

Ontario Council of Agencies Serving Immigrants
(OCASI)

***PREVENTION OF DOMESTIC VIOLENCE
AGAINST IMMIGRANT AND REFUGEE WOMEN:***

***PREVENTION THROUGH
INTERVENTION TRAINING***

Training Manual

This project is made possible through funding provided by the
Government of Ontario, Ontario Women's Directorate



This Training Manual is to be used in conjunction with content outlined in the OCASI *Prevention of Domestic Violence against Immigrant and Refugee Women: Prevention through Intervention Training* resource book.

The OCASI Prevention of Domestic Violence against Immigrant and Refugee Women training is conducted from an Anti-Oppression Anti-Racism Framework. The training acknowledges that domestic violence against women and children occurs as a result of a power imbalance. In society, women and children experience inequality and are susceptible to abuse. This training aims to contribute to work that is being undertaken by many organizations and individuals to remove barriers of oppression from the lives of all women and children. The training strives to promote equality at all levels, including assessment, intervention, education, advocacy and collaboration, when addressing domestic violence in the lives of women and children. OCASI recognizes that oppression and racism with regard to women and children is a form of violence.

Acknowledgements

This OCASI *Prevention of Domestic Violence against Immigrant and Refugee Women Training Manual* is developed as part of the OCASI Domestic Violence: Prevention through Intervention project that is made possible through funding provided by the Government of Ontario, Ontario Women's Directorate.

The training manual has been developed as a result of joint efforts of many committed people. OCASI wishes to thank all the members of the project Advisory Committee who enthusiastically participated by sharing their knowledge and experience, and who provided hands-on contribution in the development of the *Prevention of Domestic Violence against Immigrant and Refugee Women: Prevention through Intervention Training* resource book, on which the manual is based. Our thanks go to Inderjit Grewal, who was instrumental in compiling the different pieces into this final manual. Thanks also go to staff, Eta Woldeab, Paulina Maciulis and Immaculate Tumwine for their leadership and hard work in all aspects of this project.



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September 2006

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The OCASI Domestic Violence: Prevention through Early Intervention project is made possible through funding provided by the Government of Ontario, Ontario Women's Directorate



According to the 1999 General Social Survey on Victimization (GSS), women and men experience similar rates of both violence and emotional abuse in their relationships. The survey found, however, that the violence experienced by women tended to be more severe - and more often repeated - than the violence directed at men. For example, compared to men, women were:

- Six times more likely to report being sexually assaulted
- Five times more likely to report being choked
- Five times more likely to require medical attention, as a result of an assault
- Three times more likely to be physically injured by an assault
- More than twice as likely to report being beaten
- Almost twice as likely to report being threatened with, or having a gun or knife used against them
- Much more likely to fear for their lives, or be afraid for their children as a result of the violence
- More likely to have sleeping problems, suffer depression or anxiety attacks, or have lowered self-esteem as a result of being abused, and
- More likely to report repeated victimization.

Source: Department of Justice Canada. Spousal Abuse: A fact sheet. 1999 General Social Survey on Victimization (GSS) Conducted by Statistics Canada Quoted by Department of Justice Canada in: *Spousal Abuse: A fact sheet*
<http://justice.gc.ca/en/ps/fm/spouseafs.html#ftn8>

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^Background on the Ontario Council of Agencies Serving Immigrants

The Ontario Council of Agencies Serving Immigrants (OCASI) was formed in 1978 as a Council of autonomous community-based agencies that serve the immigrant communities of Ontario. OCASI acts as a collective voice for immigrant-serving agencies, and coordinates responses to shared needs and concerns. Its mission is to achieve equality, access and full participation for immigrants and refugees in every aspect of Canadian life.

OCASI members are primarily service providers that offer programs and services to immigrants and refugees. These services support the immediate settlement needs of persons newly arrived in Canada, as well as long-term settlement and related needs. Many service consumers are members of racialized communities and many are women.

Introduction to “Domestic Violence: Prevention through Early Intervention”

The three-year OCASI project, *Domestic Violence: Prevention through Early Intervention*, is in keeping with OCASI's Sectoral Development goal, whereby OCASI works to strengthen the capacity of the immigrant settlement and integration sector through enhancing skills, community initiatives and empowerment.

The project, which is supported by the Government of Ontario, Ontario Women's Directorate, involves developing and delivering training for settlement service providers and for any workers who frequently provide services to immigrant, refugee and undocumented victims, but who do not have extensive knowledge of woman abuse issues.

It is aimed at those who work at settlement agencies, ethno-specific associations and other immigrant service organizations. However, other service providers working in shelters, community health clinics, government social services (e.g., welfare office), information centres, distress call centres, as well as social workers, have been welcomed to participate, as the training and resources may be suitable to their needs.

Goal of Training

The goal of the training is to enhance service to immigrant, refugee and undocumented women at risk of domestic violence. The training, which builds on the current settlement service interventions, involves:

- Identifying indicators of violence against women
- Ensuring early response
- Streamlining interagency coordination and case management
- Providing effective support and referral

Objectives of the Project

- To enhance the professional competency and skills level of service providers by:
 - Equipping workers to recognize signs of abuse and high risk
 - Enhancing the confidence of the frontline workers through knowledge building and discussion with peers
 - Helping workers to discern when and how to refer
- To improve service delivery to victims of domestic violence through enhanced coordination and linkages among immigrant service workers and other service and community workers
- To facilitate the networking and sharing of resources, information, innovative approaches and expertise among service providers, their organizations and newcomer communities
- To ensure sensitive and timely response through increased coordination among service providers

Train-the-Trainer Model

The OCASI project is based on a train-the-trainer model, whereby 52 workers received three-day training as facilitators in October and November 2005, with a commitment to co-facilitate one workshop or information and awareness session upon return to their communities. The group was chosen for their experience and commitment in the area of prevention of domestic violence against immigrant and refugee women. They indicated interest in providing training and information sessions in a variety of formats and time-spans to diverse audiences. It was expected that, over the two years subsequent to the training, participants would in turn contribute to sector training efforts to prevent violence against immigrant and refugee women.

This manual is to facilitate the training efforts of these facilitators.

Curriculum Needs Assessment and Training Content Development

A Training Needs Survey, developed and placed on the OCASI website at the commencement of the project and completed by 170 respondents, was instrumental in identifying priorities and developing training resources with respect to the following content areas:

1. **The dynamics of domestic violence:** Understanding domestic violence and its context; necessary information about violence for staff in contact with immigrant and refugee women; forms of abuse; dynamics of an abusive relationship; consequences of domestic violence, including impact on children; reluctance of some victims to reveal the abuse.
2. **Risk assessment:** The identification of indicators of domestic violence against women – recognizing signs and symptoms of abuse; how to determine whether a woman is in an abusive relationship; risk factors for abuse and conditions that predispose a woman to abuse.
3. **Ensuring early response:** Prevention and intervention; proactive assessment; levels of assessment; levels of intervention; guidelines for reporting domestic violence; understanding and supporting the survivor; education and awareness.

4. **Multicultural issues:** Violence in cross-cultural and/or religious context; working with women from other cultures, ethnicities, languages and religions; working with immigrant and racialized women; working with victims from other cultures; challenges faced by immigrant women; why many women find it difficult to end the violence; challenges associated with the diversity of Canadian society; service providers' lack of cultural awareness.
5. **Strategies to improve services:** Interagency coordination and collaboration; description of Interagency Case Management in Domestic Violence; case management – best practices; organizational approach to domestic violence – local policy and protocols; identifying local services and making effective referral to appropriate services; role of Executive Directors and senior management in interagency collaboration.
6. **Legal:** Issues that impact immigrant and refugee women in domestic violence situations.

Content Resource Book and Curriculum Manual/Facilitator Guide

Subsequent to the identification of the above priority areas, project staff, with hands-on participation of the project Advisory Committee, and in collaboration with Metropolitan Action Committee on Violence Against Women and Children (METRAC) (who are partners in this project), put together the OCASI Prevention of *Domestic Violence against Immigrant and Refugee Women: Prevention through Intervention Training* resource book. Content from this book formed the basis of this training manual, which is to be used by the newly trained or other facilitators. The resource book was also used to develop the *Train the Trainer Manual* that was used in the Train the Trainer workshops.

Group Training Needs

As part of the initial training analysis, each group is requested to complete surveys, with a view to establishing the exact needs of each individual and to tailoring training to each group. For example, following the needs assessment undertaken for participating groups, the two-day Hamilton workshop focused on legal as well as non-legal issues, while the workshop for one Peterborough group covered multicultural issues, with specific emphasis on how to deal with women from other cultures, and legal issues that impact immigrant and refugee women in domestic violence situations.

Learning Outcomes

It is expected that, at the end of the training, participants will possess:

- Better understanding of the dynamics of domestic violence and an appreciation of how women and children are entangled in a cycle of violence
- Greater awareness of the important role that education and advocacy play in preventing and responding to domestic violence
- Deeper understanding of how cultural and societal circumstances, including the immigration status of a woman, pose unique barriers to immigrant women, with

- respect to domestic violence, and how related barriers impact their decisions, creating the necessity for service providers to be culturally competent
- More knowledge of the legal framework that relates to immigrants, refugees and undocumented women in Ontario, and better understanding of how the legal context can be utilized to prevent and address domestic violence
 - Improved ability to make effective referrals and to identify local services and resources
 - Greater appreciation of the need for interagency coordination and case management
 - Enhanced ability to take care of the self, and less guilt about not helping more

Uniqueness of the OCASI Training

The training developed as a result of a recognition of the need for frontline workers to improve their understanding of domestic abuse and to learn to identify signs of abuse. It is, however, very important that women victims do not become the learning tools in this educational process. With these two concerns in mind, the training emphasizes:

- The knowledge needed by frontline workers in contact with immigrant and refugee women
- The need for a frontline worker to locate oneself in relation to other staff in one's own organization as well as other organizations to whom victims might be referred
- Knowing how to assess the level of risk
- Recognizing how one's own personal predispositions (including preconceptions and biases and beliefs about class and culture) can have an influence on service provision
- Emphasizing the need for ongoing education to ensure effective service to abuse victims
- Determining when and how to refer, recognizing boundaries

Questions and Answers about Using this Manual

The OCASI Training Manual has been developed as a guide for facilitation in domestic violence prevention training. The manual provides information on particular issues and group activities, and instructions on how to conduct a training process.

Q. *What is the purpose of this training manual?*

A. The manual will contribute to:

- Building skills and confidence in training and facilitation in the area of domestic violence
- Increasing facilitators' understanding and knowledge about domestic violence issues in order to promote prevention of domestic violence and enhance safety for women and children
- Helping facilitators to empower staff who work with immigrant and refugee women to enhance their ability to assess and provide appropriate intervention and referrals for women in domestic violence situations.

Q. *How is this manual organized?*

A. The manual is organized as a three-day training session:

- Day one: Introduces participants to topics on domestic violence
- Day two: Focuses on assessment, intervention and referrals, using group activities as well as exercises that will enhance learning and problem solving
- Day three: Focuses on legal issues, including immigration and criminal and family court issues that are directly related to domestic violence

Q. *What is in this training manual?*

A. The training manual includes:

- Information on domestic violence issues, which can be delivered as an oral presentation using PowerPoint, overheads or flipcharts
- Activities to facilitate understanding domestic violence issues
- An outline of processes, tools and techniques for facilitating domestic violence training
- List of reading resources
- Glossary of key terms

A. *How should this manual be used?*

Q. This training manual involves a pattern of facilitation that can be repeated again and again, allowing for monitoring and evaluation. Activities can be varied to suit different contexts, and new materials can be added, however, the overall format should be maintained. The material is designed to offer flexibility and can be adjusted to a single full-day workshop, outlining dynamics of domestic violence and legal issues, or a two-day workshop, one day for dynamics of domestic violence and a second day for legal issues.

Facilitator's notes

Introduction

Facilitators will begin the day by introducing themselves and asking participants to introduce themselves to the group. They will ask participants to state their role in their agencies, and to state what their expectations are from the training. Facilitator(s) must start each day with a check-in exercise (See Appendix 1 for Check-in).

PowerPoint, Overhead or Flip Chart Presentation

Facilitator(s) will provide participants with an overview of the training, including a series of group guidelines to help the group in their work throughout the course of the training (See Appendix 1 for an understanding of the use of group guidelines).

Introductory Exercise

Facilitator(s) will introduce participants to a warm-up exercise to help them get ready for the day.

End of Session

Facilitator(s) must end the day with a closure exercise and a debriefing of the day's session (See Appendix 1 for notes on closure and debriefing).

Evaluations

Facilitator(s) must conduct an evaluation after completing all modules (1 to 5).

Module 1: The Dynamics of Domestic Violence

Objective: To create an understanding of domestic violence and its context (e.g., status, income, influence, gender inequality, poverty and subsequent entrapment).

Expected Reading

The trainees are expected to have read the following section(s) from the OCASI resource book *Prevention of Domestic Violence against Immigrant and Refugee Women*:

- The Dynamics of Domestic Violence
 - An Understanding of Domestic Violence
 - What Staff Need to Know: Forms of Abuse
 - Dynamics of an Abusive Relationship
 - Cycle of Violence
 - Power and Control Issues

Introduction to Domestic Violence

Before taking participants through the PowerPoint, overhead or flipchart presentation on domestic violence, facilitators should explain that, even though domestic violence is a current formal term, there are other terms used such as violence against women, women abuse, spousal abuse, and family violence. The facilitator should also indicate that domestic violence is a description of violence that hides the gendered nature of this violence, the fact that victims are primarily women and children. The facilitator should stress that domestic violence occurs in all socio-economic groups, religious groups, races, ethnic groups, and that domestic violence occurs within heterosexual, lesbian and gay relationships. It should be stressed that domestic violence also affects people of all ages and physical abilities. Domestic violence is perpetrated against women in 95% of cases.

Brainstorm Exercise*

Facilitator(s) should then engage participants in a brainstorming exercise to initiate thought and discussion about the definition of domestic violence. Responses from the brainstorming session will be recorded by one of the facilitators.

*Requires flipchart paper and markers

PowerPoint, Overhead or Flip Chart Presentation

Facilitator(s) will present a definition of domestic violence following the brainstorming exercise. This will be followed by a presentation designed to dispel the myths of domestic violence, and a segment in which pertinent domestic violence statistics are presented.

Definition of Domestic Violence

The following is one among many definitions of domestic violence:

“Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.”

Source: United Nations. The United Nations Declaration on the Elimination of Violence against Women, United Nations General Assembly 48/104. 20 December 1993
<http://www.un.org/documents/ga/res/48/a48r104.htm>

Characteristics of Domestic Violence

- Acts occurring in the home that result or are likely to result in physical, sexual or psychological harm or suffering to women
- Centrality of power and control
- Manifestation of the historically unequal power relations between men and women
- Inevitability of emotional or physical scars

Definition of Domestic Violence used in the OCASI Project

The OCASI project uses the definition of domestic violence developed by the Joint Committee on Domestic Violence. This definition describes domestic violence in the following elaborate terms:

...any use of physical or sexual force, actual or threatened, in an intimate relationship. Intimate relationships include those between opposite-sex and same-sex partners. These relationships vary in duration and legal formality, and include current and former dating, common-law and married couples.

Although both women and men can be victims of domestic violence, the overwhelming majority of this violence involves men abusing women.

These crimes are often committed in a context where there is a pattern of assault and controlling behaviour. This violence may include physical assault, and emotional, psychological and sexual abuse. It can include threats to harm children, other family members, pets and property. The violence is used to intimidate, humiliate or frighten victims, or to make them powerless. Domestic violence may include a single act of abuse. It may also include a number of acts, which may appear minor or trivial when viewed in isolation, but collectively form a pattern that amounts to abuse.

Criminal Code offences include, but are not limited to homicide, assault, sexual assault, threatening death or bodily harm, forcible confinement, harassment, stalking, abduction, breaches of court orders and property-related offences.

Source: The Joint Committee on Domestic Violence. *Working towards a Seamless Community and Justice Response to Domestic Violence: A Five Year Plan for Ontario (August, 1999)*, A Report to the Attorney General of Ontario.

Dispelling the Myths of Domestic Violence

Facilitator(s) will present the section titled “Dispelling the Myths of Domestic Violence” and have a brief discussion with the group about facts related to each myth.

Myth 1: Woman abuse is a new social problem.

Fact: Woman abuse is not new. It has been condoned throughout history. For example, the widely used term “rule of thumb” comes from a 1767 English common law that permitted a husband to “chastise his wife with a whip or rattan no wider than his thumb”.

Myth 2: Woman abuse occurs more often among certain groups of people.

Fact: Woman abuse occurs in all ethnic, racial, economic, religious and age groups. However, violence in more affluent groups is often hidden because these women use shelters, legal clinics and other social services less often.

Myth 3: Women remain in abusive relationships because they want to stay.

Fact: A woman may feel she cannot leave an abusive relationship for many reasons. For example, she may:

- hope the relationship will get better
- not want to break up the family
- find her partner’s abuse has isolated her from friends and family
- be afraid that her family and community will blame her for the abuse or encourage her to stay
- feel ashamed and blame herself for the abuse
- fear for her own and her children’s safety
- depend upon her partner’s income
- suffer from low self-esteem because of her partner’s abuse
- have nowhere else to go
- have a partner who has threatened to harm her if she leaves

Myth 4: Alcohol causes men to assault their partners.

Fact: Research shows that the use of alcohol tends to be associated more with violence in cultures where alcohol is used as “an excuse” for socially unacceptable behavior. Many abusers

claim that they are “unconscious” when they are drunk or high, and that they have no control over their actions. However, a truly “unconscious” person would not be able to engage in behavior that they have not performed in the past, and they will not be able to enact new or unlearned behavior unless they are conscious of their actions. The real cause of wife assault is the batterer’s desire for power and control over his partner. Batterers often use alcohol as an excuse to avoid taking responsibility for abusive behavior.

Myth 5: Men who assault their partners are mentally ill.

Fact: The psychological characteristics of batterers are extremely diverse, so much that no single pathology can be linked to battering. Research shows that no personality traits or clinical factors set abusive men apart from the general population. This is supported by a recent study in which one in five Canadian men living with a woman admitted to using violence against his partner.

Myth 6: Women often provoke assaults and deserve what they get.

Fact: Violence is a tool used by male abusers to control and overpower women. Abusive men know that their wives or girlfriends are frightened of them and use violence as a method of control. When a man is inclined to be violent, there is no behavior or response a woman can use to prevent or stop his abuse. She can yell at him, she can hit back, she can run away or even withdraw, and he will still be violent.

Some men expect their wives to know what they want without telling them. These men then blame the wife when she does not do what he expects her to do. In this way, men create “provocation” in their own minds through their own expectations. For example, assaulted women report that their husband or boyfriend abused them because: “I fried his eggs the wrong way”, “I didn’t turn down the radio enough”, or “I went out with friends without asking his permission”. Men then attempt to justify the abuse of their wives by asserting that “she deserved it”. To avoid taking responsibility for his own behavior and his controlling behaviour with his partner, a man who abuses often claims his partner provoked the assault. No woman, no child, no person, ever deserves to be beaten or emotionally or psychologically abused.

Myth 7: Men are abused by their partners as often as women.

Fact: Research in Scotland has found that wife assault constitutes the largest proportion of family violence, almost 76%, as opposed to 1.1% for husband assault. Furthermore, more than 93% of charges related to spousal assault in Ontario are laid against men. Most charges laid against women are counter-charges laid by an assaulting partner or stem from acts of self-defense.

Myth 8: Most sexual assault happens between people who do not know each other.

Fact: Between 70-85% of women who are sexually assaulted are assaulted by men they know. Six of every ten sexual assaults take place in a private home, and four of every ten take place in a woman’s home.

Myth 9: Pregnant women are free from the violent attacks of the men they live with.

Fact: Of the one quarter of all women in Canada who have experienced violence at the hands of a current or past marital partner, 21% were assaulted during pregnancy. Forty percent of these women reported that the abuse began during pregnancy. Some reasons why men abuse during pregnancy include:

- Added financial stress
- The fetus becomes the center of attention, triggering the abusive man's jealousy and fears of abandonment, which he deals with through violence
- Abusive men may view the fetus as an intruder and the pregnancy as something out of their control, which they try then to have power over

Myth 10: Children who grow up in violent homes become violent when they are adults.

Fact: Children who have seen family violence can become abusers themselves because violence is the behavioral model they grew up with. But children are also very open to learning other ways of behaving and can come to understand that being violent does not promote a positive sense of self. For example, in a shelter for battered women, one of four children believed it is acceptable for a man to hit a woman if the house is messy. After group counselling, none of the children believed this.

Source: Family of Woodstock Inc. Domestic Violence Services Program. Domestic Violence: Dispelling the Myths. <http://www.familydomesticviolence.org/myths.html>

Canadian Statistics on Domestic Violence

Prevalence and Severity of Abuse

- One in four Canadian women suffers some form of abuse by her partner
- Women are at the greatest risk of increased violence – or murder – at the hands of their partner during the time just before or after they leave an abusive relationship
- Spousal homicide accounts for 15% of all homicides in Canada. Between 1979 and 1998, 1,901 people were killed by a spouse: 1,468 women and 433 men
- A woman is nine times more likely to be murdered by an intimate partner than by a stranger
- Domestic abuse remains an immensely under-reported crime: It is estimated that just 25% of domestic violence incidents are reported

Effect on children

- Approximately 40% of wife assault incidents begin during a woman's first pregnancy
- Children are present and witness the abuse in 80% of domestic violence cases

- Boys who witness domestic violence against their mothers are five times more likely to grow up to be abusers, while girls who witness violence are five times more likely to grow up to be victims of abuse
- Children and adolescents who see their mother being abused experience emotional and behavioral problems similar to those experienced by children who are physically abused
- Children who witness woman abuse frequently experience post traumatic stress disorder (PTSD)

Source: Nova Vita Domestic Violence Prevention Services. Domestic Violence-Related Statistics.
<http://www.novavita.org/pages/statistics.html>

Forms of Domestic Violence, Cycle of Domestic Violence, and Power and Control Wheel

PowerPoint, Overhead or Flipchart Presentation

Facilitator(s) will introduce the group to the various forms of domestic violence (use examples), the cycle of violence (use examples) and power and control wheel specific to immigrant women. Facilitator(s) will emphasize to participants that the cycle is a continuum of escalating violence. While the “honeymoon” phase may mean a period of “calm”, it, too, signals increasing violence. The potential for violence is constantly present as a terrorizing factor.

Forms of Domestic Violence

- Verbal abuse
- Emotional and psychological abuse
- Damage to property
- Abuse of pets
- Financial abuse
- Spiritual abuse
- Physical abuse
- Sexual abuse

Verbal Abuse

Swearing, yelling, name calling, put-downs, deception, degrading comments, threatening to take children away, brainwashing, calling her “crazy”, blaming, demanding, interrogating, contradicting, using threatening tone of voice, etc.

Emotional and Psychological Abuse

Ignoring, isolating from friends and family, humiliating, neglecting, criticizing, being intimidating (through looks or body language), playing mind games, disrespecting, embarrassing,

harassing, terrorizing, degrading in public, threatening suicide, stalking, using silent treatment, etc. More women experience emotional abuse, which is the largest risk factor for suicide among women, than physical abuse: 72% women reported that emotional abuse had a greater impact on them than physical abuse.

Damage to Property

Breaking things in the house that belong to the children and to her, throwing gifts given to her by family and friends, cutting up her favourite dress, throwing her things in the garbage, sabotaging her car, etc.

Abuse of Pets

Kicking or hitting the dog or cat, threatening to kill the pet, using loud intimidating voice with respect to the pet, etc.

Financial or Economic Abuse

Preventing her from getting or keeping a job, denying her sufficient housekeeping money, making her account for every penny spent, denying her access to cheque book or account or finances, putting all bills in her name, demanding her paychecks, spending money allocated for bills or groceries on himself, forcing her to beg or to commit crimes for money, spending Child Benefit on himself, not permitting her to spend available funds on herself or children.

Spiritual Abuse

Using scripture selectively, not allowing her to attend prayer services or celebrate religious holidays, stipulating that a woman must respect and obey her husband, preventing her from practicing her faith, ridiculing her while she prays, etc.

Physical Abuse

Pushing, punching, slapping, kicking, biting, hair pulling, pinching, grabbing, scratching, restraining, throwing objects, choking, using weapons, homicide, suicide, etc.

Sexual Abuse

Unwanted touching, sexual name calling, inappropriate looks, forcing a woman to do unwanted sexual acts, pressure to dress in a more “suggestive” way, unfaithfulness, false accusations, forced sex, withholding sex, hurtful sex, rape, homicide.

Sources: Hidden Hurt Domestic Abuse Information. Types of Abuse.
<http://www.hiddenhurt.co.uk/Types/faces.htm>

Tubman Family Alliance. Forms of Abuse.
http://www.tubmanfamilyalliance.org/need_help_for_teens/forms_abuse.html

The Cycle of Domestic Violence

The concept of the cycle of violence originated with Lenore Walker in her 1979 book, *The Battered Woman*. While not all domestic violence cases correspond to this exact cycle, it serves as a useful model. Walker observed that many domestic violence situations usually begin with **tension building**, during which the abuser gets angry and the victim makes desperate attempts to calm the abuser. Following this is the **making up** period, in which the abuser may apologize for the abuse and makes promises that the tension situation will not occur again, often blaming the victim for having caused the abuse or denying that the abuse took place. The victim may then experience a **calm period**, accepting gifts and hoping that the abuse is over.

Others, for example the National Women's Health Resource Centre, have characterized the cycle sequence as involving three different phases:

Phase 1: Tension Builds – the abuser may threaten or physically abuse the victim, and the victim may do whatever is possible to calm him, believing she can prevent a violent incident, even though she usually fails;

Phase 2: Violence Occurs – the abuser often hits or sexually abuses the victim; and

Phase 3: Honeymoon Phase – the abuser apologizes and promises to stop the abuse, usually blaming the victim. Often, the victim believes in the apologies and forgives the abuser for the violence. However, the cycle resumes and the violence occurs again.

Source: Walker, Lenore. Dynamics of Domestic Violence – The Cycle of Violence.

<http://www.enddomesticviolence.com/include/content/filehyperlink/holder/The%20Cycle%20of%20Violence.doc>

Exercise

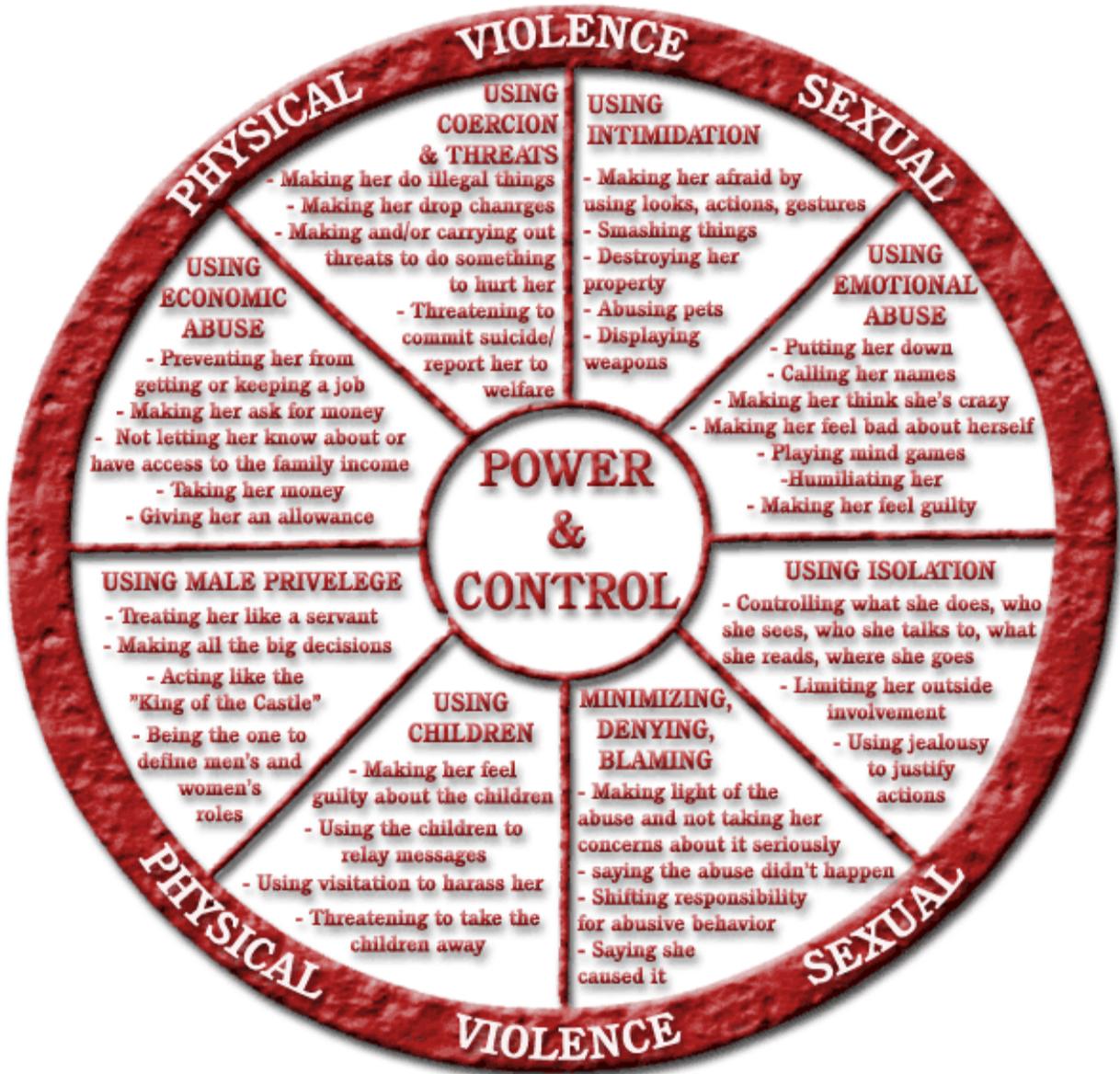
How does violence escalate?*

Facilitator(s) will introduce exercise. The purpose of the exercise is for participants to understand how violence escalates (See Appendix 2 for scenario exercises).

*Requires flipchart and markers

Power and Control Wheel

This diagram illustrates examples of dominating behaviour that are often minimized or unrecognized by partners and society.



Source: Domestic Abuse Intervention Program. Domestic Violence: Power and Control Wheels. Duluth, Minnesota. <http://www.turningpointservices.org/tpmain.htm>

Power and Control Wheel: Specific to Immigrant Women



This version of the Power & Control Wheel was adapted by the Foundation for the Prevention of Family Violence, San Francisco, with permission from the Domestic Abuse Intervention Project, Duluth, Minnesota. It examines some of the different forms in which women who are immigrants can be abused because they are immigrants. This English wheel was translated from the [Spanish](#) by [CaNetiq](#).

Source: Domestic Abuse Intervention Project. Hotpeachpages.
<http://www.hotpeachpages.net/images/immigrantpower.html>

Exercise

1. Participants are divided into four groups.
2. Each group will be given a scenario, a flipchart and markers. Using the definition of violence previously presented, each group will be asked to identify and list at the top of the flipchart the form(s) of violence indicated in their scenario (e.g., verbal, emotional and psychological, physical, etc.).
3. Each group will draw a line near the bottom of the flipchart and label from left to right the three phases of the cycle of violence, beginning with *tension builds*, *violence occurs*, *honeymoon phase* and *the resuming of violence*.
4. Using the scenario, participants will indicate what behaviour and actions signal each stage in the cycle of violence and issues of power and control.
5. Each group will report back to larger group.

Process for Small Group Work

Participants will work together, respecting and including each person's input.

Process for Report Back

Each group will organize a way to report their findings back to the larger group, either by appointing someone to make the report for the small group, or rotating the reporting of results among members of the small group. The facilitators will guide participants through questions and discussion.

Module 2: Identifying Indicators of Domestic Violence against Women

Objective: This module will help to create an understanding of the signs and indicators of domestic violence, the effects and consequences of domestic violence, and the reasons why women do not leave an abusive situation.

Expected Reading

Trainees are expected to have read the following sections from the OCASI resource book *Prevention of Domestic Violence against Immigrant and Refugee Women*:

- Recognizing Signs and Symptoms of Abuse: How Would You Know if a Woman is in an Abusive Relationship?
- Consequences of Domestic Violence
- Risk Factors and Conditions That Leave Women Vulnerable to Abuse
- Reluctance of Some Victims to Reveal the Abuse

PowerPoint, Overhead or Flipchart Presentation

Facilitator(s) will introduce and discuss with participants the signs and indicators of domestic violence, and the effects and implications of domestic violence for women, for children, and for the abuser. The facilitator(s) will review with participants the features of service delivery and the importance of recognizing the signs of domestic violence. It is important to remind participants that a critical part of this training is enhancing the skills of settlement and frontline workers to be able to recognize the signs of domestic violence for the purpose of making appropriate initial assessment and allowing for early intervention (i.e., referrals, counselling, legal, housing and other support and services). The facilitator(s) will invite participants to share some examples of signs and indicators.

Signs and Indicators of Domestic Violence

Observable Signs and Indicators

- Appearance of extreme nervousness or visible anxiety
- Difficulty listening and focusing
- Uncontrollable crying or displaying of anger
- Physical signs of violence (e.g., black eye, bumps and bruises)
- Degrading or silencing of woman by partner in front of worker

Verbal Signs and Indicators

- Feeling useless and unworthy
- Desiring to leave him but having nowhere to go
- Wanting to kill herself if not for the children
- Describing partner as very aggressive and mean

The lists below, adopted from the Middlesex-London Health Unit's article, *Health Effects of Domestic Violence on Women*, can be very helpful in the identification of signs/indicators of abuse.

Physical

Broken bones
 Burns
 Stab wounds
 Concussions
 Perforated ear drums
 Loss of hair
 Chronic stomach/bowel pain or discomfort
 Chronic joint or muscle pain
 Palpitations
 Firearm wounds
 Bruises
 Cuts or abrasions
 Bites
 Sprains
 Chipped or lost teeth
 Internal injuries
 Chronic headache
 High blood pressure
 Detached retina
 Substance abuse problems

Sexual

Sexually transmitted diseases
 Chronic genital or pelvic pain
 Bruising or tearing of the vagina or anus
 Frequent pregnancies
 Fear of sexual intimacy
 Miscarriages
 Chronic vaginal or urinary track infections
 Female genital mutilation

Painful intercourse
 Infertility

Psychological

Low self-esteem
 Difficulty in forming or maintaining relationships
 Anxiety
 Lack of appropriate boundaries
 Self degradation
 Chronic stress
 Uncontrolled or rapid anger response
 Memory loss
 Loss of concentration or productivity
 Self-abusive behaviour
 Problems with parenting children
 Frequent crying
 Passivity
 Unusual fear response
 Increased watchfulness
 Sleep disturbances
 Phobias

Psychiatric

Depression
 Eating disorders
 Obsessive-compulsive disorder
 Suicidal thoughts
 Post-traumatic stress disorder
 Dissociation

Source: Middlesex-London Health Unit. Modified from: Woman Abuse. Impact of Abuse on Women's Health.
<http://www.healthunit.com/index.asp?mode=article&%20lang=english&articleID=10713>

PowerPoint, Overhead or Flipchart Presentation

Facilitator(s) will review with participants the consequences of domestic violence for women, children and abusers and invite them to share some examples, applying what they have learned about the complex dynamics of the consequences of domestic violence.

Consequences of Domestic Violence

Consequences for the Abuser

- Loss of family members
- Involvement with police and criminal justice system
- Loss of job and income
- Potential for escalation of abusive behaviour

Consequences for Women

- Loss of self-esteem
- Loss of income
- Loss of community
- Loss of housing
- Family court and child custody issues
- Long-term mental and physical health issues

Consequences for Children

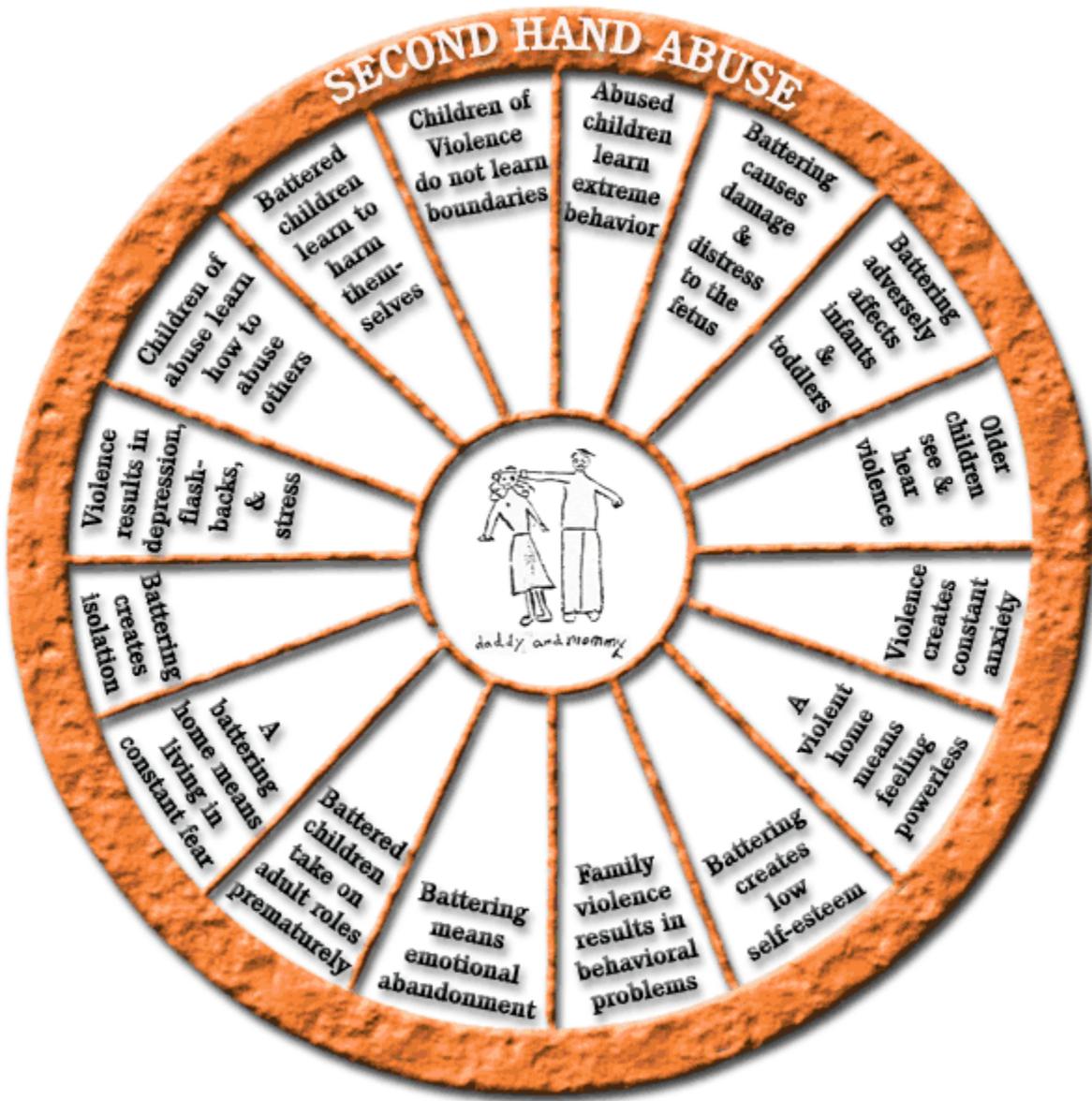
- **Emotional Problems:** Anger (which can be directed toward either parent or toward other children, etc.), confusion, depression, crying, suicidal behaviour, nightmares, anxiety and sadness, fears and phobias, feelings of worthlessness and shame. Distrust of adult figures
- **Behavioural Problems:** Withdrawing into or isolating themselves, being aggressive, exhibiting problem behaviours at home or school, possibly displaying regressive behaviour (e.g., baby-talk, reverting to bottle feeding or wanting a soother), experiencing lower academic achievements
- **Physical Problems:** Children may complain of headaches or stomach-aches, nausea or vomiting, develop eating disorders, bed-wetting, and insomnia

Exercise

The facilitator(s) will divide participants into two groups and ask them to identify implications for children who witness domestic violence and then to share with the rest of the group. The facilitator(s) will then introduce the participants to the implications of domestic violence for children and facts about children exposed to domestic violence.

Children Who Witness Domestic Violence

Children are often the silent victims who experience a dual threat when living in a home with an abuser: the threat of witnessing traumatic events and the threat of physical harm.



The Painful Legacy of Witnessing Domestic Violence
 © 1994 by Barbara Corry, M.A.

Source: Domestic Abuse Intervention Program. Domestic Violence: Children of Domestic Violence
<http://www.turningpointservices.org/tpmain.htm>

Brainstorming Exercise*

Facilitator(s) should engage participants in a brainstorming exercise to initiate thought and discussion about the reasons why women do not leave an abusive relationship. Responses from the brainstorming session will be recorded by one of the participants or facilitator(s).

Facilitator(s) will then enumerate with participants the reasons listed below.

*Need flip chart and markers

Difficulties Women Have with Leaving an Abusive Relationship

Often people wonder why a woman stays in an abusive relationship. This vein of thought tends to judge and blame the victim, rather than focus on the abuser and his behaviour. This has often resulted in silencing the abused woman, as she is afraid of the judgment of others and is embarrassed and ashamed of what is happening in her life. As a consequence, she often feels there is something wrong with her.

In an article, *Why don't people in abusive relationships just leave?*, the following reasons are given for why women may find it difficult to leave an abusive relationship:

1. Because they were raised in an abusive childhood and don't really believe that they deserve and that there is better out there?
2. Because they are so demoralized they can't imagine how someone as "stupid" as they are can make it on their own.
3. They don't know how they will support their kids and figure at least here their kids aren't starving.
4. They are afraid to leave...because they have been told they would be killed and , really, why would they doubt the word of someone who beats them up for making breakfast late?
5. Because they realize that even if THEY are successful in leaving the marriage, chances are their children will have to visit the abusive spouse and then they won't even be there to run interference for their kids.
6. Anybody who thinks that the abused person should automatically have the "umph" to pack up and leave, should count their blessings that their lucky life has given them the internal belief in their own value as a person. Not everybody is so lucky.

Source: Answerbag.com . Abusive relationships. *Why don't people in abusive relationships just leave?*
http://www.answerbag.com/q_view.php/45307

A woman who is abused by her partner is in great need of supportive people who understand the difficulties that relate to her situation. She can only leave the relationship when she feels strong

enough emotionally to take that step, and when she can see the possibility of building a new life for herself.

Module 3: Cultural Issues and Competencies Related to Addressing Domestic Violence against Immigrant and Refugee Women

Objective: At the end of this module trainees will possess an understanding of the barriers specific to immigrant and refugee women, the response from communities that are not culturally sensitive or that have limited knowledge of cultural issues, and the influence of personal biases and opinions.

Expected Reading

Trainees are expected to have read the following sections from the OCASI resource book *Prevention of Domestic Violence against Immigrant and Refugee Women*:

- Cultural Issues and Competencies in Preventing and Addressing Domestic Violence in Ethno-Cultural and New Canadian Communities
- Challenges Faced by Immigrant Women: Violence in Cross-Cultural and/or Religious Contexts — Why Immigrant Women Find it Difficult to End the Violence
- The Challenges Associated with The Diversity of Canadian Society
- Service Providers' Lack of Cultural Awareness
- Prevention and Intervention: Working with Immigrant and Racialized Women
- How to Deal with Victims from other Cultures, Ethnicities, Languages, and Religions

PowerPoint, Overhead or Flip Chart Presentation

The facilitator(s) should engage participants in a brainstorming exercise with respect to barriers faced by immigrant and refugee women who experience domestic violence. Facilitators will then discuss with the group some difficult questions, basically misconceptions that sometimes arise when providing information about domestic violence.

Barriers Specific to Immigrant Women

1. Social barriers
2. Language barriers
3. Cultural or religious barriers
4. Legal barriers
5. Fears regarding immigration
6. Other barriers

Social Barriers

- Isolation is one of the greatest stresses for immigrant women as they remain at home to care for children and relatives
- Often an immigrant woman may not be aware of the options and resources available to her
- Abusers often dominate and control their partner's communication with the outside world

- Abusers often control household finances and legal documents
- Abused women often obtain information from their abuser, so many are misinformed and have misconceptions about seeking safety

Language Barriers

- Lack of language skills means that immigrant women often do not understand their rights
- The inability to speak in their native language when talking to service providers may create a barrier, preventing some immigrant women from effectively accessing services

Cultural and Religious Barriers

- Even immigrant women who speak English and who know their rights and the availability of services can be reluctant to seek help because they want to maintain family cohesion
- Many immigrant women are under the misconception that children are the property of their father rather than the responsibility of both parents
- Attitudes of family, friends, and community members prevent some women from seeking assistance
- Immigrant women often fear separation will bring shame to the family
- Many immigrant women have never been independent, having moved from the family home to the marital home, and they fear that they would be unable to live independently
- Immigrant women often come from a close knit, mixed family where a partner's relatives are married to their relatives (sister, brother). This complicates matters tremendously
- Strict religious practices or needing to ask permission from a religious leader in separation matters may prevent women from leaving
- Culturally, the concept of separation may not exist – only marriage or divorce

Legal Barriers

Immigrant women fear accessing the legal system because:

- It may appear to be unpredictable
- They know of other women who have had a difficult time going through the legal system
- They are unfamiliar with the Canadian legal system
- They know of corruption or injustice in their country's legal system and fear experiencing injustice in the Canadian legal system
- Many women come from countries where justice is influenced by government; they are afraid of the police and therefore will not seek their assistance
- Generally, when an abusive partner realizes that physical violence is illegal in Canada and that it may result in criminal charges, the abuser will employ other abusive methods. Women who experience emotional, verbal and financial abuse, but no physical abuse, may not believe they qualify for help

Fears Regarding Immigration

- Abused women may be unaware that their refugee application can be processed separately
- Immigration/refugee status or lack of status prevents some abused women from seeking help
- Women who are sponsored by their husband and partners are often dependent on them for financial support
- Some women often fear that seeking help from the police, courts, or hospital, could lead to their deportation or that of the abuser
- Women may fear losing their children if they disclose the abuse

Other Barriers

- Fear of poverty and homelessness are real factors for immigrant women who decide not to leave an abusive relationship
- Immigrant women often have no family in Canada, and the close family members to whom they would have turned for help are overseas, depriving them of an invaluable support network

Exercise

Facilitator(s) must remember, when introducing participants to difficult questions, to engage participants in a brief discussion regarding the answers.

Dealing with Difficult Questions

1. Are women making up a story?
No, women are not making up a story about the abuse.
2. Are they lying?
No, women are not lying about the abuse.
3. Are shelters promoting divorce?
Shelters do not promote divorce. Women have options.
4. Where are men's rights? Women have everything!
False. Canada promotes equal rights for everyone.
5. Where do men go if they are being abused?
Men can seek support and services from crises lines and community organizations.
6. Do women leave because they are cheating?
No, women are not cheating.
7. What is wrong with hitting my wife? I am not trying to hurt her, just to teach her a lesson because she is out of control and needs discipline.

There is something wrong with hitting. Nonviolent discussion entails dealing with issues of conflict.

8. Don't children need discipline? Canada is taking away our right to be a parent.
Incorrect. Canada does not take away the parents rights. It does not promote physical discipline of children.

Some Key Terms and Definitions

Facilitator(s) will review with participants some key terms, definitions and competencies that are relevant to working with immigrant and refugee women.

Euro-centrism

Euro-centrism is an attitude, belief and position that assumes the moral or evolutionary superiority of Anglo-European values as the standard by which others are measured and evaluated and found to be deficient. Euro-centrism fuels racism and western colonialism and expansion.

Ethnocentrism

Ethnocentrism is an attitude by which members of an ethno-cultural group consider their group and its beliefs and values to be superior to other groups, and to judge other groups negatively. It means automatically and routinely interpreting reality from one's own perspective as normal or superior, while dismissing other perspectives as inferior or irrelevant.

Stereotypes and Stereotyping

Stereotypes are expressions, thoughts, and attitudes rooted in prejudice, ethnocentrism, and euro-centrism. Stereotyping presumes that we can judge an entire community of people on the basis of learned images and beliefs that we hold of them. Stereotypes are always offensive, including when they appear to be expressing something positive about a group of people.

Cultural Competency

Cultural competency refers to the ability of organizations and systems to function and perform effectively in cross-cultural situations. It promotes the principles of inclusiveness and employment equity, and it reflects and values cultural differences. Cultural competency does not necessarily address issues of power and privilege within organizations that are grounded in differing histories of oppression, colonialism and racism. These broader, systemic and structural issues that result in an unequal distribution of power and privilege within organizations, as elsewhere, need to be addressed if the practice of cultural competency is to be effective.

Why Cultural Competencies Are Important

Cultural Competencies are important because they enable us to:

- Examine our own personal values and biases. For example what is the basis for our concerns? Are we making assumptions or being judgmental? Is this a result of our ethnocentric or euro-centric bias?
- Recognize that we are in a position of power and, depending on our values and level of cultural sensitivity, can make this a positive or negative experience for the woman
- Become familiar with our comfort level with the topic of domestic violence
- Become aware of our skill level, responsibilities and boundaries

Module 4: Conducting an Assessment, Intervention, and Making Referrals for Domestic Violence

Objective: At the completion of this module, trainees will possess an understanding of how to conduct an effective assessment, intervention and referral for immigrant and refugee women who are victims of domestic violence.

Expected Reading

Trainees are expected to have read the following sections from the OCASI resource book *Prevention of Domestic Violence against Immigrant and Refugee Women*:

- Proactive Assessment, Intervention and Prevention
- How to Assess Proactively: Levels of Assessment
- Levels of Intervention
- Guidelines for Reporting Domestic Violence
- Understanding and Supporting the Survivor
- Prevention

Brainstorming Exercise*

Facilitator(s) should engage participants in a brainstorming exercise to initiate thought and discussion regarding assessment, intervention and referral for victims of domestic violence. Responses from the brainstorming session will be recorded by one of the facilitator(s) or participants.

*Requires flipchart and markers

PowerPoint, Overhead or Flipchart Presentation

After the brainstorming exercise the facilitator(s) should introduce a discussion of how to conduct an assessment, perform an intervention and make referrals.

- *Assessment* — initial interviews, referrals, advocacy and support
- *Intervention* — information on rights, support through legal and social systems, education, safety planning
- *Referrals* — shelters, legal services, counselling for housing, etc.

Assessment

Domestic violence has serious consequences which could, in some cases, mean death. For this reason, proactive assessment and intervention are very important for both addressing and preventing domestic violence against immigrant and refugee women.

Proactive assessment and intervention means assessing and evaluating an individual, not after, but before, the occurrence of an event, with a view to preventing it.

Objectives of Assessment Training

- Increase participants' knowledge of proactive assessment in preventing and addressing abuse
- Enhance participants' skills related to making accurate and proactive assessment to establish the risk level of abuse
- Enhance participants' knowledge of how to support the victim, including the skills and resources for subsequent action

Important Pre-Assessment Matters

- Ensure that the woman has access to an interpreter, if required
- Ensure that the environment is safe for disclosures
- Validate comments of fear of disclosure
- Validate and affirm the woman's experiences
- Inform the woman that this information will be shared with another worker who has expertise in domestic violence
- Ask her permission to note some of the facts to help with memory. Explain to her why you are writing notes and what you will be using them for

The National Association of Social Workers (NASW) provides the following useful guidelines for assessment:

Guidelines for Conducting an Effective Assessment

- Allow the woman an opportunity to present the domestic violence problem (i.e., let her tell her story)
- Recognize that the issue of domestic violence may not arise at the start of the meeting before trust has been built
- Be aware that a woman may not necessarily mention abuse as the issue. She may present a different problem (e.g., housing, finding a job, etc.)
- Understand that a woman may speak about a friend who is being abused, when, in fact, it is she who is the victim
- Understand that a child may have presented concerns about abuse by his/her father
- Remember the occurrence of abuse could be denied at one stage and disclosed later
- Remember that disclosure is a way for the woman to discuss the issue while keeping it confidential
- Educate the client, if necessary, about domestic violence: some cultures do not identify verbal and emotional abuse as abuse
- Emphasize and communicate that confidentiality will be maintained

Quoting the Family Violence Prevention Fund, the National Association of Social Workers also recommends the following steps:

- **Assess the immediate safety needs of the victim [by asking:]** "Are you in immediate danger? Where is your partner now? Where will he or she be when you are done with your medical care? Do you want or need security, or the police to be notified immediately?"

- **Assess the pattern and history of the abuse.** Assess the partner's physical, sexual, or psychological tactics, as well as the economic coercion of the patient. "How long has the violence been going on? Has your partner forced or harmed you sexually? Has your partner harmed your family, friends, or pets? Does your partner control your activities, money, or children?"
- **Assess the connection between domestic violence and the patient's health issues.** Assess the impact of the abuse on the victim's physical, psychological, and spiritual well being. What is the degree of the partner's control over the victim? "How is your partner's abusive behavior affecting your physical health? (For example, migraine and other frequent headaches)."
- **Assess the victim's current access to advocacy and support groups.** Are there culturally appropriate community resources available to the woman? What resources (if any) are available now? "What resources have you used, or tried in the past? What happened? Did you find them helpful or appropriate?"
- **Assess [woman's] safety: Is there future risk or death or significant injury or harm due to the domestic violence?** Ask about the partner's tactics: escalation in frequency or severity of the violence, homicide or suicide threats, use of alcohol or drugs, as well as about the health consequences of past abuse

Source: National Association of Social Workers. Domestic Violence Assessment and Intervention provided by the Family Violence Prevention Fund.

http://www.socialworkers.org/pressroom/events/domestic_violence/assessment.asp

It will be helpful also to do the following:

- Determine, using the above questions, whether there is future risk of death, or of significant injury or harm due to domestic violence
- Read verbal and non-verbal signs
 - Observe any hesitation or anxiety. Consider that hesitation and anxiety could be due to the woman speaking a foreign language
 - Listen actively and validate the woman's story, for she needs to know that you are listening to her and that you understand her situation
- Conduct a high risk assessment if the woman is in danger (See Appendix 3)
- Determine when it is appropriate to ask about children and their ages
- Remember there are implications for workers with regard to "duty to report" (See Appendix 4)
- Recognize and encourage the woman's strengths, asking narrative questions, such as:
 - What did you do today?
 - What did you do before you came to Canada?

- Tell me about your friends
- What resources or help have you used, or tried in the past? What happened?
- Develop an inventory of strengths and a history of behavior
- Consider safety of the space where disclosure is occurring (e.g., an open concept office could be problematic)
- Consider the woman's fear that disclosing could result in children being taken away
- Consider the 'message' given when a person is led through the reception area in tears to a private room, or to the counsellor known to work with domestic violence
- Consider the impact of companions (e.g., friends and family members, children, in-laws, husband, parents) who are present
- Understand that there may be substance abuse or mental health issues
- Help the woman to feel comfortable by demonstrating concern about her welfare
- Be mindful of your body language; appropriateness of touching or not and how to touch is dependent on culture (e.g., a light touch on the shoulder was identified as being appropriate in the Tamil culture)
- Allow the woman to determine how much she wants to disclose
- Be compassionate and empathetic
- Clarify for the woman what will happen after information has been obtained regarding domestic violence
- Learn about the woman's informal and formal supports (e.g., a trusted family member or friend, someone from her faith community)
- Discuss whether identified supports are reliable and easily obtainable
- Provide information about options and resources
- Make a referral to intra-agency staff (specialized in domestic violence counselling) or inform and assist women in gaining intervention through an appropriate agency that deals with issues of domestic violence

Intervention

Intervention entails an act that results in an effect. It is intended to alter the course of a process or an event. In domestic violence cases, it is hoped that the overall outcome of intervention will be, among others, a reduction or removal of the risk to the victim.

Following the initial assessment by the frontline worker who may or may not be a specialist, interventions should be conducted by workers specialized in domestic violence.

Goals for effectively responding to domestic violence victims

According to the NASW, the Goals for effectively responding to domestic violence victims should be the following:

- Increase victim safety and support victims in protecting themselves and their children by validating their experiences, providing support, and providing information about resources and options

- Inform [victim] about any limits in confidentiality for example, child abuse or domestic violence reporting requirements
- The goal is not to get [the woman] to leave their abusers, or to "fix" the problem for the patient, but to provide support and information

Source: National Association of Social Workers. Domestic Violence Assessment and Intervention provided by the Family Violence Prevention Fund.
http://www.socialworkers.org/pressroom/events/domestic_violence/assessment.asp

Levels of Intervention

There are several levels of intervention:

Level 1 Intervention

The initial Level 1 Assessment, carried out by a frontline worker who may or may not be experienced in woman abuse responses, can also be regarded as a **Level 1 Intervention**, the next step in the intervention process is, thus, the Level 2 Assessment by a worker who is qualified to work with an abused woman.

Level 2 Intervention

This level of intervention is accomplished after in-depth assessment by workers who are specialized in woman abuse issues. As previously suggested, any mismanagement of the process may result in greater risk for the woman.

As in the case of assessment, intervention is also done at various levels as the woman seeks assistance from a variety of services. For example, intervention, just like assessment, occurs when legal or financial aid is sought, or when housing is requested by herself or on her behalf.

With respect to intervention, the NASW also recommends the following intervention steps

Listen to the [woman] and provide validating messages:

1. "You don't deserve this. There is no excuse for domestic violence. You deserve better."
2. "I am concerned. This is harmful to you (and it can be harmful to your children)."
3. "This is complicated. Sometimes it takes time to figure this out."
4. "You are not alone in figuring this out. There may be some options. I will support your choices."
5. "I care. I am glad you told me. I want to work together to keep you as safe and healthy as possible."
6. "Stopping the abuse is the responsibility of your partners, not yours."

Provide information about domestic violence to the [woman]:

- Domestic violence is common and happens in all kinds of relationships
- Most violence continues and often becomes more frequent and severe
- Violence in the home can hurt children (if the [woman] has children).
- Domestic violence impacts the [woman's] health
- Stopping domestic violence is the responsibility of the perpetrator, not the victim

Listen and respond to safety issues:

- Show the [woman] a brochure about safety planning and go over it with her or him
- Review ideas for how to keep information private and safe from the abuser
- Offer the [woman] immediate access to an advocate 24 hour local, state, or national domestic violence hotline number
- Offer to have a provider or advocate discuss safety then or at a later appointment
- If the [woman] says she or he feels she or he is in danger, take this very seriously
- If the [woman] is at high risk and is planning to leave the relationship, explain that leaving without telling the partner is the safest alternative
- Make sure the [woman] has a safe place to go and encourage her or him to talk to an advocate
- Reinforce [the woman's] autonomy in making decisions regarding [next steps]

Make referrals to local resources:

- Explain any advocacy and support systems [that exist within the community]
- [Review] advocacy and support services within the community including legal options, advocacy services, etc.
- When possible, refer [the woman] to organizations that reflect their cultural background or address their special needs such as organizations with multiple language capacity, those that specialize in working with teen, disabled, deaf, hard of hearing, or lesbian, gay, bisexual, or transgender clients.

If no local resources are available, refer [the woman] to an advocate from the multi-lingual National Domestic Violence Hotline 24 hours a day by dialing 800-799-SAFE, TTY 800-787-3224.

Source: National Association of Social Workers. Domestic Violence Assessment and Intervention provided by the Family Violence Prevention Fund.

http://www.socialworkers.org/pressroom/events/domestic_violence/assessment.asp

Guidelines for Conducting an Effective Intervention

- Remain calm
- Be patient because the woman may find it difficult to make a disclosure of abuse
- Provide information about domestic violence to the woman (e.g., forms of abuse, effects of the abuse, cycle of violence, etc.)
- Inform her of your role (i.e., to help her make informed choices and decisions)
- Listen to the woman and provide validating messages.
- Determine the extent of danger she may be in
- Determine whether it is safe for her and her children to remain in the home
- Work on increasing safety for the woman and her children by validating their experiences, providing support, and providing information about resources and options
- Listen and respond to safety issues (See Appendix 5, Creating a Safety Plan)
 - Discuss safety planning and review it with her
 - Discuss with her how to keep information private and secure from her abuser
 - Take seriously any feelings the woman has of being endangered
 - Explain to women who are at high risk and planning on leaving the relationship that leaving without telling the partner may be the safest option
 - Ensure the woman has a safe place to go and encourage her to obtain advice from a lawyer
 - Reinforce the woman's right to make decisions regarding her choices and options
- Make suggestions regarding different ways she can be helped (e.g., housing, shelter, police, legal, welfare, etc.)
- Inform the woman about any limits in confidentiality for example, child abuse or domestic violence reporting requirements (See Appendix 4)
- Explain to her that abuse is a crime, that children may be at risk of harm, and that you have a duty to report the abuse
- Assure her that any actions regarding support and referrals will not be done without her input
- Remember that the goal is not to get the woman to leave her abuser, or to "fix" the problem, but to provide support and information
- Provide outside referral, support and monitoring, to ensure that the woman has access to a trained domestic violence counsellor and to relevant services

Referrals

In domestic violence situations, referral comprises the act of sending a woman to another destination for appropriate service.

Prior to providing referrals for a woman who is experiencing domestic violence, it is important to:

- Know your organization's relevant referral protocols and guidelines
- Know the resources in your community, such as shelters specifically for domestic violence, police (any special units working with victims of domestic violence), legal aid, etc.
- Develop resources for your region and organization
- Make referrals to local resources
- Refer the woman, when possible, to organizations that reflect her cultural background or that address her special needs, such as organizations with multiple language capacity

However, it should be remembered that, for a variety of reasons, a woman may not want to be referred to an organization associated with her cultural group, as she may have the fear of encountering and being recognized by members of her community and the fear of having her marital issues discussed in the community.

Source: National Association of Social Workers. Domestic Violence Assessment and Intervention provided by the Family Violence Prevention Fund.
http://www.socialworkers.org/pressroom/events/domestic_violence/assessment.asp

Assessment and Intervention Exercise*

*Requires flipchart and markers

Purpose of the exercise

To increase participants' ability to make observations and ask questions that will enable them to make an informed assessment of the woman's risk of abuse.

Exercise Activity

The facilitator(s) will leave participants in one group or divide them into two or more groups: (1) a group of participants who do assessment but not domestic violence counselling; and (2) one or two groups of participants who do domestic violence counselling. The groups will be given scenarios (See Appendix 2 for scenarios). The assessment workers will identify any physical, behavioural and verbal signs that might indicate domestic violence. They will then outline how they will proceed to refer the woman to a domestic violence counsellor. The domestic violence workers/counsellors will identify how they will intervene to provide interagency support and referrals.

Process for Small Group Work

Participants will work together, respecting and including each person's input. Each group will organize a way to report their findings back to the larger group, either by appointing someone to make the report for the small group, or rotating the responsibility of reporting among small group members. The facilitator(s) will guide participants through questions and through discussion.

Module 5: Strategies to Improve Services – Case Management, Best Practices, Interagency Coordination and Local Services

Objective: At the end of this module participants will possess an understanding of effective case management, interagency coordination and collaboration, and best practice methods for the prevention of domestic violence toward immigrant and refugee women as well as resource development.

Expected Reading

Trainees are expected to have read the following sections from the OCASI resource book: *Prevention of Domestic Violence against Immigrant and Refugee Women*:

- Basic Counselling for Victims of Domestic Violence and Case Management
- Boundaries and Case management: Best Practices in Prevention of Domestic Violence
- Identifying Local Services, Making Effective Referrals and Providing Resources
- Streamlining Interagency Coordination and Case Management: Enhancing Coordination of Service Providers to Ensure Sensitive and Fast Response; Working with other Service Providers; Building Bridges Between Service Organizations
- How to Improve Services for Immigrant Women
- Community Education and Advocacy

The OCASI prevention of domestic violence workshops are for frontline staff from organizations that come in first contact with survivors or potential victims of abuse. Therefore, this section does not address providing professional counselling for abused women. Counselling should be provided by professionals who are qualified in domestic violence counselling. Attempting to provide a service for which one is not qualified can, in fact, put the woman at further risk of harm. It is also essential to note that the case should be managed in a professional manner and there should be a clear plan regarding who will do the follow-up and why.

PowerPoint, Overhead or Flipchart Presentation

Facilitator(s) will introduce participants to the case management model, including how organizational practices, service delivery and interagency collaboration can enhance early intervention and prevention of domestic violence.

Brainstorming Exercise*

Facilitator(s) should engage participants in a brainstorming exercise to initiate thought and discussion about what constitutes case management. Responses from the brainstorming activity will be recorded by one of the facilitator(s).

*Requires flipchart and markers

Case Management

Case Management Definition by the NASW

Case management is defined by the NASW as

a method of providing services whereby a worker assesses the needs of the client and arranges, coordinates, monitors, evaluates, and advocates for a variety of services to meet the client's complex needs.

A worker is the primary provider of case management. Case management is both micro and macro in nature, as intervention occurs at both the client and system levels. It requires the worker to develop and maintain a supportive relationship with the client, which may include linking the client with systems that provide her with much needed services, resources, options and opportunities. Services provided under case management may be located in a single agency or may be spread across numerous agencies or organizations.

The Goal of Case Management

The primary goal of case management is to optimize and provide quality services in the most efficient and effective manner to individuals with multiple complex needs. Case management is based on the foundation of professional training, values, knowledge, and skills used in the service of attaining goals that are established in conjunction with the client, and the client's family when appropriate. Such goals include:

- Providing a service delivery approach, based on the assumption that clients have complex and multiple needs
- Enhancing problem-solving and coping capacities of clients
- Creating and promoting the effective and humane operation of systems that provide resources and services to people
- Linking people with systems that offer resources, services, options and opportunities
- Improving the scope and capacity of the delivery system
- Contributing to the development and improvement of education and social policy

Source: National Association of Social Workers. Case Management: NASW Standards for Social Work Case Management.

http://www.socialworkers.org/practice/standards/sw_case_mgmt.asp

Interagency Case Management in Domestic Violence

- Allows for the creation of an individualized approach to meet specific needs of women who have been abused, based on a comprehensive assessment
- Is developed in collaboration with the woman and should reflect her decisions
- Empowers the woman through effective service delivery
- Creates a seamless coordinated approach to violence prevention

Organizational Approach to Domestic Violence

An organizational approach to domestic violence encompasses the process that occurs in an organization when dealing with a woman in matters related to domestic violence. This is the process that occurs whether or not an organization has a domestic violence program.

Clear Mandate

- In the case of an organization that has a domestic abuse program, the organizational approach comprises streamlining the types of services that are available for abused immigrant and refugee women (e.g., assessment, counselling referrals, training, anti-violence education)
- In the case of an organization that does not have a domestic violence program, the process should be clear about the level of basic assessment to be done and the steps that must be followed internally thereafter (for example, a clarification relating to who in the organization the woman should be referred to, or a stipulation that the frontline intake worker who first receives the case must refer to an organization that has an appropriate program). The process should identify the contact person(s) in the organization to which the woman is being referred. It should oblige the staff who make the referral to call ahead to ensure that the woman will not be given the merry go round. There must be clarity on which organization is to manage the case
- Whether the organization has the mandate through having a domestic violence program or not, having various languages is important to mitigate accessibility issues

Developed Framework

Apart from the stipulation of process, the organizational approach to domestic violence requires organizations that deal with the woman who is a victim of domestic violence to have:

- A commitment to cultural, linguistic and religious diversity
- A dedication to anti-racism/anti-oppression approach
- A recognition of the role that racism, ethnicity and linguistic barriers pose for women who experience domestic violence

Best Practices

An organizational approach to domestic violence ensures that agencies that have domestic violence programs, as well as those that do not, endeavour to implement the features that exist in current good practice. For example, management must ensure that:

- Agency staff are trained in domestic violence
- Clear procedures and policies exist to support the work of staff and provide information on responsibilities associated with servicing abused women
- Detailed protocols and policies are in place, delineating how to intervene, refer and work with professionals and institutions, such as the police, courts, lawyers, Children's Aid Society and social workers
- Relevant policies and services are implemented, based on the needs of women
- Protocols are transparent and allow for accountability
- Evaluation processes are used to obtain feedback from service users

Case Management — Interagency Coordination*

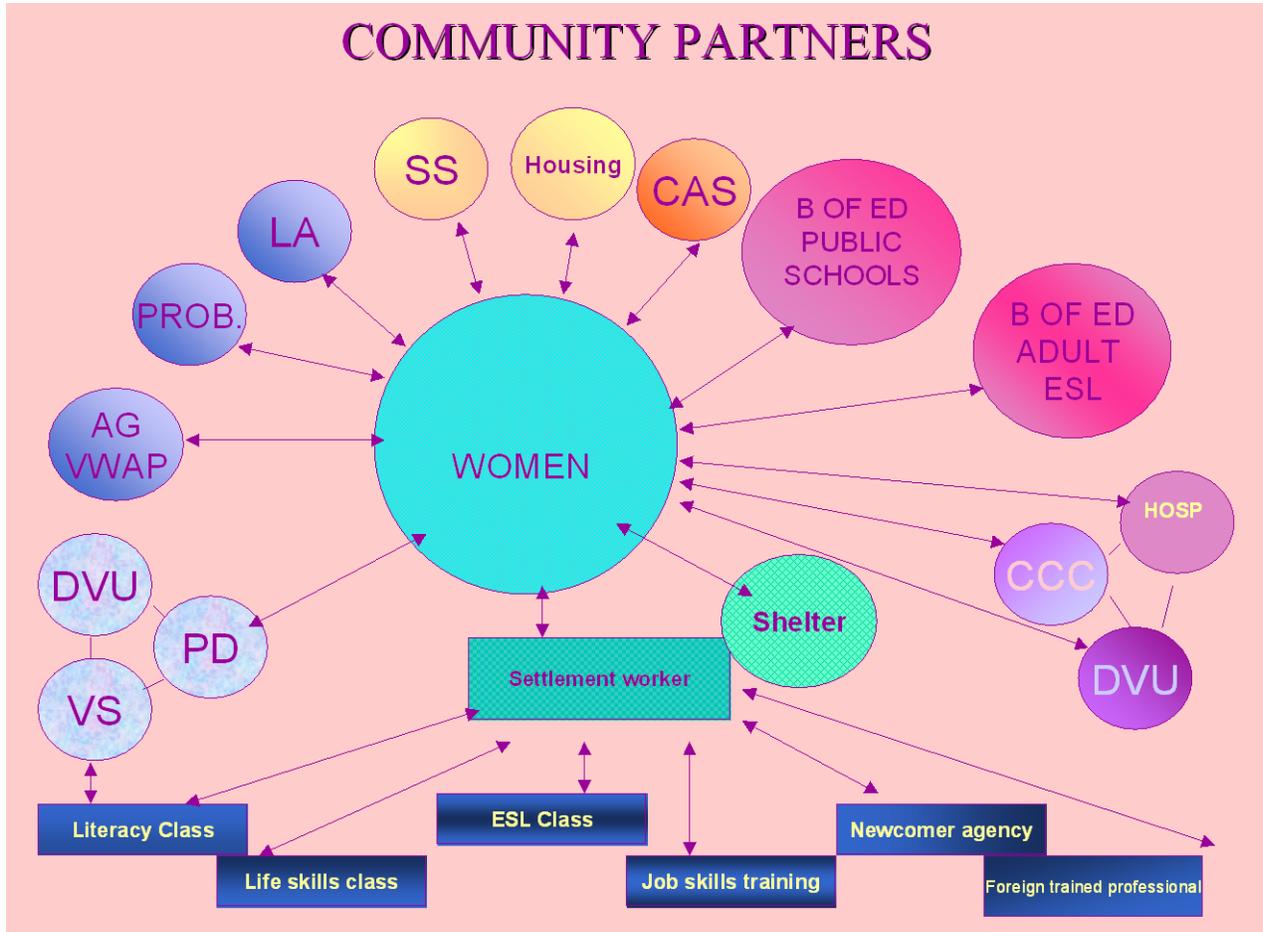
(*See examples in Appendix 6)

Many organizations that provide services to immigrant and refugee women have abuse programs. However, some organizations that have regular contact with immigrant women, for example faith communities and many settlement agencies, do not have specialized programs for abused women or contact with organizations that provide these services. This may be because such programming is not within the organization's mandate or exceeds the organization's resources. There is often insufficient contact and networking between settlement organizations and more mainstream organizations offering women abuse programs. Moreover, there is a general lack of information and coordination among service providers around strategies for violence prevention and intervention, although some coalitions do exist.

There is a need for collaboration and coalition building because it:

- Facilitates the harmonization of services and practices, making it possible to identify gaps in services to women who have been abused
- Allows for the coordination of information, increasing the awareness of existing services provided by other agencies
- Facilitates a coordinated response for advocacy, helping to define who is responsible for providing particular services and when, which ensures an effective monitoring and support process
- Allows for the development of education and training for the prevention of domestic violence
- Creates opportunities that reveal the impact of domestic violence on immigrant and refugee women, and the need for increased resources from government and other funding sources

Example of Interagency Collaboration for the Prevention of Domestic Violence



Abbreviation Key

AGVWAP — Attorney General Victim
Witness Assistance Program
CAS — Children’s Aid Society
CCC — Community Crisis Centre
DVU — Domestic Violence Unit (PD)
DVU — Domestic Violence Unit (HOSP)
ESL — English as a Second Language Class

HOSP — Hospital
LA — Legal Aid
PROB — Probation
PD — Police Department
SS — Social Services
VS — Victim Services

Example from organizational inter-relationships in Windsor, Ontario

Exercise: Case Management, Interagency Collaboration and Coordination

Purpose of the Exercise

1. To give participants an opportunity to share ideas about creating collaborative and coordinated strategies for action regarding domestic violence across and among agencies servicing immigrant and refugee women.
2. To increase participants' ability to make relevant observations and to ask necessary questions to determine whether the woman is abused or at risk of abuse, and to offer appropriate suggestions, options, and referrals.
3. To give the participants the tools to identify how they can best intervene to provide the woman with appropriate interagency support and referrals.

Exercise Activity*

*Requires flipchart and markers

The facilitator(s) will ask participants to imagine that several agency workers, including themselves, have come to a meeting to discuss interagency collaboration and coordination of services to immigrant and refugee women regarding domestic violence.

The facilitator will divide participants into four groups. Each group will discuss and record on a flipchart their responses and ideas for coordinated action strategies regarding the following tasks:

Group 1

How would you develop and implement an action plan to identify gaps in services to immigrant and refugee women across agencies, regarding issues of domestic violence?

Group 2

How would you develop and implement an action plan to coordinate information across agencies regarding the services they provide to immigrant and refugee women living in situations of domestic violence?

Group 3

What strategies would you develop to sustain a coordinated response for an effective monitoring and support process for immigrant and refugee women facing domestic violence?

Group 4

How would you strategize to find alternatives to government funding for services for immigrant and refugee women facing domestic violence, while at the same time holding governments accountable?

- A. Strategies for finding alternative sources of funding
- B. Strategies for holding governments accountable

Appendix 1

Purpose of Group Guidelines, Process Issues and Activities

We need group guidelines, or agreements, to create safety in the group, to clarify roles and expectations of the facilitator and the group members, and to provide a safe and respectful environment for all participants to give their input and feedback.

Issues of Safety

It is important to remember that group members do not experience safety uniformly. Because individual group members will have different issues around safety and, because they may be impacted differentially by certain dynamics and activities, it is critical that participants come to a shared understanding of the many ways “safety” is experienced. Establishing guidelines, or group agreements, that address differences in the group support this shared understanding.

Following are some suggested guidelines. Participants can add to the list.

- Keep what is shared in the group confidential
- Speak one at a time
- Respect and value differences in experience, background, and identity, and take responsibility for creating an environment that is safe for everyone
- Listen with the intention of understanding and appreciating all women in the group
- Arrive and leave at the designated times
- Let others know when we expect to arrive late, or have to leave early

Process Issues and Activities

Safe Environment

Creating a safe environment can mean different things to different women. What feels safe for some might feel unsafe for others. If we hurt others through our words or actions and this is reflected back to us, it is our responsibility to receive this feedback and examine our behaviour. Fostering a safe environment for everyone in the group requires that each person take responsibility for what she says and does in the group. We must be willing to look at our behaviour critically, with the understanding that we have learned behaviours and attitudes which can be offensive and can compromise the safety of other participants.

It is especially important to develop a safe environment when group members are dealing with issues of domestic violence and its impacts on women, issues that can increase participants' feelings of vulnerability.

Check-in

The check-in is a go-around in which participants briefly express their feelings or any stress that they are dealing with that might distract them from full participation in the workshop. Everyone is given an opportunity for uninterrupted expression. The check-in is not the time for giving advice, critiquing what is expressed, or addressing what is being said. The time allowed for all members to check-in, including the facilitators, is usually 10-15 minutes, depending on the size of the group.

Often participants will state verbally how they are feeling, but they can also use pantomime, gestures or body language to express their feelings (e.g., tiredness can be expressed with a yawn, anxiety with wringing of hands, contentment with a smile, etc.).

Brainstorming

Brainstorming is a large-group activity which encourages everybody in the group to contribute what they think is relevant to a topic or question, as a first step in building a discussion. This exercise allows facilitators an opportunity to discover the views of, and to understand participants with regard to a particular topic or question. It is a collective effort that produces valuable information for moving forward to the next level of discussion. All responses are recorded on a flipchart.

Debriefing

Debriefing is an opportunity for participants to talk about issues that have arisen for them during the group, discussions and activities. Debriefing can include requests for clarification or opportunities for participants to express any concerns that they might have about the session or activity. Debriefing is best used just before closure or toward the end of a workshop session. It can also be used at the beginning of the next session, just after check-in has taken place, if the facilitator senses that something was unresolved from the previous session that may impact group dynamics.

Closure

Closure is done at the end of the workshop session. It is an opportunity for participants to state how they felt about the session and to let others know how they are feeling generally. Did the workshop change how they were feeling at the beginning of the session? What, if anything, did they learn during the session that they did not know before? Closure is also an opportunity for participants to express their appreciation for others in the group.

Appendix 2

Forms and Cycle of Domestic Violence: Four Scenarios and Exercises

Scenario One

Rula is an undocumented woman from the Middle East. Her application for refugee status has been refused, as has her husband's. They have remained in Canada and are living in the Greater Toronto Area (GTA).

Rula's husband is working for a subcontractor who pays him in cash. He speaks English and, though they are living "underground", he has made a few friends at work who are also undocumented workers.

Rula's husband insists that he control all their finances and does not allow Rula to find any work outside the home. Rula does not speak English, but her husband will not permit her to go to English as a Second Language (ESL) classes, which are offered at a community agency close to their apartment building, where documentation is not required. He tells her that because she has no status, she can be picked up by the police at any time and deported. When she tells him that he too is in a vulnerable position, legally, he accuses her of trying to undermine his confidence, and shouts at her, saying she does not understand the Canadian legal system as he does and that she is dependent on him for her safety. When she begins to plead with him to allow her to attend ESL classes, telling him that she wants a future in Canada, he threatens to leave her stranded and alone if she does not stop pestering him. He begins screaming at her and grabs a framed photograph of Rula's sisters from the table and smashes it to the floor. Rula is terrified by this and hurt that he would destroy something that means so much to her. She stops talking and does not react to her husband's act, fearful for her physical safety. Her husband calms down and offers to prepare dinner for both of them. Throughout the evening, Rula is on her guard, expecting that at any moment, with no provocation, her husband will become violent again.

Questions for Discussion

1. What are some of the systemic barriers to safety that Rula is facing in Canada?
2. What forms of domestic violence are taking place?
3. If participants believe that an act or behaviour is violent but does not fit easily into any of the designated forms, they should record it. Forms of violence are not fixed or stable categories.
4. Track the cycle of domestic violence in the scenario.

Scenario Two

Chen is a recently landed immigrant from Hong Kong. She lives with her husband and his father in downtown Toronto. Chen does not speak English and is dependent on her husband and his father, who have come to Canada with some money to invest in a business they hope start. Both men speak fluent English and spend much of their time outside the home. Sometimes Chen's husband brings her small gifts or offers to order in take-out food for dinner so that she will not have to prepare the meal.

Chen is not permitted to leave the house, to visit with friends, or to go for doctors' appointments without her husband or father-in-law. When she is out with them and with other people, her husband or her father-in-law make fun of her cooking, joke about her appearance and her clothes, and criticize her demeanor. She does not say anything, for fear of making the situation worse for herself, and because she is terrified that she might be beaten when they get home. Chen is a devout Buddhist, but is not permitted to attend the Buddhist Temple in her area. Her husband ridicules her religion and her beliefs. The last time she pleaded with him to allow her to go to the temple, he hit her across the face with the back of his hand. He often berates her, calling her "stupid", "ignorant", and "ugly". Chen does not interact in any meaningful way with anyone other than her husband and her father-in-law.

Questions for Discussion

1. What are some of the systemic barriers to safety that Chen is facing in Canada?
2. What forms of domestic violence are taking place?
3. If participants believe that an act or behaviour is violent but does not fit easily into any of the designated forms, they should record it. Forms of violence are not fixed or stable categories.
4. Track the cycle of domestic violence in the scenario.

Scenario Three

Sophia is a 78-year-old landed immigrant who recently came to Canada from Poland under the family reunification program. She lives with her daughter and her son-in-law and their two young children. Her daughter and son-in-law speak Polish and are fluent in English, as are the children. The language spoken in the home is English, and she is only spoken to in Polish if they need something from her. It is difficult for her to get out of the house because neither her daughter nor her son-in-law will take her out unless she has a doctor's appointment. At the doctor's office, they belittle and insult her in front of other patients, the receptionist, and the doctor. She does not know the outcome of these visits because the discussions about her health are in English and when she asks her daughter or her son-in-law to interpret for her, they tell her they will explain it to her at home but they never do.

Sophia's expenses are paid from a trust fund that her son-in-law has set up. The money is from her late husband's estate. She has no control over the fund and is never shown any statements or account records. Her family does not give her any spending money and she is not allowed to make any finance-related choices. Sometimes when her family goes out for the evening, she is locked in her room. She is told it is for her own good. She would like to spend time with her grandchildren but is told she is too old to look after them. Her son-in-law has told her that her grandchildren don't like her and that she embarrasses them. She believes that her doctor gave her son-in-law a prescription for her for a heart condition, but he has not had it filled. Lately, she has been left alone more frequently, often locked in her room. She believes that she is a capable, intelligent woman, but it is becoming extremely difficult for her to cope. She is increasingly depressed and afraid for her safety.

Questions for Discussion

1. What are some of the systemic barriers to safety that Sophia is facing in Canada?
2. What forms of domestic violence are taking place?
3. If participants believe that an act or behaviour is violent but does not fit easily into any of the designated forms, they should record it. Forms of violence are not fixed or stable categories.
4. Track the cycle of domestic violence in the scenario.

Scenario Four

Neema is an immigrant woman of colour. Her first language is Arabic and she is fluent in English and French. She has worked hard to get her certification as a medical technician, has a job she likes, and her contribution to her family's income is essential. Both her teenage children are in school and hope to go to university.

Neema's husband does seasonal construction work. He insists that he and Neema keep joint chequing and savings accounts, and Neema's monthly pay is deposited directly into the account. He does not allow her signing privileges on cheques, and she can only have access to any money she needs through him.

When he is not working, he likes to spend time with friends, including women friends, and often comes home late at night. He expects that there will be a meal kept warm in the oven for him, whatever time he arrives. The last time he came home late and there was no dinner prepared for him, he rampaged through the house at 2.00 a.m., tearing books from the shelves and breaking dishes. When Neema came down to try to stop him, he attacked her with a knife, forcing her to run out into the street to get away from him. She was finally able to get some help from a neighbour, who offered to call the police. Neema did not want to get the police involved. She had tried before to get help from the police, but they did not take her complaint seriously. On this particular night, concerned about leaving her children alone with her husband, she made her way back into the house and found him passed out on the kitchen floor. The next morning he was contrite and apologized, claiming he did not remember anything about the knife attack. That night, he came home for dinner and helped wash the dishes.

Lately, Neema's husband has been phoning her at work several times a day and her supervisor is concerned about it and has asked her to put a stop to it.

He has also shown up at work a few times in the past couple of weeks, sometimes meeting her at the end of her shift, sometimes watching her from a distance. He has insisted that he choose what clothes she will wear to work, claiming that she dresses in a provocative way and accusing her of having an affair with one of her co-workers. He has started to demand that she account for every hour of her time away from her workplace.

He has threatened to force her to quit her job, insisting that he can support his family without her help and that her place is at home with her children. When she reminds him that her income is essential at this time in their lives, he usually responds with a smack across the face. Last week she had to cover up bruises on the side of her face with makeup before she left for work. She very much wants to keep her job but is beginning to feel that it might be better if she quit. That way she can stay at home, like her husband wants her to do. Maybe then he'll stop his violent outbursts and attacks.

Questions for Discussion

1. What are some of the systemic barriers to safety that Neema is facing in Canada?
2. What forms of domestic violence are taking place?
3. If participants believe that an act or behaviour is violent but does not fit easily into any of the designated forms, they should record it. Forms of violence are not fixed or stable categories.
4. Track the cycle of domestic violence in the scenario.

*Scenarios Five and Six — Case Management: Assessment and Intervention***Purpose of the Exercise**

To increase participants' ability to make relevant observations and ask necessary questions that can lead them to an informed assessment of whether the woman is abused or at risk of abuse, and to offer appropriate suggestions, options, and referrals.

Exercise

The facilitator will divide participants into:

1. One or two groups of participants who do assessment and referrals but no domestic violence counselling in their agencies (this group is given scenario 5).
2. One or two groups who do domestic violence counselling (this group is given scenario 6).

Scenario Five

A woman comes to the agency, accompanied by her husband, who escorts her to the worker's office. He introduces her to the worker in English, and explains that his wife is looking for employment. He refers to his wife without including her and snaps at her when she tries to say something. At one point, he grabs her arm and yells at her to stop interrupting. He tells the worker that he has to go to work and has arranged for a friend to pick his wife up at the reception desk. He leaves without saying goodbye to his wife.

The woman is visibly nervous and seems upset. She does not speak English; however, the worker speaks her language. The woman says that she wants to learn English but does not want to upset her husband. She says that he will not allow her to attend any form of educational setting, and that he just wants her to find some kind of employment, anything. She tells the worker that she is completely dependent on him and has no other family or friends in the city. She says that she doesn't understand how she is supposed to work outside the home and do all

the home maintenance that is expected of her. She begins to cry. She says she would leave her husband if she had somewhere else to go.

Small Group Work

Identify any physical, behavioural and verbal signs that might indicate domestic violence and how you would proceed to refer the woman to a domestic violence counsellor.

Scenario Six

A woman who has been referred from another agency where she has been identified as living with an abusive partner comes for her first visit with a domestic violence counsellor. The worker notices that there is a faint bruise above her right eye. The woman says she is not sure why she is there, since things have calmed down a lot since her visit with the assessment worker at the other agency. Her husband has been less angry lately and less prone to violent outbursts. They have even spent several very pleasant evenings together recently. The woman seems confident that things have improved and she does not want to “rock the boat” by seeking support for herself outside her home. The worker observes that the woman appears exhausted and is having trouble listening and focusing.

Small Group Work

Identify how you would intervene to provide the woman with interagency support and referrals. How would you develop and put in place an action plan to identify gaps in services to immigrant and refugee women across agencies, regarding issues of domestic violence?

Appendix 3

Woman Abuse Council of Toronto



High-Risk Resource Kit

Background

The High-Risk project evolved out of the concern raised by members of the Support Services/Cultural Issues Committee of the Woman Abuse Council of Toronto. They identified the need to develop an effective and timely response to situations where one or more workers are involved in a high-risk case. Sandra Quigley, a woman who was at high risk for death or serious injury and was killed by her intimate partner, had a number of skilled workers involved in her case. Despite the best efforts of these workers, Sandra Quigley was not safeguarded from harm. In response to her untimely death, the High-Risk Response Model was developed to ensure early identification of high risk and an intervention model. The project has three main aims: (1) to develop a model for risk assessment; (2) to plan timely and appropriate interventions; and (3) to ensure that practitioners are able to facilitate appropriate responses from all sectors to help protect a woman's safety through training and consultation.

Three Main Components of High-Risk Response Model

1. *Regular and Ongoing Use of Risk-Assessment Process and Procedures*
Using a risk assessment process by all those involved with a woman whom they believe is at high risk for death or serious injury. Ideally, the practitioners should encourage the woman to participate with them in her risk assessment process using available tools.
2. *Safety Planning in Cases Identified as High Risk*
Convening a safety planning group meeting to develop an action plan that can be readily implemented to respond to the immediate needs. This plan will include ways to protect her safety in conjunction with key stakeholders (e.g., the police, family members, friends, etc.).
3. *Constraining the Abuser in Cases of Concern and Need to Consult*
Bringing a specific case situation to inter-sectoral group by using the specialized domestic violence court advisory meetings to consult on difficult cases and brainstorm possible interventions.

Principles in Intervening in High-Risk and Lethal Situations

1. Safety of women and children is paramount and should determine action. Safety must encompass both emotional and physical aspects.
2. All intervention must support self-determination while balancing safety as a priority and duty to protect.
3. In order to be most effective at protecting safety, it is vital to gather all possible information about the specifics of the current high-risk situation.

4. There must be effective and appropriate communication between sectors on a need-to-know basis. An integral aspect of any involvement must be providing information to women so that they can make informed choices and decisions.
5. The relationship between the woman and her children *must* be recognized and taken into account in any and all interventions. All interventions should attempt to support this relationship and not re-victimize the mother. The response to women victims should support, empower and assist women to be able to better protect their children.
6. Practitioners should attempt to respond to the woman's needs as she defines them.
7. Practitioners must balance self-determination of the woman/victim with the need to protect the safety of her children.
8. Practitioners should be clear and direct about the limits to confidentiality and their own duty to warn and protect victims.
9. The system must recognize that the victim is often at the highest risk when she leaves the abusive relationship.
10. High risk and potentially lethal situations require an immediate response.
11. The system must be challenged to monitor abusers and systematically increase sanctions when they breach court order and/or re-offend.
12. An effective response must include an inter-sectoral approach and one which both holds the abuser accountable (through the courts), while supporting the woman and her children.
13. Interventions should attempt to be culturally appropriate and must be relevant to the woman and her community.
14. Interventions must account for diversity and be flexible to meet individual and specific needs and situations.
15. Responses must meet the needs of all communities and respond to the diversity of women and particular issues faced by women with disabilities.
16. Long-term supports for women and children, both separately and together, should be made available in order to concretely assist rather than re-victimize women.
17. The system must be challenged to provide adequate emergency and long-term housing to ensure a woman can protect her safety and that of her children.
18. Practitioners must recognize the social and economic realities of the woman/victim's life and attempt to both provide services and advocate with women.

Indicators of High Risk

1. Threats of homicide or suicide.
2. The presence of weapons in the house or plans to acquire weapons on the part of the abuser.
3. Use or abuse of drugs or alcohol by the abuser.
4. Access to the woman by the abuser, through access visits, etc.
5. Disregard on the part of the abuser of court orders (e.g., restraining orders, bail conditions, probation conditions, etc.).
6. Threats against the victim that:
 - a. are specific with respect to time, place, weapon, etc.
 - b. are frequent and ongoing.
 - c. are public in nature – told to other people, the children, friends and family.
 - d. the woman believes likely to be carried out by the abuser.
7. Change in the behavior of the abuser (e.g., subtle incremental behaviours that the victim can recognize).
8. Abuse or killing of pets within the home.
9. Woman has made attempts to leave or has left the situation.
10. Abuse has included sexual coercion or attacks.
11. Victim believes that the offender may seriously injure or kill her.
12. Abuser lacks remorse about an incident or his general behavior.
13. Abuser seems preoccupied or obsessed with the victim (e.g., following, monitoring, stalking, and exceedingly jealous).
14. Abuser shows signs of mental health problems.
15. Abuser has inflicted serious injury on the victim or others in the past.

Woman Abuse Council of Toronto**A Tool for Risk Assessment in Woman Abuse**

This tool has been developed to identify indicators where a woman is at high risk for death or serious injury. This tool is to be used by a counsellor/advocate with a woman. It is not meant to be filled out by a woman alone as it can be traumatic.

WOMAN/VICTIM: _____
CHILDREN IN THE HOME: _____
CHARGES LAID: _____
DATE OF OFFENCE: _____
POLICE INVOLVEMENT: Yes No
INVESTIGATING OFFICER: _____

1. To the best of your knowledge, has your partner assaulted any previous spouses/partners or children from another relationship?
 Yes No Don't know

2. Has your partner assaulted or threatened you before?
 Yes No

3. Has there been a recent increase in assaults or threats?
 Yes No

4. Have your children been assaulted by your partner?
 Yes No

5. Have the police been called to respond to any domestic situations involving your partner prior to this incident?
 Yes No

6. Has your partner destroyed or damaged any of your belongings or contents of your home?
 Yes No

7. Has your partner injured or killed your pet?
 Yes No

8. Has your partner threatened to kill or harm you?

Yes No

9. Has your partner threatened to harm or kill the children?

Yes No

10. Has your partner forced you to engage in sexual activity against your will?

Yes No

If so, was this during an abusive episode?

Yes No

11. Does your partner have full control over the finances?

Yes No

12. Does your partner prevent or limit your access to money?

Yes No

13. Has your partner threatened or attempted suicide?

Yes No

14. In these threats, have there been specific details of a plan (e.g., a specific weapon, time, place or dangerous act)?

Yes No

15. Does your partner own or have access to firearms or weapons?

Yes No Don't know

16. Does your partner have a Firearms Acquisition Certificate?

Yes No Don't know

17. Has your partner recently applied for a Firearms Acquisition Certificate?

Yes No Don't know

18. Has your partner used, or threatened to use, guns or other weapons against you, the children or any other person?
 Yes No
19. Have you separated or discussed separation with your partner?
 Yes No
20. If so, is your partner reacting in an aggressive and/or threatening manner?
 Yes No
21. Is your partner obsessed, overly-jealous, or extremely dominant with you?
 Yes No
22. Has your partner forcibly confined you, or prevented you from using the telephone, leaving the house, or contacting family or friends?
 Yes No
23. Has your partner engaged in any stalking behaviors with you in the past?
 Yes No
24. To the best of your knowledge has your partner engaged in any stalking behavior with any other person?
 Yes No Don't know
25. Is your partner isolated from others?
 Yes No
26. Can your partner rely on friends and family for support?
 Yes No
27. Has your partner ever threatened to remove the children from your care?
 Yes No
28. Does your partner abuse drugs or alcohol?
 Yes No Don't know

29. Is your partner under psychiatric care, or has your partner been under such care in the past?
 Yes No Don't know
30. Is your partner on any medication?
 Yes No
31. Is your partner taking such medication as prescribed?
 Yes No
32. Has your partner ever received counseling for domestic violence or substance abuse issues? (Indicate by circling)
 Yes No
33. Has your partner breached any court order, such as bail conditions or a restraining order?
 Yes No Don't know
34. Do you believe your partner is capable of severely injuring or killing you (or your children)?
 Yes No
35. Do you have any fears for your safety, or the safety of your family?
 Yes No
36. Do you have a personal safety plan in place to help protect yourself or children in the event of a problem with your partner?
 Yes No
37. Are there other members of your partners' family engaging in abusive behaviour towards you (and your children)?
 Yes No
38. Have you consulted a lawyer?
 Yes No

39. If so, has your partner been served or about to be served with legal papers requesting a divorce/custody/access?

Yes No

40. Have you obtained a custody order, or a restraining order?

Yes No

41. Is there anything else that is causing you to fear your partner?

Woman or Victim's Signature (optional) _____ Date _____

Witness' Signature _____ Date _____

Appendix 4

Duty to Report

Protecting Children from Abuse and Neglect is the Responsibility of the Whole Community

Everyone's duty to report

Everyone, not just professionals, who has reasonable grounds to suspect that a child is or may be in need of protection, has a duty to report directly to a Children's Aid Society (CAS). Referrals may be made 24 hours a day, seven days a week.

In [section 72 \(1\)](#), the Ontario Child and Family Services Act (CFSA) (1990) clearly outlines the situations constituting child abuse that must be reported. These include instances where the following has occurred or is at risk of occurring:

- physical harm resulting from neglect, abuse or lack of care
- sexual abuse, molestation or exploitation
- medical treatment to cure, prevent or alleviate physical harm is withheld by a parent or guardian
- a child is suffering from anxiety, depression, withdrawal, self destructive, aggressive behavior or any other emotional harm due to the neglect, actions or failure to act of the child's parent or guardian
- abandonment
- a child is less than 12 years old and has killed or seriously injured another person or another person's property because the child's parent or guardian has failed to supervise the child adequately, or if the parent has refused services or treatment to prevent the child from re-committing a similar action

Ongoing duty to report

A person must report further suspicions, even if they have made a previous report about the same child and family.

Professionals held to a higher standard

All professionals or officials who obtain information while on duty, which causes them to suspect a child is in need of protection, must report directly to a CAS, even if the information would normally be confidential or privileged.

Professionals who fail to report suspicions of child abuse or neglect may be fined up to \$1,000.

The following is a partial list of people who are considered to be professionals under the CFSA:

- Health care professionals, including physicians, nurses, dentists, pharmacists, and psychologists
- Teachers and school principals

- Social workers and family counsellors
- Priests, rabbis and other members of the clergy
- Operators or employees of day nurseries
- Youth and recreation workers (not volunteers)
- Peace officers and coroners
- Solicitors
- Service providers and employees of service providers
- Any other person who performs professional or official duties with respect to children

Protection of reporters

In extreme cases where a civil action is brought against a person who made a report, that person will be protected from liability, unless he/she acted maliciously or without reasonable grounds.

Source: Family and Children's Services of St. Thomas and Elgin County. Duty to Report.
<http://www.casegin.on.ca/html/duty.html>

Appendix 5

Creating a Safety Plan

Developed by

The Peel Committee against Woman Abuse

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July 2005

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I. Introduction

It is important to know that, although you do not have control over your (ex-)partner's violence, it is possible to increase your own, as well as your children's, safety when being subjected to this abuse. Creating a safety plan involves identifying action steps to increase your safety, and to prepare in advance for the possibility of further violence. This information package offers many suggestions and ideas that we hope you will find useful. However, don't try to do everything right away. Take it a step at a time, and start with the ideas that seem most doable for you.

In creating a safety plan it is important to remember that:

1. Although you cannot control your (ex-)partner's violence, it may be possible to increase your own and your children's safety.
2. A safety plan is needed whenever the possibility of abuse is identified.
3. This safety plan information is specifically designed for actions that you can take.
4. This safety plan information also includes actions you can take to increase your children's safety.
5. It is important to become familiar with and to review and/or revise your safety plan regularly. Abusive situations and risk factors can change quickly.

II. An Emergency Escape Plan

The Emergency Escape Plan focuses on the things you can do in advance to be better prepared in case you have to leave an abusive situation very quickly. The following is a list of items you should try to set aside and hide in a safe place (e.g., at a friend's or family member's home, with your lawyer, in a safety deposit box):

- a) Take a photocopy of the following items and store in a safe place, away from the originals. Hide the originals someplace else, if you can.
 - Passports, birth certificates, immigration papers, for all family members
 - School and vaccination records
 - Driver's license and registration
 - Medications, prescriptions, medical records for all family members
 - Welfare identification
 - Work permits
 - Divorce papers, custody documentation, court orders, restraining orders
 - Marriage certificate
 - Lease/rental agreement, house deed, mortgage payment book
 - Bank books
 - Insurance papers
 - Address and telephone book
 - Picture of spouse or partner
 - Health cards for yourself and family members
 - All cards you normally use (e.g., credit cards, bank cards, phone card, social insurance card)

- b) Try to keep all the cards you normally use in your wallet:
- Social insurance cards
 - Credit cards
 - Phone card
 - Banking cards
 - Health cards
- c) Try to keep your wallet and purse handy, containing the following:
- Car, house and office keys
 - Checkbook, bank books or statements
 - Driver's license, registration, insurance
 - Address and telephone book
 - Picture of spouse or partner
 - Emergency money (in cash) hidden away
- d) Keep the following items handy, so you can grab them quickly:
- Emergency suitcase with immediate needs
 - Special toys, comforts for children
 - Jewellery
 - Items of special sentimental value
 - A list of other items you would like to take if you get a chance to come back to your home later
- e) Other Steps You Can Take for Your Safety
- Open a bank account in your own name and arrange to have no bank statements or phone calls made to you, or arrange for mail to be sent to a friend or family member
 - Save and set aside as much money as you can – even out of grocery money, if necessary
 - Set aside, in a place you can get to quickly, \$10 to \$15 for cab fare, and quarters for the telephone
 - Plan your emergency exits
 - Plan and rehearse the steps you will take if you have to leave quickly, and learn them well
 - Hide extra clothing, house keys, car keys, money, etc. at a friend's house
 - Consider getting a safety deposit box at a bank that your partner does not go to

The Police will bring you back to the home later, to remove additional personal belongings, if it is arranged through the local division. Take the items listed above as well as anything else that is important to you or your children. When you leave, take the children if you can. If you try to get them later, the police cannot help you remove them from their other parent, unless you have a valid court order.

III. Creating a Safer Environment

There are many things a woman can do to increase her safety. It may not be possible to do everything at once, but safety measures can be added step by step. Here are a few suggestions:

a. At home

If you are living with your abusive partner or spouse:

- Get your emergency escape plan in order and review it often
- Create a telephone list with numbers of local police, the nearest women's shelter, assaulted women's help line, crisis help line, family members, counselors, children's friends
- Make arrangements with friends or family so that you can stay with them if necessary
- Try to predict the next likely violent episode and make plans for the children to be sent to friends, family, etc.
- Teach the children to let you know when someone is at the door, before answering the door
- Teach your children how to use the telephone (and your cellular phone, if you have one) to contact the police and the fire department
- Create a code word with your children and/or friends so they know to call for help
- Teach your children how to make a collect call to you and to a special friend if your partner takes the children
- Plan your emergency exits, teach your children and know them well
- Teach your children their own safety plan

If you are not living with your abusive partner or spouse:

- Change the locks on the doors and windows. Install a peephole in the door
- Change the locks on your garage and mailbox
- Teach your children to tell you if someone is at the door and to not answer the door themselves
- Keep your restraining order near you at all times
- Make sure that the school, day care, and police have a copy of all court orders, including restraining orders, custody and access orders, as well as a picture of the abusive partner
- If possible, try to predict the next likely violent incident and be prepared
- If you have call display on your phone, be careful about who can get access to the store numbers (e.g., last number dialed, etc.)
- Have your telephone number unpublished, as it is harder to track than when it is unlisted and block your number when calling out
- Consider getting a cellular phone and preprogram numbers of people to call
- Contact your local victim services to inquire about your eligibility for the Supportlink and Domestic Violence Emergency Response System (DVERS) program
- Consider moving your furniture around differently as this is something your partner may not anticipate, and cause him/her to bump into it and give you warning that he/she is in the house and also put your kitchen utensils and knife block in the cupboards so they are not as accessible

- If you live in an apartment, check the floor clearly when getting off the elevator
- Look in mirrors and be aware of doorways in hallways, speak to security, or make an anonymous call, requesting safety in your building
- Purchase rope ladders to be used for escape from upper floors
- If you have a balcony, consider putting wire around it
- Replace wooden doors with steel/metal doors if possible
- Install smoke detectors and fire extinguishers for each floor
- Consider the advantages of getting a guard dog
- Install an outside lighting system that lights up when a person is coming close to your house
- Do whatever you can to install security systems, including additional locks, window bars, poles to wedge against doors, an electronic system, etc.

b. In the neighbourhood

- Tell your neighbours that you would like them to call the police if they hear a fight or screaming in your home
- Tell people who take care of your children which people have permission to pick up your children
- Tell people in your neighbourhood that your partner no longer lives with you, and they should call the police if he/she is seen near your home. You may wish to give them a photo and description of him/her and of their car
- Ask your neighbours to look after your children in an emergency
- Hide clothing and your emergency escape plan items at a neighbour's house
- Use different grocery stores and shopping malls, and shop at hours that are different from when you were living with your abusive partner
- Use a different bank or branch, and take care of your banking at hours different from those you used with your abusive partner
- Change your doctor, dentist and other professional services you would normally use
- Do not put your name in your apartment building directory

c. At work

Each woman must decide for herself if and/or when she will tell others that her partner is abusive and that she may be at risk. Friends, family and co-workers may be able to help protect women. However, each woman should consider carefully which people to ask for help. If you are comfortable, you may choose to do any or all of the following:

- Tell your boss, the security supervisor, and other key people or friends at work about your situation
- Ask to have your calls screened at work and it would also help to have these calls documented
- Discuss the possibility of having your employer call the police if you are in danger from your (ex-)partner

When arriving or leaving work:

- Let someone know when you'll be home
- Carry your keys in your hands
- Get a remote or keyless entry car door opener
- Walk with someone to your car
- Scan the parking lot
- Walk around your car, look under the hood and check if anything has been tampered with and check brakes and remember to keep your car seats forward, so you know if someone is hiding in the car
- If your partner is following you, drive to a place where there are people to support you, (e.g., a friend's house, police station)
- If you have underground parking, consider parking across the street
- Keep a sign in your car saying "call police"
- If you are walking, take a route that is populated
- Change the patterns of when you arrive and leave work and the routes you take home
- If you see your partner on the street, try to get to a public place, e.g. a store
- If you see your partner on the street, call attention to yourself and request help

IV. An Emotional Safety Plan

The experience of being abused and verbally degraded by a partner is usually exhausting and emotionally draining. The process of surviving and building a new life requires courage, and energy. Although some of the following may be a challenge, here are a number of things you may be able to do:

- Attend as many crisis counselling group sessions as you can
- Become involved in community activities to reduce feeling isolated
- Take a part-time job to reduce isolation and to improve your finances
- Enroll in school to increase your skills
- Join support groups of other women to gain support and strengthen your relationships with other people
- Take time for yourself to read, meditate, play music, etc.
- Spend time with people who make you feel good and provide support
- Take part in social activities, e.g. movies, dinners, exercise
- Take care of your sleep and nutritional needs
- Keep a personal journal to write about your feelings, especially when you are feeling low or vulnerable and keep it in a safe place or burn it
- Take time to prepare yourself emotionally before entering stressful situations like talking with your partner, meeting with lawyers, or attending court
- Try not to overbook yourself; limit yourself to one appointment per day to reduce stress
- Be creative and do whatever makes you feel good
- Write something positive about yourself everyday – your own personal affirmations
- Do not find your comfort in excessive use of alcohol or food – it only serves to increase your depression
- Avoid excessive shopping and impulse buying

- Join a health club or start an exercise program because it will increase your energy level and increase your sense of well being
- Know that it is okay to feel angry, but find positive and constructive ways to express your anger
- Remember that you are the most important person to take care of right now

V. A Child's Safety Plan

This plan was developed to help mothers teach their children some basic safety planning. It is based on the belief that the most important thing that children can do for their mothers and their families is to get away from the area of violence! They cannot stop the abuse, although they often try by distracting the abuser or directly interfering in the abusive episode. It is important to tell children that the best and most important thing for them to do is to keep themselves safe. Children who experience woman abuse can be profoundly affected. It is very traumatic for them to be faced with violence directed at them or at someone they love. Personal safety and safety planning are extremely important and necessary for children whose families are experiencing violence. Children should learn ways to protect themselves.

There are several ways to help you develop a safety plan with your children:

- Have your child pick a safe room/place in the house, preferably with a lock on the door and a phone. The first step of any plan is for the children to get out of the room where the abuse is occurring
- Stress the importance of being safe, and that it is not the child's responsibility to make sure that his/her mother is safe
- Teach your children how to call for help. It is important that children know they should not use a phone that is in view of the abuser. This puts them at risk. Talk to your children about using a neighbour's phone or a pay phone if they are unable to use a phone at home. If you have a cell phone, teach your children how to use it
- Teach them how to contact police at the emergency number
- Ensure that the children know their full name and address (rural children need to know their Concession and Lot number)
- Rehearse what your child/children will say when they call for help
For example: Dial 911
An operator will answer: "Police, Fire, Ambulance"
Your child says: "Police"
Then your child says: "My name is _____"
"I am ___ years old"
"I need help. Send the police"
"Someone is hurting my mom"
"The address here is _____"
"The phone number here is _____"
- It is important for children to leave the phone off the hook after they are done talking. The police may call the number back if they hang up, which could create a dangerous situation for yourself and your child/children
- Pick a safe place to meet your children, out of the home, after the situation is safe for you and for them (so you can easily find each other)

- Teach your children the safest route to the planned place of safety for them

VI. During a Violent Incident

Women cannot always avoid violent incidents. However, in order to increase your safety, here are some things you can do:

- Remind yourself that you have an Emergency Escape Plan, and go over it in your mind
- Start to position yourself to get out quickly or near a phone so you can call 911, if necessary
- Try to move to a space where the risk is the lowest. (Try to avoid arguments in the bathroom, garage, kitchen, near weapons, or in rooms without access to an outside door)
- Use your code word with your children so they can call for help
- Use your judgment and intuition - if the situation is very serious, you can agree with your partner or give him/her what he/she wants to calm him/her. You have to protect yourself until you are out of danger
- When, or after, you have been assaulted, call the police at 911 if you can. Tell them you have been assaulted by a man or woman (don't say your husband or/partner), and leave the phone off the hook after your call
- Make as much noise as possible (set off the fire alarm, break things, turn up the stereo or TV) so that neighbours may call the police for you

Appendix 6

Resources for Abused Women in Your Local Area

It is important to identify existing services in your area. Such services can include:

- **Police**, for example:

Provincial,

Emergency:	Telephone: 911
Ontario Provincial Police (O.P.P.):	Telephone: 1-888-310-1122
Telephone device for the deaf (TDD/TTY):	1-888-310-1133

In Toronto,

Non-emergency:	Telephone: 416-808-2222
Telephone device for the deaf (TDD/TTY):	Telephone: 416-467-0493

- **24-Hour Crisis Lines**, for example:

Assaulted Women's Help Line:	Telephone: (416) 863-0511
Telephone device for the deaf (TDD/TTY):	(416) 863-7868
www.awhl.org	

Toll Free:	Telephone: 1-866-863-0511
Telephone device for the deaf (TDD/TTY):	Telephone: 1-866-863-7868

FemAide – Ligne d'aide et de soutien pour femmes violentées

Sans Frais :	Téléphone : 1-877-femaide (336-2433)
ATS :	1-866-860-7082
www.briserlesilence.ca	

- **Victim Witness Assistance Programs**
- **Victim Services**
- **Children's Aid Society**
- **Sexual Assault and Rape Crisis Centres**
- **Shelters**
www.shelternet.ca
- **Hospitals**
- **Clinics**
- **Financial/Social Assistance**
- **Housing**
- **Legal Services, including Legal Aid Ontario**
- **Food Banks**

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