protocols to be written and the difficulties in arranging final revisions to protocols extended the project. The major obstacles that agencies and organizations reported were lack of knowledge about domestic violence and possible contents of a protocol and a lack of staffing resources to dedicate to writing, implementing, and providing training for the protocols.

The protocols themselves were the result of external motivation. While the Protocol Development Sub-Committee had a plan for contacting agencies, it was the persistence of the Coordinator that signalled to the agencies that this was an important task. Sometimes it would take a few calls before the appropriate person could be identified and contacted. The Coordinator herself admits that it did not take an expert in domestic violence to accomplish what she did, just a dedicated individual who had the resources to be persistent.

As the process unfolded there was a realization that service providers lacked understanding of the prevalence and impact of domestic violence and therefore needed such information in

[12] Adapted from Warthe 2000: 22 [*Calgary Domestic Violence Committee (CDVC) Protocol Project - Protocol Manual 2000* (electronic document)].
[13] Minutes, March 1, 1999.

conjunction with the development and implementation of protocols. The Protocol Development Sub-Committee soon realized that how Calgarians viewed the issue of domestic violence would need to be identified and addressed before protocols could be written and implemented. Further, some agency management needed to be convinced *why* it was important to ask about domestic violence before they would commit to implementing protocols. This delayed the timeline for implementation.

Once one agency developed protocols, it became easier to support related agencies to develop their own. As larger agencies developed or revised their protocols, smaller agencies were more encouraged to develop their own.

The Protocol Development Sub-Committee and the Coordinator also recognized early that contact made by the 'right' person assisted in getting protocol processes started. Introducing and sustaining the protocol process was greatly helped by having influential people on the Board, by having a group of dedicated and knowledgeable individuals from a variety of professions working on this initiative, and by having key contacts within the agencies. These individuals knew the system best, had established contacts, and offered validity and legitimacy to the project. Many of these dedicated individuals shared their time, knowledge, and expertise.

Once the need for domestic violence protocols had been established and accepted by upper management, busy schedules and staff and resource shortages had to be negotiated. Most of the protocols were adapted from a standard working document and each agency made minor modifications to the basic protocol format. As the Coordinator emphasized, it was the *processes* of implementing, problem solving around implementation and revising the protocol with each agency's specific needs that were challenging and time consuming. It took time for agencies to reach the point where the protocol was integrated into practice and few achieved complete success in this regard.

Over 60 agencies in Calgary were participating in the protocol writing process by 1998, 64 agencies had completed protocols by 2000, and more agencies were in communicating with CDVC for assistance developing protocols. A Calgary Resource Inventory developed by ACAV for domestic violence, screening guidelines (for both victims and perpetrators), and training resources were also developed and were used to assist agencies in developing their protocols and to refer their clients to the appropriate resources.

Phase II: Linking Protocols (1998-2000)

Phase II of the Protocol Project focused on developing protocols that would link agencies with the philosophy that, "the stronger the linkages between agencies, the less likely that families affected by violence drift between services"[14] or fail to get the help they need. These "linking protocols" focused on developing domestic violence protocols both within and between larger organizations. They would expand on the internal protocols to address communication, information sharing and help to clarify the roles and responsibilities between agencies. Moreover, they would serve to formalize existing relationships between larger organizations and

[14] From Annual Review, January 15, 1998 CDVC

sectors, improve communication, increase safety for victims, and provide a consistent response to individuals who use abusive behaviour.

Once the internal protocol process was established, the process of developing linking protocols between agencies was begun in 1998. Recognizing the time and energy needed to complete protocols (as demonstrated by writing the internal protocols), the development of interlinking protocols focused on the major systems frequently involved in cases of domestic violence including Probation, Child Welfare, Hospital Social Workers, Police Crown's Office, Shelters and Treatment Agencies. Most importantly, having inter-agency protocols encouraged a sharing of knowledge and an understanding of the services that each agency could provide to victims and perpetrators of domestic violence, thus facilitating the provision of service.

The inter-agency protocols were meant to address such aspects as: referral and intake standards (criteria) and risk assessment; agency consultation; waiting list and case management; case plans; joint files; interagency conflict resolution; follow-up; sharing of statistics; and documentation. They were designed with the following guiding principles:

1. To improve access and enhance service delivery to clients and to ensure that this is a continuing process;
2. The safety of the victim of abuse will be the first priority;
3. The protocol and coordination system will be accountable to victims of abuse, participating agencies, and the broader community; and
4. Participating agencies commit to working collaboratively and cooperatively, while respecting each other's perspectives. [15]

Working as a facilitator the Coordinator assisted the agencies in developing strategies, addressing problems, and developing protocols that would work best in their own environment. The Coordinator would draft documents for review thus taking on the work of writing and making the process easier for the agencies. At times she served as a mediator when different needs had to be met. No agency director had to give more or be perceived to give up more when there was an outside facilitator tasked with finding agreement.

Linking protocols completed by 2002 included:

- The Calgary Board of Education and the Calgary Catholic Board of Education Child Abuse and Domestic Violence Protocol developed with Calgary Police Services and Child Welfare (March 2000);
- Domestic Violence Protocols Linking Calgary Police Service and Rocky View Child and Family Services - Child Welfare (completed September 1999);
- The "Joint Shelter Protocol" (Emergency Shelters, Senior's Emergency Shelters, and Long-term Shelters) outlining actions with Bethany Lifeline, HomeFront™, Calgary Police Services, Calgary Rocky View Child and Family Services – Child Welfare, Calgary Health Region Social Work Department Protocol, Human Resources and Employment – Supports for Independence, and Calgary Housing (completed June 2000);

[15] Calgary Domestic Violence Committee: Protocol / Coordination System. Distributed to Protocol Development Work Group January 27, 1998.

- The Alberta Solicitor General, Calgary Rocky View Child and Family Services, and HomeFront Interagency Domestic Violence Protocol (completed April, 2001); and
- Domestic Violence Protocols Linking Calgary Shelter Services and Calgary Rocky View Child and Family Services - Child Welfare (completed April 2001).
- Interagency Protocol between Domestic Violence Shelters and Calgary Housing Company (August 2002).

Linking Protocol Outcomes

Education and Child Welfare:
Prior to the Protocol Project the Calgary school boards had a long history of collaboration with Child Welfare to identify children in need of protective services. The recognition that children who witness violence are also likely to be emotionally and physically abused and new legislation to protect children involved in prostitution led to an updated version of the *Child Abuse and Domestic Violence Protocol* to better address the issues of child abuse and domestic violence in the Calgary community. This revised protocol incorporated changes in practice by Child Welfare and the Calgary Police Service regarding the witnessing of domestic violence as a form of abusive behaviour and recognizing child prostitution as sexual abuse. Calgary Rocky View Child and Family Services, women's emergency shelters, the Calgary Police Service and staff members from both Calgary boards of education participated in protocol development.

Calgary Police Service (CPS) and Child Welfare:
One of the major accomplishments in developing a linking protocol was the *sharing of information* between these two systems. Prior to this, Calgary was reported to be one of the few locations where there was no official sharing of information between Calgary Police Services and Child Welfare departments.

The Joint Shelter Project:
In the process of developing protocols between shelters, it became clear that these agencies needed to communicate their needs and expectations from each other in a more productive and helpful manner. A plan was developed to facilitate the process of connecting victims to emergency shelters in all domestic violence incidents and connecting victims to other agencies in Calgary. For shelters and Calgary Police Services (CPS) this meant more information sharing to better assist police when they contact a shelter for space. Meetings between the groups also addressed how CPS could assist with threats made against Shelters. Another result of this collaboration was the creation of Threat Assessment questions to be used by field personnel responding to domestic conflicts. These questions were printed on wallet-sized cards for easy referral. These questions are now referred to as the Calgary Model and have been adopted by Alberta Justice and HomeFront.[16]

In recognizing the role that lack of financial resources plays in the cycle of abuse, Supports For Independence (SFI) worked with shelters to facilitate the process of applying for assistance for individuals leaving abusive relationships. Clear procedures and services specific to clients in Shelters are outlined within the protocol used by SFI and Shelters. These include: additional

[16] Calgary Domestic Violence Committee (CDVC) Protocol Project - Untitled Funding Proposal to the United Way (2001).

designated times when SFI staff will visit the Shelter to accept applications, application procedures and requirements; eligibility for emergency assistance, financial support for sponsored immigrants; and benefits available.

HomeFront™:
The CDVC Protocol Project worked with community agencies to successfully develop joint guidelines for treatment services to victims, children and individuals who use or choose abusive behaviour. These guidelines are being used to inform and educate service providers and as a decision making tool for the Calgary Justice Working Project (HomeFront™).

In 2000, ACAV partnered with the Calgary Justice Working Committee to pilot this innovative four-year project featuring a specialized domestic violence court, dedicated support services for offender, victims and children now known as HomeFront™[17]. HomeFront ™ in turn has facilitated the Protocol Project through bringing justice issues to the forefront with an organized way of addressing domestic violence in the Courts and provided the impetus to develop linking protocols between the specialized domestic violence court and related agencies.

Shelters and Calgary Housing Company:
An interagency protocol between Shelters and the Calgary Housing Company has been completed to address, establish, and maintain stable and safe housing for individuals or families who are or have experienced domestic violence within the context of legislated criteria[18]. This protocol describes the application process, how shelter and CHC staff persons can support this process, and the strategies for addressing and resolving conflicts.

Phase III: Training (1998 - 2000)

It was clear in planning and reinforced early in implementation of the Protocol Project that training for all agency staff would be needed to ensure that completed protocols were effectively implemented. Although training was outlined as being the third phase of activities for the Protocol Project, it was offered throughout the stages of protocol development. Training workshops included information on the types of abuse, the dynamics of abusive relationships, what to expect from community agencies, and techniques to increase confidence of service providers screening for and responding to disclosures of abuse.

The Protocol Development Sub-Committee provided a training model to agencies and assumed a shared responsibility for domestic violence training between the agency and the community, a component written into the protocols themselves. Ideally, CDVC would provide information and advanced training targeted to specific groups. Agencies, in turn would agree to provide ongoing training, important for advancing knowledge and to keep current on issues of domestic violence. This would be accomplished through collaborative efforts within the community thus pooling resources and providing opportunities for agencies to interact and collaborate with each other[19].

[17] The activities of HomeFront™ are not addressed directly in this evaluation.
[18] The process of identifying the need for this protocol and it's implementation is addressed in the Final Report for 2002 prepared by D. Gaye Warthe (2003).
[19] "Training," distributed to Protocol Development Work Group, January 27, 1998.

By December 2000, over 172 hours of direct training had been made available to service providers from all sectors with an equivalent in coordination and planning time[20]. Increased training has resulted in increased awareness and increased demand of resource materials developed by ACAV. The need for training over the long-term was recognized as being necessary to change attitudes and ensure the sustainability of protocols as staff and programs change and adapt.

Training Outcomes

The provision of training posed a barrier to protocol implementation for many agencies. Smaller agencies, and sometimes, larger systems often did not have the staff or monetary resources for training and even fewer resources for training new staff or providing advanced training. Not having the resources to do it on their own, many agencies approached the Protocol Coordinator, and the HomeFront™ trainer who also assumed responsibility for training, to plan materials plan materials and speakers for their training sessions. The requests for training soon exceeded available resources. This posed a significant barrier as agencies hesitated to implement domestic violence protocols without personnel trained to administer them.

Because of these additional demands, in June of 1998 the Coordinator recommended that a community training position be created within the Protocol Development Committee to assist with both initial training of professionals and ongoing training for new staff, new agencies, etc., and provide both basic and advanced training.[21] In January 2000, the Protocol Development Sub-Committee became the Protocol Development and Training[22] Sub-Committee as it took on the task of coordinating both protocol development and domestic violence training to ensure consistency in protocol development and maximization of training resources[23]. This name change is indicative of the shift in focus from developing to implementing protocols through training and revision.

Responses to training sessions provided in the feedback questionnaires following the sessions were overwhelmingly positive. In general, participants reported that they appreciated the statistical presentations of domestic violence, felt they had a better understanding of the patterns of abuse, and learned more about the many available resources in Calgary for victims[24]. For many, this increased knowledge meant that they felt more confident in their abilities to bring the topic up with, or to screen clients for domestic violence.

Agency staff came into the training sessions with a variety of training needs. Some staff needed to start with definitions of domestic violence, prevalence, and resources in the community. Responses[25] from this group emphasized the value of learning about domestic violence and described the training as "an eye opening experience." Other agency staff had been working

[20] Calgary Domestic Violence Committee (CDVC) Protocol Project - Untitled Funding Proposal to the United Way (2001).
[21] Meeting minutes, June 30, 1998
[22] The Training Committee requested to become an official Work Group in late 1998.
[23] Warthe 2000: 16
[24] Some respondents wanted to know more about treatments for the abuser and about abused men.
[25] All training session participants were asked to complete a feedback survey immediately after so that organizers could adjust the presentation as needed.

with domestic violence protocols for some time and were more interested in learning about current community services and how other sectors were addressing domestic violence. There were also staff who were knowledgeable and experienced in addressing domestic violence who worked with others who had no experience within agencies that did not have protocols in place. As reflected in evaluations, training individuals with mixed backgrounds in one session often meant that one group was challenged by the amount of information presented while the other found the information repetitive and "boring".

While the training evaluations are useful in assessing the suitability of training design to a particular agency, they only address reactions immediately following the session. Staff did not have the opportunity to give feedback after they had put what they had learned into practice. A few participants commented in the training evaluations that a follow-up session would be helpful to address emerging problems and concerns. In follow up interviews, many agencies spoke of their desire to provide training workshops for staff both as new and "refresher" training but lacked the resources to do so.

Funding Completion

At the end of it's first two years (1998 - 2000) of funding from the United Way of Calgary and Area the project ended. Due to the broad community support for the project, the United Way of Calgary and Area and The Calgary Foundation provided additional funding to November 30, 2000. There was no funding to support the project beyond this date despite the recognized need for further work.

The Protocol Project exceeded its original objectives as 64 internal protocols were developed and many more agencies and agencies in other cities were requesting assistance in developing their own protocols. The work was still not complete as protocols needed to be reviewed and revised, evaluated for effectiveness, and personnel trained to update knowledge and train new staff members. In the fall of 2001, CCASA and HomeFront™ applied for and received MATCH Solutions funding from the City of Calgary for the development of protocols specific to HomeFront ™, children and youth, agencies serving people with disabilities, protocols for faith communities, and protocols specific to sexual violence. Work on this most recent phase of the project began in January of 2002 and will conclude in 2003, marking the formal completion of the Protocol Development Project.

Outcomes: Agency Questionnaires

In 2000, agencies participating in the Protocol Project were sent an evaluation questionnaire as a way to assess how the process assisted the agency and how assistance might be provided in the future. There were two different questionnaires sent to each agency: a full-length questionnaire to be completed by the primary agency contact for the Protocol Project (usually the person to whom the questionnaire was sent); and shortened versions of the questionnaire to be completed by agency staff. Of the 64 agencies sent questionnaires, 25 responded (although one contained

no data), leaving the response rate at about 38%. As Figure 1 shows, among respondents, the agencies were equally as likely to be large (51 or more staff) and small (less than 10 staff).

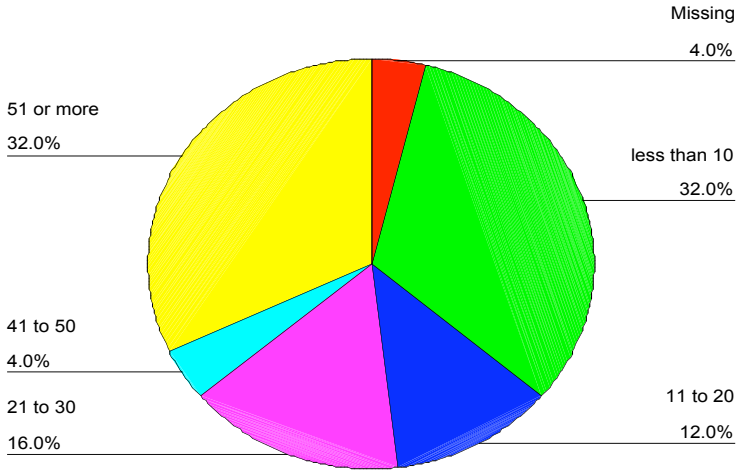


Figure 1: Number of staff in agency

Prior to involvement in the Protocol Project, 43% of respondents reported having existing procedures for working with individuals and families affected by domestic violence (Figure 2), the highest proportion being among those providing support groups and court advocacy. Agencies providing health care were least likely to have had an existing protocol. Smaller agencies were somewhat less likely to have had previous protocols or procedures (Figure 3).

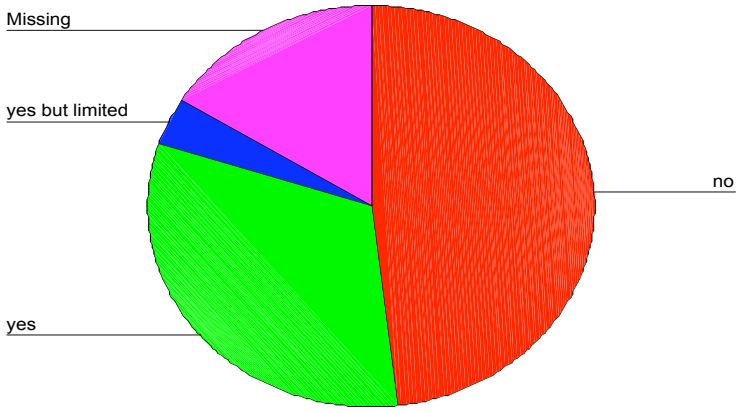


Figure 2: Percentage of agencies with DV procedures in place

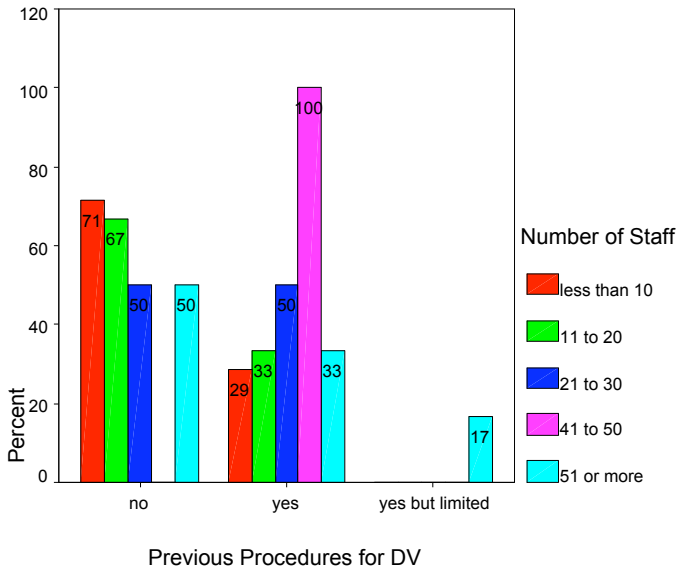


Figure 3: Previous procedures for DV by agency size.

At the time of questionnaire return, 52% were in the process of implementing protocols and only 32% of respondents said the protocol was fully implemented. One agency (4.0%) did not have a protocol developed. If one believes that the non-respondents were more likely to not have fully implemented the protocols, the estimate of 32% would be inflated.

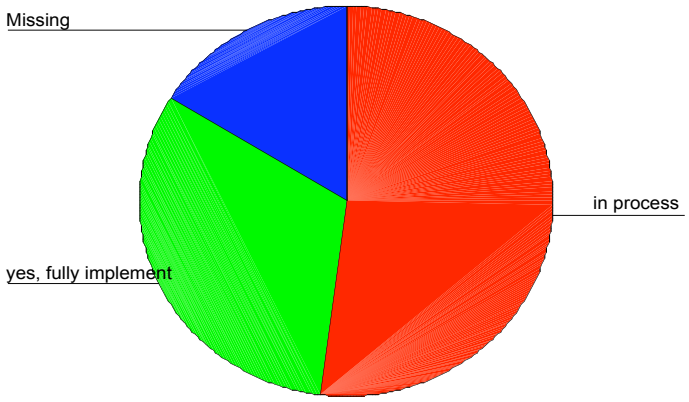


Figure 4: Agencies with CDVC protocols in place

While some agencies feel they have fully implemented protocols (usually phrased in terms of "all staff have been trained"), others view protocols as an ongoing process to be addressed with new staff, new information, and changes to procedures. Among those who reported not having fully implemented protocols (including those whose protocols were "in progress"), the majority identified staff training as a required resource. Over 18% reported that "improved community resources" were required although they did not specify what they meant.

Staff and Resources:
Regardless of the size of the agency, most agencies (72% among responders) dedicated fewer than 10 staff members to the writing or reviewing of the protocol (Figure 5). Only larger organization dedicated more staff.

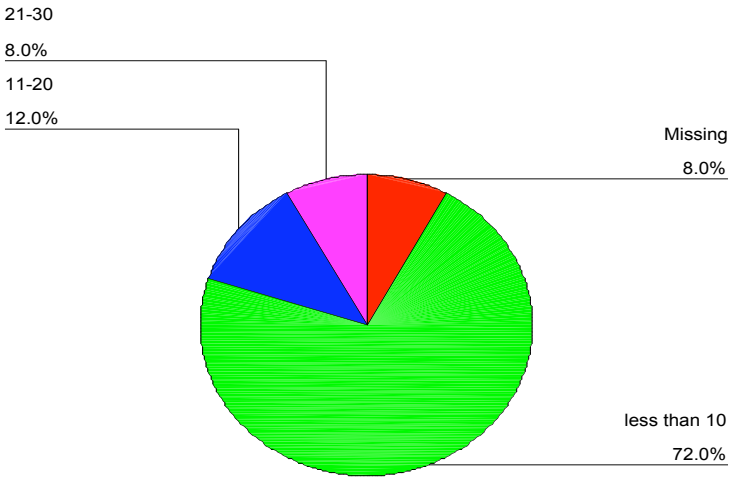


Figure 5: Number of staff involved

Figure 6 shows that most agencies involved less than 10 staff in the protocol development and training. This means that a larger proportion of smaller agencies (less than 10 staff) compared with larger agencies had most of their staff involved.

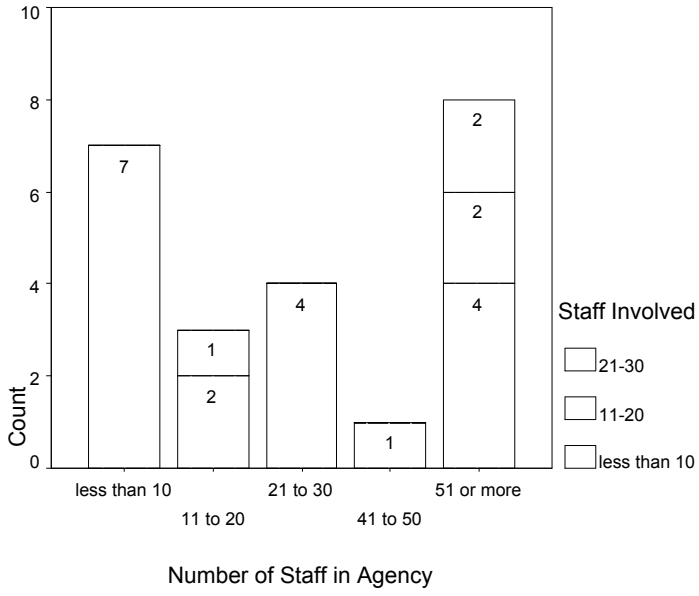


Figure 6: Number of staff involved by number of staff

Illustrated another way, among the agencies with 51 or more staff, about a quarter had 21 to 30 staff involved, about a quarter had 11 to 20 staff involved and 50% had less than 10 staff involved. The type of service did not appear to be related to the number of staff involved.

Responders indicated that having more staff may not have helped process. Figure 7 shows that two of the medium sized agencies (11-30) thought that more staff involvement would have added to protocol development, one thought it would have slowed the process down. Some responders suggested that there may have been more commitment but that this would have distracted staff from other duties. Larger agencies, (31-50+) people were more likely to say that more staff involvement would have slowed the process. (Figure 7 and Table 1). This shows that larger agencies did not necessarily devote more staff to the process of writing and developing protocols.

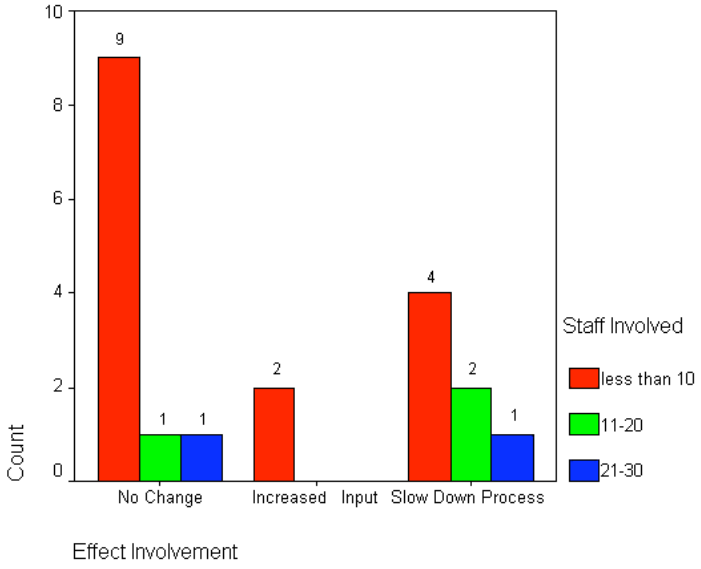


Figure 7: Number of staff involved by impact of more involvement (N=20)

Table 1: Number of Staff Involved by Number of Staff in Agency and Impact of More Involvement					
Number of Staff	Number of Staff Involved	No Change	More Impact	Slow Process	Total
<10	<10	5 (100.0)			5
11-20	<10 11-20	1 (33.3) 1 (33.3) 66.6	1 (33.3)		2 (66.7) 1 (333)
21-30	<10	2 (50.0)	1 (25.0)	1 (25.0)	4 (100.0)
31-40					0
41-50	<10			1 (100.0)	1 (100.0)
51+	<10 11-20 21-30	1 (14.3) 1 (14.3)		2 (28.6) 2 (28.6) 1 (14.3)	3 (42.9) 2 (28.6) 2 (28.6)

In contrast, the majority of the respondents thought that having had fewer staff involved would have had a negative effect on the protocol development process regardless of agency size (Table 2). Some responders wrote that having fewer people involved would have resulted in less buy-

in, understanding, and less comprehensive protocols with gaps that would need to be filled in later. Thirty-one percent felt that having fewer staff involved would not have affected the development of the protocol.

Table 2: Number of Staff Involved by Number of Staff and Impact of Having Had Fewer Staff Involved

Number of Staff	Number of Staff Involved	No Change	Less Input	Total
<10	<10	3 (60.0)	2 (40.0)	5
11-20	<10		1 (100.0)	1
21-30	<10	1 (25.0)	3 (75.0)	4
31-40				0
41-50	<10		1 (100.0)	1
51+	<10		2 (40.0)	2
	11-20	1 (20.0)	1 (20.0)	2
	21-30		1 (20.0)	1

It appears as though agencies dedicated as much human (and presuming, financial) resources as they could and were satisfied with the numbers involved to develop protocols.

Impact of the Protocols on Agency Practice:
Despite the fact that 9 of 21 agencies had a previous protocol, the majority believe there would be some change expected of staff as a result of this project. Implementing domestic violence protocols has resulted in more consistent practices, especially in the screening and referral process. Sixty percent of responding agencies reported some change in staff practices as a result of the protocols. All 21 agencies that responded felt that the domestic violence protocol developed within their agency would result in better service to families affected by domestic violence. As described by respondents, the protocol process resulted in increased sensitivity towards the issue, increased knowledge of the services available from other agencies, increased comfort with asking, and more consistent delivery of service. For agencies already addressing violence issues, the interagency protocols formalized existing protocols and enhanced delivery of services through the knowledge and use of other agency services.

Among responders, 75% stated that writing the protocols had "increased awareness," 15% had changed their screening practices as a result of the protocol process, and 10% reported no impact on staff or services. For those agencies already screening for domestic violence, the protocols made it easier to provide better service to clients through being more aware of other agencies and services, as a result, "*make relationships with other agencies smoother*" [43:1:35]:

> *Our agency has been involved in the training aspect of the protocols project. It has afforded an opportunity for dialogue with staff members in agencies about domestic violence issues, appropriate ways of responding to clients with these issues, and the role of shelters in those responses. Some new relationships between the shelter and other agencies has developed as a result, and on-going agency relationships have been clarified and strengthened. This has been helpful*

in our providing more timely service to both clients and referring agencies. [Shelter, 21:2:5 - 12]

They have made it much clearer as to each agency's role and responsibilities. There is also some assurance that other service agencies will have more awareness of family violence, and make appropriate referrals [Shelter, 27:2:11-14]

"Training" (learning more about domestic violence) has made staff more attuned to the issue in being more aware of the need to ask, more able to deal with disclosed abuse, and able to provide more information to clients.

Enhancing knowledge on and understanding of the issue on domestic violence. Promoting clear guidelines for and a common understanding of the actions to be taken in handling domestic violence cases. [Children, 14:2:7-9]

The impact on Justice is probably the most impressive. Agency staff responders were the only agency to site "increased workload" in their responses and did so repeatedly. Even though it is difficult to generalize these findings to the entire Alberta Justice (as it is unclear what position or department staff represented), the protocol had a definite impact on the ways staff performed their daily duties. Some staff reported that relationships and procedures with other agencies were enhanced while other staff recognized relationships as needing more work and revision of procedures[26].

The Protocol Coordinator:

All agencies felt strongly that the Coordinator's presence was important to writing the protocols. The Coordinator provided research and information that agencies could not obtain themselves (due to time and resource constraints), provided guidance and motivation and addressed concerns, providing guidance and support while taking agencies' unique needs into consideration, drafting protocols and identifying key issues for each agency. The Coordinator also played a key role as a liaison between agencies to "*develop a common base of protocols*" [21:1:48-49]. As one respondent simply wrote, "*Coordinator was a major if not the major force in writing the protocol*" [36:1:41].

When asked how the Protocol Coordinator might assist with the implementation of the protocols, the majority of responders felt that the coordinator would be most helpful in addressing emerging questions and issues (40%) and providing community resources and links (20%). A small number (10%) were unsure how a coordinator would be helpful. Since many of the protocols have not become standardized procedures, even if implemented, it is not surprising that respondents described assistance in terms similar to the tasks done during the implementation process: provide resources and address concerns as they arise; liase with other agencies; assist with training (including developing training aids); update and maintain protocols; assist with evaluation and address barriers.

[26] Agency questionnaires were sent prior to the implementation of HomeFront™. Some of these issues may have been addressed in the formation of HomeFront™.

What Could Have Been Done Differently?

Most were very satisfied with the way this project went and wouldn't do things differently. ("nothing else, process was good" = 58%):

> *It was very time consuming, but the end products were strong. There was also "buy-in" across agencies to their implementation as a result of involvement in the development. I'm not sure how you would do it differently* [Shelter, 27:2:31-34]

Two responders wanted some sort of evaluation to be completed to ensure implementation in their agency. One wanted more information on a particular population (youths, presuming a group that they deal with more). Another felt that: "*More could be said on each persons role in the project" [*Justice, 36:2:53*].*

Some identified the Coordinator as the reason why they did not need any other assistance, "*I think the development process has gone very well thanks to [the Coordinator's] ability to work through and with diverse groups*" [21:1:52-53]. One agency wanted "*a greater understanding of diverse needs of Aboriginal population*" [43:1:45]). Another felt that in being a small component in a larger organization, they needed more support from upper management in the protocol process [56:1:50].

Two responders (different agencies) wanted more information to go beyond the agencies and into the larger community:

> *Basically the same but with more input from CDVC on the recent development of the issue and the sharing of other protocols of other agencies [*Children, 14questionnaire2ALL : 77 - 79 *]*
>
> *An update of what is happening throughout the city- especially in CRHA to keep us focused on this ongoing social concern - and keeping ourselves attuned to our part [*Health, 56questionnaire2ALL : 34 - 36 *]*
>
> *More publicity/awareness/exposure to community/city. [*Justice, 36questionnaire2ALL : 52 *]*

This is a reflection of changing attitudes and the desire to change the social environment.

Successes and Challenges

<u>The steady increase in the number of agencies and organizations identified as wanting a domestic violence protocol demonstrates the success of CDVC and ACAV in meeting the goal of bringing primary stakeholders together to make decisions and to communicate with designated sectors about agreed upon goals</u>. The response to the Protocol Project and its accomplishments demonstrate the necessity and timely support for this initiative. It can be argued that his initiative achieved what it did because of the social context in which it took place. It was

preceded by the effect of a clear mandate set by the Mayor's Office and articulated and supported by front line workers, guided by a dedicated coordinator and committed individuals to oversee the entire process of protocol development.

The success of this initiative in a large city centre is reflected by the fact that other jurisdictions have sought advice and adopted processes that were developed in the Protocol Project. For instance, the protocol developed for the local Canadian Institute for the Blind has been adopted by the Alberta region, produced in Braille, and is to be adopted nationally. The Calgary Police Service protocol has been adopted by Alberta Justice as a best practices model for all police services in Alberta. The City of Edmonton sought consultations with ACAV and CDVC for a similar project in their city[27]. The Coordinator continues to be consulted on domestic violence issues and community collaborations based on her experience with the Protocol Project.

Funding Issues:

During the period of non-funding (2001), the Coordinator maintained contact with agencies involved with the Protocol Project, contracting and volunteering her time to complete protocols. The momentum of the Protocol Project, the enthusiasm of key individuals, and a marked change in the perception of and approach to domestic violence in the community meant that many of project goals were sustained over this period, some agencies were lost during this period and new potential partnerships could not be made. There is a need for more funding to coordinate and maintain initiatives of this nature so that they can be sustained in the long-term and can respond to the changing environment. The nature of project based funding appears to have limited the success of the Protocol Project.

The Impact of Training:

All agencies recognized the value of providing their staff with training both in the implementation of their protocols and towards developing an understanding of domestic violence issues. While more staff were aware of the prevalence of domestic violence in their community, and the need to address domestic violence in their agency, some agency staff remain uncomfortable in dealing with the complex social issue of domestic violence. Even though ongoing training was agreed in the protocols, many agencies do not have the resources to provide ongoing training for new staff, to update existing staff knowledge, and to address emergent issues. All agencies interviewed said that they would train more staff more often if training was offered. Agencies need to be regularly provided with training and information opportunities, with updated resource information, for both new and existing staff. Integration with other violence prevention agencies, such as the Violence Information and Education Centre, would be appropriate.

While ongoing training is appropriate, it is also appropriate to assess whether the requests for training reveal other needs, such as, changes to agency programs and policies that conflict with domestic violence prevention. Ongoing research could identify changes needed in organizations

[27] Calgary Domestic Violence Committee (CDVC) Protocol Project - Untitled Funding Proposal "Funding proposal for the United Way"

and systems that are not in the capacity of individual staff to resolve, regardless of their level of training.

Increased Knowledge of Resources:

As a result of training and education, and the interagency protocols, there was an increased awareness among agency staff and larger sectors of the types of resources and services available to the community. With this increase in the demand for services, reliable funding for domestic violence services becomes even more important.

Increased "Asking" and Referral:

Early reports indicated that agencies were screening more clients as a result of increased knowledge provided in the training session and in implementing protocols[28]: As of 2001:

1. Catholic Family Service reported that all clients requesting assistance with family, marital or couple issues are screened for domestic violence at intake;
2. CRHA Social Work Departments report approximately 45% screening rate of referrals;
3. Calgary Rocky View Child and Family Services - Child Welfare report domestic violence is assessed at screening, investigation and case management;
4. Calgary Family Service Society reports approximately 95% requesting counselling screened at intake (1706 screening in the last reporting year). 25% of calls for caregiving being screened; and
5. Salvation Army Grace Women's Health Centre reports 7 of 8 programs routinely raise the issue of domestic violence with clients and patients

There was also a reported increase in referrals to existing agencies and programs including increased calls to shelters (especially since the CRHA Social Work Departments began routine screening), and increased numbers of referrals to Calgary Rocky View Child and Family Services from the Calgary Police Service and community agencies, and a reported increase in the numbers of men seeking treatment for their abusive behaviour.

There is evidence that "screening rates" decrease over time for a number of reasons including: staff turnover means fewer people are aware of and/or trained in issues of domestic violence in their work; changes to management and structure create changes to staff expectations; new information is not communicated; or conflicts between agencies are not effectively resolved. This indicates the need for a "Domestic Violence Protocol Coordinator" to sustain project goals, to communicate new information, to coordinate training opportunities, and to resolve issues as they emerge is ongoing.

[28] Information extracted from, "Calgary Domestic Violence Committee (CDVC) Protocol Project - Untitled Funding Proposal to the United Way" (2001).

The Aboriginal Community

The need for feedback from the Aboriginal community was viewed as critical to protocol development. Focus groups were held through Ke Mama Nnanik, Native Family Day Program to address how communities could best serve Aboriginal families affected by domestic violence. Aboriginal serving agencies were also invited to a workshop to increase knowledge about domestic violence. These meetings helped the Coordinator include information on the unique needs of the Aboriginal community in protocols for other agencies. The Aboriginal community continues to identify the need for more culturally specific resources and services.

Changed Perceptions of Domestic Violence:

One of the most promising results from the Protocol Project was expressed as the role it played in making domestic violence a salient social issue in the community. More agencies are addressing domestic violence in their practice, there is more understanding of domestic violence issues in general, and the internal and interagency protocols themselves have made individuals, agencies, and key sectors more accountable to the populations they serve. As one Shelter Director stated:

> *It's no longer something that can be swept under the carpet. It's something that's really recognized now as a significant social issue that needs to be dealt with.*

Having acknowledged this, there was also an expressed need for continued communication within and between agencies and to the larger community. Agency representatives expressed the need for a system of communication and regular information updates. Furthermore, there was a definite recognition that information on domestic violence and available services needs to move beyond the agencies approached in the Protocol Project and communicated to the larger community.

Main Findings

- CDVC and ACAV play an important role in the community in coordinating primary stakeholders to plan and to communicate with designated sectors about agreed upon goals;
- This project has generated interest locally, provincially and nationally, placing Calgary in a leadership role in domestic violence prevention protocols;
- Project based funding limits the capacity of organizations to sustain a comprehensive initiative like the Protocol Project. Maintenance and integration of protocols needs continued attention;
- The innovative nature of this project warrants continued research and evaluation that enables maintenance, adaptation to changing environments, and dissemination to other communities;
- The need for domestic violence services continues to be identified and will not decrease in the short-term. Long-term evaluation might assess whether integrated and effective

screening programs have the desired effect of decreasing the need for more intense services, such as shelter;

- The Protocol Project must continue to involve and respond to the needs of specific populations in the community; and
- Continuous communication is one means of support needed for current work and to keep prevention of violence on the agenda of community organizations.

- **References Cited:**

Action Committee Against Violence. (2000). "ACAV Activity Report, 2000" [Online]. Available: http://www.calgary.ca/cweb/gateway/gateway.asp?GID=395&CID=0&URL=http%3A%2F%2Fcontent%2Ecalgary%2Eca%2FCCA%2FCity%2BHall%2FBusiness%2BUnits%2FCommunity%2BStrategies%2FPublications%2FACAV%2BActivity%2BReport%2B2000%2FIndex%2Ehtm [2003, January 28].

Warthe, D. Gaye. (2000). Calgary Domestic Violence Committee (CDVC) Protocol Project - Protocol Manual. Calgary Domestic Violence Committee. Available: http://www.calgary.ca/cweb/gateway/gateway.asp?GID=395&CID=0&URL=http%3A%2F%2Fcontent%2Ecalgary%2Eca%2FCCA%2FCity%2BHall%2FBusiness%2BUnits%2FCommunity%2BStrategies%2FPublications%2FACAV%2BProtocol%2BManual%2Findex%2Ehtm [2003, January 28].

Appendix A:

Environmental Scan: Domestic Violence Programs in Other Regions*:

	Program	Type of Agency/contact information	Evaluation done??	Report Available (printed??)	Website address
1)	Needs Assessment Survey	Office for the prevention of DV and New York State Coalition Against DV Phone: (518) 486-6262	Yes -needs assessment for all DV service providers in NY state, many obstacles discussed	Yes, yes	http://www.opdv.state.ny.us/coordination/index.html
2)	Coordinated Community Responses to DV in 6 communities	Urban Institute for the office of the Assistant Secretary of Planning and Evaluation Sandra Clark October 1996	Yes -formative evaluation involving case studies to conduct qualitative assessment of system change, system gaps, and system opportunities, found that no information system in place to allow for extensive quantitative analysis	Yes, no	http://aspe.os.dhhs.gov/hsp/cyp/domvilz.htm
3)	Preventing DV: Clinical guidelines on routine screening	US department of Health Services Family Violence Prevention Fund Phone: (415) 252-8900	No -routine screening in primary care, clinical settings, ER, obs/gyn, mental health settings	Yes, no	www.endabuse.org/programs/healthcare/files/screpol.pdf
4)	Family Violence Protocol Development	Jill Davies National Resource Center on DV for TANF and Child Support agencies and DV advocates Phone: (800) 537-2238	No Only protocol development	Yes, yes	www.vaw.umn.edu.FinalDocuments/welprac2.htm
5)	Building Bridges between DV advocates and health care providers	Janet Mudelman & Helen Rodriguez Trias for the National Resource Center on DV Phone: (800) 537-2238 June 1999	No Willingness of victims to respond if asked directly and importance of DV organizations can play in health care settings	Yes, no	www.vaw.umn.edu/FinalDocuments/bridges.asp

* Prepared by M. Hyman, Summer 2002.

	Program	Type of Agency/contact information	Evaluation done??	Report Available (printed??)	Website address
6)	Evaluating Coordinated Responses to DV	Melanie Shepard Department of Social Work, University of Minnesota April, 1999	No Provides summary and analysis of research on coordinated community responses to DV	Yes, yes	www.vaww.umn.edu/Vawnet/ccr.htm
7)	Coordinated Community approaches to domestic violence	Barbara J. Hart Legal director, Pennsylvania Coalition Against DV Email: justproj@aol.com 1995	No Little research on outcomes of ind. Justice system or human service system endeavors Increase services, we will increase women acting to seek intervention. Touches on how and what to measure when conducting eval.	Yes, yes	www.mincava.umn.edu/hart/nij.htm
8)	Challenges in Collaborative Research: Trust, time and Talent	Stephanie Riger University of Illinois Email: sriger@uic.edu	No In order to implement and evaluate programs properly there must be effective collaboration between researchers and advocates	Yes, no	www.mincava.umn.edu/papers/riger.htm
9)	DV and Good Practice Indicators: A mapping study of services working with families	Catherine Humphreys et al. Center for the study of well being University of Warwick 1999	Yes Establishes range and extent of DV service provisions across the UK. Framework of DV good practice indicators was developed from this study. (NO DATA)	No Full reprint available from the policy press # 0117-9555554-6800	www.domesticviolencedata.org/6_biblio/reports_pdf/gi2gp.pdf
10)	Violence in Families: Assessing prevention and treatment programs	Commission on behavioral and social sciences and education	No How to improve evaluations in social, legal, and health care services and the need for a comprehensive and collaborative effort	Yes, no (full book)	http://books.nap.edu/books/0309054966/html/31.html#pagetop
11)	Strategies for TANF Agencies to identify and address DV	Michelle Ganow Welfare Information Network DEC 2001	No Women with DV issues underreport to caseworkers, have higher rates of unemployment than other welfare recipients and lower rates of sustained employment	Yes, yes	www.welfareinfo.org/tanf_dvissuenote.htm

	Program	Type of Agency/contact information	Evaluation done??	Report Available (printed??)	Website address
12)	California Welfare Reform Project-screening guide	Sandra Naylor Goodwin California Institute for Mental Health #: 916 446-4519	No Alcohol/drug, mental health and DV issues, special hurdles for women attempting to use welfare reform services. Gives short eval of NJ project	Yes, no	www.cimh.org/downloads/ScreeningGuide.pdf
13)	Process Eval of Manchester's Multi-Agency DV project April, 2000	One of 12 case studies prepared for "Evaluation of the STOP Law Enforcement and Prosecution Project" administered by Institute for Law and Justice, funded by National Institute of Justice	The evaluation goal of project has not been met. -no funds -no ind. Evaluator -IT is lacking -staff so not have time	Yes, no	www.ilj.org/dv/CaseStudies/manchester.pdf www.ilj.org/dv/CaseStudies/la_plata.pdf
14)	DV Resource manual for health care providers (state of Delaware) May 2000	Domestic Violence Coordinating Council (DVCC), medical subcommittee #: (302) 577-2684	No Info. Regarding screening/treatment of patients who have experienced DV, primary and secondary prevention strategies	Yes, no	www.courts.state.de.us/family/dvcc/dvmanual.pdf
15)	Partnership Against DV: second report of the taskforce	Minister for Family and Community Services Partnerships Against DV	Yes (page 311/59) Hasn't been completed States objectives of veal.	Yes, no	www.padv.dpmc.gov.au/oswpdf/annual_report.pdf
16)	DV: Overview of research from various DV programs; i.e. Protocols and policies for criminal, legal and community based interventions	National Victim Assistance Academy. Ch 8: Harvey Wallace and Anne Seymour U.S. Justice Department	No	Yes, no	http://www.ojp.usdoj.gov/ovc/assist/nvaa99/chap8.htm

	Program	Type of Agency/contact information	Evaluation done??	Report Available (printed??)	Website address
17)	Illinois Violence Prevention Authority- Safe Illinois Project; Preliminary Eval report	Jill Francis et al. Public/private collaboration	Yes Out in June 2002 Prelim results: -health care training positively impacted provider attitudes and knowledge of DV (pilot site outcomes) -problem based learning most effective -also strengths, weaknesses, challenges and ways to improve	Yes, no	http://www.ivpa.org/safe/evaluation.html
18)	Neighborhood Health Plan	Anneie Lewis O'Conner A not for profit org. Email: ltaichdaly@nhp.org	No -Guide to successful screening and intervention -Need for pop. Specific screening protocols	Yes, no	http://www.nhp.org/providers/violence
19)	Confronting Chronic Neglect: Education and Training of health professionals on Family Violence (focus on Drs., PA's, nurses, psychologists, social workers dentists)	Institute of Medicine & National Academy of Sciences Editors: Felicia Cohn et al Email: feedback@nap.edu 2002	Yes -overview of evaluations in the lit. in past few years. -good references -makes recommendations for future evals.	Yes, yes (exec summery & chapter 5)	http://www.nap.edu/books/0309074312/html/index.html
20)	Collaboration between programs serving victims of DV and child protection agencies	The Alaska Family Violence Prevention Project March 2001	No direct eval -local planning committees set up -workshops held in rural communities -made recommendations for others setting up protocols	Yes, no	http://health.hss.state.ak.us/dpti/mcfh/akfvpp/Fvarticles/DVTenLesson.pdf
21)	Highlights of National Conference on violence and Reproductive Health	Center for Disease Control June 1999	No -series of recommendations to develop national agenda -includes goals and objectives for evals	Yes, no	http://www.cdc.gov/nccdphp/drh/wh_vl_recommd.htm

	Program	Type of Agency/contact information	Evaluation done??	Report Available (printed??)	Website address
22)	Partnerships Against Domestic Violence- Meta Evaluation Current Perspectives on DV	See #14 Gov. of Australia	No -limitations of research -no evals of whole gov't policy & program initiatives -only description of programs	Yes, no	http://www.padv.dpmc.gov.au/oswpdf/DVPerspectives.pdf
23)	Various programs & program outcomes of DV in US discussed	Government website	Yes Program models and some evals completed	Yes, yes	http://aspe.hhs.gov/hsp/isp/ancillary/DV.htm
24)	Screening for family violence: guide to preventive services	Columbia University Health Sciences	No -accuracy of screening tests -value of standard screening questions for detecting child abuse-not known but consistent use of screening protocols improves detection of DV	Yes, yes	http://cpmcnet.columbia.edu/texts/gcps/gcps0061.html
25)	Role of Victim Services in improving IPV screening by trained maternal and child health care providers	Center for Disease Control -Pediatric Family Violence Awareness Project 94-95	Yes -Pilot evaluation promoting prevention and intervention of IPV -quasi exp. (no control) -screening rates did not increase after on site victim services	Yes, yes	http://jama.ama-assn.org/issues/v283/ffull/jwr0322-1.html
26)	How Child Welfare Workers Assess & Intervene around Issues of DV	Shepard & Raschick Department of Social Work Uni. Of Minnesota	Yes -surveyed public child welfare workers	Yes, yes	http://eon.law.harvard.edu/vaw00/shepard.html

	Program	Type of Agency/contact information	Evaluation done??	Report Available (printed??)	Website address
27)	Evaluation of Health Service Intentions in Response to DV Against women in Camden and Islington	Suzanne Watts Funded by Camden and Islington Health Authority 2000	Yes -aimed to assess effectiveness and quality of health service interventions -study design compliance was poor thereby making eval unsuccessful	Yes, yes Summery only printed	www.camden.gov.uk/camden/links/equalities/pdf/swfinal.pdf
28)	Effective Public Health Practice Project: evaluate effectiveness of relevant interventions	City of Hamilton Education and development program (public health research) Email: ephpp@city.hamilton.on.ca	Yes -search of databases/internet for lit review -interventions using empowerment/advocacy framework had the most positive outcomes	Yes, yes -abstract, study overviews and references printed -good references -good Canadian material -only a literature review	http://www.city.hamilton.on.ca/sphs/EPHPP/Reviews/SpousalAbuse.pdf
29)	Initiative to combat the health impact of DV against women	Queensland Government -Queensland Health DV Initiative	Yes -trial of a screening tool -evaluation of that tool -a continuation of the above in more pilot test sites (as there is usually a decline in screening rates over time)	Yes, yes -summery only printed	www.health.qld.gov.au/violence/domestic/dvpubs/Stage2tmcol.pdf
30)	DV data Collection Systems: What barriers must be overcome to implement a DV screening program in a health care setting?	Emily Gamble University of North Carolina For a Master of Public Administration April 2000	No -focuses on barriers to DV screening and provides basic methods of overcoming them no data	Yes, no	www.mpa.unc.edu/students/capstone/bestexamples/gamble04032000.pdf

	Program	Type of Agency/contact information	Evaluation done??	Report Available (printed??)	Website address
31)	Performance audit of the children's protective services program	Family Independence Agency Oct 1997	Yes -reviewed applicable state statutes and policy procedures -found screening process to frequently disappoint, leaving 23.9% of suspected cases still at risk of suspected CA/N -lack of uniformity in screening protocol	Yes, yes -only summery of objectives, scope, methodology and Agency responses printed	www.state.mi.us/audgen/comprpt/docs/r4328496.pdf
32)	Preventing IPV: Child & Family Health Needs Assessment & Recommendations for Public Health	Oregon Department of Human Services -Center for Child & Family Health Sept 2000 email: molly.emmons@state.or.us	Yes -assessment of health care services -overall gaps in programs in: access, education, data -recommends using this info for planning and evaluating health improvement efforts within state and local partners	Yes, no	www.ohd.hr.state.or.us/ccfh/intpart.pdf
33)	Building an Integrated Community Response to Children who witness violence	Violence Prevention Coordinator City of Cambridge Cambridge Health Alliance Sharon Eliz. Riva Harvard university June 1998	Yes -not a random sample but a representative sample of providers who work with children -integrated community networks -pilot models of interagency collaboration with child protective agencies -compares Cambridge and model of community based approach	Yes, yes (summery printed only)	www.ci.cambridge.ma.us/~Women/BICRCWV.pdf
34)	Evaluating the outcomes of DV Service Providers: Some Practical Considerations and Strategies	Chris Sullivan Michigan State University Carole Alexy Coalition Against DV	No -guidelines and providence of practical assistance and examples in designing and carrying out effective evaluation strategies (specifically for DV service providers)	Yes, yes	http://www.vaw.umn.edu/FinalDocuments/vawnet/evalout.asp
35)	Screening for DV: Identifying, assisting, and empowering adult victims of abuse	Katherine Little Postgraduate Medicine August 2000	Yes -provides some eval data -training and updating training increases positive screens for DV	Yes, yes	http://www.postgradmed.com/issues/2000/08_00/little.htm

	Program	Type of Agency/contact information	Evaluation done??	Report Available (printed??)	Website address
36)	Screening can identify Women at Risk for Abuse	Newsflash November 2, 2001	Yes -writes of one of first studies to evaluate whether screening for DV can identify women at risk for future abuse (which it can)	Yes, no Article to be found in journal of Preventative Medicine, August 2001	http://endabuse.org/newsflash/index.php3?Search=Article&NewsFlash=288
37)	In Harm's	National Clearinghouse on	No -co-occurrence of child abuse and DV -Effects of DV on children -Responses to DV and child	Yes, yes	http://www.calib.com/therpubs/harmsway.cfm
38)	Woman Abuse Protocols: Edward Island	Coalition for Woman Abuse Policy and Protocol in PEI: 1998 email: jdodd@isn.net	No -policy and protocol initiative -haven't formally evaluated it -used work groups of women who have been abused to evaluate protocols	Yes, yes	www.isn.net/cliapei/womanabuse

Appendix B:

Domestic Violence Protocols in the Community - Literature Search[29]

Adler,M.A., Hax,H., Stanley,J., & Zhou,W. (2000). Coordinated Community Responses to Domestic Violence in Three Maryland Communities. Southern Sociological Society (SSS), Association Paper

Audy,R. (1994). Collaboration between Police and Social Service Practitioners: Failure or Success?; La Collaboration entre policiers et intervenants sociaux: echec ou succes? Social Worker, 62(3), 133-136.

Bacchus,L., Mezey,G., & Bewley,S. (2003). Experiences of seeking help from health professionals in a sample of women who experienced domestic violence. Health & Social Care in the Community, 11(1), 10-16.

Bidwell,L.D.M. (2001). Why Didn't We Think of This Sooner: Using Faculty-Student Collaborative Projects as an Opportunity for Teaching, Research, and Service. Southern Sociological Society (SSS), Association Paper

Chamberlain, Linda. Your words make a difference: broader implications for screening. Health Alert 7(1), electronic document. 2000. Family Violence Prevention Fund. Ref Type: Electronic Citation

Cole,T.B. (2000). Is domestic violence screening helpful? Journal of the American Medical Association, 284(5), 551-553.

Culross,P. (1999). Health care system responses to children exposed to domestic violence. The Future of Children, 9 (3), 111-121.

Dasgupta,S.D. (2000). Charting the Course: An Overview of Domestic Violence in the South Asian Community in the United States. Journal of Social Distress and the Homeless, 9(3), 173-185.

Davis,L.V., Hagen,J.L., & Early,T.J. (1994). Social Services for Battered Women: Are They Adequate, Accessible, and Appropriate? Social Work, 39(6), 695-704.

Deighan,M.E.-D. (1995). A Comparative Study of Abused Women at a Domestic Violence Shelter with Abused and Non-Abused Women in the Community. State U New York, Albany 12222.

Ellsberg,M., Liljestrand,J., & Winkvist,A. (1997). The Nicaraguan Network of Women against Violence: Using Research and Action for Change. Reproductive Health Matters, 10, 82-92.

[29] References were searched and collected by M. Hyman, Summer 2002.

Ellsberg,M., Caldera,T., Herrera,A., Winkvist,A., & Kullgren,G. (1999). Domestic Violence and Emotional Distress among Nicaraguan Women: Results from a Population-Based Study. American Psychologist, 54(1), 30-36.

Escovitz,A., & Birdwell,S.W. (1996). Determining Specific Health Care Needs of Rural Communities. Journal of Health Care for the Poor and Underserved, 7(4), 285-289.

Fawcett,G.M., Heise,L.L., Isita-Espejel,L., & Pick,S. (1999). Changing community responses to wife abuse: a research and demonstration project in Iztacalco, Mexico. American Psychologist, 54(1), 41-49.

Fothergill,A. (1999). An Exploratory Study of Woman Battering in the Grand Forks Flood Disaster: Implications for Community Responses and Policies. International Journal of Mass Emergencies and Disasters, 17(1), 79-98.

Gamble,E. (2001). Emergency department screening for domestic violence. Popular Government, Spring, 39-43.

Gilson,S.F. (1997). The YWCA Women's Advocacy Program: A Case Study of Domestic Violence and Sexual Assault Services. Journal of Community Practice, 4(4), 1-25.

Hegarty,K., Sheehan,M., & Schonfeld,C. (1999). A Multidimensional Definition of Partner Abuse: Development and Preliminary Validation of the Composite Abuse Scale. Journal of Family Violence, 14(4), 399-415.

Jenkins,R.R., & Hutchinson,J.G. (1998). The Public Health Model for Violence Prevention: A Partnership in Medicine and Education. Journal of Negro Education, 65(3), 255-266.

Jolin,A., & Moose,C.A. (1997). Evaluating a Domestic Violence Program in a Community Policing Environment: Research Implementation Issues. Crime and Delinquency, 43(3), 279-297.

Kachel,D. (1991). Domestic Violence in Context: An Assessment of Community Attitudes. Contemporary Sociology, 20(1), 90-91.

Knickrehm,K.M., & Teske,R.L. (2000). Attitudes toward Domestic Violence among Romanian and U.S. University Students: A Cross-Cultural Comparison. Women & Politics, 21(3), 27-52.

Kok,A.C. (2001). Economic advocacy for survivors of domestic violence. Affilia, 16(2), 180-197.

Krishnan,S.P., Hilbert,J.C., VanLeeuwen,D., & Kolia,R. (1997). Documenting Domestic Violence among Ethnically Diverse Populations: Results from a Preliminary Study. Family and Community Health, 20(3), 32-48.

Landau,B. (1995). The Toronto Forum on Women Abuse: The Process and the Outcome. Family and Conciliation Courts Review, 33(1), 63-78.

Lewis,B.Y. (1985). The Wife Abuse Inventory: A Screening Device for the Identification of Abused Women. Social Work, 30(1), 32-35.

Lipchik,E., Sirles,E.A., & Kubicki,A.D. (1997). Multifaceted Approaches in Spouse Abuse Treatment. Journal of Aggression, Maltreatment and Trauma, 1(1), 131-148.

Little,K. (2000). Screening for domestic violence: identifying, assisting, and empowering adult victims of abuse. Postgraduate Medicine, 108(2), 135-141.

Lutenbacher,M., Cohen,A., & Mitzel,J. (2003). Do We Really Help? Perspectives of Abused Women. Public Health Nursing, 20(1), 56-64.

Maciak,B., Guzman,R., Santiago,A., Villalobos,G., & Isreal,B. (1999). Establishing LA VIDA: A community-based partnership to prevent intimate violence against Latina women. Health Education & Behavior, 26(6), 821-840.

McFarlane,J., Soeken,K., Reel,S., Parker,B., & Silva,C. (1997). Resource use by abused women following an intervention program: associated severity of abuse and reports of abuse ending. Public Health Nursing, 14(4), 244-250.

McFarlane,J., Soeken,K., & Wiist,W. (2000). An evaluation of interventions to decrease intimate partner violence to pregnant women. Public Health Nursing, 17(6), 443-451.

McKibben,L., Hauf,A.C., Must,A., & Roberts,E.L. (2000). Role of victims' services in improving intimate partner violence screening by trained maternal and child health-care providers - Boston, Massachusetts, 1994-1995. Morbidity and Mortality Weekly Report, 49(06), 114-117.

Merchant,M. (2000). A Comparative Study of Agencies Assisting Domestic Violence Victims: Does the South Asian Community Have Special Needs? Journal of Social Distress and the Homeless, 9(3), 249-259.

Mullender,A. (1997). Domestic Violence and Social Work: The Challenge to Change. Critical Social Policy, 17(1(50)), 53-78.

Murphy,C.M., Musser,P.H., & Maton,K.I. (1998). Coordinated Community Intervention for Domestic Abusers: Intervention System Involvement and Criminal Recidivism. Journal of Family Violence, 13(3), 263-284.

Norton,L., Peipert,J., Zierler,S., Lima,B., & Hume,L. (1995). Battering in Pregnancy: an assessment of two screening methods. Obstetrics & Gynecology, 85(3), 321-325.

O'Sullivan,E., & Carlton,A. (2001). Victim Services, Community Outreach, and Contemporary Rape Crisis Centers: A Comparison of Independent and Multiservice Centers. Journal of Interpersonal Violence, 16(4), 343-360.

Parker,B., McFarlane,J., Soeken,K., Silva,C., & Reel,S. (1999). Testing an intervention to prevent further abuse to pregnant women. Research in Nursing & Health, 22(1), 59-66.

Perry,L. (1994). Mediation and Wife Abuse: A Review of the Literature. Mediation Quarterly, 11(4), 313-327.

Porter,K.L., & Hall,W. Keeping Collaboration Alive in the Criminal Justice Response to Domestic Violence. (2001). Anonymous.

Ratner,P.A. (1995). Indicators of exposure to wife abuse. Canadian Journal of Nursing Research., 27(1), 31-46.

Rose,L.E., Campbell,J., FAAN, & Kub,J. (2000). The role of social support and family relationships in women's responses to battering. Health Care for Women International, 21, 27-39.

Ruggiero,J.A., & Weston,L.C. (1996). Contemporary Sociological Practitioners' Contributions to Public Policy: An Exploration and a Dialogue. American Sociological Association (ASA), Association Paper

Saathoff,A.J., & Stoffel,E.A. (1999). Community-Based Domestic Violence Services. The Future of Children, 9(3), 97-110.

Salem,R.G. (1995). Crime, Public Policy, and Woman Battering. Sociological Imagination, 32(3-4), 197-204.

Schlenger,W., Roland,E., Krouth,L., Dennis,M., Magruder,K., & Ray,B. (1994). Evaluating services demonstration programs: A multistage approach. Evaluation and Program Planning, 17(4), 381-390.

Shields,G., Baer,J., Leininger,K., Marlow,J., & DeKeyser,P. (1998). Interdisciplinary Health Care and Female Victims of Domestic Violence. Social Work in Health Care, 27(2), 27-48.

Slaght,E.F. (1991). Focusing on Domestic Violence to Teach Community Intervention Strategies. Arete, 16(2), 39-45.

Srinivasan,M. (1999). Intervention Strategies and Outreach: Some Prescriptions for Domestic Violence among South Asians in the United States. American Sociological Association (ASA)., Association Paper

Sullivan,C.M., Basta,J., Tan,C., & Davidson,W.S. (1992). After the crisis: a needs assessment of women leaving a domestic violence shelter. Violence & Victims., 7(3), 267-275.

Thompson,R.S., & Krugman,R. (2001). Screening mothers for intimate partner abuse at well-baby care visits: the right thing to do. [letter; comment]. JAMA, 285(12), 1628-1630.

Weisz,A.N., Tolman,R.M., & Bennett,L. (1998). An Ecological Study of Nonresidential Services for Battered Women within a Comprehensive Community Protocol for Domestic Violence. Journal of Family Violence, 13(4), 395-415.

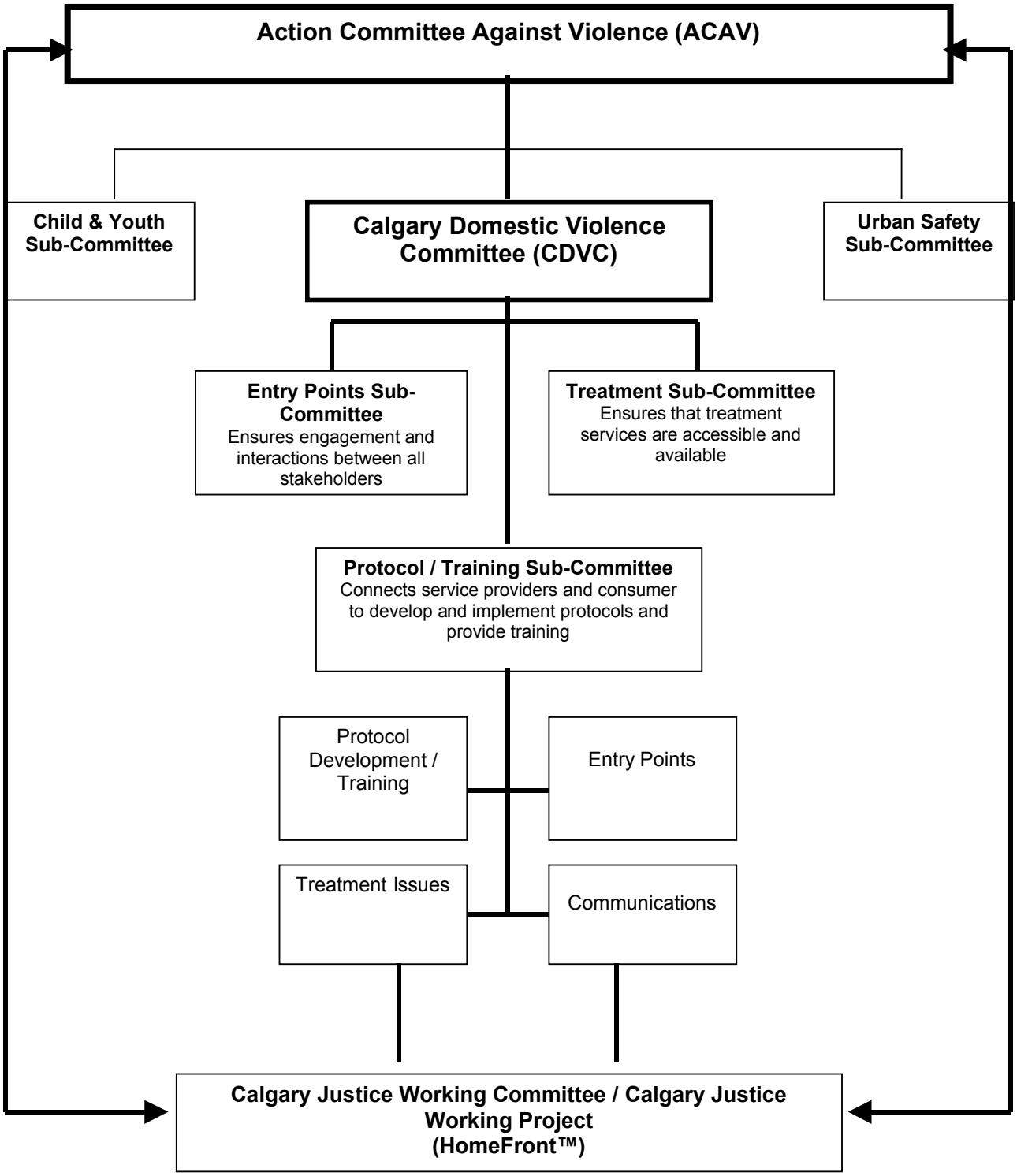
Weisz,A.N. (1995). Effectiveness of Services for Women Provided by a New Domestic Violence Protocol. U Illinois, Chicago.

Wiist,W., & McFarlane,J. (1999). The effectiveness of an abuse assessment protocol in public health prenatal clinics. American Journal of Public Health, 89(8), 1217-1221.

Wolfe,D.A., & Jaffe,P.G. (1999). Emerging Strategies in the Prevention of Domestic Violence. The Future of Children, 9(3), 133-144.

Wright,R. (2000). Identification of Domestic violence in the Community Pediatric Setting: Need to protect mothers and children. Archives of Pediatrics & Adolescent Medicine, 154(5)

Appendix C: ACAV - CDVC Organizational Chart



Appendix D: Timeline for Protocol Development Project

1981	• Calgary Domestic Violence Committee (CDVC) meets for the first time to discuss domestic violence in Calgary	
1991	• CDVC identifies the need to improve response to domestic violence as a result of the *Mayor's Task Force on Community and Family Violence*.	
1992	• CDVC becomes a sub-committee of Action Committee Against Violence (ACAV) and assumes responsibility for implementing recommendations regarding domestic violence outlined in the Mayor's Task Force.	
1994	May	• First meeting of the CDVC Protocol Development Committee.
1996	October	• Protocol/ Coordination Work Group begins steps towards securing additional funds for project.
1997	March	• United Way of Calgary and area funds a two-year, part-time coordinator position to assist agencies with the development of protocols.
	April	• Expectations and goals for project, a potential agency list, timeline, literature review, guidelines for protocols are developed.
	May	• Agencies are contacted, gauging response to project; protocol guidelines are developed, an agency list is completed.
	June	• Over 50 agencies are contacted to this point.
1998	January	• Midpoint evaluation - assessment of content of written material and review of protocol process.
	March	• Accountability Groups are formed.
	April	• CDVC accepts universal screening in protocol development.
	November	• The Training Committee requests to become an official CDVC working group.
1999	January	• ACAV agrees to assume the leadership role in the Safer City Initiative and evolve into the Safer City model. • Bridge funding from the United Way is secured for March15-June 15th, 1999. • Training begins. The CDVC forms a Training Sub-Committee. • 56 agencies developing internal protocols.
	February	• Developing strategies to address the issues of domestic violence training for professionals in the community. • Applying for additional funding to support implementation and development of linking protocols.
	March	• The United Way assures the project of bridge funding until another source of funding is secured. • Community agency training piloted.

	April	• Presentation to group of Edmonton community representatives on Calgary's protocol development.
	September	• The Calgary Foundation provides funds for linking protocols until August 31, 2000. • Over 40 agencies have completed their protocols. • The development of linking protocol begins (Phase II).
2000	May	• HomeFront™ established bringing together social service agencies, law enforcement and the criminal justice system for the purpose of providing an immediate, seamless response to those involved in domestic violence.
	June	• Meeting called to discuss and make recommendations on the project to the CDVC. As October 2000 there will be no more funding for the coordinator.
	October	• Funds from The Calgary Foundation end. • Funding from the United Way continues until November 2000. • An application to Calgary Communities Against Sexual Assault (CCASA) is being prepared for submission.
2001	• No significant funding during this time.	
2002	January	• New funding secured from MATCH solutions funds for the development of protocols specific to HomeFront™, children and youth, agencies serving people with disabilities, protocols for faith communities, and protocols specific to sexual violence.
	February	• Coordinator's contract approved for 1.9 days/week. • Ownership clause is created recognizing that protocols developed belong to the CDVC/HomeFront™ Protocol Project.
	May	• Project name will change from the CDVC/HomeFront™ Protocol Project to the CCASA/CDVC/HomeFront™ Protocol Project to reflect the contributions of CCASA.
	December 2002	• Final Report submitted to Protocol Development Committee. Activities included protocol development with: the Aboriginal community; addressing gaps in two child and family serving agencies through protocols and training; work with the Disability and Justice Sub-Committee to implement protocols; developing guidelines for a Faith Response to Family Violence; Offender Treatment Protocol Review; update Partner Check protocols; developing linking protocols with CCASA; interagency protocol between Calgary Housing Company and shelters.

Appendix E:

Internal Protocols Written to 2002

Note: Some agencies have merged with others or have combined protocols.
Not all agencies have implemented written protocols.
Some agencies began the process of writing but did not complete.

Alberta Alcohol & Drug Abuse Commission
Alberta Children's Hospital - Family Resource Service
Alberta Justice - Family Mediation Services
Alberta Solicitor General - Community Corrections
Alberta Mental Health Board
Alexandra Community Health Centre
Awo Taan Native Women's Shelter Society
Bethany Lifeline
Brenda Stafford Centre
Calgary Board of Education
Calgary Catholic Board of Education
Calgary Catholic Immigrant Society
Calgary Coalition on Family Violence
Calgary Communities Against Sexual Abuse (CCASA)
Calgary Counselling Centre
Calgary Family Services
Calgary Health Region - Social Work Departments
8th & 8th Health Centre
Calgary Housing (formerly Calgary Housing Authority)
Calgary Humane Society
Calgary Immigrant Aid Society
Calgary Immigrant Women's Association - Family Conflict Program
Calgary John Howard Society
Calgary Legal Guidance
Calgary Mennonite Centre for Newcomers (CMCN)
Calgary Police Service
Calgary Rocky View Child & Family Services
Calgary Rocky View Child & Family Services - Handicapped Children's Services
Calgary Rocky View Child & Family Services - Mediation and Court Services
Calgary Urban Project Society
Calgary Women's Emergency Shelter
Calhomes Properties Ltd. (merged with Calgary Housing**)**
Catholic Family Service
Correctional Services of Canada
Crown Prosecutor's Office
Deaf and Hard of Hearing Services
Discovery House
Distress Centre
Elizabeth Fry Society
Family Violence Prevention Initiative in the Sunrise Communities
Foothills Medical Centre - Social Work Department
Gay and Lesbian Community Support Association
Human Resources and Employment - Supports for Independence (SFI)
Independent Living Resource Centre of Calgary
Jewish Family Services
Ke Mama Nnanik
Kerby Centre - Social Work Department

Kerby Rotary House
Men's Crisis Service
Men's Help Line
Men's Transition Centre
Native Addictions Services
Native Counselling Services of Alberta - Calgary Regional Office
North of McKnight Community Resource Centre
Peer Support Services for Abused Women
Peter Lougheed Centre - Social Work Department
Rockyview General Hospital - Social Work Department
Sonshine Centre
The Canadian National Institute for the Blind (CNIB)
The Salvation Army Grace Women's Health Centre
Wheatland Community Crisis Society
Woods Homes (formally Eastside/Westside Family Centre)
Youville Women's Residence
YWCA/Sheriff King Family Violence Prevention Centre

Interagency Protocols Completed to 2002

- The **Calgary Board of Education** and the **Calgary Catholic Board of Education** Child Abuse / Domestic Violence Protocol developed with **Calgary Police Services** and **Child Welfare**. (March 2000)

- Domestic Violence Protocols Linking **Calgary Police Service** and **Rocky View Child and Family Services - Child Welfare** (September 1999)

- **Joint Shelter Protocol** Including protocols linking Emergency Shelters, Senior's Emergency Shelters, and Long-term Shelters with **Bethany Lifeline, HomeFront™, Calgary Police Services, Calgary Rocky View Child and Family Services – Child Welfare, CRHA Social Work Department Protocol, Human Resources and Employment – Supports for Independence, and Calgary Housing** (June 2000).

- **Alberta Solicitor General, Calgary Rocky View Child and Family Services,** and **HomeFront** Interagency Domestic Violence Protocol (April 2001)

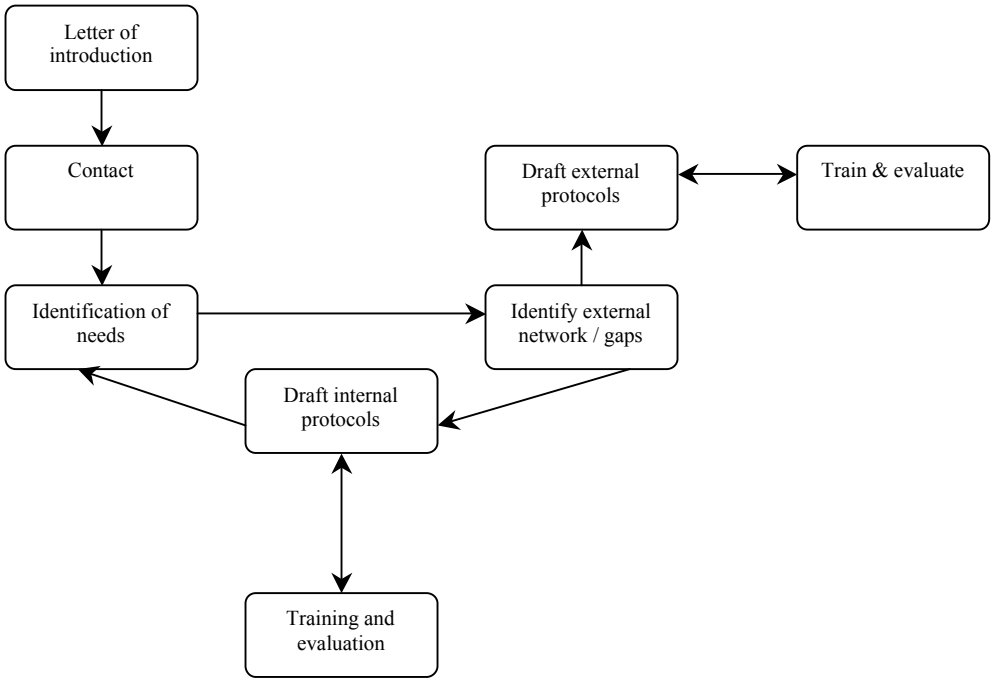
- Domestic Violence Protocols Linking **Calgary Shelter Services** and **Calgary Rocky View Child and Family Services** - Child Welfare (April 2001)

- Interagency Protocol: **Domestic Violence Shelters** and **Calgary Housing Company** (September 2002)

- Interagency Protocol between **Domestic Violence Shelters** and **Calgary Housing Company** (August 2002).

Appendix F

Protocol Development Process*



* Adapted from "Overall Protocol Development: Proposed Visual Outline." Distributed to the Protocol Development Work Group, April 27, 1997.