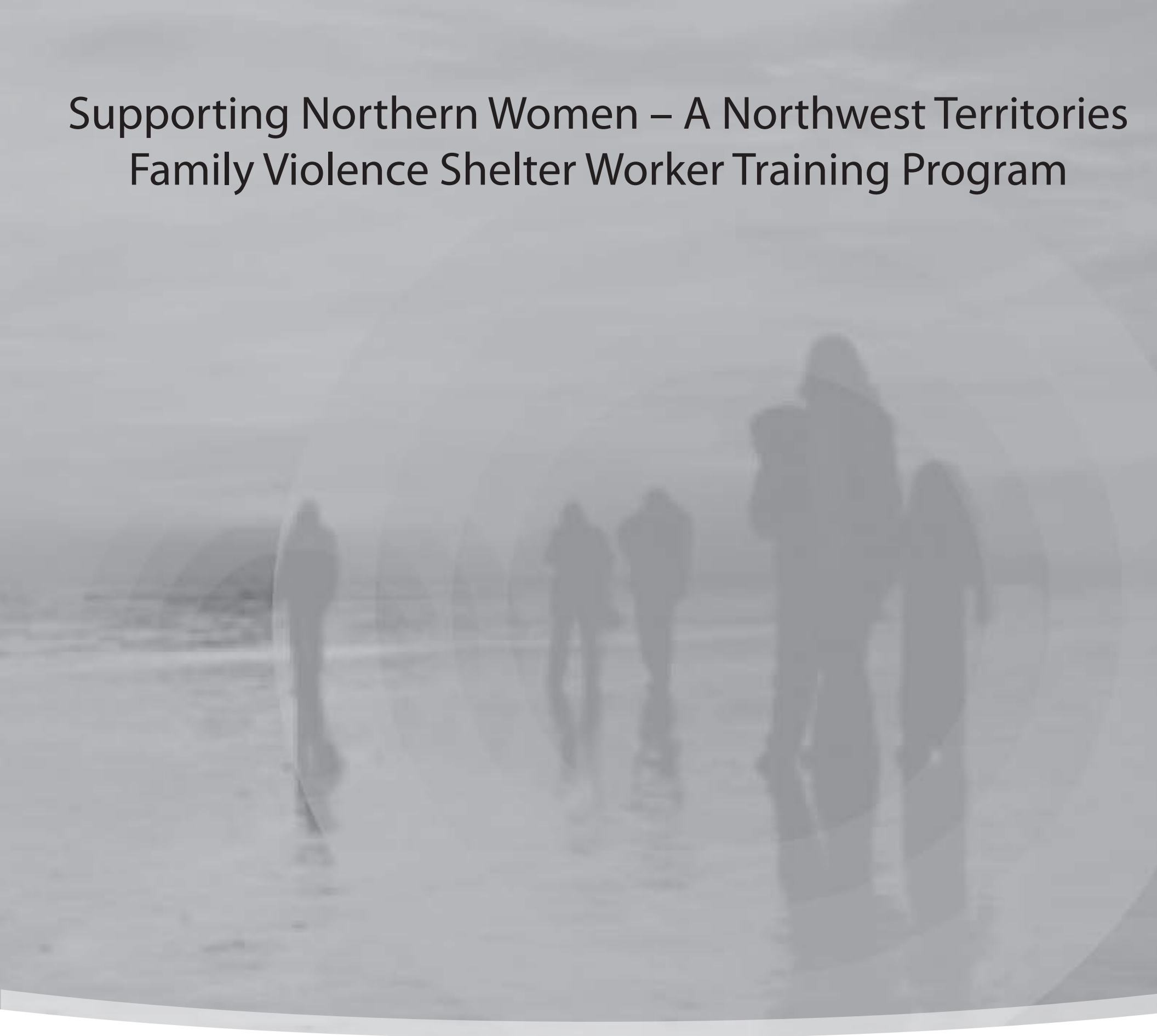


Supporting Northern Women – A Northwest Territories Family Violence Shelter Worker Training Program



Supporting Northern Women - A Northwest Territories Family Violence Shelter Worker Training Program

Acknowledgements

The Department of Health and Social Services gratefully acknowledges the YWCA Yellowknife for conducting a clinical review of the shelter worker training program.

We also acknowledge:

- the initial foundational materials that were gathered by Northways Consulting and the ongoing support of the partners of the NWT Family Violence Action Plan Implementation Steering Committee.

The Department of Health and Social Services would like to thank the following individuals whose ideas and work on the response-based approach helped inform the development of this program.

- Dr. Allan Wade, PhD
- Dr. Nick Todd, MEd., R.Psych.
- Dr. Linda Coates, PhD
- Dr. Cathy Richardson, PhD

A big thank you for the feedback and input received along the way from:

Denise Lockhart

Lyda Fuller

Rebecca Latour

Sara Chorostkowski

Kathleen Mackey

Tyler Flaumitsch

Hayley Maddeaux-Young

Alison McAteer House

Sutherland House

Inuvik Transition House

Aimayunga Women and Emergency
Foster Care Shelter

Family Support Centre

Yellowknife Health and Social Services
Authority

Hay River Health and Social Services
Authority

Fort Smith Health and Social Services
Authority

Beaufort Delta Health and Social
Services Authority

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Acknowledgements

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Curriculum Overview

This training curriculum was developed to meet the needs of family violence shelter workers in the NWT. It is based on the philosophy that women, in general, are disadvantaged in our society by systemic and personal barriers resulting in less economic and political power and have a significantly higher likelihood of becoming victims of family violence. Race, disability, poverty and sexuality different from the mainstream also put one at an increased risk for disadvantage and abuse.

This curriculum defines family violence as a complex issue that affects far too many NWT residents. A detailed discussion of the definition of family violence is provided in Module 1.1, but at this point it is important to note that the curriculum focuses on the violence experienced by women at the hands of their male intimate partners. However, this curriculum does not view women as passive victims who choose to stay in violent situations because they do not know how to make changes in their lives. Instead, women are viewed as being actively resistant to the violence they experience. Although violence may limit the choices available to a woman, she is still able to do what is best for her whenever given the opportunity to do so.

This curriculum views family violence shelters as filling a critical role in the community, by giving women the opportunity to make the best decisions she can for herself and her children at any given time. In order to provide these opportunities for women, a standard level of training needs to be available for staff members to ensure they are able to create an appropriate environment for growth, change and decision-making to take place. This curriculum seeks to fill some of the gaps in training that have been identified by shelter administration staff over the past number of years.

Although this curriculum was designed for shelter workers, efforts were also made to include material that would be useful to any professional working with clients who have experienced family violence. Even when the specific examples and context used in the curriculum center around the shelter environment, the overall theoretical approach and information provided is considered useful to other professionals working in the social service field.

Competencies

The curriculum has been developed from a competency-based approach. The competencies are based on the knowledge, skills and abilities required to deliver family violence and shelter

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programs and services in an effective, safe and respectful manner. This curriculum is not intended to fully cover each competency to the point that additional training in these areas is no longer required. Instead, this curriculum is intended to be an introduction to these topics and is to be used in conjunction with other formal training opportunities and ongoing training through on-the-job supervision.

The competencies have been divided into a series of nine Modules, with each Module having anywhere from two to five sub-Modules. The length of each of the Modules and sub-Modules varies widely due to differences in the types of information provided and the nature of the activities used to illustrate the concepts. While you will find that many competency areas are discussed throughout the curriculum, the following list indicates which modules devote a large amount of focus to each particular competency:

Module 1: Understanding Family Violence

Knowledge of Family Violence

- ☐ The definition of family violence
- ☐ The role of language in defining 'victim' and 'offender'
- ☐ Societal response to victims
- ☐ Common models of family violence

Module 2: Working in a Shelter

Organizational Awareness

- ☐ History of the shelter movement

Knowledge of Systemic Barriers and Oppression

- ☐ Historical views of women

Valuing Diversity

- ☐ Definition of oppression
- ☐ A 'Women-Centred Anti-Oppressive' approach

Module 3: The Role of the Shelter Worker

Knowledge of Professional Capacity

- ☐ Roles and responsibilities
- ☐ Being a professional helper

Ethical Awareness

- ☐ Understanding ethics
- ☐ Understanding informed consent

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- ☐ Understanding confidentiality
- ☐ Understanding boundaries

Personal Awareness

- ☐ The impact of personal values and beliefs on clients
- ☐ The role of a client's personal beliefs

Understanding the Impact of Working in a Shelter Environment

- ☐ Understanding vicarious trauma and burnout
- ☐ Implementing an effective self-care strategy

Module 4: Legislation

Knowledge of Relevant Legislation:

- ☐ The Child and Family Services Act
- ☐ The Protection Against Family Violence Act
- ☐ Protective options through family and criminal courts
- ☐ Mandatory charge policy

Module 5: Helping Skills

Ability to Demonstrate Basic Helping Skills:

- ☐ Relationship building skills
- ☐ Verbal communication skills
- ☐ Non-verbal communication skills
- ☐ Ability to document services provided

Module 6: Crisis and Trauma

Understanding the Impact of Trauma and Crisis:

- ☐ Knowledge of the difference between crisis and trauma
- ☐ Understanding Post Traumatic Stress Disorder (PTSD) and the impact of related symptoms
- ☐ Understanding that a traditional psychological view of PTSD does not address a woman's resistance to violence
- ☐ Ability to identify clients who may be struggling with trauma

Ability to Provide Effective Supports to Traumatized Clients:

- ☐ Ability to use a consistent framework to help clients move through a crisis
- ☐ Knowledge of the stages of recovery from trauma

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- ☐ Understanding of the role of the shelter worker in helping clients with their trauma-related symptoms
- ☐ Application of specific strategies and tools that may be helpful in calming clients

Module 7: Clients and Their Changing Needs

Intake and Assessment Knowledge and Skills:

- ☐ Assessing eligibility for service
- ☐ Completing the general admission procedure
- ☐ Understanding of the correct information to gather

Ability to Assess Client Risk and Safety

- ☐ Understanding the limits to risk assessment
- ☐ Completing appropriate risk assessments
- ☐ Understanding the link between risk assessment and safety planning
- ☐ Ability to involve clients in safety planning process

Understanding the Changing Needs of Clients

- ☐ Application of the Stages of Change to family violence
- ☐ Ability to create a unique service plan for each client
- ☐ Ability to support clients solve problems both in and outside of the shelter environment
- ☐ Ability to help clients adjust to communal living

Module 8: Specific Populations

Understanding Additional Barriers and Issues for Specific Populations:

- ☐ Knowledge of the impact of family violence on children and teens
- ☐ Ability to support mothers who have been abused
- ☐ Ability to adapt traditional shelter services to meet the needs of older women
- ☐ Ability to adapt traditional shelter services to meet the needs of persons with disabilities

Module 9: Community Outreach

Ability to Work with Other Professionals

- ☐ Collaborative skills
- ☐ Advocacy skills
- ☐ Ability to educate and increase community awareness on issues related to family violence

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Curriculum Delivery

This curriculum was created to be used with flexibility in order to meet the training needs of shelter staff and their supervisors. For the most part, each of the sub-modules were designed to be self-contained topics so that you can either move through the curriculum sequentially *or* complete the sub-modules that cover the topics in which you are most interested. However, Modules 1 and 2 are considered foundational pieces of the curriculum. It will be difficult for you to fully comprehend the remainder of the curriculum if you choose to not complete these modules.

This curriculum relies heavily on the ability of those who are completing it to be able to engage in self-reflection and honest self-appraisal. The best way to learn and improve as helping professionals is to be aware of all thoughts, beliefs, values and biases related to the work you do. Developing this awareness so that current practices can improve is a major goal of this curriculum.

Each module has includes a list of resources some of which will be required to complete the module. Some of these resources can be obtained through the internet or by contacting the Department of Health and Social Services Family & Child Violence Protection Consultant in Yellowknife at 873-7918.

Self Study Manual

The main component of this curriculum consists of the self study manual. This manual allows staff to move at their own pace, while juggling many other responsibilities. However, staff are strongly encouraged to move through this curriculum in partnership with at least one other staff person so they will have someone with whom they can discuss the material.

Important Considerations

As an introduction to each topic area, there is a summary of things that you should consider as you move through the material. You can almost think of this section as an overview of the reasons this material is considered important for you to know. Sometimes this section will warn you that you may have some strong reactions to what is about to be covered. Other times, this section will try to tie the material directly to your work in efforts to make it more meaningful for you.

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Time Out

It is important to cover this section before you move on to complete each sub-module. It is highly recommended that you keep a journal or notebook in which you record your answers, thoughts and reactions to each of the questions asked in this section. This section allows you the opportunity to take time out and assess what your current level of knowledge is about the topic area you are about to cover. If you do not complete these questions you are not taking the time needed to engage in honest self-reflection and self-appraisal. This will mean that you are not going to get the full benefit of this training.

Stop & Think

These questions are strategically placed throughout the curriculum to allow you formal opportunities to reflect on the material that has been covered and how it impacts you as an individual and a professional. Again, you should record your answers, thoughts and reactions to these questions in your journal or notebook in order to get the most benefit out of this curriculum.

Activities

Each activity is designed to help you reach a deeper understanding of the concepts discussed. Some of the activities are seeking a correct answer (which is always provided at the end of the sub-module), whereas others will be answered based on your own experiences and intuition. Although no one will be grading these activities, you are highly encouraged to complete each and every one. If you know of anyone else in the shelter system working on completing the self study manual, it would also be beneficial to discuss your answers and thoughts with that person (if they have also completed the activity).

More Practice

Some of the sub-modules have an additional activity at the end. The reason these are considered to be 'more practice' is because these activities demonstrate concepts related to the entire topic being covered in that sub-module.

Optional Facilitated Exercises

The other component of this curriculum is a set of accompanying facilitated exercises for each module. These were developed in the event that the shelter(s) have the resources to allow this training to be facilitated in a workshop-type setting. The other use for these

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exercises is by shelter management staff who may be interested in facilitating professional development sessions during staff meetings or staff retreats.

Many of the activities in the self-study manual are modified so they can be used by a facilitator with small groups of participants. However, in some cases there are different activities in this part of the curriculum because they are not useful in the self study format. There may also be some activities in the self-study component of the curriculum (such as in the *Time Out*, *Stop & Think* and *More Practice* sections) that are not found in the optional facilitated exercises.

Due to the variation between the two parts of the curriculum, it is essential that anyone facilitating the activities takes the time to become familiar with the contents of the self-study manual. Although the activities provided will demonstrate many of the concepts covered in each module, it is up to the facilitator to provide the group with the information contained in the main text of each section. The facilitator may choose to do this by assigning the material to be read by the group members, by lecturing the material or through some combination of both. Depending on how the group is processing the material, it may be quite useful to also provide some time in the group setting to allow for individual self-reflection by using the suggested questions in the *Time Out* and *Stop & Think* sections.

Note to Facilitators

When delivering the curriculum modules please take your time. For shelter supervisors who may use the modules at staff meetings or during brown bag sessions it is particularly important to recognize that it would not, for example, be realistic to cover an entire module in one lunchtime session. Each group of participants will move through the material at a different pace and the concepts covered in the modules will usually bring up a great deal of questions and discussion. It is out of these discussions and questions that participants will become more familiar with applying the concepts in their work with women.

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Facilitator Tracking Sheet

Date: _____

Name of Facilitator: _____

Location: _____

Module(s) Covered: _____

List of Participants

1.	2.
3.	4.
5.	6.
7.	8.
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27.	28.
29.	30.

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Module 1.1: The Definition of Family Violence

Module Overview

The purpose of this module is to provide you with a definition and common understanding of family violence that will be used throughout the Northwest Territories Family Violence Shelter Worker Training Program.

Important Considerations

We all have our own views, opinions, and beliefs about family violence. This is because we have all had personal experiences with violence in our communities, and perhaps even in our own families. If your beliefs are different from the definition of family violence as presented in this section, you may not agree with some of the material. If this is the case for you, it is important for you to talk to your supervisor about the material so that she can help you understand this new way of defining family violence.

Time Out:

Before you go any further take a moment to reflect on the following questions. If you wish, you can take notes in your journal or notebook that you have started for this training:

- What are my experiences with family violence? Where have I seen this type of violence? Who was involved? Was I personally affected or involved?
- Who do I think is blamed the most for family violence?
- What do I think will stop family violence? Who do I think can stop it?
- What comes to mind when I think of a victim of family violence?
- What comes to mind when I think of an abusive person?
- When I share my views about family violence with others, how do I feel when their views, beliefs, or opinions are different than mine?

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Definition of Family Violence

Family violence is a very broad term that is used differently by different people. You may be confused about the many terms you have heard in relation to family violence.

Family violence: Violence within a family unit; may be more than one person abusing others and or more than one victim. This can include violence against elders or children by their family members.

Intimate partner violence: When one person is being abused by their partner in an intimate dating, common-law, or marital relationship

Violence against women: When a woman experiences violence in her life; this can include violence from a family member, friend, or stranger

You must have an understanding of the definition of family violence as it applies to working with women in the shelter environment. So for the purposes of this training curriculum, unless otherwise stated, the focus will be on the type of family violence that may also be referred to as intimate partner violence. *The terms family violence and intimate partner violence may be used interchangeably throughout the curriculum.*

It is important to understand that many healthy relationships with intimate partners include disagreements, arguments, and conflict. At times, even people in very healthy relationships may say or do things that are abusive to their partner. This does not necessarily mean that the couple is then experiencing family violence. What separates healthy and even unhealthy relationships from abusive relationships is the level of violence and abuse, as well as the purpose of the violence and abuse.

The key components of an abusive relationship are:

- There is an ongoing pattern of behaviour that:
 - Makes a woman fear for her safety or the safety of others that she cares about
 - Undermines the woman's self esteem and confidence
 - Limits the woman's ability to make her own choices
 - Is intended to control the woman
- The violence is **unilateral**
- The violence is deliberate

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- **Resistance** to violence is always present

There is an ongoing pattern of behaviour:

In abusive relationships, the abuse that occurs is not a one-time occurrence. Instead, the abusive partner repeatedly chooses to engage in behaviour with the goal of having power and control over his partner. While not all abusive relationships are physically violent, the level of violence and abuse in all abusive relationships is repetitive and can get worse over time.

The violence is unilateral:

While violence is a social behaviour in that it involves at least two people, the violence in an intimate partner relationship is in one direction. There is one primary abuser and one victim. There is nothing that the victim is doing that can make or encourage this violence to happen. Even in situations when it looks like both people are abusing each other if people take a step back to fully examine the pattern of behaviours, it will usually become clear that only one person is using violence to control and intimidate the other person. This does not mean that the violence used by the victim is ok, but it does mean that this violence is usually for a different reason, which means that according to our definition means this person is not a perpetrator of family violence.

The violence is deliberate:

Although abusive people often try to avoid responsibility for their behaviour, there is a lot of evidence that they are able to control their behaviour and make non-violent choices when they wish to. Consider the following:

- He can suddenly change his abusive behaviour if someone (such as other family members or the RCMP) walks into the room.
- He often threatens to be abusive if his partner does not do what he is asking.
- He does not abuse anyone else except his wife
- He will only go so far in his violence and often will stop prior to causing severe harm, or will only cause bruises in areas where people are not likely to see
- He will wait to abuse his partner until they are alone even if he is blaming his behaviour on something that happened earlier when they were around others.
- He does things to try to counter her resistance or make it go away.

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When we consider all of these key components of a violent relationship it becomes obvious that there is a need to look at ongoing behaviours in a relationship, rather than focusing on isolated incidents. Sometimes, resistance to violence can take the form of violence, which can make it very confusing for helpers to try to figure out who is abusing whom in the relationship. This is further complicated by the fact that the research in the field of violence points out that women tend to minimize the violence they experience, whereas men overemphasize any violence they experience. Similarly, research has shown men generally underreport their violent behaviours while women over report their violent behaviours. For instance, a man may say “I just held her arms so she wouldn’t hurt herself or me” and leave out the part where he then actually tackled her to the ground and tried to strangle her. On the other hand a woman may say “I slugged him in the face” when what actually happened was that she slapped him.

While anyone can be violent or abusive to their intimate partner research clearly indicates that in relationships that are characterized by the above key components it is most often the male partner who is abusing his female partner.

- In 2004, Canadian police received almost 28,000 reports of partner violence, 84% of which involved female victims and 16% involved male victims.
- Female victims are 4 to 5 times more likely to be murdered by their partners than male victims
- Statistics Canada has observed a trend over a ten year time period (1996-2006) that the more incidents of partner violence that are reported in a relationship, the more likely it is that the abuser is male (one-time incident 86% male abusers, 2-4 incidents 94% male abusers and more than 5 incidents 97% male abusers).
- In 2004 the national rate of reported partner abuse for same-sex couples was more than twice the rate for heterosexual couples (16% vs. 7%), with male abusers accounting for 72% of same-sex spousal abuse reports and female abusers accounting for 28% of the reports.¹

Resistance to violence is always present:

Whenever a person is treated wrongly or unfairly, there is a resistance to being treated this way. Victims of violence do not just stand by and let their partner be abusive. There are a number of ways they try to reduce, prevent, or stop the violence being perpetrated against them. Even if it is not safe to stand up to the abusive person, a victim will often have

¹ Statistics Canada – Family Violence in Canada: A Statistical Profile 2007

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thoughts and actions that indicate that they do not go along with the violence. For instance, if it is not safe for a woman to physically try to fight back when she is being abused, she might resist the violence by refusing to keep it a secret like her partner would probably like. She might do this by continuing to go out in public so that people can see her bruises. This resistance shows her desire to escape the abuse, keep her dignity and make a better life for herself - even though the people who see her bruises may not think so.

Activity: Honouring Our Resistance: How Women Resist Abuse in Intimate Relationships

Read the scenario about Susan and Roy (pg. 8) that is provided in the booklet titled: Honouring Our Resistance. List as many strategies as possible that demonstrate how Susan tried to resist the violence. Also, list all the ways that Roy tried to overcome this resistance and the evidence that Roy could have controlled his behaviour if he wanted to.

<http://www.calgarywomensshelter.com/page/Learn%20More/Resources/Publications>

The types of violence that can be experienced by the woman include (but are not limited to):

- ☐ emotional abuse
- ☐ physical abuse
- ☐ property abuse
- ☐ threats
- ☐ sexual abuse
- ☐ forcible confinement
- ☐ financial abuse

Just as there are no 2 people who are exactly alike, there are no 2 violence relationships that are exactly the same. The only people who can describe the patterns of violence are the woman experiencing the family violence and the male intimate partner committing the abuse. Incidents of family violence can happen occasionally or daily, and can include one or all forms of abuse in a variety of combinations.

It is also important to understand that women generally do not experience just one type of family violence. For example, many women experience a combination of physical, sexual and financial abuse. Emotional and psychological abuse is also inherent in all types of family violence.

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Physical Abuse in Family Violence

Physical abuse is the use of non-accidental physical force against a woman that causes harm or could cause harm. It may be used with the intention of causing harm or with the intention of forcing a woman to do (or not do) something. Physical abuse is one of the most visible forms of family violence. The intensity and frequency of physical abuse tends to increase over time.

Sometimes, physical abuse is described by the male partner as discipline. The partner explains the reason for physical abuse by saying that he is ‘trying to teach her a lesson’. Or he may make excuses like ‘I didn’t mean it’ or ‘I didn’t realize my own strength’, however, family violence is often strategic - men only harm their partners and only physically harm them in places that can be covered by clothing or explained by an accident. If physical abuse truly was an accident or happened because of ‘out of control’ behaviour we would probably have a lot more intimate partner homicides (murders) than we do, given how often women are abused by their partners.

Stop & Think

Take a moment or two to brainstorm some ways that women may show resistance to physical abuse that they are experiencing in their relationships. Then think of things that her abusive partner might do to try to overcome her resistance.

For example: A woman who knows her partner is going to hit her may cover her head with her arms and curl into a ball on the floor. He may try to overcome this resistance by yelling at her to stand up, kicking her in the back, and or trying to pull her to her feet.

Sexual Abuse in Family Violence

Sexual abuse is one of the most intrusive and destructive forms of abuse and includes aspects of all other kinds of abuse. Sexual abuse can be violent, but in many cases sexual abuse is committed using manipulation, coercion, threats and/or exploitation.

Many women believe that if they are in a relationship and they have already consented to have sex with that person, then that person always has the right to have sex whenever he wants. However, sexual abuse is any sexual encounter without the consent of both partners. If a woman is in a relationship where she does not feel she is able to say no to sex, it is likely

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that she is being sexually abused in some way. Being in a relationship does not entitle a man to have sexual relations or to decide the kinds of sexual activities that will be had in the relationship.

Stop & Think

Take a moment or two to brainstorm some ways that women may show resistance to sexual abuse that they are experiencing in their relationships. Then think of things that her abusive partner might do to try to overcome her resistance.

For example: A woman who is experiencing sexual abuse may not shower or groom for days in an attempt to be less attractive to her abusive partner. In order to overcome this, the abusive partner may tell her she is dirty, call her names, or physically force her to have a shower.

Financial Abuse in Family Violence

Financial abuse is limiting the ability of a woman to access the necessities to maintain a healthy life including a safe place to live, food and water, medications and other health supplies and services and personal hygiene. The intent of financial abuse is to make the woman more dependent while also limiting her choices and ability to make independent decisions.

Financial abuse can result in significant threats to the physical and emotional well being of the woman. The woman may not be able to access adequate food and other daily necessities, medications, utilities (electricity, water, heat); maintain a safe and healthy home; have a job and/or participate in training, leisure or social activities; and/or make choices about leaving the relationship.

Financial abuse can happen because the man is the only family member with an income and he limits the amount of money that he gives to the woman and/or he carefully monitors her spending. It can also happen because the woman has an income but she is forced to turn all of that income over to her partner.

Stop & Think

Take a moment or two to brainstorm some ways that women may show resistance to financial abuse that they are experiencing in their relationships. Then think of things that her abusive partner might do to try to overcome her resistance.

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For example: A woman experiencing financial abuse may try to hide away small amounts of money whenever she can. The abusive partner may try to stop this by demanding proof of where all the money goes and by threatening more violence if she is not able to give this proof.

Emotional Abuse in Family Violence

Psychological or emotional abuse involves behaviour that negatively impacts the mental health and social relationships of a woman. Emotional abuse is targeted at the emotional well-being of the woman. There are many ways to be emotionally abusive but the intent is always to damage the woman's self-esteem and confidence so that she is more easily controlled.

Emotional abuse plays a role in all other kinds of abuse. Women who are experiencing emotional abuse lose their self-esteem, confidence and independence over time. She may begin to believe what the man is saying about her. Emotional abuse allows the man to establish and maintain power and control over the woman over time. Emotional abuse is sometimes considered to be 'not that bad' because there are no physical injuries. However, the harm caused by emotional abuse can be quite severe and difficult to heal from. Threats, intimidation and isolation are all forms of emotional abuse that are used to maintain control of a woman. Even before a woman experiences other forms of abuse, the threat that abuse could occur are often enough to make the woman do what the man is demanding of her.

Many women do not realize that they are being emotionally abused because they do not see this behaviour as abusive - they may have always lived in families that include emotional abuse and/or it may have been going on for so long that they have become 'used' to it.

Activity: Video: 'It's not like I hit her...'

Watch the video: 'It's not like I hit her...'. Identify the following:

- ☐ The types of abuse in their story.
- ☐ The types of abuse that could be happening that are not shown in the video.
- ☐ The effects of the abuse on the woman (and her children).
- ☐ The ways the woman tries to resist the violence
- ☐ The strategies used by the abuser that show they not only anticipate the violence, but they try to make the woman stop resisting
- ☐ What you could do if the women in the video came to their shelter to support her and her children (if any)

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More Practice

The definition of family violence in this module may be very new to you. It is a good idea for you to become very comfortable with the material presented in this module because much of the rest of the training is based on this definition. Finish reading the booklet “Honouring Resistance: How Women Resist Abuse in Intimate Relationship” that you started reading for the first activity in this module.

Module Resources

Honouring Resistance - The Calgary Women’s Shelter
(available at

<http://www.calgarywomensshelter.com/page/Learn%20More/Resources/Publications>)

Statistics Canada - Family Violence in Canada: A Statistical Profile 2007

<http://www.statcan.gc.ca/pub/85-224-x/85-224-x2007000-eng.pdf>

Video - ‘It’s not like I hit her’

(If you would like to borrow a copy of this video please contact the Department of Health and Social Services Family and Child Violence Protection Consultant in Yellowknife at 873-7918)

Related Modules

Module 1.2: Who is to Blame?

Module 1.3: Models of Family Violence

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Module 1.2: Family Violence: Who is to blame?

Module Overview

The purpose of this module is to build on some of the key concepts from the last section. Now that a common definition of family violence has been established, we will begin to apply this definition in order to examine how we (society) view both victims and perpetrators of family violence. It is very easy to say things such as victims are not responsible for the abuse they suffer, and that only the abusive person can change his behaviour. But do we really believe these concepts?

Important Considerations

The goal of this module is to help you think critically about the language you use when you talk about violence in relationships. Specifically, the way we talk about violence, victims, and perpetrators has a direct impact on how we view the seriousness of violence, who is to blame for the violence, and how we respond to victims. Most of us have been taught by society to blame victims or to talk about them like they have something wrong with them for being in a violent relationship. For instance, many people in society believe that victims are not able or willing to protect themselves from the violence. When there are a lot of people who talk in ways that support this belief, it becomes commonly accepted that victims are weak and passive and we respond to them in a way that does not expect them to take control of their lives and resist the violence.

As you begin to examine the impact of what people say when they are talking to victims of violence (and to persons who abuse), it is important to keep an open mind. This module is not trying to make you feel bad about things you may have said in the past, or even about things you may continue to say. Instead, it is meant to help you understand how important it is to respond to victims in a way that will help them recognize their strength and resistance to violence, while also holding abusive people accountable for their own behavior. Once we reach this understanding we can begin to change the way we interact with victims in our daily work so that our interventions are much more effective and women are truly empowered to make choices in their lives.

Time Out

Before you go any further, take a moment to reflect on the following questions:

- Have you ever wondered why someone continued to return to her abusive partner, time and time again?

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- Have you ever thought to yourself ‘she doesn’t really have it that bad’ when working with a woman?
- Have you ever suggested to a victim of violence that couples counselling might help them with their relationship?
- Have you ever referred to an abusive incident as an ‘argument’?

Living with Family Violence

It can be very difficult to understand why a woman would stay in a relationship where she is being harmed on a regular basis. Relationships where there is violence are very complicated, both in day-to-day family life and in the way that the women feel and are connected to their partners. Women experiencing family violence can be isolated because they are trying to hide the violence from others, or they may know that if their situation is exposed or questions are asked that they could be subjected to more violence. You must understand why women stay in these relationships in order to help them develop strategies to leave such if they choose - or to support the decision to return to the relationship.

The best predictor of how a person will choose to reach out to try to get help is the response they get when they reach out. Imagine a little boy in the first grade who is being bullied for the first time. Imagine that he goes and tells the teacher and the teacher says ‘oh, it’s not that big of a deal. Stop making trouble and just go play nicely with someone else’. Do you think that little boy is likely to go to that teacher again for help?

Just like the little boy in the above scenario, women receive many negative social responses from people when it comes to their relationships. A **negative social response** can be defined as any time a helper, family member, or friend reacts to a victim in a way that is not supportive or helpful. Sometimes we can give negative social responses without meaning to. In fact, most of the time people are actually trying their best to be helpful. However, because most people don’t really understand family violence they don’t respond to victims in a helpful way.

Some of these negative social responses are as follows:

- ☐ **Women are ‘told’ to feel responsible for their relationships and the abuse.**
Many cultures, communities and families expect women to do whatever is necessary to make their relationship work. Women may feel or have experienced that if/when they

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disclose that they are being abused; they will be ignored, blamed or ridiculed for 'failing'. Abusive partners will reinforce this by always accusing and blaming women for their behaviour. She may hear comments like:

- My mom put up with a lot to keep her marriage together.
- My friend got a divorce and then no one would give her a job.
- You need to work on your communication with him
- Why don't you just leave?
- Try not to make him so mad

☐ **Lack of empathy for her situation.**

Friends and extended family members may not be familiar with all of the behaviours in a relationship that includes family violence. They may comment that the woman is 'lucky' because her partner has a good job/is a community leader/is good with the kids or other admirable characteristics. This may also make the woman feel that the relationship 'can't be that bad'. She may hear comments like:

- You're lucky to have someone who makes good money.
- My dad says 'that's just the way it is' and to stop complaining.
- She must enjoy it or she would just leave
- She's just co-dependent
- Some women pick violent men to be with again and again
- I would never put up with it!
- What did you see in him?

☐ **Implying that she 'asked for it' or should have known**

Family violence almost always happens within the family and the home. Many times when women who are abused come forward people don't believe their stories, or they are blamed for what is happening or for 'causing trouble'. Since this is such common response to women who have been abused, many women do not tell others about the abuse. She may hear comments like:

- What did you do to make him so mad
- She's such a nag - I'd like to hit her myself
- Couldn't you tell he was getting upset?
- How long did you know him before you married him?
- Why didn't you leave?
- Didn't you know he treated his other girlfriends like this?

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Stop & Think

What are some other things you have heard (or may have said yourself) that may keep a woman from leaving or reaching out for help? If you can't think of any, stop at the end of your workday to reflect on things you have said to clients throughout the day to see if you could have been more supportive in any way.

In combination with the negative social responses discussed above, there are also some real barriers for women who wish to leave their relationships. Some of these barriers are as follows:

☐ **Worry about making matters worse.**

Many women think or have experienced that leaving, calling the police, or asking for help will make things worse. The man may feel threatened that his behaviour will become public or that he is losing control of his partner. When this happens he may choose to increase the level of violence he uses as a way to increase his control of her and prevent her from reaching out for help. She may make comments like:

- I'm afraid that if I leave he will take the kids.
- I'm worried that if I leave he will threaten my mom.
- I'm afraid that if I leave, he will throw all my stuff away.
- I'm worried that if I leave he will hurt my dogs.
- Nobody can keep me safe.

☐ **Hope that the situation will improve.**

No relationship is abusive from the very beginning. A relationship is often well established before the violence starts. This means that not only does the abusive partner have the ability show love and affection, but that the woman can hold on to the hope that he will change back to the person he used to be. She may make comments like:

- I think he will go to counselling with me if I ask him to.
- Once he gets back to work, he will be less stressed.
- I just need to be more patient with him - he's going through a hard time.

☐ **Lack of trust.**

Due to the way that services and people have responded to her in the past (negative social responses), women who are being abused may not trust the police or other

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community resources. She may also stop talking to family and friends because they have not helped her in the way she needs help. She may make comments like:

- I don't really want everyone to know what's been going on.
- I don't trust the police - they will probably just take his side anyway.
- If social service finds out how bad it is, they will just take my kids away
- I did try to get help once, but that didn't work out.

☐ **Lack of choices**

The woman may feel like she has no choices but to live with her partner. Housing can be difficult to access and her children may not want to leave their home. She may not want to live with a friend or family member because she does not want to put them at risk. She may not have income to provide food and other necessities for her and her children. Some women have many reasons to not want to go into a shelter. These practical questions can become overwhelming and cause the woman to decide it makes more sense to stay in the relationship and the home. It may also be the case that the violence is at a level that the safest option for her is to stay in the relationship. She may make comments like:

- I have no place else to go.
- My parents don't have any room for us, and my sister doesn't like having the kids there.
- I know that there aren't any places for rent here.
- At least if I stay with him, I know where he is and I can keep the kids safe. If I leave, he could come find me at any time.

☐ **Lack of finances.**

A woman may not have had access to the finances so has no savings or available money for expenses. She may have to quit her job to leave the relationship or miss long periods of work time resulting in limited income. She may not feel comfortable applying for Income Support as she may have had poor experiences with helping systems in the past. She may make comments like:

- I don't have any money, and there are no jobs here.
- I've never handled the money - I'm not sure what to do.
- I can't work and take care of my kids - there's no day care.
- I need him to keep up the house.

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☐ **Not wanting to separate children from the male parent**

It is difficult to separate children from a parent. Children may resist being removed from a parent and want to go back. Sometimes women will stay in the relationship because they think this is best for the children or because they worry about what he will do if he has unsupervised access to the kids. She may make comments like:

- I want my children to grow up with their father.
- If I leave, the kids won't be able to see their grandparents and cousins.
- He threatened to kill me and the kids if I ever left.
- He has a lawyer and will get custody of the kids if I leave.

☐ **Needing to leave the community.**

Leaving a relationship may mean moving out of the community, and leaving family, friends, a job and/or familiar places and events. This can result in feelings of isolation. The woman may not have access to her language, traditional activities and community events like drum dances or tea dances. She may make comments like:

- If I move, I won't be able to go out to camp this summer.
- My kids are doing well at school right now - if they move they might not be able to keep up with their school work.
- Maybe I'll think about leaving after my brother's wedding next month.

Stop & Think

Are there any other barriers that you can think of that make it difficult for women to leave abusive relationships? What about having to come to a shelter? Are there any barriers in the services that you help provide? Hint: Think about any rules that she may need to follow

Case Study: Tanya and James

The following case study will show you some of the barriers for women who are seeking help for abuse as well as the impact of negative social responses.

Tanya and James have been living together for one month. Both are in their mid-twenties and live in a small Northern community.

Tanya is a pretty, popular and has lots of friends in her community. She is very active in community projects and works at the Northern Store. Tanya's father is on the Band Council

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and her mother is a registered Nurse at the Health Centre. James comes from a well-known family, his father is also on Band Council and his mother is a homemaker. He is also very attractive, popular and has had lots of girlfriends in the past. He cares a lot about Tanya and wants to start a family with her soon. This makes Tanya feel special.

One day, they are hanging out with some friends at the ball field. They start talking about the band election coming up and Tanya mentions that her aunt Mary is running for Chief.

“Whatever” James comments. “A chick running for Chief! Does she really think she’ll get elected, running against other men? So stupid; even if she did get elected she’d quit after a month. She could never handle it, especially during **that** time of the month!” A few guys at the table laugh. “But, I might vote for her,” continues James, “she’s hot, man” The guys laugh some more and slap James on the back.

“That’s my aunt!” Tanya says. “Why wouldn’t she make a good chief?” she says to James. “Mary would be good for the community and she’s a lot smarter than anyone in your family.” The girls at the table laugh and Tanya smiles to herself.

“What are you saying, Tanya,” James quickly snaps. “And let me guess, you’re going to put up Mary’s signs?” he laughs sarcastically.

“Well actually, I was thinking about it,” she tells him.

Tanya’s friends then say that they want to help too.

“Are you crazy?” accuses James. “No offence, Tanya, I know she’s your aunt but she’s going to lose and you’re just going to embarrass yourself by getting involved with a chick who has no chance of winning. Women aren’t good at politics. That stuff should just be left to the men.”

Now Tanya isn’t sure if she should help out. After lunch, she asks her friends what she should do.

Tanya’s friends tell her they think that maybe James is right. She should listen to her boyfriend and not do anything that might wreck things.

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Stop & Think

Have you ever said something like this to a friend or family member? Is this really a helpful and supportive thing for her friends to say? What could they say that would be more supportive? See the end of the case example for a better response when you have read the entire case.

The next weekend, James and Tanya go to see a movie at his friend Tom's house. James was a half an hour late getting home and when he does get there he criticizes the way she looks.

"What's up with the makeup, you trying to impress another guy?" he asks.

Tanya tells him she was only trying to impress him.

After the movie, James accuses Tanya of flirting with Tom during the movie. Tanya thinks that he must be kidding and laughs while telling him that it's not true.

James suddenly grabs her by the shoulders and pushes her up against his car. "You'd better not be lying to me, Tanya! If I ever catch you hitting on another man again, we're through!"

Tanya tries to pull his hands off of her, while telling him that she barely even talked to Tom. "Just shut up," James barks. "You're lucky I want you at all. You stupid slut." After he lets her go, they get into his car and leave.

James's friend Alice had been watching nearby and she decides to give Tanya a call later that evening to ask what happened. Tanya explains that it was just a mistake. "James thought I was flirting with one of his friends, and he overreacted a little."

Alice tells Tanya that men are always overprotective of their girlfriends. That's how they show how much they care about a woman. She should just be a little more careful around him and his friends so that she doesn't push his buttons.

Stop & Think

Have you ever heard anyone say this about men? Do you think this is true? What could Alice have said that would be more supportive? See the end of the case example for a better response when you have read the entire case.

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The next day, James comes home with bannock his mother made and a deck of cards. He apologizes for yelling at her the night before and says that he just loves her so much that the thought of losing her to another guy scares him. Tanya accepts his apology.

James says that they should stay in so that they can play cards alone. Tanya tells him she had already made plans with some of her friends who she hasn't seen for weeks.

"We never get to spend any time alone anymore," James complains. "You can see your friends anytime. I'm your boyfriend; I need you more than they do. Forget your chick friends. You have me now and you don't need them. If they won't even let you see your boyfriend they're not your real friends".

Tanya's friends are upset that she doesn't seem to spend time with them anymore. They think about telling Tanya that just because she is living with James she can still do things with other people but they don't want to pry and decide not to get involved in Tanya's business.

Stop & Think

Have you ever been in a similar situation, but decided not to say anything? What do you think is the message that Tanya is getting when her friends don't say anything? Is there anything Tanya's friends can say or do that would be more supportive? See the end of the case example for a better response when you have read the entire case.

The next week, Tanya goes with some of her friends to help get ready for Bingo at the Community Hall. She was supposed to meet James at 5 o'clock but she lost track of time and is fifteen minutes late. When she comes out of the Hall James is very angry. He grabs her arm and pulls her into his car. "Why are you so late?" he yells. "Did you forget we were going out? Who were you with, another guy?"

"No one," Tanya cries. "I just lost track of time." James tells her not to do that to him again. "But you're always late and I don't mind" Tanya states. "This is the first time I've ever been late to meet you."

"Shut your mouth!" James growls and grabs her arm and begins to squeeze.

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“You’re hurting me!” cries Tanya. James quickly lets go and apologizes, saying he didn’t mean to hurt her; he just got a little carried away.

“You’re my woman Tanya. I have to look out for you.”

A few days later Tanya puts on a skirt to wear to work. “I thought I told you not to wear that slutty skirt!” James yells at her as she walks out the front door. He rushes out after her and Tanya stops in the driveway. Tanya tells him it’s laundry day and she has nothing else to put on this morning.

James yells at her and tells her off, screaming that she’s a slut for dressing that way.

By this time, a neighboring couple is watching from their front yard and Tanya tries to calm James down. “It’s okay, it’s okay, James. I’ll wear my jacket over my skirt. There, see, it’s fine, I’m sorry.” For the rest of the day she wears her jacket wrapped around her waist.

Tanya goes to work but is very distracted. She can’t understand why James always gets so upset. She can’t figure out what she does to make him so mad. There are times when he is a great boyfriend but the littlest thing can set him off. Tanya feels it must be her fault so she tries to be a better girlfriend, “If I’m there for him enough, things will change,” she tells herself.

Another month passes and Tanya is spending all her free time with James. She is no longer thinking about her friends, her family, her community or her job. All she seems to care about is making James happy and keeping him calm.

As time goes on, James becomes more possessive and controlling. In the past, Tanya was uncomfortable when James made crude comments about her, but now she doesn’t even really notice. And then there were the bruises. They were little at first and easy to hide or explain but lately more and more people are giving Tanya funny looks when she makes excuses about tripping over her feet or bumping into things. While visiting her mother at the Health Centre, Tanya notices a poster on the wall about family violence and decides that maybe she should talk to a community counsellor for advice about her relationship with James. She is very nervous about going because the counsellor works in the same building as her mother.

When she went to speak to the counsellor, there are a lot of people waiting and it took a long time to get in to see him. When it was finally her turn she began to talk about her problems but the counselor seems to be very distracted. She just

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got to the point of discussing the abuse when the counsellor interrupted her and told her that relationships go through rough times and she should try to improve her communication with James.

Stop & Think

Have you ever been distracted at work or when listening to a client? What do you think is the message that clients get when we are distracted? How do you think Tanya feels after this meeting with the counselor? How could the counselor have been more supportive? See the end of the case example for a better response when you have read the entire case.

A few weeks later, James found out through some friends that Tanya had visited the counsellor. When James asked her why, Tanya lied and said she was doing it for one of her other friends. “Good,” said James, “because I wouldn’t want anyone to think that there’s anything wrong with you.” James decided that maybe he should keep a closer eye on Tanya so he started following her around town, to and from work and made her tell him where she was going and who she would be with at all times. This made Tanya upset. She felt that James didn’t trust her but he said he was just looking out for his woman. One day, James came to the Northern Store and saw Tanya laughing with her co-worker Joe. James blows up at her for being alone with another guy. He accuses her of being a slut, and slaps her across the face, so hard that it knocked her to the floor.

Joe knows that he should do something but he’s scared. He feels that he should go and get help but he’s doesn’t want to make James mad at him. Tanya is his friend, but James is a big guy and might turn on him if he says anything. Joe also worries about Tanya losing her job because the manager already told her she would be fired if there was any more ‘trouble’ because of James. Joe decides to continue working and not say a word.

Stop & Think

It is very common for people to be afraid to speak out against violence. Have you ever felt that you should say something about something you have seen in your community, but then decided not to? Perhaps it wasn’t safe to say or do anything. What messages is Tanya getting from the actions of Joe and her manager? What could they do that might be more helpful? See the end of the case example for a better response when you have read the entire case.

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James later apologizes for hitting Tanya so hard, and promises that he'll never do it again. He tells her he loves her, and he doesn't want to lose her. Tanya is very scared now, but she feels completely trapped and helpless.

Later that week, James and Tanya stop at the store to buy smokes. While Tanya waits in the parking lot for James to come out, she bumps into their neighbour and her longtime friend, George. As James comes out of the store he sees the two of them talking together and flies into a rage.

He pushes George to the ground and screams at Tanya, "You're screwing around on me!" He grabs her hand roughly, twisting her arm as he turns and pulls her to the car. Tanya screams in pain as she feels her wrist strain. By this time they are both close to the car and James lets go of her hand. He realizes that she is seriously injured. A quick look at her swollen wrist tells them both that she needs to go to the Health Centre.

On the way to the Health Centre, James tells her that once they get there, he'll do all the talking.

"I love you Tanya, I just lost my temper. This was just an accident but if people find out I'll go to jail and my dad will be blacklisted. Shut your mouth and don't say a word."

At the Health Centre, the nurse examines Tanya and asks what happened. Before Tanya can say a word, James quickly pipes up, "She fell."

"Is that what happened?" the nurse asks. Tanya glances at James and then answers, "Yes, I'm such a klutz!"

The nurse is not trained in family violence and although she thinks that there is more to this story than Tanya is letting on, she is not sure what she can do to help. She tells Tanya how to take care of her wrist and to come back if it doesn't seem to be getting any better.

Stop & Think

Given that the nurse is not trained in family violence, is there anything she can do? Or should she just stay out of it? What might be helpful in this situation? See the end of the case example for a better response when you have read the entire case.

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The nurse talks to Tanya's mom about her suspicions that James might be abusing Tanya. Tanya's mom is concerned because she has also had her own suspicions about what is going on between the two of them. But when she talks to Tanya, Tanya sticks to her story because she is afraid of how James might react if he found out if she told someone the truth.

Her mother isn't convinced so she tries to help by telling her about how her dad used to drink and be abusive himself. She tells Tanya that she should be thankful that James has a job and that he doesn't drink at all. Sometimes relationships go through tough times, but she needs to stick by her man and better times will come.

Stop & Think

What do you think is the message that Tanya is getting from her mother? What about her father, who doesn't seem to be involved or concerned at all? Do you think Tanya feels that her mother can help her? How can Tanya's mother be more supportive? See the end of the case example for a better response when you have read the entire case.

A few months later, Tanya and James are alone together at their house.

"We've been living together for three months Tanya. You know I love you, and I think it's time we start a family." says James. He has been saying this to Tanya a lot lately, and every time they have had sex lately he has complained about using a condom. She doesn't feel ready to have a baby; she wants to apply to the nursing program at Aurora College this fall. She tells him that she's not sure if now is a good time.

"Tanya, you're my girlfriend. If we have a baby then we'll be a real family. Things will be so much better when you're pregnant." James says, starting to get angry. Tanya is afraid of how James will react, but she knows that this isn't what she wants and tells him again.

"Tanya you said you love me! You know I love you, what more do you want?" James is getting angrier. He pins her to the couch and forces her to have sex with him, he does not use a condom.

Tanya doesn't tell anyone that James forced her to have sex. She is afraid of James finding out that she told. She's also scared that her friends won't believe he forced her. She decides

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to call Susan, her older cousin, and tells her a few of the details.

Susan tells her that men are like that and that she is his girlfriend, so it's her job to keep him happy. She tells Tanya not to make this into a big deal - after all, she is 25, and what was she waiting for? People who love each other are supposed to have babies. She says that James will make a wonderful father and that Tanya should be happy he wants children with her.

Stop & Think

What message is Tanya getting from Susan? Will this make it easier or more difficult for Tanya to reach out for help? Does Susan seem to know what is really going on? What could Susan say or do that would be more helpful and supportive? See the end of the case example for a better response when you have read the entire case.

Over the next few months, James' behaviour becomes even worse. He threatens her all the time and whenever they're alone he forces her to have unprotected sex. Tanya knows she wants to break up with James but doesn't know how. She tells him one day that it's over. James gets really mad and pushes her into a wall. "You can't leave me! You can't break up with me! You're nothing but a little slut! No one else will ever go out with you! You're nothing without me!" James screams.

Tanya no idea what to do or who to go to for help, especially now that she is pregnant. She calls the shelter from work to see what they say about her situation.

Stop & Think

Pretend you are the staff person answering her call. What could you say to Tanya to be supportive and to make it easier for her talk to you about her situation?

Consider all the ways that people responded to Tanya in the case study. Although people are trying to be helpful, they all did and said things that only served to isolate Tanya and make it more difficult for her to reach out for help. This is because many people do not understand what family violence is and they tend to blame the victim (even if they don't mean to) for staying in the abusive situation.

Imagine that each of the people had responded in the following ways instead:

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Tanya's friends: When Tanya talks to her friends about what James said at the ball field, they tell her that they find his comments sexist and that she should help out with Mary's campaign if that is what she wants to do. Tanya agrees, and says she'll support her aunt whether James agrees or not. Her friends agree with Tanya and tell her that if James really cares about her he won't get mad, but will support her decision.

Alice: After the movie, Alice tells Tanya that James had no right to grab her and yell at her like he did. Jealousy is not a sign of love, but is a sign of more trouble to come. Most importantly no one has the right to lay their hands on her even if they think they have a reason. James was completely out of line.

Tanya's friends: Tanya's friends tell her that it is important to spend time with other people, not just with James all the time. She should not feel guilty about spending time with other people. If James really cares about her, he should want her to spend time with other people who also care about her. Tanya deserves a boyfriend who will treat her with respect and trust her to do things without him being around all the time.

The counsellor: The Community Counsellor really listens to Tanya, despite being very busy and screens her for family violence before assuming this is just relationship drama. Once she suspects that Tanya is being abused she talks to her about family violence, refers Tanya to the women's shelter and asks her if she would like to talk about getting an Emergency Protection Order.

Joe and the Manager: Joe leaves the scene immediately and then informs his manager. The store manager takes Tanya aside and asks her if she is okay. He offers to re-adjust her work schedule if she needs time off to get assistance. He also offers to keep an eye out to make sure she is never alone with him when she is at work. If he sees James causing anymore trouble he will ban James from the store.

The nurse: The nurse realizes that this is a situation of family violence and that it is her duty to help Tanya. She finds a reason to get Tanya alone so she can talk with Tanya alone about the cause of her injury, give her information about family violence and ask Tanya if she needs help.

Tanya's mother: Tanya's mother recognizes the abuse for what it is. She tells Tanya that when Tanya is ready to talk about what is really going on she is ready to listen and help all that she can. Even though she was abused by her husband, she tells Tanya that it is not too late for her to get out before things get worse. Tanya deserves better.

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Susan: Susan recognizes that Tanya was sexually assaulted and is in an abusive relationship. She tells Tanya that it is not her fault and supports Tanya in trying to figure out if she wants to involve the RCMP. She offers Tanya a place to stay until Tanya decides what to do next.

The Importance of Language

The language we use when we talk to people about violence in intimate relationships is very important. How we view violence depends on our own experiences, the views we have of others, and how we hear violence being portrayed when others are talking. Very often we talk in ways that:

1. Blame victims for what happens to them
2. Excuse the behaviour of the abusive person
3. Hide or minimize the violence that happens

For instance, take the following statement that has been stated many times by helpers:

“She was doing so well and making all the right choices ... then she went back”

First of all, this statement says nothing about the abuse and violence this woman has experienced. There is no mention of the abuser and what he is doing or has been doing. The statement implies that she is the one who needs to make ‘the right choices’, and that in order to be ‘right’ she must choose to stay away from the relationship. Going ‘back’ is obviously viewed as a wrong choice, and does not acknowledge her right to choose what she wants to do. Given that research clearly indicates that women are at an increased risk of being harmed once they try to leave the abusive relationship, she may actually be much safer when she is in the relationship and aware of exactly where he is. The helper who made this statement was probably trying her best to help and be supportive, however, really what is happening is that the woman is being blamed for making wrong decisions. The leading implication from this is that she is also now to blame for any further violence she experiences.

Consider also the following, which was also spoken by a professional:

“A lot of it was not really her fault”

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This is the sort of statement that most of us have heard other people say, and we have probably even made similar statements ourselves without ever stopping to really think about what we are saying. However, if we take a step back and really look at this statement, we will see that by saying that some of it was not really her fault the implication is that some of the abuse was her fault somehow. Hearing and using statements like this is a very subtle way of taking the focus off the abusive persons responsibility for choosing to be abusive. It is not possible to believe that she is responsible for some of the abuse and that he should be held accountable for his behaviour.

This statement also hides what the violence is. For instance, consider changing this statement to say 'It was not really her fault that he dragged her down over the stairs and then threw her into a wall'. Does this sound reasonable? Of course this event would not be her fault.

And finally, consider these statements commonly made about abusive persons:

“He is a family man who contributes to his community”

Abusive persons tend to choose to be abusive only in their intimate relationships. Part of the way they may isolate their partner is to be a good community role model. That way, when/if she tells anyone about the abuse, people are either not likely to believe her or they will blame her for the violence, just as this statement does. Just because someone can function well in the community does not mean that they cannot be abusive at home.

“He was never violent in his other relationships”

It is important to also remember that what happens behind closed doors can often remain a secret from the public eye. Victims have many good reasons for not telling others about the abuse they are suffering. The first thought that comes to mind about this statement is: how does this person know that he was never violent in his other relationships? And the second thought that comes to mind is: what is this statement saying about the person he is currently choosing to abuse? The implication is that if he was never violent before then there must be something about his new partner that is causing the abuse. Statements like these are very subtle ways of making excuses for the person who is choosing to be violent.

As helpers in the field of working with victims of family violence we must take an active role in communicating about violence in ways that:

- ❑ Expose the true extent of the violence that is taking place
- ❑ Clarifies who is responsible for the violence

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- ❑ Honors the response and resistance of victims to violence

One of the first steps in doing this is to change the way we interact with victims. We must find ways to communicate with our clients that show them that we truly understand the nature of the violence they are experiencing, and that they are not at fault. This is a first step in correcting all the negative social responses they have received when they have talked about their experiences with violence to others.

Some key questions that can guide your work with clients in this way are:

What did you do when he ... ?

What do you do to keep you/the kids safe?

When you were treated badly what did you do to keep your spirit strong? What did you do to preserve your dignity?

What helped you leave this time?

Do you think you will ever leave again?

What do you need in order to leave for a longer period of time?

How do you measure safety?

How do you assess danger, “threats”? What information did you need to make safety plans?

Sometimes when we can’t say what we think out loud, we have real conversations with ourselves. What kinds of things did you tell yourself when you were in difficult circumstances?

What did you do in situations where you felt unsafe?

What kinds of things does your body tell you when you listen to it?

Also check out the 2 exercises for victims of abuse that are in the booklet titled “Honouring Resistance: How women resist abuse in intimate relationships” on pages 24 and 28

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Activity: The Language We Use

Examine each of the statements below by considering the following questions:

- Have you heard a statement similar to this in the past?
- Does the person making this statement believe that the violence is:
 - Deliberate
 - Unilateral
- Is the nature of the violence clear in the statement or is it covered up?
- Who is responsible for the violence?

Statement 1: Your fighting could cause you to lose your children

Statement 2: It's pretty much part of my standard interview with the child - to find out what mom and dad do when they are mad at each other

Statement 3: All the courses in the world are not going to help if 2 people are not interested in changing their behaviour

Statement 4: The parents are not being responsible - they are not doing anything about it

Statement 5: Dad punched Mom; she had bruises and went to the hospital. They need to go to counselling.

Statement 6: I've had a family with continuing family violence issues and I said to her: You're going to have to make a choice here between protecting your children and staying with this man

Statement 7: Sometimes you can give them (abused women) all the services you want, but they don't learn. They are not going to attach to the services and actually follow through in learning.

Statement 8: If they don't receive therapy, they will pick another abusive spouse ... I think we should start working on their self esteem and teach them how to work through some of these issues ... they pick the same kind of man over and over. They don't know any better

Statement 9: I recommended to him that he take advantage of any program that helps him control his anger and learn to communicate with his partner.

Statement 10: He didn't mean to hurt her. The argument just got out of hand

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Points to consider:

Now that you have completed the above activity, some of the things that may have occurred to you about each of the statements is summarized below.

Statement 1: Your fighting could cause you to lose your children

- ❑ Remember that in the definition of family violence we have said that the violence is unilateral ... fighting implies both people are taking an active part in the violence.
- ❑ What does the fighting look like? Who is doing what to whom? The word fight is vague and hides what is really happening.
- ❑ Is it consensual/mutual fighting? Is the 'victim' fighting or resisting the violence?
- ❑ This statement was made to a mother being abused by her partner. What does the statement imply? (It implies that the victim is at least partially to blame for abusive person's behaviour and that she is responsible for making a change or she will suffer the consequences).

Statement 2: It's pretty much part of my standard interview with the child - to find out what mom and dad do when they are mad at each other

- ❑ This could be an okay goal - but it depends how an interview goes about it.
- ❑ Again, remember our definition of family violence. The use of the phrase "mad at each other" implies that the violence is a mutual act between 2 people.
- ❑ Why is the violence happening? According to this statement the violence is linked to being 'mad'. Is family violence about anger? No. It is about one person trying to get control over another person.

Statement 3: All the courses in the world are not going to help if 2 people are not interested in changing their behaviour

- ❑ What behaviour? Who is doing what to whom? - Talking about behaviour instead of the violent actions is covering up the actual violence.
- ❑ What does the question imply? - They are mutual players, that they are equally responsible for the violence.
- ❑ Remember our definition of family violence - the abuser is responsible for the abusive behaviour, not the victim. However, according to this statement she also needs to change her behaviour. What are we expecting her to change? Are we expecting her changes to stop the violence?

Statement 4: The parents are not being responsible - they are not doing anything about it

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- ❑ Again, what are people doing/not doing? We need to document specific behaviour in order to make the violence clear
- ❑ Who is responsible for the violence in this statement?
- ❑ Consider changing the statement to ‘... they are not doing anything about the fact that he beats her unconscious at least once a week’. Once the behaviour is clear, the statement becomes ridiculous. This is not an issue of being responsible. It is an issue of someone being abused and needing support.

Statement 5: Dad punched Mom, she had bruises and went to the hospital. They need to go to counselling.

- ❑ Again lack of detail obscures truth. Describe punch. Open fist, closed fist? Punched in face? What did mom do? How did she resist the violence? Context is also important eg: Did she step in between him as he was going to strike one of the children?
- ❑ Counselling implies they both are to blame for his violence and they both need help.
- ❑ How will counselling help with the bruises and physical violence? Is this really the sort of support that would be needed in this case?

Statement 6: I’ve had a family with continuing family violence issues and I said to her: You’re going to have to make a choice here between protecting your children and staying with this man

- ❑ What is the implication from this question? (That she must not really care “enough” about her kids or she would have left.)
- ❑ Could she be staying with her man as a way to protect her children? How? Why?
- ❑ Who is responsible for the violence? Who is being blamed?

Statement 7: Sometimes you can give them (abused women) all the services you want, but they don’t learn. They are not going to attach to the services and actually follow through in learning.

- ❑ What does the statement imply (That there is something is wrong with the victim - they can’t learn and that is why they are a victim). What does a victim need to learn?
- ❑ What services are you offering exactly?
- ❑ Why might a victim not be interested in services? What is the role of social responses?
- ❑ Would this attitude be helpful to a victim of violence? Why or why not?
- ❑ Where is the violent person and their responsibility in this statement? It is the violent that needs services and support to change.

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Statement 8: If they don't receive therapy, they will pick another abusive spouse ... I think we should start working on their self esteem and teach them how to work through some of these issues ... they pick the same kind of man over and over. They don't know any better

- ❑ What does the statement imply? That something is wrong with the victim - they need psychological help - they have low self esteem - they don't know any better
- ❑ Where is the offender's responsibility in this statement?
- ❑ In what ways has the victim resisted the violence? What does this resistance say?
- ❑ Consider this: Would a woman continue in a relationship with a man who was abusive to her on the first date or the first time they got together? How does a woman know that her partner will be abusive? Do you really think that once a woman manages to escape a violent relationship that her wish is to get into another one? Or perhaps, the abusive person is very skilled at being a 'nice guy' until much later in the relationship.

Statement 9: I recommended to him that he take advantage of any program that helps him control his anger and learn to communicate with his partner.

- ❑ What does the statement imply? - that it really isn't his fault - his anger becomes uncontrollable - all he needs is help to keep the external forces of his anger controlled.
- ❑ Consider this: He is using his anger to control others; he is not being controlled by his anger.
- ❑ Consider this: The majority of abusers can communicate and express themselves appropriately when they choose to. It is not a skill they lack. He was more than able to communicate appropriately with her early in the relationship prior to choosing to become abusive.

Statement 10: He didn't mean to hurt her. The argument just got out of hand.

- ❑ What exactly did he do to her?
- ❑ How did she resist?
- ❑ Is family violence the same as an argument? What does the word 'argument' imply?
- ❑ Consider this: Violent acts involve strategies before, during and after assaults that anticipate a victims' resistance and illustrates that violent behaviour is usually deliberate and very controlled. (eg: isolating victim, lying, humiliating, minimizing violence)

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Activity: Frank and Susan

Read the following scenario about Frank abusing Susan. Try to 'fix' this outline of events using more appropriate language that clearly shows what is happening.

If you are struggling with this activity, first identify all the language and words that imply blame for Susan and excuse the behaviour of Frank. Then think about specific behaviours that may have been used by both Susan and Frank and label these behaviours clearly.

At the end of this exercise, it should be much clearer what actually happened in the scenario and who is actually responsible. There are many ways that this scenario can be 'fixed'. However, an example is provided on the next page.

Why is Susan in the hospital?
She has a broken arm.

What happened to her arm?
She got in a fight with Frank last night. She was up all night with him yelling and he finally hit her and she broke her arm.

What was the fight about?
The fight was about money.

I thought they had lots of money. Frank is always playing cards.
Susan doesn't have enough money to buy groceries for the kids because Frank is always gambling.

I've seen her kids buying chips and pop so they must have money.
Susan can only give them a couple of dollars a day to go to the store but she can't afford to get healthy food from the Northern -it's too expensive.

Why doesn't she get a job?
Frank says she doesn't need to work.

She could go to the college.
She never finished high school because she had to quit high school to look after Frank and the baby.

Well, if she doesn't like Frank gambling and getting hit why doesn't she just leave?

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Because she has no money and there is a waiting list for housing.

Why doesn't she go get Income Security?

She doesn't want anyone to know that Frank is hurting her in case he really takes after her.

Why doesn't she go live with her sister?

Her sister doesn't want to get involved in case Frank gets mad at her and starts coming around looking for Susan.

She could go to the Shelter.

I don't think it's open right now - they ran out of funding.

Frank and Susan - Suggested Changes

Why is Susan in the hospital?

She has a broken arm.

What happened to her arm?

Note - Saying "She got in a fight with Frank last night" is a way of implying she is partially at fault. Being physically assaulted by someone who is abusing you is not the same as a "fight". Likewise, the statement "She was up all night with him yelling and he finally hit her and she broke her arm" implies that he finally hit her because she was up all night, and that she somehow broke her own arm.

A possible alternate way of stating the facts is:

Frank chose to abuse her again last night. He came home and got in her face and started yelling at her. She tried to calm him down and finally when that didn't work she tried to just go to bed. When she turned out the light to go to sleep, Frank punched her in the face and twisted her arm until it broke.

What was the fight about? - The fight was about money.

I thought they had lots of money. Frank is always playing cards.

Susan doesn't have enough money to buy groceries for the kids because Frank is always gambling.

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Note: This was not a fight. Frank chose to physically assault Susan. She tried to resist the violence and make it stop.

A possible alternate way of stating the facts is:

Frank lost at cards again. His buddies were giving him a hard time. He started to wish he had more money and decided that Susan could be spending less on the children. He went home and told her to stop spending so much money. When she said ‘no’ she needed to spend every penny she had for groceries he wouldn’t stop yelling until she changed her mind and agreed to spend less. Susan refused to agree with him.

I’ve seen her kids buying chips and pop so they must have money.

Susan can only give them a couple of dollars a day to go to the store but she can’t afford to get healthy food from the Northern -it’s too expensive.

Why doesn’t she get a job?

Frank says she doesn’t need to work.

Note: You should start realizing that these statements are implying that there must be something wrong with Susan. The focus of these questions has nothing to do with the physical assault or ongoing abuse. The statement “I’ve seen her kids buying chips and pop so they must have money.” Is trying to explain away the violence. The implication is that money can’t be the issue, it must be something Susan is doing. Then it goes further to imply that if money is the issue, Susan should just get a job as though this will make the violence go away.

A possible alternate way of stating the facts is:

Susan knows she can’t let Frank decrease the money she spends on groceries. She feels guilty because she can only afford for the kids to have pop and chips as school snacks, instead of fruit and vegetables.

Susan wants to get a job so she can have her own money. When she said this to Frank last night he yelled ‘no way was his wife ever going to work’ and he threw her across the room.

She could go to the college.

She never finished high school because she had to quit high school to look after Frank and the baby.

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Well, if she doesn't like Frank gambling and getting hit why doesn't she just leave?
Because she has no money and there is a waiting list for housing.

Why doesn't she go get Income Security?
She doesn't want anyone to know that Frank is hurting her in case he really takes after her.

Why doesn't she go live with her sister?
Her sister doesn't want to get involved in case Frank gets mad at her and starts coming around looking for Susan.

She could go to the Shelter.
I don't think it's open right now - they ran out of funding.

Note: *Again the focus is only on what Susan is or is not doing. It is clear that in this scenario the only person expected to change their behaviour is Susan. The assumption seems to be that if she does any of these things, the abuse will stop. This is the way society (and helpers) tend to view victims. True, she can take some steps that might be effective in protecting herself. But people should be holding Frank responsible for changing. Even if Susan does leave, she can still be in danger from Frank. It is also most likely that he will continue to be abusive in his future relationships.*

A possible way to 'fix' this portion of the scenario:
Susan feels like she has no options because Frank controls her every move. He has threatened to track her down and kill her and the kids if she ever tries to leave him.

Why does Frank do these things?
Because his behaviour gets him what he wants and nobody holds him accountable. The whole community knows what he does to Susan and nobody wants to get involved. Frank, like most abusers is controlling:
For example:

- 1. An argument should last only as long as Frank wants it to.*
- 2. Frank should always get what he wants, if Susan doesn't give in she is wronging him and deserves his wrath.*
- 3. Frank believes he knows what is best and if Susan disagrees then it is she who is wrong and acting stupid.*
- 4. If Frank's control appears to be slipping -ie Susan disagrees, he believes he has the right to take any step to re-establish his will even if it means abusing Susan*

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Frank feels entitled. He believes his wants and needs are more important than anyone else in the family and he is outraged when Susan disagrees. Like many abusers, Frank has awarded himself lots of rights: physical, emotional and sexual caretaking; deference from Susan and freedom from accountability. He also feels like many abusers entitled to use violence if he believes his partner isn't delivering¹

Frank knows he can get away with this and he knows that Susan is too afraid to leave.

More Practice

Read some of the module resources that are referenced below so you can get a better understanding of the role of language in working with victims of violence. For more information on how to access these resources please contact the Department of Health and Social Services Family and Child Violence Protection Consultant in Yellowknife at 873-7918.

Module Resources

Coates, L., Todd, N., & Wade, A. (2003). Shifting Terms: An interactional and discursive view of violence and resistance. *Canadian Review of Social Policy*, 52, 116-122.

Coates, L., & Wade, A. (2004). Telling it Like it Isn't: Obscuring perpetrator responsibility for violent crime. *Discourse and Society*, 15(5), 499-526.

Coates, L., & Wade, A. (2007). Language and Violence: Analysis of four discursive operations. *Journal of Family Violence*, 22, 511-522.

Owen, J. (2007). Printed in PASCH Newsletter.

Wade, A. (1997). Small Acts of Living: Everyday resistance to violence and other forms of oppression. *Contemporary Family Therapy*, 19(1), 23-39.

Related Topics

¹ Taken from: *Why does he Do That?* by Lundy Bancroft (Berkley Books 2002)

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Module 1.1: The Definition of Family Violence

Module 1.3: Models of Family Violence

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Module 1.3: Models of Family Violence

Module Overview

The purpose of this module is to provide you with information about some basic models that have been developed to attempt to explain the nature of family violence. Given that family violence is a complicated issue there are many possible models that could be discussed. We will discuss the most commonly used models: the Cycle of Violence; the concept of Power and Control as it relates to family violence; and the notion that attitudes and beliefs result in people using certain behaviours. Understanding these models will help you understand family violence and will help you in your work with clients.

Important Considerations

It is important to remember that family violence is very complicated and that no two relationships are exactly the same. This is why people have tried to come up with different types of explanations for why there is violence in some relationships. You might find all of these different explanations (models) to be very confusing. The best way to understand them is to realize that each of the models holds a piece of the puzzle - they can each be used to explain why family violence exists, but neither of them is overly useful by itself.

Time Out

Before you go any further take a moment to reflect on whether you agree or disagree with each of the following statements:

- The violence will stop when they settle into their relationship.
- Family violence runs in families.
- Strong religious or spiritual beliefs will prevent family violence.
- She could just leave if she REALLY wanted to.
- Men who abuse their partners are mentally ill.
- If there were no alcohol or drugs in our community, there would be no family violence.
- Men are more aggressive than women.
- Women should take the lead role in raising the children and taking care of household tasks.
- Sometimes the abusive person just loses control.
- Children need their fathers in their lives.
- A truly abusive person would not be a good community leader.
- Women sometimes 'ask' to be abused because of some of the things they do.

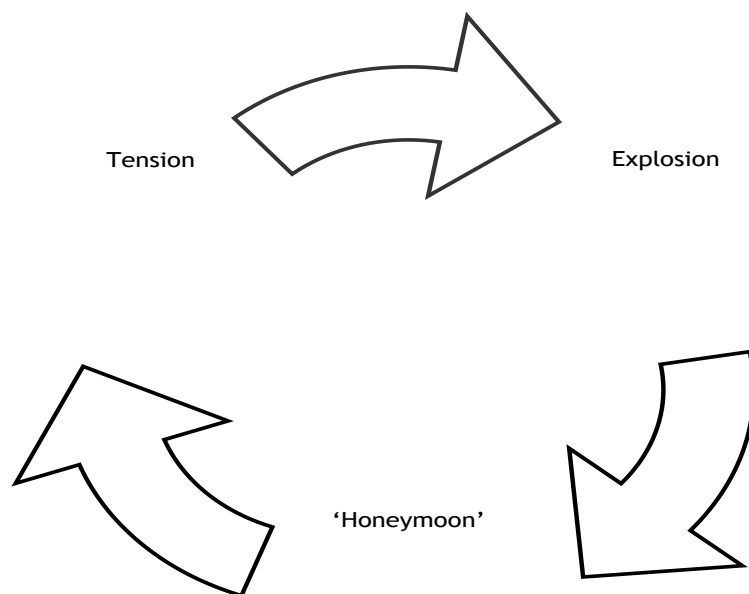
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Cycle of Violence

The ***Cycle of Violence*** is a model of that has been commonly used to describe patterns of abuse in intimate partner relationships. There are many versions of this cycle, but the goal of each version is to provide women who are experiencing family violence and those who are trying to help them with a way to discuss their relationships. The Cycle of Violence can help a woman consider the behaviours, patterns and characteristics of her partner. In doing so, she may be able to better identify some of the warning signs that her partner is going to be violent. This can be very useful in helping her find ways to increase her level of safety.

The Cycle of Violence will look different in every relationship because each man, woman and relationship is complex and unique. In some cases, the behaviours and relationship may be so unpredictable that the cycle does not apply. In other cases, mental health, substance abuse or other factors may complicate the cycle.

The Cycle of Violence is intended to show that family violence is a continuous process that allows the abusive person to have power and control over their partner. There are periods of tension and violence where abusive acts are easily identified. However, there are also periods of 'normal' behaviour where the abusive person can be quite kind and loving to his partner. If you use this cycle when you are talking to women about their relationships it will be important to examine how the abusive behaviours fit together with the more positive behaviours seen at other points in the cycle to form an overall pattern of behaviour that the abusive person uses to maintain power and control over her.



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However, let's take a closer look at the most common version of the cycle of violence as presented above. Remember the discussions from the previous 2 modules that focused on the following 2 areas:

- ❑ The importance of language
- ❑ The need to uncover the victim's resistance in order to fully uncover the abuser's violence

Stop & Think

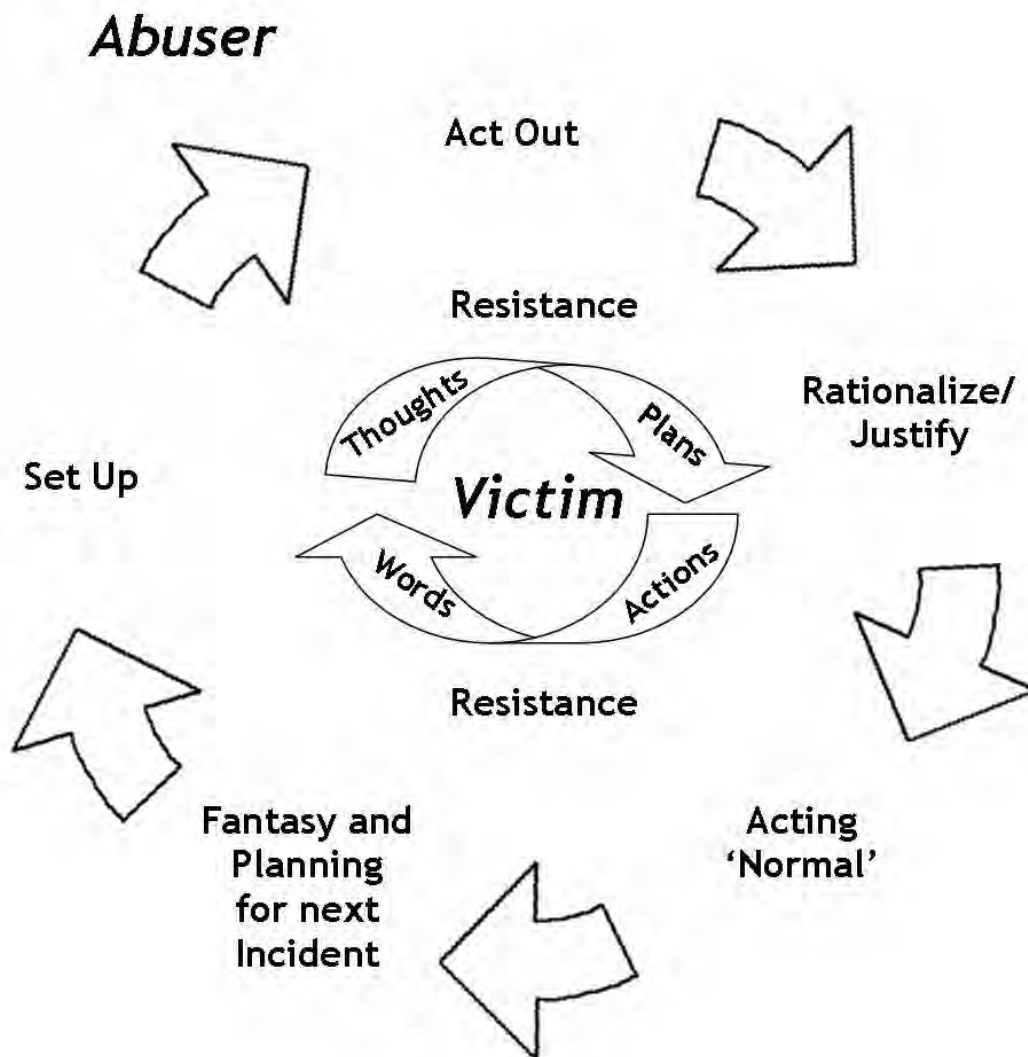
Is there anything about the language used in the traditional cycle of violence that clearly shows that the violence used by the abusive person is deliberate or unilateral? Also think of the word 'explosion'. What does this word make you think about?

If you look closely, you will find that this cycle of violence does not fit very well with our definition of family violence. Instead the violence happens because of 'tension', not because of any choices the person is actively making. Typically, explosions are considered to be 'out of control'. This is in direct conflict with the way we have defined family violence in module 1.1.

The other important point to be cautious about in this model is that this is a model that focuses only on the abusive person's behaviour. If you look closely at this model, you cannot find any evidence of what the victim is doing to resist the violence. Remember, by only examining one side of the picture we run the risk of inadvertently hiding the true level of violence in the relationship.

We have attempted to improve the cycle of violence to more accurately represent the behaviours that are present in an abusive relationship.

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As you can see in this version, there are 2 cycles merged together. The outer cycle describes the behaviour of the abusive person, whereas the inner cycle recognizes the resistance of the victim throughout all parts of the relationship.

In this version, the language that describes the behaviour of the abusive person clearly outlines the deliberate nature of the violence. Rather than 'exploding', we view him as choosing to 'act out' in a violent manner, after a period of actually planning to be violent. Between planning the violence and acting out, we have put in a period of 'set up'. This is

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based on what many women have told us about their relationships. It seems to them that when they know the violence is going to happen, there is nothing they can 'do right' to please their partner. Instead, all the strategies they try to calm him down, including strategies that may have been effective in the past, don't work. Regardless of what they do, it seems they are put into a position where they are going to be abused, and their abusive partner actively sets them up for this abuse to happen.

Using this version of the cycle with women may be more effective in helping you connect with their experiences in their relationship. Using language that clearly shows you believe the abuse is the responsibility of the abuser and that the abuse is deliberate will help her begin to view her relationship in a different way. Remembering to also focus on her resistance will help her realize her own strength as an individual.

It is important to help women realize that the only way to end the violence is for the abusive person to take responsibility for his behaviour and to actively seek help to change. Even though her resistance is very important in helping her retain her dignity as a person and to protect herself, there is nothing the woman can do to stop this cycle. In fact, the more resistance she shows the more violent he will likely become in order to try to maintain power and control over her. It will be important to discuss this with women so that they are prepared to change or modify their safety plans to stay as safe as possible in their relationship.

Stop & Think

Regardless of how you do it, it is important to find an effective way of talking to clients about any patterns of behaviour in their relationships that could be useful in developing safety plans. What are the pros and cons of using each of these cycles of abuse? How do you think you could use each of these cycles in your work?

Power and Control

Another commonly used model that is used to explain family violence is the power and control model. This model is based on the knowledge that there are many ways in which society views women as having less power than their male counterparts. Historically, the rightful role of men has been to be the head of the household and main breadwinner, with

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their wives as keeper of the household. It has only been in the last 30 years or so that the historical acceptance that families and relationships are private matters has come into question. See Module 2.1 - The Shelter Movement for a more detailed discussion.

Although the views around gender roles and the private nature of relationships has been slowly changing, there have been and continue to be many barriers experienced by women who wish to participate more fully in their communities or to lead lifestyles that are contrary to traditional gender roles.

As discussed in the previous modules, women are still blamed for the violence that they experience in many ways, while the behaviour of the abusive person is excused. Part of the reason for the victim blaming that occurs is based in the fact that historically, the abusive person has had more power in society. In general, if you think about it, those who have more power are viewed as being correct more often and as being able to get away with things that other people would be punished for.

To illustrate this point, consider how differently society views the violence used by men and the violence used by women. Much of the violence used by men is considered 'normal' and is written off by people as being an acceptable way to deal with conflict. In the case of using violence against their partner, many people try to explain the behaviour as being provoked. For instance, you may hear people say things like "If I had to live with her, I would probably end up hitting her too" or "She should know by now that she shouldn't push his buttons". However, when women use violence, people tend to react more strongly and 'punish' violent women (by avoiding contact with them; or pressing charges; or taking away any children; etc). If she is violent to her partner, people are less likely to think that she was provoked and more likely to think that something is wrong with her. For instance, you may hear people say things like "She just flipped out for no reason and tried to stab him" or "Poor Jim - he does the best he can for those kids but it is just sick the way she tries to keep them from him". In a situation where both people are injured in some way it is more common for people to think that any violence used by the male partner was in self-defence to her violence; than the other way around.

The power and control wheel attempts to capture the many ways in which violence against one's intimate partner is an act that is meant to gain power and control over the victim. Instead of 'losing control', an abusive person is seen as using violence to 'gain control'. This model also depicts the linkage between the different forms of abuse and attempts to demonstrate how all the types of violence fit together to form a larger pattern of behaviour.

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Activity: Power and Control

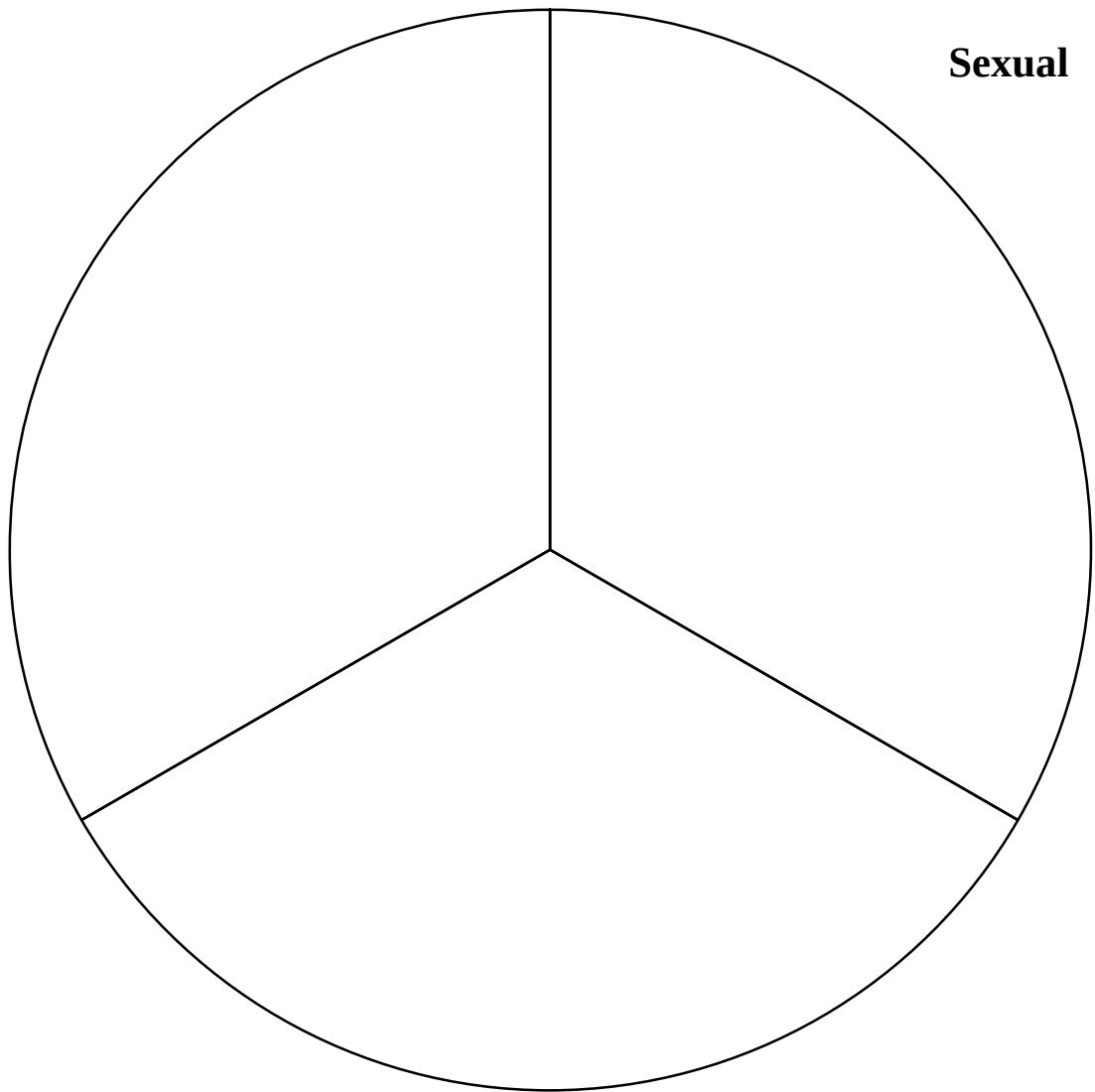
Before you move on to see the Power and Control Wheel and the Equality Wheel, take a moment to fill out the blank wheels that follow. Put as many abusive behaviours as you can in the proper place on the Power and Control Wheel and as many healthy behaviours that you might see in a relationship on the Equality Wheel. Is filling out one wheel easier than filling out the other? Did you find some things difficult to place in the appropriate spot without thinking about why a person is doing the behaviour?

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Power and Control Wheel:

Emotional/Psychological

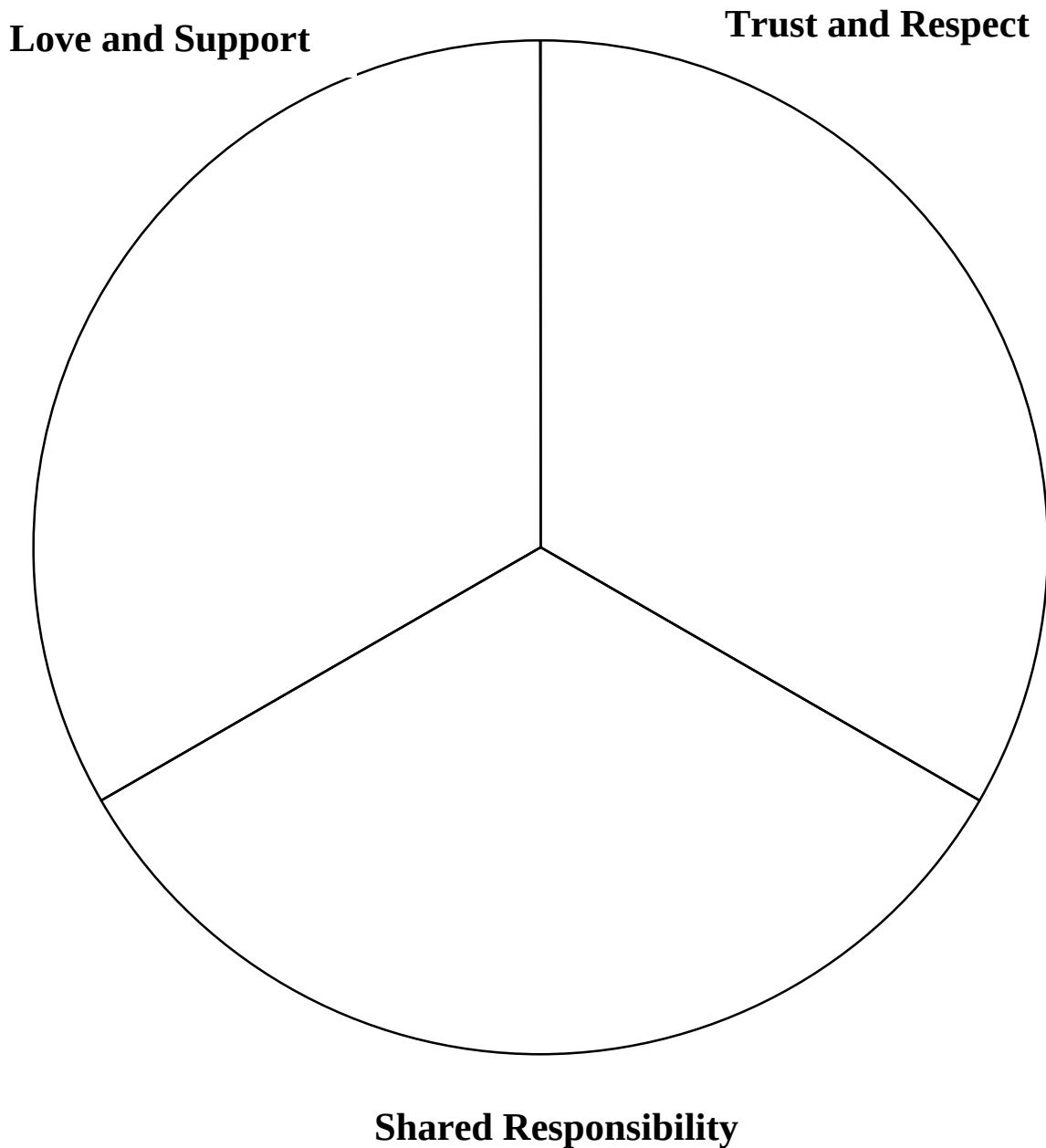
Sexual



Physical

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Equality Wheel:

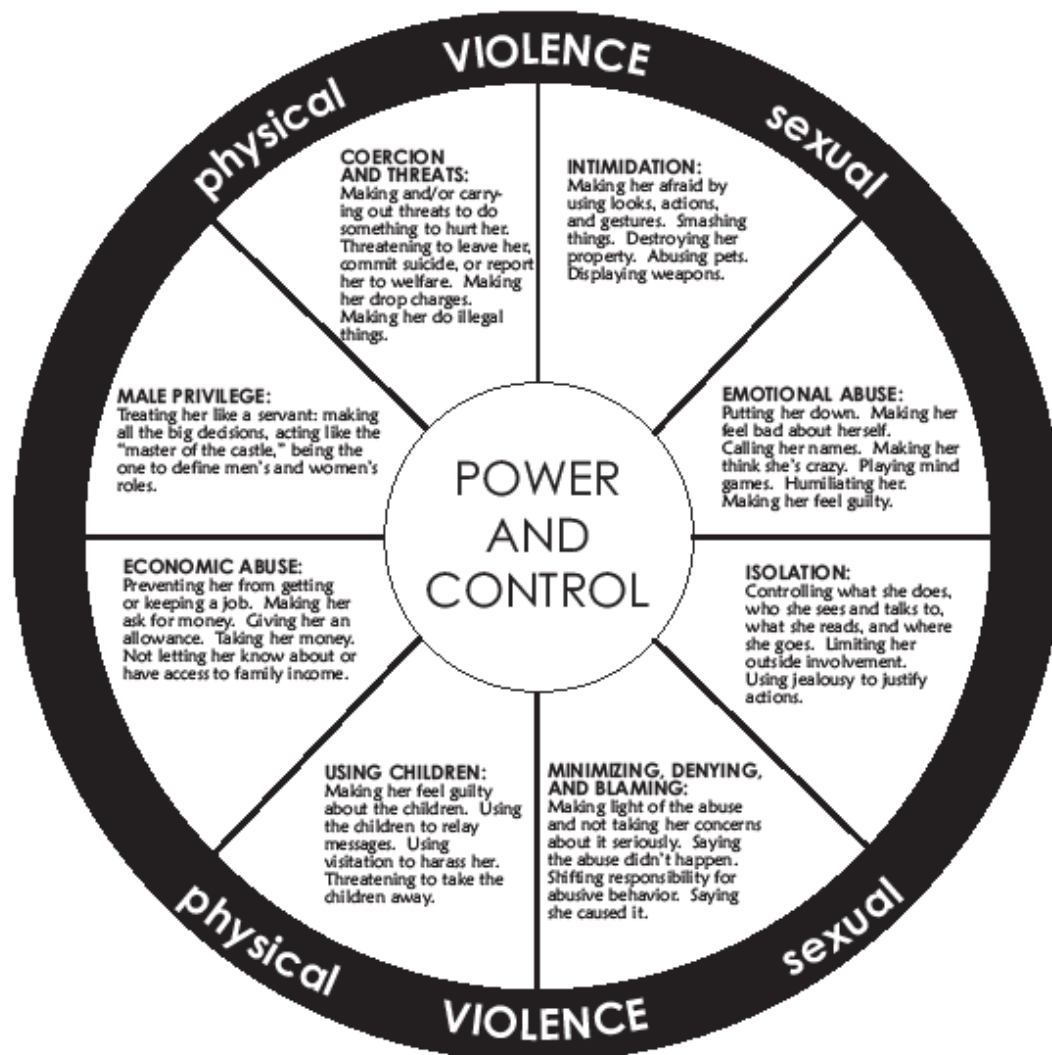


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POWER AND CONTROL WHEEL

Physical and sexual assaults, or threats to commit them, are the most apparent forms of domestic violence and are usually the actions that allow others to become aware of the problem. However, regular use of other abusive behaviors by the batterer, when reinforced by one or more acts of physical violence, make up a larger system of abuse. Although physical assaults may occur only once or occasionally, they instill threat of future violent attacks and allow the abuser to take control of the woman's life and circumstances.

The Power & Control diagram is a particularly helpful tool in understanding the overall pattern of abusive and violent behaviors, which are used by a batterer to establish and maintain control over his partner. Very often, one or more violent incidents are accompanied by an array of these other types of abuse. They are less easily identified, yet firmly establish a pattern of intimidation and control in the relationship.



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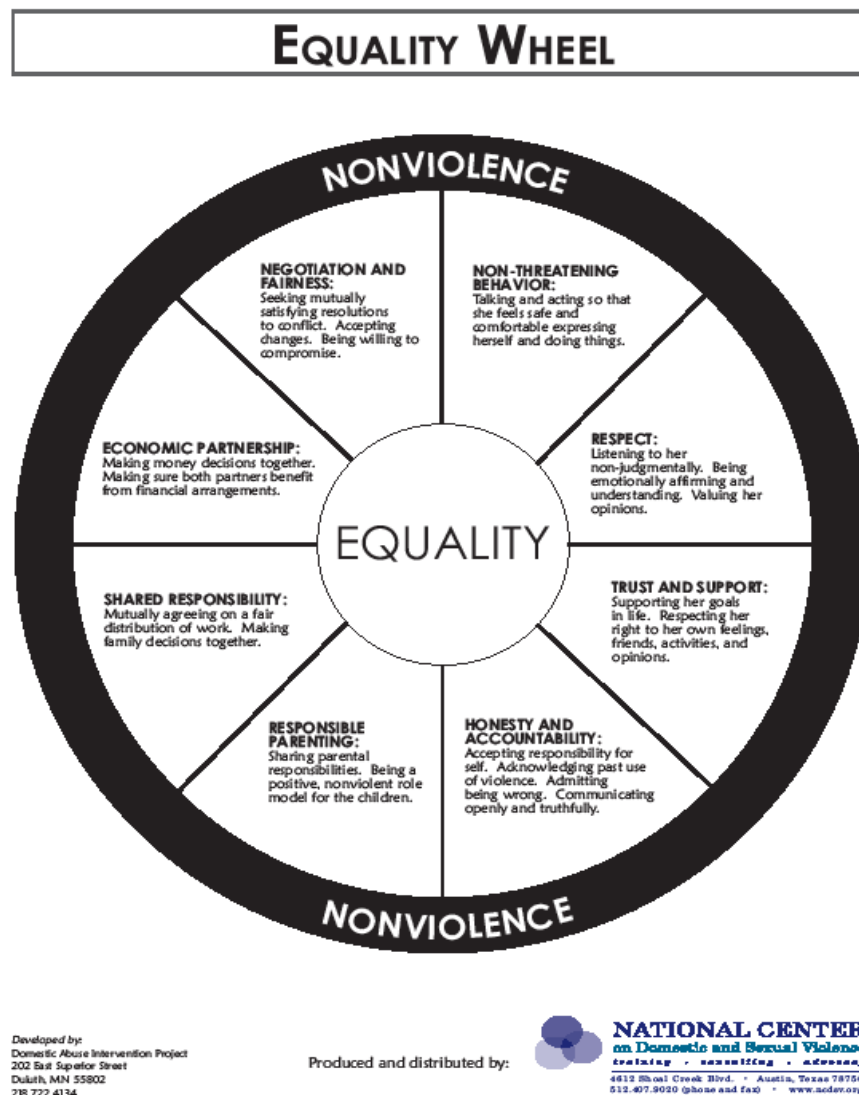
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This model also addresses the concept of equality in relationships which is useful in demonstrating the difference between a healthy relationship and an abusive one. Having the 2 different wheels (the power and control wheel and the equality wheel) can help women identify that it is possible to have a relationship where their partner does not feel the need to establish power and control over them. Instead, both partners commit to treating each other as equal partners, and to treat each other and their children with respect.



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Like the cycle of violence model, there are also some cautions to be used with the power and control model of family violence.

First of all, there is always a danger that comes with placing behaviours into discrete categories as is done with the power and control wheel. Although the model does point out that all behaviours are linked and work together to establish patterns of behaviour that serve to abuse the victim, the focus on specific behaviours can take away from examining a pattern of behaviour. For instance, listing the type of behaviours that an abuser might use that fall under the category of 'isolation' or 'physical abuse' does take the focus away from examining how all the behaviours fit together.

There is also a risk that whenever we focus on specific behaviours that the resistance of the victim will be misinterpreted as abuse. For instance, let's say that a woman will no longer let her partner have unsupervised access to their children after she has left the relationship. We could put this behaviour, and possibly other behaviours, into the power and control wheel and use it as evidence that she is using the children to establish power and control over her ex. However, this may not be the case at all. Instead she may be protecting her children as best she can. She may worry about their safety if they are alone with their father because he has a history of using the children as a way to control her. Always remember that the *context* (which can also be thought of as the why, when, how) in which the behaviour takes place is at least as important as the behaviour itself when we are discussing family violence.

Another caution about this model is that the power and control wheel and the equality wheel can be treated as only being present in 2 completely different relationships - an abusive relationship versus a healthy relationship. However, even the most abusive relationship can contain elements of health and equality at times, especially in the beginning stages of the relationship. Some women may find this model confusing, because in the beginning they may have thought they had found a healthy relationship. This model does not explain how or why abusive people are not abusive all the time or from the very beginning of the relationship.

Attitudes and Beliefs

The final model that will be discussed in this module points to the importance of considering the role that attitudes and beliefs play when trying to explain the nature of violence in intimate relationships. As has been discussed in Modules 1.1 and 1.2, there are many

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attitudes and beliefs held by society that excuse the violence used by males and blame the victim for what happens to her. These beliefs and attitudes are very similar to those that are held by people that tell men that they should be in a more powerful position than women in their home, in their workplaces, and even in the sports they play. This is especially true for Caucasian (or white) men who have historically held the most powerful positions in our society (see also Module 2.2 - The Impact of Oppression). Whenever men are not in a position of authority or power, many of these beliefs and attitudes say that it is also ok for them to do whatever is necessary (including the use of violence) to get back to their more powerful position.

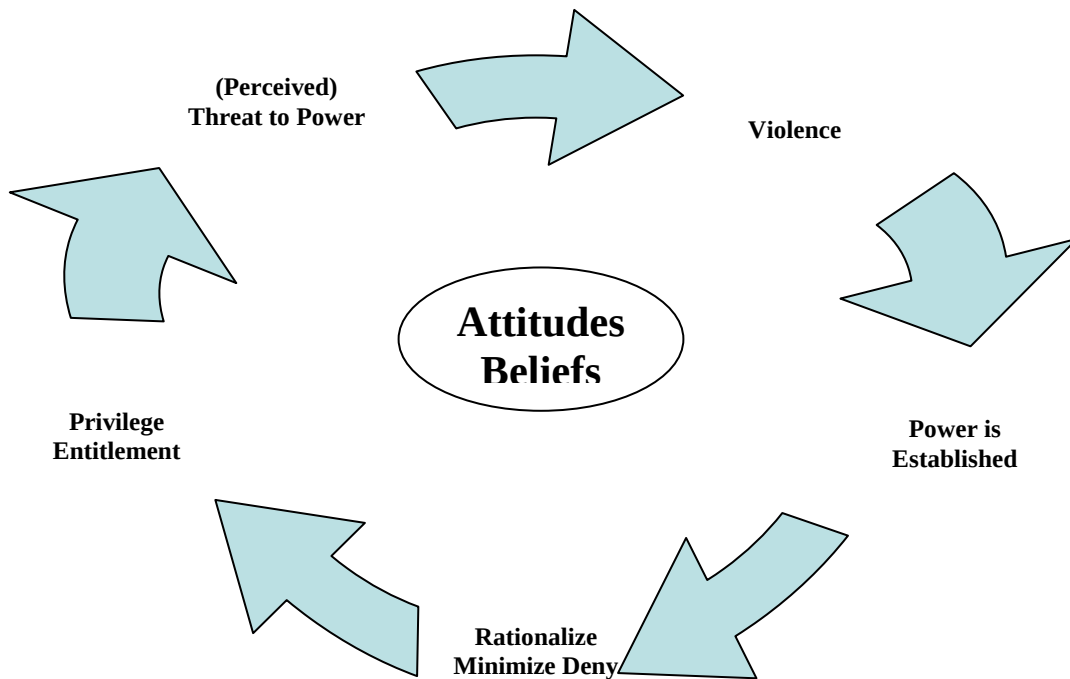
There are many examples in our world where the use of violence is an acceptable way for people (especially men) to gain power and control over another person or situation, or to achieve a sense of entitlement. Violence is commonly used in sport games, on the playground, and by teenagers as a way for people to show others that they are the most powerful person in the given situation. This is especially true whenever a person perceives (or thinks) that they have been somehow insulted or treated poorly by another person who 'should' be somehow showing them more respect.

Stop & Think

Consider the amount of violence in sports such as soccer or hockey. Why do you think it is that people use violence in these sports? Is the violence necessary to win the game? What do you think people say or do whenever there is a fight during a sports game? Do people seem to enjoy watching this type of violence?

Given that we, as individuals in our society, have attitudes and beliefs that make it ok to use violence as a way to show others that we are in a more powerful position than someone else, it makes sense that it is also possible to hold attitudes and beliefs that say it is ok to use violence in this way in an intimate relationship. A general diagram that shows the relationship between attitudes and beliefs held by a perpetrator of violence and his use of violence is as follows:

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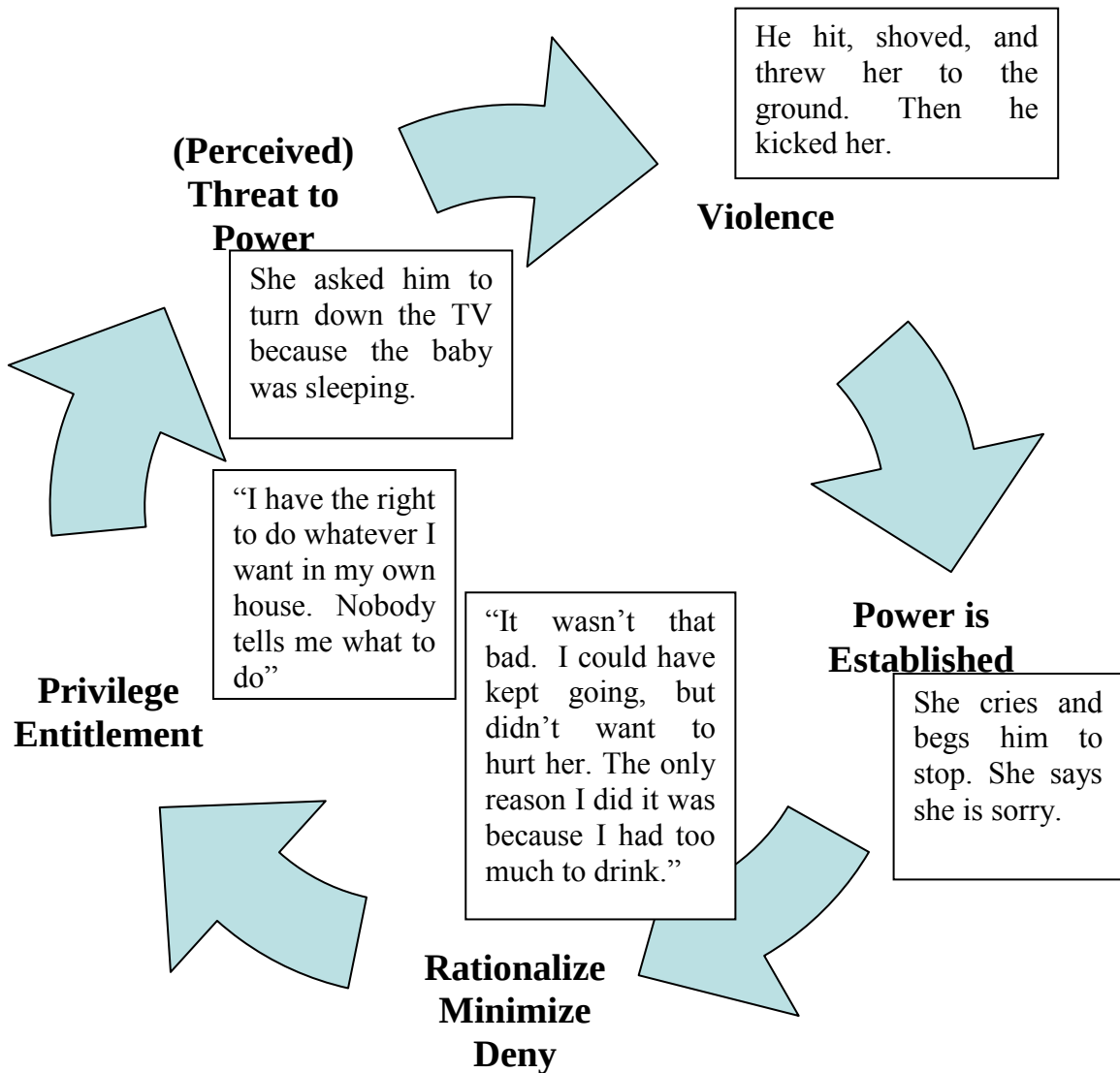
Notice that in this model the focus is entirely on the abusive person and how he interprets his actions and his partner's actions. Whenever he chooses to be violent he does so to re-establish the power that he *thinks* his partner is trying to diminish. Then he explains away the violence he used as a way to make what he did 'ok'. All of this is based on his beliefs around what his rights are and what he thinks 'should be' or, in other words, his beliefs around privilege and entitlement. These beliefs are often reinforced for him by the reaction of others (neighbours, friends, community members) to the violence. For instance, if an abuser believes "I can do what I want in my own house. Nobody tells me what to do" and then nobody from the community does anything to stop his violence or to communicate to him that what he is doing is wrong, then he believes even more firmly that he can do whatever he wants.

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According to this model, if a person does not have strong beliefs about their right to have more power than their partner then they are not likely to use violence in their relationship. Even if a person does have these beliefs it does not necessarily mean that they will use violence as a way of making sure they have this greater power, but it does make the use of violence more likely.

It might be helpful for you to see this model applied to a specific example:

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Stop & Think

What are your thoughts about this model? How would you use this model in your work?

Addictions & Mental Illness

By now you have probably noticed that none of the models of family violence that are discussed here have any mention of the role of alcohol or mental illness as factors that explain why violence exists in some intimate partner relationships. Instead, the focus is on the choices made by the abusive person, the goal of the use of abusive behaviour, and the thoughts, attitudes and beliefs that support the use of abusive behaviour. If we go all the way back to our definition of family violence and we use that definition along with any one (or all) of the models of family violence that we have discussed, it becomes apparent that the use of alcohol and/or any mental health issues the abuser may struggle with **do not** cause family violence.

Alcohol and Drugs

If family violence were caused by alcohol or drugs, then every person who drinks and/or uses drugs would be violent. However, this is not true - many people drink alcohol and use drugs and are never violent. It is also the case that many people who do not drink alcohol or use drugs who are violent towards their partners. However, what is common in all situations where there is violence is that the abuser wants to gain power and control over their partner and intentionally uses violence to get that power and control. If you know of situations where the abuse *only* happens when the abuser is intoxicated, then there is a good chance that if you look a little deeper into the situation you may find that although only physical abuse happens when the person has been drinking, there is other forms of abuse happening during other times in the relationship. Many abusive people have already decided to be physically abusive to their partner before they take that first drink - however, by choosing to drink, they are already providing something to blame the abusive behaviour on. By being able to say things like “I only did it because I was drinking” they have a way of avoiding responsibility for their abusive behaviour, while also making their partners believe that the abusive person is really a good person who didn’t mean to hurt them. Although it is true that in some communities there is a lot of addictions and a lot of family violence, it does not mean that if the addictions were ‘fixed’ then the problem of family violence would also be ‘fixed’. Fixing

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the addiction does not ‘fix’ any of the pieces discussed in each of the three models of family violence discussed in this module. Instead, these are two separate issues that require different types of help and services.

Mental Illness

Similar to people who use alcohol and drugs, many people who have mental illnesses do not abuse other people. You may have often heard that an abusive person is ‘crazy’ or ‘sick’, but if you look at our definition of family violence and each of the three models of family violence above, you will see that this is clearly not the case. Instead, an abusive person is thinking very clearly about their behaviour and they are abusive as a way to get exactly what it is that they want. This does not sound like a person who is crazy, sick, or out of control.

It is possible that a person with a mental illness can be violent. However, a person who has this sort of condition is not likely to be violent just to his family members or intimate partner. Instead, the violence would probably target anyone, and would be less predictable. These sorts of mental illness are quite rare, but they do require medical help so the person can get their illness under control.

A Note about All Three Models

There are many different ways of trying to explain the complicated patterns of behaviour that are a part of family violence. All of these models have strengths and weaknesses. As a Shelter Worker it is important that you understand the strengths and weaknesses of the differing models so that you are able to help women understand their experiences. Rather than trying to become comfortable with using just the Cycle of Violence or some other model of family violence, we recommend that you become comfortable with all the models of family violence as presented in this unit. If you are able to do so, you will be able to use the good parts of each model to help women as best you can, while recognizing that no one model will ever be able to describe the complex nature of family violence.

Activity: A Love that Kills

This video tells the story of a couple who is dating. Watch the video and apply each of the 3 models of family violence to the violence that takes place in the video. Hint: It might help if you pretend you are talking to Monica and helping her apply the cycle of violence; power and control wheel; and attitudes and beliefs model to her relationship with Adam.

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Module Resources

Video - A Love that Kills

(Is not included - if you would like to borrow a copy of this video please contact the Department of Health and Social Services Family and Child Violence Prevention Consultant in Yellowknife at 873-7918)

Additional Resources

The Cycle of Violence and how you can break it (brochure)

Province of Manitoba: Manitoba Justice: Victim Services

<http://www.gov.mb.ca/justice/domestic/cycleofviolence/cycleofviolence.pdf>

Related Modules

1.1 - The Definition of Family Violence

1.2 - Who is to Blame?

2.2 - The Impact of Oppression

3.3 - Personal Beliefs

7.3 - Understanding Change

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Module 2.1: The Shelter Movement

Module Overview

The purpose of this module is to provide you with an understanding of the history of the shelter movement. A key element of the module is for you to understand that you are part of a grass-roots movement that does more than just provide emergency shelter. Members of this movement also act as advocates to help women in a variety of ways and to support women's rights.

Important Considerations

Most people who work in a shelter have never really considered the notion that they have become part of a very large movement dedicated to improving the status of women in our society. If you have not taken the time to consider this, now is the time to do so. It is important that you understand how each individual shelter is a small part of a much larger movement so that you can fully appreciate the importance of the work that you do. If you feel connected to this movement, you will probably feel more fulfilled in your job and passionate about the type of work you do.

Time Out:

Before you go any further take a moment to reflect on the following questions.

- Have you ever felt isolated and alone in your work at the shelter?
- Does it frustrate you that other people don't view violence against women the same way that you do?
- Do you think it is easier for women to leave an abusive partner now than it was 20 years ago? Why or why not?
- Do you think there are more or less women abused by their partners now than there were 20 years ago? Why?
- Do you think people have more knowledge about the abuse that is perpetrated in relationships now than they did 20 years ago? Do you think people are more open to talking about abuse than they used to be? Why or why not?

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Historical View of Women

In order to fully understand why women are more often victims of family violence than are men, it is important to have some knowledge about the historical role of women and how they were viewed. Historically, men have held much more power in society than women. This has occurred in all areas of life, including the physical, political, sexual, emotional and financial spheres. Men have historically controlled how much money a woman will have; who she associates with; when she leaves the home and when she must be back in the home. In the past, women were not allowed to own property, to vote, to attend institutes of higher learning (colleges or universities), or to even choose their own partners. A woman was either expected to not have a job, or to quit her job once she became married, so that she could stay home and take care of her husband and children. This provided men with a great deal of power and control over their female partners because not only did they control the family's finances, but women had so few options if they did want to leave a relationship and support their children without the father's support - not that a divorce could be granted without the man's consent and cooperation.

Activity: The Way Things Were ... or The Way Things Are?

There are many popular movies that depict the historical role and societal attitudes about women. Do any come to mind? A great one to track down is *Mona Lisa Smile* (2003) with Julia Roberts. In this movie, Julia Roberts is hired as a university professor at a women's university to teach about Art History. However, she soon discovers that instead of promoting the equality of women, the university holds many restrictive and traditional views. Take the time to view this movie and think about the following points:

- What does it say to you that women have their own separate university?
- What seem to be the goals of the students attending the university?
- How do you know that the university is not really promoting the equality of women?
- Why do you think the Board of Directors is so concerned about the lesson plans created by Julia Roberts' character?

Just because these power differences and strict gender roles existed (and still might in some families/communities), it did (does) not mean that all men were or wanted to be abusive. Just as there were men who obviously abused the greater power society gave them over women, there were many men who were very respectful and attentive to women. A

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difference in power does not automatically mean abuse will or is happening. However, the presence of power differentials does make it more likely that abuse *can* take place. If a woman has very little control over her own life and is dependent on her partner, it can make it very difficult for her to leave if she is abused. As was discussed in Module 1.3 - abuse can take place for a number of different reasons, and when a difference in power is combined with attitudes and beliefs that allow violence against women, abuse becomes more likely.

These attitudes and beliefs were enshrined in both religious and legal beliefs and doctrines. Almost all great religious works give men control over women. These powers were also enshrined in legal documents. For example, a widely circulated marriage manual of the 15th century stated:

"When you see your wife commit an offence, don't rush at her with insults and violent blows...Scold her sharply, bully and terrify her. And if that still doesn't work...take up a stick and beat her soundly, for it's better to punish the body and correct the soul than damage the soul and spare the body..."

In other words, it was acceptable practice to beat a woman if she did not adhere to the man's rules. In fact, the term "rule of thumb" was originally used as a guide for men who were not to use a stick larger than the width of his thumb to beat his wife.

It is only recently that the laws of Canada have shifted to acknowledge the rights of women to end a marriage. For example, prior to 1968, physical cruelty was not necessarily grounds for divorce under the Divorce Act. In order for a woman to get alimony (spousal support), she had to prove that there had been a physical assault that was extreme and excessive and that was a danger to her physically and mentally.

Until 1965, a man could only be convicted under the Criminal Code for assaulting his wife if he caused her "actual bodily harm." This is different from the standard legal definition of assault which is "the intentional application of force to another by act or gesture." The standard legal definition of assault does not have to include bodily harm.

A man, therefore, could be convicted of assault for striking another man whether the other man was hurt or not, but he could only be convicted of assault against his wife if she could prove that the assault caused her bodily harm. It is interesting to note that at the time of

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these laws, there were very few, if any, women ‘allowed’ to work in the criminal justice system unless they were secretaries or assistants of some sort.

Given that it has only been in the past 40 -50 years that the equality of women has become a goal of many women’s groups and that the historical acceptance that families and relationships are private matter has come into question, it is not surprising that many people are still reluctant to discuss issues such as family violence.

Stop & Think

Before going any further, take a moment to think about the following questions:

- ☐ What has been the traditional role of women in your community? How has this changed? Do you think it will continue to change?
- ☐ How do people view family violence in your community? How do they view violence against women in general? Has there been any change in attitudes about violence over the past few years?
- ☐ How do people view you as a shelter worker?
- ☐ How do you think these roles and attitudes affect how women feel about accessing the shelter?

Although some laws and some of society’s attitudes have changed, there are still some widely held beliefs that negatively impact how family violence is viewed by women, families and communities. Some of these beliefs are:

Family violence is a private matter

Many people think that family violence should not involve others outside of the family or the community as a whole. There has also been reluctance on the part of the police and justice systems to become involved in what was traditionally viewed as a family problem. Discussing family violence may bring shame upon the family, including members of the extended family. It was therefore not considered to be something that should be discussed in public, and should, as much as possible, be hidden from those outside the immediate family. Evidence that people still hold this belief can be seen in the way that many people are reluctant to get involved when there is family violence in small communities even though everyone knows what is going on.

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Women sometimes ask to be abused because of some of the things they do

Many people believe that if the woman was really being abused, she must have done something to deserve it. This relates to people not understanding the dynamics of family violence and the blame that society tends to place on victims overall. Some abusers are well liked and respected in the community and function quite well with others. This public reputation in the community can make it difficult for people to believe that he would behave another way in private so they assume that the woman must be doing something to provoke or deserve the abuse.

Women have a responsibility to keep the family together

There is an old saying that "she has made her bed, now she must lie in it." This means that the woman chose to be partners with an abuser so now she should just learn to put up with it because it is best for her children to be in a family with both a mother and a father. Notice that in this belief there is no role for the husbands to play in keeping the family together, and that women are blamed for choosing an abusive partner.

Women could leave an abusive relationship that if they really wanted to

We have already discussed the many barriers to leaving an abusive relationship in Module 1.2. However, it is obvious that many people do not understand these barriers because this is still a statement that many people make about women who are abused. Even people who do not make such open statements can be often heard asking things such as 'why does she stay'. The devastating impact of abuse is difficult for those who have not experienced it to understand. Beliefs/statements such as these are just another form of victim blaming.

Family violence only happens to certain people

Although we now know that family violence occurs across all social and economic groups, and across all races and religions, many people would like to think they would never be abused in their own relationships. This is one of the major reasons why people still hold this belief. That is, if I believe that only women who live in Yellowknife get abused, and I live in Fort Smith, then I will probably not be in an abusive relationship. Furthermore, if I believe it will not happen to me, then I don't need to know anything about family violence because it is not my issue. I can still feel bad for those other people, but I can move on in my own life.

It may also be the case that people have never seen or experienced family violence being in certain groups. For instance, family violence may be more hidden to families of wealth or standing in the community because, in these cases, it is even more important to the abusive person that their reputation in the community be maintained. This may mean that there are

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additional power and control strategies used to maintain control of the victim, which will keep the violence hidden. People often refuse to believe what they haven't seen or experienced themselves.

Activity: Historical Views of Women and Family Violence

Set up a time to go meet with an elder or other long standing community member about the traditional role of women in the community and how this might have changed over the years. You can tell them that you are completing this training and that it would be very helpful to be able to talk to them about their thoughts about women, family violence, and equality and how all this may have changed through the years they have been in the community. Make sure you brainstorm some things that you would like to ask this person before you go meet with them. If you have time, it might be really interesting to go meet with both a male and a female community member. If you do this though, make sure you have 2 separate meetings so that the thoughts of one person are not influenced by the other.

While many positive changes have taken place, women still today still typically earn less than men, are primarily responsible for child care and struggle with attitudes of differing values between genders.

History of the Shelter Movement

Like family violence, family violence shelters are not new. However, the philosophy about these shelters has changed dramatically through time.

In the middle ages, convents and special hospices would take in "unhappily married women." Being "unhappily married" was the term used to describe women who wished to leave her relationship due to being abused. A husband's violence toward his wife and children were not the man's problems, but conditions that the woman was expected to endure. Interestingly, women were also quite likely to be diagnosed with a mental disorder if they tried to speak out against the violence or leave their relationships. These disorders were in no way seen to be related to the abuse she suffered, but were provided as an explanation as to why a woman would act in a way that was so unexpected and different.

Not much changed in terms of family violence shelters until the early 1970s. At that time, the current model of family violence shelters was established by the women's movement in

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Britain and North America. These early shelters were developed by local groups of women coming together to provide supports to other women who were experiencing family violence. Many of the early shelters existed because individual community members would open their homes, or establish housing, to provide protection and shelter for women being abused by their husbands. This represented a shift in the perception of family violence, by these community members and groups, to recognize that women who are being abused deserve to have and access other choices and that they require support to do this.

There was very little government support for these individuals or community groups at the time. Despite the lack of support, these groups recognized that it was necessary to provide formal transition and safe homes for women and their children who were experiencing violence in the home, but who did not have the money or support to live on their own. They forged ahead and in Canada, the first family violence shelters were the Interval House in Toronto and the Transition House in Vancouver in 1973. The number of Canadian shelters has grown since that time, with approximately 500 shelters across the country serving about 100,000 women and children per year. Most of these shelters now receive at least some funding from Government sources, but this support varies across regions and time.

The first shelters in the Northwest Territories were the Sutherland House in Fort Smith and Alison McAteer House in Yellowknife. Shelters have also been established in Hay River, Inuvik and Tuktoyaktuk. Family violence programming in other communities has been sporadic and has largely been dependent on the leadership of individual community members. Anecdotally, many communities have informal networks of supports for women who are being abused, with individuals opening their homes to those in need of safe short term shelter. However, these informal networks do not receive any financial support.

An important role for family violence shelters that has developed out of this movement is the role of providing more than just emergency help. While some shelters are restricted to helping only women who are escaping violence, others may provide services for children, and/or services for women experiencing mental health, substance abuse, and/or an inability to find housing. Often, the services provided by a shelter are closely related to the needs of the community it serves. Despite differences in the range of services provided by shelters, as a group, they have become the centre of the movement to change society's attitudes about family violence and to lobby governments to provide policies and laws to protect women. Family violence shelters work together to provide information sharing, to increase public awareness and to change outdated laws.

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Family violence shelters play an important role in saving the lives of women who are abused by their intimate partners. They provide refuge and respite for women and children while they consider their situations and make decisions about their futures. Solutions to family violence will include the involvement of society at large. Societies demonstrate their commitment to the rights of their members through creating laws and providing resources. To address family violence, our society will need to establish laws that impose consistent consequences for those who abuse others, and that protect and support women who are being abused. These changes are dependent on our society changing its attitudes about gender and gender equality, while supporting all people to be healthy and self sufficient and as they value and respect themselves and others.

Shelter Workers in the NWT are part of this movement and should not only provide emergency shelter and support to women, but should also act as advocates within their own communities and in the NWT as a whole to encourage the societal and cultural changes needed to make the abuse of one's intimate partner an unacceptable practice. It is important to talk to community leaders, other organizations and community members about family violence and ways to clearly demonstrate a lack of support for violence within the community, region and territory.

Stop & Think

In order to be successful in the goal of providing safety for women and their children who are experiencing abuse, shelters must be seen as an important part of the community. Take some time to find the answers to the following questions in order to increase your understanding about your shelter and how it fits into the overall movement discussed above.

- ☐ Who started your shelter? When? Why?
- ☐ Is the founding member(s) still involved with the shelter in some way? How?
- ☐ Who funds your shelter? Have other people/organizations funded it in the past? Is there enough funding for the services you provide?
- ☐ What type of other supports does your shelter receive from the community?
- ☐ How do other community organizations and services include you in providing services to women and/or planning community activities and collaboration?
- ☐ Does the public understand the role of the shelter? Do other organizations understand? What is your role in increasing the understanding of others?
- ☐ What could your shelter do differently if it had more community support?

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Related Modules

Module 1.1 - The Definition of Family Violence
Module 1.2 - Who's to Blame?
Module 1.3 - Models of Family Violence
Module 3.1 - Roles and Responsibilities
Module 4.1 - Legal Protection from Family Violence
Module 9.1 - Collaboration
Module 9.2 - Advocacy
Module 9.3 - Community Awareness and Education

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Module 2.2: The Impact of Oppression

Module Overview:

This module builds on some of the concepts discussed in Module 2.1 regarding historical views of women. Now we will examine these views within the larger scope of the role oppression plays in our work with clients. To do this we will define the concept of oppression, the role of each of our own biases and beliefs and what it means to really value diversity in clients. You will also learn what is needed in order to work with clients in a way that is both anti-oppressive and woman-centred

Important Considerations:

The topic of oppression as it applies to working with women is a huge topic that cannot be fully addressed in this module. This topic becomes even larger and more complicated as we begin to also examine other types of oppression related to being of a certain race, religion, age, ability, and so on. There are entire text books devoted to helping people understand oppression of very specific groups of people such as women, and people of different cultures, religions and races. The goal of this module is to simply increase your awareness of what oppression is and to help you realize that it is probably actively affecting your work with clients in one way or another each and every day.

In order to lessen the impact of oppression on your work and on your clients you must actively work toward becoming aware of your own biases, values, stereotypes and influences when it comes to working with clients who are all similar to you in some ways (by being female, if nothing else) but also very different (in terms of race, religion, history of victimization, etc.). While oppression is specifically examined in this module, this topic is closely linked to other modules. It is important to link the concepts discussed here to those in Module 3.2 - Ethical Practice; Module 3.3 - Personal Beliefs; Module 8.2 - The Older Person and Family Violence; and Module 8.3 - Persons with Disabilities and Family Violence.

Time Out:

Prior to moving on to complete this module, take some time to consider the following:

- Do you know what the word 'oppression' means? If so, what?
- Do you think that discriminations such as racism and sexism are still very harmful to people today? Why or why not?

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- How much time do you spend thinking about your culture and heritage? Do you think that your culture and heritage has a daily impact on your work? Why or why not?

What is Oppression?

The term **oppression** is generally used to refer to the act of holding a group or individual in a subordinate (or inferior) position by using force, authority, or **societal norms** (things that the majority of people in society consider to be good, right and 'normal'). In order to oppress someone or some group, there must be a dominant group that has the power to dictate and control much of society. This power is gained through having large numbers of people in the dominant group *and* convincing other groups that they are 'right', they have 'more knowledge' and they know what is 'best' for everyone. Even if *all* the other groups of people do not agree with this dominant group, there will generally be enough people who can be convinced to agree that will result in this dominant group having even more support for its political, social, and economic agenda. Historically, in Canada, this dominant group has been white males of European descent.

The inequality that exists today between men and women and between various races, religions, and abilities are a result of conditions that have been promoted over many years through the actions of individuals and social systems to make things better and easier for some people, at the expense of others¹. It is important to note that oppression is both a state and a process. This means that oppression refers to the discrimination experienced by any person or group at a specific point in time *and* it also refers to discriminatory practices that change through time and location. For instance, just because the residential school system does not exist any longer in Canada, it does not mean that Aboriginal people are no longer oppressed or discriminated against. All it means is that this oppression is now more subtle and hidden in policies, practices, and institutions that make services inaccessible and ineffective. This sort of widespread and hidden oppression is known as **systemic** and/or **institutional oppression**.

In order for systemic oppression to exist, the following conditions must be present²:

1. Belief that one's cultural practices are better and more desirable than others;

¹ Reich, S.M., Pinkard, T., & Davidson, H. (2008). Including History in the Study of Psychological and Political Power. *Journal of Community Psychology*, 36(2), 173-186.

² Sue, D.W., & Sue, D. (2003). *Counseling the Culturally Diverse: Theory and Practice* (4th Ed.). John Wiley & Sons, New York:NY.

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2. Belief that other cultural practices are not as good as one's own;
3. The power to influence others and impose their beliefs on other people;
4. The appearance of the 'better and more desirable' cultural practices in organizations, laws, programs, and policies;
5. Invisibility of these cultural practices which allows them to be subtle and hidden because they are no longer questioned.

Let's take a moment to reflect on how subtle oppression can be and how each and every one of us may have oppressed someone without ever knowing we have done so.

- First, let's take the first two conditions above. Have you ever thought that your way of doing something (even something as simple as doing the dishes) is the right way to do it? And that someone else's way of doing it was wrong?
- For the next condition - do you have the power to influence others and impose your beliefs onto them? Although this will be discussed further later in this module and in Module 3.3, it is important to realize that you have this power over all the women who come to the shelter.
- For the fourth condition - have any of your preferences (or those of your coworkers) turned into rules or expectations of the shelter (or even in your home)? For instance, if you or someone else believes that the dishes must be completed immediately after each meal is finished, are women now expected to do this chore immediately?
- And for the final condition - have any of these preferences now become 'just the way things are', without anyone questioning why things have to happen this way?

You are probably thinking that something as simple as doing the dishes is a silly example to try to demonstrate how oppression can happen. Obviously, trying to impact or change the way someone does the dishes is not an attempt to oppress an entire group of people because their beliefs and cultural practices are different than yours. So let's discuss a belief system that is really widespread in Canada and how it impacts your work in the shelter - Christianity. There is not the space or time to get into a historical examination of Christianity here, but for the purposes of this discussion we can say that Christianity is a dominant belief system held by many people in powerful positions. An examination of the evolution of Christianity through time will yield many examples of times and situations when people in power have thought that this is the best belief system to have and that all other religious beliefs are wrong. These people in power have spent a lot of time and energy convincing others of the 'rightness' of the view that Christian beliefs are best and people who share this belief will be 'better off'

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than those who do not. Today the Christian practice is so widespread that religious symbols (such as crosses, statues, psalms, prayers, bibles and so on) can be found in many Canadian public buildings, hospitals, institutions, office buildings, organizations, and businesses. You may see these symbols everyday in many places and never question why they are there and what they mean - especially if you practice Christian beliefs. These symbols have become essentially invisible to you, because for the most part you agree with what they symbolize. Christianity has become 'just the way things are'. However, to someone who does not practice Christianity (and may have been persecuted in some way in the past for this choice), these symbols are very visible and are stark reminders that their belief system is different (and potentially unaccepted) by people who work in or own those buildings.

Stop & Think

Have you ever been in a situation where you felt you were discriminated against because of your gender, culture, language or any other characteristic? Or perhaps you have been in a situation where you felt uncomfortable and different from everyone else, but did not know what to do about it? What were these situations? What did you do? Did you speak out or did you just go along with whatever was happening? Why did you choose the course of action that you did? Do you think that the other people knew how you felt? Why or why not?

So, as you can see, oppressive practices can be unintentional and widespread in the things that we blindly do each day because "that's the way things are done." This is why it is important for you to recognize exactly what sorts of things put you in a more powerful position than the people you are trying to help. We cannot say that the only people to discriminate against or oppress others are White, rich, Christian males. Oppression is relative, because power is relative. We all have the ability to oppress others who are less powerful than we are. This is why it is critical that we are able to recognize what our privileges are and what power each of these privileges allows us to have. If we are not able to recognize the power that each of us holds as individuals, it becomes more likely that we will inadvertently use this power in a way that oppresses (or 'holds down') others.

Activity: State Your Privilege

Most of us have probably never taken the time to really think about the privileges or power that we have. Complete the following list to help you consider the privileges you may have in relation to your clients. Each checkmark you make can be considered a privilege you have in comparison to many others. When you are done, take some time to consider the following:

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- Are you surprised by any of the things that are considered 'privileges' that give you more power than others? If so, which ones?
- How do you think each of these 'privileges' gives a person power?

1. ___ I am non-Aboriginal
2. ___ I am not an immigrant
3. ___ I am employed
4. ___ I have a partner who is employed
5. ___ I have good access to childcare for my children
6. ___ I do not have a child under the age of 20
7. ___ I can pay for all of my living expenses (rent, mortgage, food, electricity, etc) without worrying where my next dollar is coming from
8. ___ I have a plan for retirement, whether formal or informal
9. ___ I finished High School
10. ___ I have some post-secondary or I completed a post-secondary program
11. ___ I am not responsible for the care of any dependant adults
12. ___ I am not homeless
13. ___ I own a computer
14. ___ I own a home (even if you have a mortgage)
15. ___ I own at least one vehicle (even if you are leasing or making payments)
16. ___ My home has running water and electricity
17. ___ My home is not overcrowded (1 bedroom for you (and your spouse) and 1 for each of your children)
18. ___ I have cable, satellite and/or Internet access at home
19. ___ I generally feel safe in my home
20. ___ I have a bank account (even if it is shared with someone else)
21. ___ I have never been convicted of a crime
22. ___ I am between the ages of 19-65
23. ___ I am a Christian
24. ___ I am heterosexual
25. ___ I am not trans-gendered
26. ___ I have a family doctor/nurse
27. ___ I do not have a chronic medical condition (such as AIDS, Asthma, Diabetes etc.)
28. ___ I do not have a mental disorder or disability (such as Depression, FASD, Anorexia, etc.)
29. ___ I do not have an addiction
30. ___ I am not physically disabled (or, I need glasses but I can get them without significant financial hardship when I need to)

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- 31. ☐ I can speak and read English very well
- 32. ☐ I am in a Management position
- 33. ☐ I have never been a victim of a crime
- 34. ☐ I have never been abused by someone I love

Anti-Oppression

Working in an anti-oppressive way is both very simple and very complex. It is simple in that all it requires is that you are open and respectful in all your interactions with clients. However, truly being open and respectful requires that you are able to ‘unlearn’ the many beliefs that you have been taught from childhood. This will involve becoming aware of all the societal norms and attitudes that you believe in - even when these have become such a fundamental and basic part of you that they are now invisible. In short, developing this sort of awareness will take a long time, lots of commitment and ongoing questioning of why you do and think the things you do. It is a process of eternal learning and changing.

Being Aware of Your Influences

Each of us is influenced by our families, communities, society and culture. We are influenced by people, the media, things we read and see, the languages we speak and hear, our gender, the expectations of others, the places we have lived, our religion and the list could go on and on. These influences help to form our beliefs including what we think about women, men, families and family violence. One of the first steps in being able to work in an anti-oppressive way is to become aware of all the influences on you and your beliefs. This is a necessary step that must come before you are even able to examine the beliefs and values that you hold (which is further discussed in Module 3.3). By becoming aware of these influences you may be in a better position to understand how subtle influences can have a huge impact on a person’s belief system.

Activity: My Influence Flower

The purpose of this activity is to provide you with a visual way of understanding the large number of social and cultural influences that can influence any person. On this flower, each petal represents a social or cultural influence that has had an impact on you, and the flower as a whole represents you.

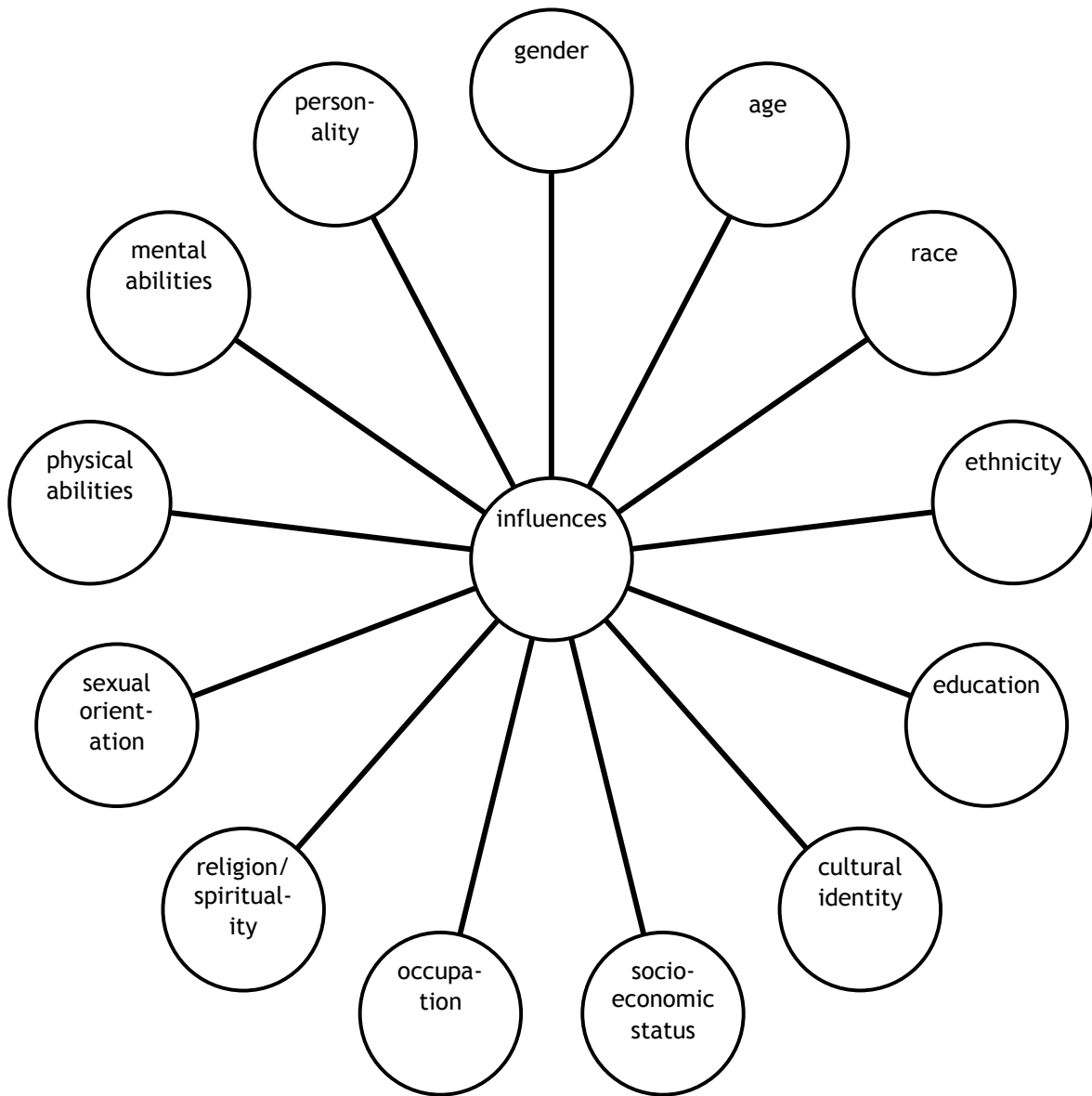
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To complete this activity there are 2 options. If you are not really sure about the types of influences on you and your belief system, you can choose to complete the first flower which has a 'hint' in each petal to help you think about what you can put there. If you are more comfortable with thinking about your influences, you could choose to complete the second flower which is completely blank. This flower allows you complete flexibility in what you record as your influences. Regardless of which flower you choose to complete, for each petal you should identify both what the influence is, and how this influence has impacted you.

Note: If you are only comfortable completing the first flower at this time, consider returning to complete the other flower at some other point in the curriculum as you learn more about yourself. You may even find that you may want to keep these flowers with you for a while as you learn more and more about yourself as you move through all the modules.

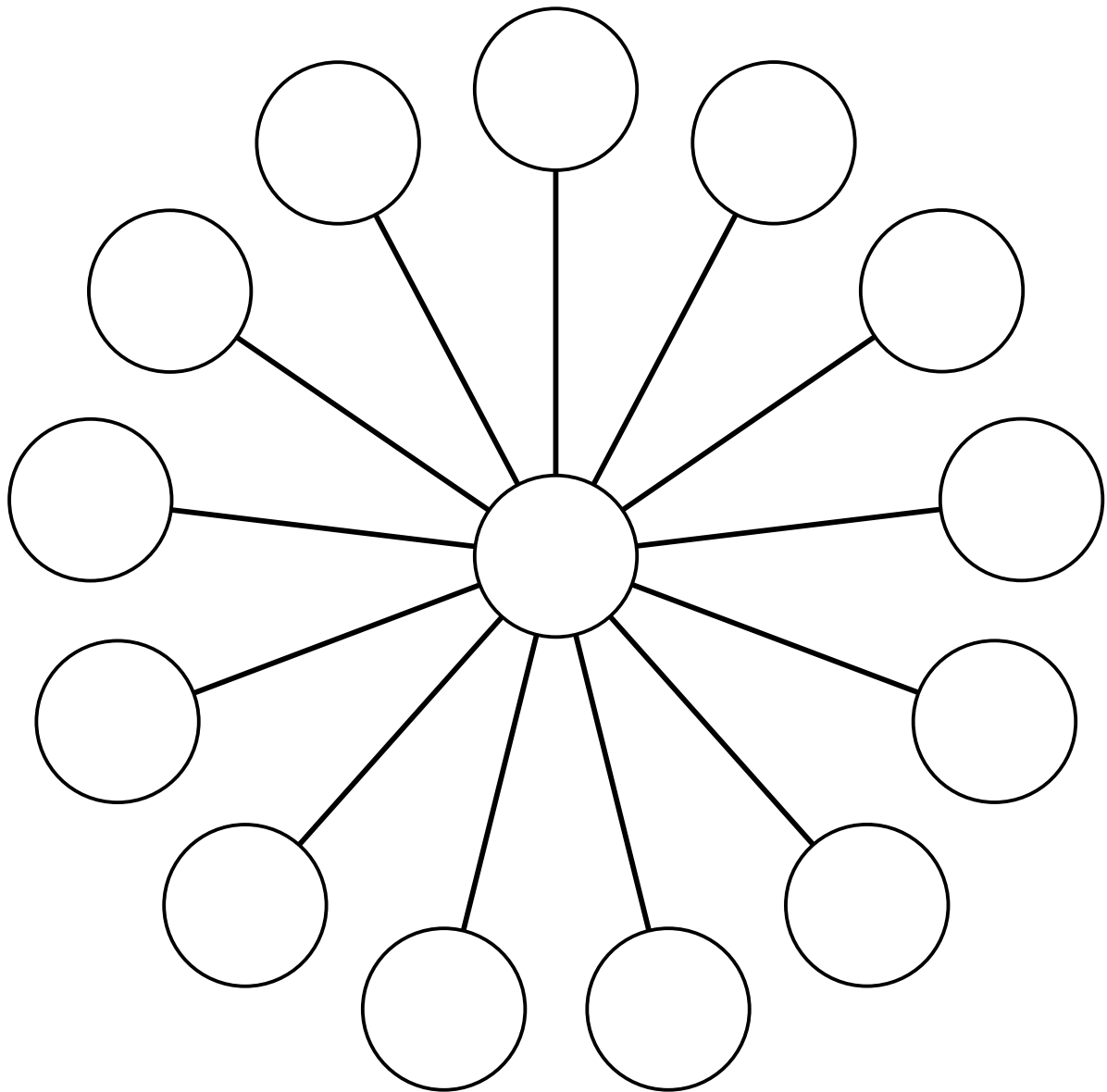
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My Influence Flower



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My Influence Flower



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Being Aware of Your Biases

You have the right to your own beliefs, just as others have the right to hold beliefs that are different than yours. Your beliefs are an important part of who you are. However, sometimes we have beliefs that are **biased** towards others. This means that we have beliefs that may result in us treating other people in a way that is unfair or prejudice. Having biased beliefs is something that may lead you down the slippery slope of inadvertently oppressing someone who belongs to a certain group of people. In order to work in an anti-oppressive way, we must become aware of all our biases and the negative societal beliefs that we adhere to and actively work to no longer have these biased beliefs³.

One type of bias is a stereotype. A **stereotype** is a rigid preconceived belief that is held about all people who are members of a specific group of people. Stereotypes do not leave any room to consider individual differences. When you believe a stereotype about someone, you assume that person will behave in a certain way without ever thinking or believing that the person may say or do something different than what you believe will happen. It is almost like your mind twists and changes the information that the person is sending you to make it *fit* the stereotype⁴.

For instance, let's say that someone holds the stereotype that women who are abused are all weak and unable to make 'good' decisions for themselves and their children. Now let's say this person is working at the shelter with a client named Susan. You might hear this staff person say something like *"Poor Susan. She can never seem to make the right choices."* When Susan starts the process of getting her own apartment, a job, and applying for sole custody of the children she is not acting in a way that is consistent with what this staff person believes about women who are abused. However, her stereotype is so strong and rigid that instead of changing her beliefs and being able to see the strength being used by Susan to make all these changes, she 'twists' what is happening to make what Susan is doing *fit* her stereotype. She might say something like: *"everything was given to her, but she will not be able to stay away from him for long."* Regardless of what Susan does, a person who holds this sort of stereotype will interpret her actions as more evidence that she is weak and unable to make 'good' decisions.

³ Parkes, T., et al. (2007). Freedom From Violence: Tools for working with trauma, mental health, and substance use. B.C. Association of Specialized Victim Assistance and Counselling Programs. Vancouver:BC. Found at <http://www.endingviolence.org/node/459>

⁴ Sue, D.W., & Sue, D. (2003). Counseling the Culturally Diverse: Theory and Practice (4th Ed.). John Wiley & Sons, New York:NY.

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There are 2 important things to note that are often overlooked when discussing stereotypes:

1. Stereotypes are *not* the same as generalizations. Humans are ‘trained’ to make generalizations between and among groups of people in order to help them make sense of the world. Making generalizations about certain groups of people can help you have a ‘starting point’ as you approach your work with your clients. It is true that groups of people do tend to have certain things in common - victims of family violence all tend to be traumatized in some way; women communicate in different ways than men; and some cultural groups use facial expressions and body language in different ways than others. The difference is that generalizations are flexible and easily change as you get to know your client and learn how they view and interact with the world around them.
2. You can have stereotypes that negatively impact your work with people who are from the same cultural group or even from the same small community as you. Stereotypes are often based in our experiences and the influences on us. There may be times that we believe the people we grow up with or the people who share the same culture as us are the same as us. However, this is not true. The same experiences can impact different people in different ways.

Stop & Think

Take a moment to think about some stereotypes that you know about the cultural group that you belong to. What are they?

What about stereotypes about other cultural groups? Write down as many stereotypes as you can for people who are Asian; Aboriginal; Inuit; White; and from ‘the south’.

Now write down as many stereotypes as you can for: women; men; victims of violence; people who have disabilities; homosexuals; people who are homeless, and people who have addictions.

Which of these stereotypes are part of your belief system? How can you work on preventing your beliefs from negatively impacting your work with clients?

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Being Comfortable with Diversity

The population of the Northwest Territories is becoming much more diverse. As well as a number of Aboriginal cultures and southern Canadians, the population of the NWT now includes individuals and families from all over the world. This trend is expected to continue. You may never be specially trained in working with women from all of the cultures and societies that may access your shelter, but you can still be effective in meeting their needs if you are truly comfortable with working with people who are different than you.

In today's society, the focus on respecting cultural differences and treating people fairly has resulted in a fairly new type of anxiety among professional helpers. This anxiety can be referred to as a race/culture/gender anxiety which is founded in the fear of 'getting it wrong'⁵. This fear of offending someone or of not knowing all there is to know about a certain culture or group has resulted in the use of **blanket approaches** by many organizations and professionals. A blanket approach treats everyone who is accessing the service the same. While this approach has good intentions, what it really does is ignore important differences between the different people and their cultures and experiences. Ignoring these differences is really evading or tiptoeing around issues related to power and it promotes the idea that we are all the same in terms of our worldviews and how we interpret the meaning of things.

Treating everyone as though they are the same (as you, as other clients, and/or as other women) may also mean that they will try to act in a way that is consistent with what they think you expect of them rather than being able to discuss their actual concerns with you. It is a fairly universal notion that if we treat a person a certain way, they will behave and react in a certain way. For instance, have you ever been in a situation where someone was discussing something and they assumed that you knew exactly what they were talking about? Let's say they looked at you at one point and even said "you know what I am talking about, right?" What do you think you would do if you were (or if you have been) asked this sort of question?

If you are like most of us, you would probably just say something like "Yes, of course I do" even if you had absolutely no idea. On the other hand, if the person had said something like "do you have any questions about that?" you would be more likely to ask questions that would help you figure out what the person was talking about. This is a similar reaction that people may have to being treated exactly the same as everyone else. Alternatively, if we provide a safe and open environment where clients are able to express their differences,

⁵ Chantler, K., & Smailes, S. (2004). Working with Differences: Issues for research and counselling practice. *Counselling and Psychotherapy Research*, 4(2), 34-39.

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the discriminations they have experienced, and the barriers they continue to face, they will feel more understood and accepted for who they really are.

Treating people as though they are the same as us (and everyone else in the shelter) usually means that we are really not comfortable with the differences between us and others. By saying this, it *does not* mean we are advocating for an approach that discriminates against certain people or treats some clients unfairly. However, what it does mean is that we need to address differences between us and our clients in a way that acknowledges their experiences with oppression and discrimination. By paying attention to the racial, social, economic, cultural, and political experiences of our clients, we are truly acknowledging their differences and the struggles that they have had due to living in an oppressive society.

This means that it is important to not ignore a person's culture or race when we are working with someone who is different than us. Instead, we can directly bring out this difference for discussion by asking things like:

- It is obvious we are from different cultures. What thoughts do you have about working with me?
- How do you define yourself in terms of culture?
- What do you want me to know about your culture?
- Do you have any questions about my culture?
- What barriers have you experienced as a result of your culture?
- Do you think there is anything we can do to help you overcome these barriers?

Likewise, when we are working with people who are homeless, and/or have addictions, it is important to ask things like:

- What is it like for you to be _____?
- What barriers do you experience as a result of being _____?
- What is it like for you to be in a shelter where there are many different people working and living here?
- What thoughts do you have about working with me?
- What do you want me to know about what it is like to live in your shoes?

Sometimes listening to the answers to these sorts of questions can be hard. By asking these questions you may have clients tell you that they do not trust you because you are different than they are. Or they may tell you that they are not comfortable in the shelter because of certain practices or people who are also staying there. Or they may even tell you that they do not think you will ever be able to really help them because you have never experienced the

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same things they have. However, it is important to realize that if they do not tell you these things, you are not really helping them anyway. You must overcome your own insecurities about openly addressing these differences between you and your clients and learn to not take their answers personally. Issues around trust, fear of differences, and experiences of barriers are the result of living in an oppressive society - not the result of anything you have done.

Stop & Think

What are your fears when it comes to working with someone who is different than you are? Have you ever asked these sorts of questions when talking with clients in the past? Why or why not? How does it make you feel to think about discussing these topics with clients? What does this say about how comfortable you are with the way you are different than your clients? What can you do to grow and improve in this area?

Oppression, Women, and Family Violence

Now that we have discussed some general concepts about oppression and anti-oppressive ways of working with clients, we will apply these concepts to working specifically with women who are victims of family violence. The first thing to note about working with this group is that women naturally face oppression in our society just for the fact that they are women. This concept was briefly addressed in Module 2.1 during the discussion of historical views of women, but will be more fully addressed here.

Let's go back to the concept of the way oppression happens at the hands of someone (or some group) who is more powerful than another. The more powerful groups in society dictate the formation of rules, services, and institutions that protect their own interests at the expense of others. This even applies to determining the types of things that have been studied or addressed by research, how these things were studied, and even what conclusions were drawn from the research⁶. Early social and psychological research focused on documenting and 'proving' that women were less adequate than men because they had 'less mental strength and ability to remember things'. Male scientists even went so far as to do research that demonstrated that 'women lost all mental strength when menstruating'. All of this research

⁶ Reich, S.M., Pinkard, T., & Davidson, H. (2008). Including History in the Study of Psychological and Political Power. *Journal of Community Psychology*, 36(2), 173-186.

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was done in efforts to keep women in their rightful place in society as caregivers, child-bearers, and good wives. This research also served to explain why it was necessary that they stay in this role.

In response to these obviously oppressive practices, a few very brave women found ways to resist this oppression. They sought out and found opportunities to ‘sneak’ their way into the world of science and research by doing things like taking classes they would never get credit for so they could learn and understand what was being said about their gender. They scrutinized the studies that ‘proved’ their inferiority and did their own studies in a more gender neutral environment so they could show the faults with the previous studies. They slowly and persistently sought out opportunities that would allow them into the scientific world and began to change the power differential between themselves and their male counterparts, by changing the stereotypes held by people - one person at a time.

While this is a great example of resistance to being oppressed, and although these types of obvious oppressive practices are no longer happening, they are still having an impact on women’s equality and ability to progress in our society today. Some people do still believe that women are not as intelligent as men (especially in areas like science and management of businesses). Women are still living in relative poverty compared to their male counterparts because on average, they earn less money and get poorer as they age and take care of others⁷. Women also have less access to resources such as money, information, power, and influence than men⁸. Women still have to work harder than men to move forward in certain fields. Women also have to face the fear of becoming a victim of violence on a regular basis because so many women are violated by the men in their lives - even men who are virtual strangers.

Stop & Think

Have you ever felt unsafe in your own home when you were there alone? How about when you were walking down the street after dark? If so, why do you think you felt this way? Do you think men feel the same way when they are alone? Why or why not? Test out your theory by asking some men (who you trust) if they have ever felt scared for no apparent reason.

Women who are victims of violence can be considered to experience multiple types of oppression by virtue of the fact that they now belong to 2 groups of people that experience

⁷ Cory, J. (2007). Women Centred Care: A curriculum for health care providers. Vancouver Coastal Health Authority. Found at <http://www.bcwomens.ca/Services/HealthServices/WomanAbuseResponse/Resources.htm>

⁸ Health Canada (2000). Gender-Based Analysis Policy. Ottawa: Minister of Public Works and Government Services

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oppression. They are both women and victims. It is also likely that women who are victims of violence experience numerous other types of oppression if they are - young, old, have a disability, are an immigrant, have an addiction, have a mental health issue, are homeless, and/or are Aboriginal, Inuit or Metis. The more ‘minority’ or *stigmatized groups*⁹ that a woman belongs to, the more oppression she experiences from people, policies, and programs. This increased level of oppression leads directly to an increased number of barriers for her to overcome.

To visualize this concept, think of oppression as a weight that is literally holding a person down and keeping them from moving forward. This could be seen as a 5 pound rock. Now imagine a woman (a 5 pound rock) who has been sexually abused as a child (another, 5 pound rock) and is now being abused by her partner (yet another 5 pound rock). Already, this woman has 15 pounds to carry around with her wherever she goes. Now, imagine that this woman is also Aboriginal (also a 5 pound rock), is taking medication for depression (another 5 pound rock), and has just returned from an alcohol treatment program (5 final pounds). Now this woman has 30 pounds that she must carry with her whenever she goes. She experiences the weight of this oppression on a daily basis, like when she completes daily tasks such as picking up groceries. The weight becomes magnified and presses down even harder when she tries to do something to move forward (such as trying to get her own place to live) and experiences some sort of barrier.

Stop & Think

Does this woman sound like some of the clients you have tried to help? Put yourself in this woman’s shoes and think about how difficult it would be to even do simple things like go get groceries if she is lugging around an extra 30 pounds with her. Do you think you would get tired quickly? What about finding her way to a shelter for help? Do you think this would be difficult for her? Do you think you would give up? What could you do to get rid of some of this weight? Or do you think this weight is out of her control?

How does this concept relate to your work with clients? How can you help clients learn to cope with their oppression? How can you help them overcome barriers? What is your role in limiting the oppression they experience in the shelter setting?

⁹ This is a group that is judged harshly and discriminated against in society because people in this group are viewed as not being ‘normal’ compared to members in the majority of society.

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The stereotypes that exist about women, victims of violence, and other groups of people make the impact of oppression even worse and harder to recover from. For instance, there is a stereotype that certain groups of women (such as Aboriginal women) experience higher rates of violence than other women. While this stereotype can be seen to come directly from some research that does point out higher rates of violence among some groups, the fact that it has become a stereotype is quite damaging because stereotypes are ‘rigid beliefs’ that are difficult to change (see page 9 of this module for more information). This type of stereotype results in people thinking there is something ‘wrong’ with women from this group, that all ‘those women’ experience violence, and that there is no hope for them to lead healthy violence-free lives. Stereotypes like this also result in it being more likely that people from these oppressed groups will be identified as having ‘a problem’ and being in need of service - whether they want it or not.

Activity: Who Needs Help?

Read each of the following scenarios and answer the following questions:

- Who do you think is most likely to come to the attention of service providers such as the RCMP, Social Services, shelters, etc.?
 - Who do you think is most likely to be viewed as having a ‘problem’? Why?
 - Is this the same person that you think is most in need of service? If not, why do you think this difference exists?
 - What types of oppression do you think are experienced by each woman?
 - What services are available to this person? What are the barriers to these services?
 - Did you consider the concepts of privilege and power as you were thinking about your answers? What impact does privilege and power have on being able to ‘hide’ problems?
- 1) Jennifer is a middle class white woman with a good job and 2 children under the age of 5. She just recently left her partner who still calls to threaten her and shows up at her workplace. Jennifer doesn’t really have any close friends, but feels that she is coping really well. She does drink wine every night to help her sleep, because if she doesn’t, she wakes up from nightmares about being sexually abused as a child. If she wakes up from a nightmare despite the wine she has consumed, she has a bottle of sleeping pills next to the bed to help her get back to sleep.

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- 2) Ann is an Aboriginal woman who shares an apartment with her husband. She has 3 children, one of whom is from a previous relationship. Ann often brings her children to her sister on the weekends so she can party with her friends and her husband. Sometimes, after the party is over, her husband forces her to have sex and ties her to the bed for long periods of time while he goes out with his friends. Recently, Ann has been seen on the street screaming at people and throwing rocks at them in the early hours of the morning.
- 3) Jackie is a white woman who is currently homeless, but is 'couch-surfing' with her friends. She feels that she has been lucky so far because there was only one night that one of her male 'friends' forced her to have sex. Jackie does have a job cleaning a local hotel, but it doesn't pay enough for her to pay rent and buy the drugs that she is addicted to. All her children are grown up and living their own lives and she doesn't see them very often anymore.
- 4) Emma is an Inuit woman who came to town with her husband, who was looking for work. They stayed in a hotel for a while, but then their money ran out. Her partner found a ride to another town to look for work, but there was not enough room in the vehicle for Emma. Emma needs to use a cane to walk and her hearing seems to be getting worse these days. She usually sits and stares into space because she can't really hear what is happening around her. She has been able to find places to sleep because the weather has been warm, but is not sure what she will do when it gets colder.

Woman Centred Anti-Oppressive Practice

Now that you are better able to recognize the many types of oppression faced by women, and have had a glimpse into the impact on their lives you are probably wondering how you can work in a way that ensures you are not inadvertently adding to the oppression they experience. In addition to becoming aware of your influences and biases, and working to become truly comfortable with differences, it is important to learn how to work in a **woman-centred** way, instead of in a **client-centred** way.

A client-centred approach focuses on the individual and assumes that the individual has the ability to take responsibility for their actions while making free choices and decisions about these actions. However, when viewing the experience of women, and more specifically, of

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women who have been abused, it becomes apparent that their ability to make free choices is limited by the oppression they experience. In some cases, this freedom may be completely stripped from women as they start to function in a way that allows them to survive but do little else because the forces working against them are so great.

A woman-centred approach begins from the premise that all women have developed a number of strategies to survive in a society that often works against her instead of with her to meet her needs¹⁰. In this society, she belongs to a social group that has access to fewer economic, social, and political resources. When you use a woman-centered approach, it means that you actively take her social circumstances and experiences into consideration by recognizing the impact that they have on her ability to make decisions. Essentially, by using this approach you recognize that she may not be able to make all the decisions she would like to or make the changes she would like to make in her life because of the barriers that can keep her from moving forward. At the same time you are recognizing her resistance to being oppressed, just as she resists the violence she experiences at the hands of her partner.

In *addition to* the anti-oppressive elements discussed throughout this module, the key principles of a woman-centred approach are:

1. Partnership and collaboration
2. Respect
3. Empowerment
4. Complete support of all decisions - while also openly discussing potential consequences for decisions
5. Striving to understand her needs from her perspective
6. Truly believing that she is 'the expert' about her own circumstances and possible solutions.
7. Recognizing the impact of her social environment on her current and past behaviour - while also helping her recognize this impact.
8. Recognition and discussion of the oppression she experiences and her experience of 'simply' being a women
9. Recognizing and helping her discover her strength, resources, and resistance to all forms of oppression, including violence.

¹⁰ Cory, J. (2007). Women Centred Care: A curriculum for health care providers. Vancouver Coastal Health Authority. Found at:
<http://www.bcwomens.ca/Services/HealthServices/WomanAbuseResponse/Resources.htm>

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-
10. Paying attention to the practical things needed by women (such as childcare and transportation) to ease their access to services

Stop & Think

What does using a woman-centred approach mean to you? How does this change how you currently work with women? Go back to Module 1.1 and review the discussion about how to help women uncover their resistance to violence. Now apply this concept to helping them uncover their resistance to other forms of oppression. What are some things you could say to open up this discussion?

More Practice

There is a lot of great work happening and resources being developed in B.C. right now that focuses on working specifically with women who face multiple types of oppression. Go to either <http://www.bcwomens.ca> and/or <http://www.endingviolence.org> to find what resources are available to you. Take some time to explore these websites and follow some of the links. You may also want to sign up for some of the email lists so you can be informed of new advances in this area.

More Practice

There are many specific groups of women who experience multiple levels of oppression and have specific needs that may not be met by a traditional shelter setting. Older women and women who have disabilities were the two such populations chosen for inclusion in this training curriculum. You are strongly encouraged to do your own research and to continue accessing training that will provide you with the knowledge and skills to meet the needs of these other subgroups of women who experience violence.

Read the Helfrich and Simpson (2006) to get you started. This article addresses improving or changing services to better meet the needs of lesbians who are abused by their intimate partners.

Helfrich, C.A & Simpson E.K. (2006). Improving services for lesbian clients: What do domestic violence agencies need to do? Health Care for Women International, 27, 344-361.

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Module Resources

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Related Modules

- Module 1.1 - The Definition of Family Violence
- Module 1.2 - Who is to Blame?
- Module 2.1 - History of the Shelter Movement
- Module 3.1 - Roles and Responsibilities
- Module 3.2 - Ethical Practice
- Module 3.3 - Personal Beliefs
- Module 8.2 - The Older Person and Family Violence
- Module 8.3 - Persons with Disabilities and Family Violence

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Module 3.1: Roles and Responsibilities

Module Overview

The purpose of this module is to provide you with an understanding of your basic roles and responsibilities while working in a shelter setting. In order to gain this understanding it will first be important for you to spend some time thinking about what it means to try to help someone who may be in crisis, as well as what your motives are for wanting to work in a shelter environment. Once you have done this, you will be in a better position to appreciate and embrace the multitude of responsibilities that accompanies your work.

Important Considerations

There is no doubt that you have chosen to work in a shelter so you can help others. You probably have a specific interest in helping women and children live free, happy, and healthy lives. There are most of the reasons that people want to help others are connected to their own personal experience. This does not mean that everyone working in a shelter has experienced abuse, but it does mean that everyone probably has strong attitudes, views, and beliefs about abuse which makes them very passionate about this type of work. It would be rare that a shelter staff person would start their job without any idea of what abuse is.

The work that you will do in the shelter is very demanding work ... emotionally, physically, psychologically, and even socially. Given the demands that will be placed on you, it is important to take some time to think about why you want to do this work. What is it that you expect the payoff to be? What do you want to gain from your work? If you are not sure, or if you have unrealistic expectations, this may not be the right job for you at this time. If you have experienced your own abuse or you are currently in crisis yourself, this may also not be the right job for you. Hopefully, some of the information and exercises in the first section of this module will help you figure this out.

Time Out

Take a few moments to think about what it is that has brought you to the shelter to work. Remember to use your notebook to take some notes.

- What does it mean to you when you say you want to help people?
- What exactly is it that you want to do?
- Why do you want to help others?
- What skills, traits, and abilities do you have that will make you a good helper?

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- Have you ever been in a situation where you required help from someone? What was that experience like? Did you find the other person helpful? Why or why not?

The Helping Role

Shelter Workers play a very important role for women and children who are experiencing family violence. Women will let you into a part of their lives that they may not allow even their closest friends and family to know about. It is an important relationship, one that the shelter worker must take seriously and treat with the utmost respect. Your role is to provide safety, support and guidance, which are based on the individual woman's needs and the situation. While the specific things you do may change for each woman who enters the shelter because all women and their situations are unique, you will always maintain the professional role of being a shelter worker or a helping professional.

Learning to help other people in a ***professional helping role*** can be very difficult. The relationship you will build with your clients is probably unlike any other relationship you have had. In your past relationships you may have helped others in your role as a parent, or a friend, or a sibling. You may also have been helped by someone else. In all of these instances, you have also received something substantial from those relationships. For instance, your personal relationships (with your children, friends, family) can be thought of a '2 way street' relationships. You can give and take things from those relationships. They share something with you ... and you reciprocate by sharing something with them. Advice, love, and problems are shared back and forth in those relationships.

In a relationship where there is someone in a formal helping role (such as a shelter staff), the relationships that are formed with clients are '1 way street' relationships. If you have ever received help from someone in a professional role (a counsellor, shelter staff, nurse, etc.), you have probably found the most helpful people focus all their attention on you and your situation. They do not expect you to help them, when they are done helping you. They share very little about their own issues and personal life, because that is not useful in helping you solve your own problems. You may have also found that the best help you have received is from people who help you figure out how to move forward on your own, rather than solving the problem for you. Whenever a professional helper helps a client, the goal must be to help the client become self sufficient so they can move forward on their own, and learn how to solve their own problems. Otherwise, the client can become dependent on the helper or can start to blame the helper when things go wrong or get worse.

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Now that you are working in a shelter, you must start trying to build these professional relationships with your clients. This may be difficult for you if you have only had personal relationships with people in the past. It may be even more difficult if you have not had any formal training and/or live in a small town where you might also have personal relationships with most people who come into the shelter for help. Hopefully the material and exercises throughout Modules 3, 5, 6, and 7 will help you learn the skills you need to develop these professional relationships.

Stop & Think

Lots of research has been done to try to determine what qualities make a person be good at helping others in a professional way. Take a moment to reflect on these qualities to see where you have room for improvement:

Positive View of People: You believe that most people are good and are trying to do the best they can. You enjoy working with others and believe that people can change their behaviour/situation if they want to.

- How well does this describe you?
- How can you improve and grow in this area?

Stable and Mentally Healthy: You have good self esteem and have good mental health. You like yourself and trust the decisions you make. If you have been a victim of violence in the past you have already sought out help and are well on the way to a healthy lifestyle.

- How well does this describe you?
- How can you improve and grow in this area?

Good self care skills: You do not become personally involved with those you are helping. You know your limits and are able to set appropriate boundaries with clients. You practice good self care and are able to protect yourself from burnout.

- How well does this describe you?
- How can you improve and grow in this area?

Creative: You are creative in some aspect of your life. You have an open mind when it comes to your attitudes and beliefs. You are not bothered by working with people, cultures, religions, and family customs that are different than yours.

- How well does this describe you?
- How can you improve and grow in this area?

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Courageous: You have enough courage to examine your own personal problems and are able to ask for help when you need it. You are willing to admit that you need to change and grow as a person and as a professional. You are able to deal with the traumas experienced by the women and children who come to you for help rather than letting these traumas disrupt your own ability to function

- How well does this describe you?
- How can you improve and grow in this area?

In order to build a healthy relationship with your client, it is essential that you believe in her ability make decisions and to do what she believes is best for her situation. If you do not believe this you are likely to fall into the trap of doing things for her instead of helping her do things for herself. This can be a very difficult trap to find your way out of and can be very frustrating for both you and the client. She may end up feeling like she is not able to do the things you are kindly doing for her, and you may end up helping her in a way that is not in line with the type of help she really desires. Even though you may have desires and goals for a client, it is crucial that you do not allow your goals to interfere with her goals, which actually may be quite different than yours. What might help you avoid this is to continually ask your client:

“What do you need from me?”

And do your best to meet this need in a way that is both supportive and encouraging her to make the best decisions she can for herself. This will allow her to choose the level of support that she needs (which may actually be little more than a safe place to stay). If you regularly ask her this question, she will probably feel like she can approach you and ask for additional help and support whenever she needs it because it is quite likely that her needs will change during her stay at the shelter.

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Activity - What do you expect?

There are many times that people who work in the field of trying to help others have unrealistic expectations for both themselves and the person they are trying to help. Read the following unrealistic expectations and come up with something more reasonable

1) I must help clients solve all their problems

2) It must be my fault if she is not coming to meet with me or is not making progress on her goals

3) If I mean well and I have personally experienced family violence, then I am able to help women who come to the shelter

4) If I am good at my job, she will leave her relationship and will never need to be in a shelter again

5) I should be able to work with and help every woman who comes to the shelter

6) Sometimes I feel like I have no idea what I am doing. This must mean I should not be working in this job.

See page 17 of this module for suggested answers

Duties and Responsibilities

Shelter Workers play an important role in helping women. There will be many things that you must support women in doing - such as find housing, make travel arrangements, arrange childcare, get legal protection, attend court appearances, and parent. You will also be

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responsible for referring her to resources in the community who can provide the services that she is interested in. The most common duties of a Shelter Worker include:

- ✓ Support and general assistance
- ✓ crisis intervention
- ✓ admission of clients
- ✓ risk assessment and safety planning
- ✓ record keeping
- ✓ assisting with communal living
- ✓ working with legislation
- ✓ providing community outreach services.
- ✓ making referrals
- ✓ advocacy
- ✓ general cleaning and maintenance of the shelter
- ✓ ensuring the shelter is secure
- ✓ Purchasing supplies

Support and general assistance - First and foremost, your job as a Shelter Worker is to provide helping support to women experiencing family violence. This does not mean you do the same work as a counsellor or a social worker, but rather you provide support by listening, assuring safety and providing information on family violence, available resources, etc. This support and assistance may also include some child care and parenting support. While providing help and support, you must also enforce the rules of the shelter and hold yourself, co-workers and residents accountable. You should learn more about how to appropriately help and support women in all the following modules.

Crisis Intervention - When many of the women come into the shelter they will be in a crisis. Many women will continue to experience a multitude of crises during their stay at the shelter and beyond. Part of your role is to assist in diffusing these crises and/or helping women engage in positive coping strategies so they can move through the crisis. Crisis intervention will be covered in more detail in Module 6.2 so you can build your skills in this area.

Admission of client - During your time at the shelter you will likely admit many women, each of whom will stay for varying lengths of time. The admission process involves intake of a woman and her children into the shelter, gathering more detailed information about her situation and explaining the rules and expectations of the shelter. This process allows you to get a sense of her situation and needs, as well as begin the process of building trust and

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rapport. This will be covered in more detail in Module 7 so you can build your skills in this area.

Risk Assessment and Safety Planning - While you can never assure anyone of their safety, an important part of your role is to help women determine their level of risk and to better protect themselves in their relationships. These tasks are not something to be done only one time, but are an ongoing part of your discussions with her so that she will know how to determine her own risk and improve her safety as her relationship evolves and changes. Module 7 will also help you build your skills in this area.

Record Keeping - Shelter Workers must practice regular and accurate record keeping. Consistent records are necessary to keep track of clients, finances, staff and incidents in the shelter. Consistent and appropriate records may also be required in court if your clients have to move through legal processes. Keeping accurate records can help improve shelter practices by showing staff what works and what does not. In NWT shelters, you may also be responsible for compiling monthly statistics and writing or assisting on annual reports. Record keeping and case notes are addressed in Module 5.3.

Assisting with Communal Living - The nature of the living in a shelter often means that women and families must share their space with people they do not know. This can be difficult for everyone, including staff. It is difficult to adapt to this style of living when you are used to your own home and ways of doing things. Rules can cause friction between women or between women and staff. It is your responsibility as an employee of the shelter to ensure that communal living is as harmonious as possible. This requires that Shelter Workers enforce rules and policies, recognize conflict and deal with that conflict effectively. These duties may also include cleaning, maintenance and creating schedules for chores. Module 7 will help you build your skills in this area.

Working with Legislation - Due to the criminal nature of family violence, there are key legislative and legal documents governing aspects of your work, such as the Child and Family Services Act. You will also be responsible for assisting your clients in accessing legal protection from their violent partner. It is important to be familiar with these pieces of legislation, and when to use them in order to accurately help the women you work with. There are things that your client may tell you that you are required by law to report to Child Protection. Modules 4.1-4.2 will cover these areas more fully.

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Community Outreach Services - Part of your role is to educate the public about family violence and its impact. You may be involved in the training of other Non Government

Organization staff, or be a participant in the creation and implementation of activities that will increase public awareness during events such as Family Violence Awareness Week. You may also be involved in increasing awareness about violence in schools or for youth groups. Another part of community outreach services may include hosting support groups, activity groups, or information sessions for former clients. Although there may never seem to be enough time to fit in these activities, they are a very important piece of the services provided by the shelter. Modules 9.1-9.3 will help you build your skills in this area.

Activity: Duties and Responsibilities

Take a moment to write down some duties and responsibilities that are missing from this list. Find at least one co-worker to share the completed list with and then ask her (them) to complete the following exercise with you.

Use the following pages to pick the 4 things about your job that you find most enjoyable and the four duties you find the least enjoyable. Make sure you take some time to think about, and make note of the reasons why you like or dislike a task.

Once you have done this, talk to your co-workers about the similarities and differences between you. Are either of you surprised about what the other has said? Are there any tasks that you both (all) enjoy or all dislike? How can you work together to ensure all the tasks get completed, in a way that is fair for everyone?

Please note: It is probably not a good idea to have each person only do the tasks they enjoy because it is often the case that if one person is solely responsible for something they can grow to dislike that task. Or, when that person is not around for a while (due to vacation, illness or moving on to a different job) others are reluctant to start doing this task again and/or nobody knows how to do it.

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My Likes and Dislikes

As discussed, there are many different duties you must do as a Shelter Worker. Some of these duties you may enjoy very much, while others you will find boring or tiresome or just plain difficult. Take some time to think about which four tasks or duties you enjoy doing the most and which four you enjoy doing the least. List them below, making sure to take the time to think about why you feel that way about each duty.

Enjoy the Most

1. _____

Why: _____

2. _____

Why: _____

3. _____

Why: _____

4. _____

Why: _____

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Enjoy the Least

1. _____

Why: _____

2. _____

Why: _____

3. _____

Why: _____

4. _____

Why: _____

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Time Management

Time management is the ability to complete all required tasks in a limited time frame. This is a skill that takes practice, and it will come easier at the shelter as you learn how much time is needed to complete each task and which tasks should be completed first.

Here are some tips for managing your time well:

- Plan and organize work in advance
- Avoid repeating tasks
- Prioritize
- Set time limits for each task
- Communicate with other staff members
- Keep non-work related calls brief
- Take breaks at suitable times
- Don't waste time
- Know what to do when you aren't busy

Plan and Organize Work in Advance

You should try to plan what you will do in your shift after looking at the daily schedule. One of the first things you should probably do is to check all the client file updates and written staff communications to see if there are any unexpected tasks or follow ups with clients that need to take place during your shift. If there are any routine tasks scheduled for that day, such as ordering groceries, you should also schedule a time to do them early in your shift. That way if you are interrupted by an unexpected incident, such as a new client arriving or a crisis call, you will have time to complete the routine task later. Also schedule a time for completing the paperwork related to the events that occurred during your shift.

Avoid Repeating Tasks

Check the schedule and talk with your co-workers to find out what tasks have already been completed. Make sure that when you are working on a task, you give it as much attention as possible. That way you will make fewer mistakes that you will need to go back and fix later. If a co-worker has already completed a task, and you don't agree that the task is done properly, avoid re-doing it. This will probably just lead to unnecessary conflict. Take a moment to think about whether or not you just have a difference of opinion on how the task should be completed, as there are many ways to get one thing done. If it is more than a difference of opinion, bring the issue to your supervisor so you can get some help on how to deal with the situation.

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Prioritize

While planning your day, you will need to figure out which tasks are the most important and which are the least important. This is called *prioritizing*. Tasks that you think are high priority need to be done before tasks you think are low priority. Prioritizing tasks can be very difficult, because there are often many tasks that are quite important and need to be completed. You might find that there are times when you are working on more than one thing at a time (also known as multi-tasking). This is fine if you are able to focus on more than one thing at a time, but if you are not able to do this, don't feel like you should. Instead, complete each individual task as quickly as you can and then move on to the next. Otherwise you might find that you are wasting a lot of time and energy trying to 'juggle' between tasks. Remember that it is always ok to ask for help if you simply can't get everything done.

Set Time Limits for Each Task

Sometimes it can seem like you will never get a certain task done because it is too difficult or it is taking too long. A tip to deal with this sort of task is to set aside a specific amount of time to work on the task each day (or each hour). That way you do not become overwhelmed by the task and it will eventually be complete. When you are planning what you would like to complete during each shift it is also a good idea to figure out how long each task should take. If some tasks take longer than you originally thought, you will need to give yourself more time to do it in the future.

Communicate With Other Staff Members

Communicating with other staff members about your plans for the day and which tasks you are going to tackle will help the entire shelter to run smoothly. If everyone is made responsible for a reasonable amount of tasks, there will be less work for everyone and tasks can be completed easily. During the shifts when things are really busy, it is more important than ever that you communicate with your co-workers so that everyone can help out and all the important tasks get completed in a timely manner. Sometimes during a busy shift it is useful to hold a very quick staff meeting of everyone on shift so that everyone can plan how to complete the tasks together.

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Keep Non-Work Related Phone Calls Brief

We all get personal phone calls at work. However, when you are working in an environment where clients may need your attention at any given moment, it is important to keep personal phone calls short. You should also ask people to only call you at work if there is an emergency or something that really can't wait. Although your friends and family are important, your role when you are at the shelter is to place the needs of your clients as a priority.

Take Breaks At Suitable Times

Working in a shelter means working in a demanding and sometimes stressful environment. That means it is important that you have appropriate ways of taking care of yourself when you are feeling stressed. Unfortunately, there may be times that it is not always possible to take a break due to time and staffing constraints. Therefore, try to take breaks when there is another staff member on shift and there is nothing urgent that you need to do. When working alone, only take breaks when work is relatively slow and there are no high priority tasks to do. If you find yourself to be really stressed out at work if you don't get your regular breaks, talk to your supervisor to plan ways to decrease your stress level. You could also try some self care strategies that you can do without leaving the shelter or taking a long break.

Don't Waste Time

Sometimes work is like exercise. We spend much more time thinking about what we have to do than we do actually trying to get the work done. Try to avoid this by reviewing the list of things you wish to complete and picking something to do immediately. If you get bored or frustrated with one task, and it is not high priority, try working on another one for a while to shift your focus. Or, if the task is a high priority and you just can't seem to focus on it, communicate with your co-worker(s) to see if they can help you.

Know What To Do When You Aren't Busy

Due to the nature of working in a shelter, a lot of the work is 'all or nothing'. That is, either it is very busy and there are multiple crises to deal with *or* it is very slow and seems to be nothing to do (such as when you have very few clients and/or clients are sleeping or are out). Because we are all human, our natural tendency in work environments like this is to take advantage of the 'down time' to sit around and 'recharge our batteries'. It is completely ok to do this for a little bit - you work hard and deserve a break. However, it is important that you do not find yourself spending more than an hour a day doing this or you may fall into the trap of being unmotivated to complete those tasks that you never get around to doing.

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It is important for all staff at the shelter to have a plan for what can be done when things are slow and there are no current crises to deal with. If you look back at the wide variety of things you are responsible for, there should always be 'something' to do.

Stop & Think

Are there any tasks that you have been talking about doing for a long time, but you can't ever seem to find the time? What are they? Have you heard other people also talk about things they would like to do? What are those tasks? How can you apply the above time management tips to help you make progress in completing these tasks?

Activity: Time Management

Ask a co-worker to complete the following activity with you.

You have 30 minutes left on your shift, but there are many things that need to be done. How would you prioritize the following? Number the items from 1 to 8, 1 being the thing you would attend to first, 8 the thing you would attend to last.

- ___ Child is crying and the mom is asking you for help
- ___ Groceries need to be ordered
- ___ New client is waiting to be admitted
- ___ Files and paperwork for today need to be done, you have not looked at them yet
- ___ The phone is ringing
- ___ 4 messages to return
- ___ Woman at the door
- ___ A room needs to be cleaned for the new client

When you are done, compare your answers:

1. Which activities are high priority? Why? Which activities are low priority? Why?

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2. Did you both rate the tasks in the same way? Why do you think these differences exist? Can these differences be linked to your like or dislike of certain tasks?
 3. Does understanding the differences in how your co-worker rates the importance of task help you in anyway?

Keep in mind that there are no clear cut right or wrong answers, but generally you should both recognize that the following are HIGH priority:

- Woman waiting at the door
- Phone is Ringing

These tasks are high priority because ignoring them poses a potential safety risk to your client. Others are more or less important, but these two must be viewed as urgent. Some of the tasks might also need to be completed within a certain time frame, whereas others can probably wait a while. For instance, ordering or picking up groceries can usually wait unless there is absolutely nothing in the shelter to eat. However, in order to provide a sensitive and helpful service, new clients should be admitted in a timely manner and be able to settle in her room. Another point that can be made is in terms of the paperwork and files that need to be completed - why is it that the staff member in this example has not even viewed the files yet? Unless the shift was incredibly hectic from start to finish, it is a poor practice to neglect the files completely until the end of the shift. At the very least, you should be aware of what information is in the file and you should review the most recent notes for each client as soon as possible on each shift so that you are aware of any issues that might arise or any tasks that need to be completed.

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Topic Resources

Brammer, L.M. & MacDonald, G. (2003). *The Helping Relationship: Process and Skills* (8th Ed.). Allyn & Bacon, Boston, MA.

Young, M.E. (2005). *Learning the Art of Helping: Building Blocks and Techniques* (3rd Ed.). Pearson Merrill Prentice Hall, Upper Saddle River, NJ.

Related Modules

- 3.2 Ethical Practice
- 3.3 Personal Beliefs
- 5.1 Relationship Building
- 5.2 Communication Skills
- 5.3 Files and Documentation
- 6.1 The Impact of Crisis and Trauma
- 6.2 Crisis Intervention
- 7.1 Eligibility and Admission
- 7.2 Risk Assessment and Safety Planning
- 7.3 Understanding Change
- 7.4 Service Plans and Beyond
- 7.5 Communal Living
- 9.1 Advocacy
- 9.2 Collaboration
- 9.3 Community Awareness and Education

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Activity: What do you Expect (potential answers)

1) I must help clients solve all their problems.

More realistic: If things go well I should be able to help a client stay safe and figure out what her needs and desires are during her stay at the shelter. I may also be able to help her develop some goals and move towards them.

You must come to the realization that as a shelter staff, you will only spend short periods of time with your clients. Your professional relationship with them will usually only last during the time they stay at the shelter. Hopefully, each time a client comes back she will be able to make more and more progress on her goals. However, this will be up to her, not you.

2) It must be my fault if she is not coming to meet with me or is not making progress on her goals.

More realistic: Although I can try to help her take steps toward meeting her goals, it is completely up to her whether or not she takes the opportunity to do so.

Many times all clients desire is a safe place to stay. It is important that you help her express exactly what it is that she needs from you so that you are not frustrated when she fails to do what *you* think *she* should be doing ... and she does not spend a lot of energy trying to avoid you.

3) If I mean well and I have personally experienced family violence, then I am able to help women who come to the shelter.

More realistic: While it is important to have good intentions and some practical experience, I also need to learn all the skills I can so I know I am actually helping people to the best of my ability.

It is a very poor attitude to believe that you are walking into a job that you already have all the tools to do well, regardless of your intentions and experience. Everyone can use training in order to help them do the best job they can. There are always new research and methods being developed that inform our work with clients. If we ignore these new developments we are not doing the best for our clients.

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- 4) If I am good at my job, she will leave her relationship and will never need to be in a shelter again.**

More realistic: If I am good at my job, she will come back for help whenever she needs it.

Remember, you cannot wave a magic wand for people and make everything better. Your best measure of success is that she will learn when to predict she is in danger and will seek out help when she needs it.

- 5) I should be able to work with and help every woman who comes to the shelter.**

More realistic: I will not be the best match for every client that comes into the shelter but I will help those that I can.

It is not realistic to think you will be a good match for every person that walks through the doors. Just as there are some people in the community that you just don't 'click' with, there will be clients that just don't feel comfortable coming to you for help. This could be for any number of reasons and you should try to not take it at all personally. What is important is that the client is able to meet with someone who she perceives to be in a better position to help her.

- 6) Sometimes I feel like I have no idea what I am doing. This must mean I should not be working in this job.**

More realistic: There will be many times that I will not be sure about what to do. When this happens I just need to talk to my supervisor or co-workers to ask for help so I will know what to do in a similar situation next time.

There is no way possible that you can be trained to anticipate each and every situation that will come up. You are a person, not a computer. It is important to be able to admit when you are not sure what to do so you can learn from that experience. If you are able to do this, it is likely you will find other people are also not sure about what to do all the time.

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Module 3.2: Ethical Practice

Module Overview

The purpose of this module is to provide you with an understanding of the importance of making ethical decisions and working in a way that will best meet the needs of your clients and communities. A key part of discussing good ethical practice is talking about confidentiality, informed consent and establishing appropriate boundaries with women and children accessing support and services.

Important Considerations

It can be very overwhelming to think about how to make sure your work with clients is ethical. You might even be very confused about what ethics are and what they mean. Hopefully this module will help you understand what ethical practice is and how you can make sure you make ethical decisions in your work. The important thing to remember is to not get bogged down in mistakes that you have made in the past. Instead use this module to think about things that you may have done in the past that might not be ethical, and how you are going to improve as a professional and prevent these things from happening again.

Time Out

Before you move on in this module take some time to think about the following:

- Has a client ever told you a secret, but you felt like it was a secret that you really should not have kept? What did you do?
- Did you ever have a friend or family member come to the shelter for help?
- Do people ever try to talk to you about their personal issues when you are out in public, minding your own business? What do you do when this happens?
- Has another professional ever called you to share information about a client and told you everything about the client? Have you ever talked to another professional and shared all the information you know about a client?
- Can you recall a time when you ever let a client break the rules at the shelter? Why did you do this? Would you do it again?
- Do you find it difficult to tell clients that you can't do something they want you to do?
- Have you ever accepted a gift from a client? Or, have you ever given a client a gift?
- Do you find that you like some clients more than others? How do you deal with this? Are you able to find a way to make sure that you treat everyone equally?

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Ethics

You may have noticed that ‘ethics’ is a word that people tend to throw around a lot, but find difficult to explain exactly what they are. Basically, **ethics** are guidelines that are used by professionals to help them act in a way that:

- Is in line with their knowledge, skills, and judgement of what will help clients
- Ensures they always respect the human dignity and freedom of their clients
- Does not take advantage of their power over clients
- Builds public confidence in their profession

Let’s take a scenario and apply each of the above concepts. Consider what you would do if a client comes to you and requests counselling. She seems quite agitated and communicates that she is considering returning to her partner. She thinks counselling will help her ‘figure things out’.

Now, you know that you have lots of life experience, and you know that you can be a good, supportive listener. However, you have never really been trained as a counsellor. If you are really acting in a way that is consistent with the first point above, the ethical thing to do is to tell you client that you are not qualified to be a counsellor. You can help her arrange to see a professional counsellor to work on ‘figuring things out’, but that it might take some time before she can get an appointment. In the meantime, you can help her set some goals, do some safety planning, think about the level of risk she is in if she returns, and support her as she tries to figure out what to do. This is very different from counselling, which will usually focus on talking about past issues and going deep into personal feelings, fears, and experiences that might be impacting her decisions.

In this situation it is also unethical to ignore that she is talking about possibly going back to her partner. If you have been trained to do safety planning and help her find ways to improve her level of safety if she returns to the relationship, you must talk to her about these things. Doing so also leads into acting in a way that is consistent with the second point above. Even though you may fear for her safety and you know that the abuse is not going to stop, the ethical thing to do is use whatever skills and abilities you have that may help her make her own decisions. If this decision is to return to her partner, you must communicate that you trust in her ability to do what is right for her.

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In order to act in an ethical way that is consistent with the third point above, you must also not try to persuade her to change her mind in any way. If you do, you run the risk of abusing your power over the client. She may look to you for advice and ask your opinion of what she should do. Just the fact that she is asking for an opinion is evidence that she also views you as having more power than her. It is important that you not give an opinion, but help her by giving information and learning how to trust her own instincts and decisions. If you give an opinion and she chooses not to follow through on what you think she should do, it is likely that she will feel guilt or shame which will make it more difficult for her to come to you for help in the future. This is obviously not in her best interest.

Acting in a professional way as is described with the above client will help others in your community trust the services you provide. People will be clear on what services you can provide, and those that you can't. Women will expect that you will respect them and let them make their own choices if they come to seek your services, and they will know that you will not try to convince them to do things they don't really want to. It will also be important in this situation, as in most situations, to keep information about this client confidential. This will help not only the client trust you, but other people in the community will trust your services as well if they don't hear you ever sharing confidential information. Remember, if the community trusts you and the shelter services as a whole, you are more likely to have clients seek out your services when they need help. The best way to build trust is to follow good ethics in your work.

Overall, ethics can be considered to be guidelines that can help professionals decide how to act in difficult situations to ensure they are doing the best they can for their clients and for the larger community in which they provide service. For the most part, ethics are different than laws, and they can be much more complicated. Laws are usually very clear. People usually know when you break a law and what the potential punishment will be for doing so. Ethics can be considered to cover some of the 'grey' areas when it comes to working with others in a professional way. There can also be different ethics for different settings. For instance, you may have your own personal set of ethics that guide how you interact with people. You will also have a set of professional ethics that you will be asked to abide by as a shelter staff (see the attached Shelter Worker Declaration).

Sometimes these ethics might be in conflict with each other. For instance, in your own personal ethics you believe that an important part of showing others that you care about them is to exchange gifts. However, in the shelter, you must follow the ethical standard that you are not to give or receive gifts from clients.

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Stop & Think

Take some time to carefully review the Shelter Worker Declaration, even if you have already signed one of these as a shelter employee. Are there any points that you disagree with? If so, which ones and why? How can you ensure that you follow this code of ethics if there are things in it that you disagree with?

Shelter Worker Declaration

I, _____, declare that I will fulfill my responsibilities at (Shelter) to the best of my ability and in accordance with the following Code of Ethical Conduct:

Respect

1. I will strive to support the self-determination, dignity and self-worth of women using our services.
2. I will promote respect for the diversity of cultures in our community and society.
3. I will treat all shelter residents, co-workers, other workers or any other persons, with respect.
4. I will not practice or condone any form of discrimination against shelter residents, staff or any other persons.
5. I am aware of the inherent power imbalance between staff and users of our services, and I will strive to minimize possible impacts from it.

Shelter Services

6. My primary responsibility is for the safety and well-being of the women and children using the services of the shelter.
7. I will work for the best interests of women and children using shelter services.
8. I will strive to provide women with information they need so that they can make informed decisions.
9. I will ensure that women are aware of their rights to access our services and other services, and to provide informed consent.
10. I will respect confidentiality and the privacy of women using shelter services other than when disclosure is required by law.
11. I will never disclose to any outside person the identity of women and children who have contacted the shelter or used our services, or the identity of my co-workers, unless required to do so by law.
12. I will respect the fact that my work site is also someone's temporary home.

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- 13. I will work to fulfill the mission and values of our organization and distinguish between my private actions and my actions as a staff member of (Shelter).
- 14. I will not act on the job or in the community in any way that diminishes the credibility of (Shelter).

As a Shelter Worker:

- 15. I will not exploit the professional relationship with women and children in the shelter for any personal advantage, accept any gifts, or make any purchases from them.
- 16. I will respect and maintain appropriate professional boundaries in my relationship with women and children using the shelter's services, and not enter into personal friendships or association with them.
- 17. I will not impose my own personal beliefs or standards on women using shelter services.
- 18. I will be non-judgmental.
- 19. I will promote and practice non-violence in all aspects of my work.
- 20. I will work cooperatively with my co-workers and women using shelter services, and commit to resolving any interpersonal conflicts in positive ways.
- 21. I will not participate in or condone any dishonest, deceitful or illegal activities.

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Activity: Why are these standards important?

Take a moment to think about why each of the 21 ethical standards in the Shelter Worker Declaration is important. Place each of them under the appropriate heading below.

For example, the first ethical statement is important because it will help you act in a way that ensures you always respect the human dignity and freedom of your clients, that you do not take advantage of your power over clients, and that you build public confidence in your profession. So you would place a one under each of the appropriate headings:

Act in a way that is in line with your knowledge, skills, and judgement of what will help clients.

— — — — — — — — — —

Act in a way that ensures you always respect the human dignity and freedom of your clients

1 — — — — — — — — — —

Act in a way that does not take advantage of your power over clients

1 — — — — — — — — — —

Act in a way that builds public confidence in your profession

1 — — — — — — — — — —

Can you think of any ethical standards that are missing? If so, feel free to add them to your own set of ethics for working in the shelter. Make sure your supervisor is aware of these additions because other staff might be interested in using them too.

See page 22 of this module for answers

Confidentiality

Protecting the personal information of clients is a huge part of acting in an ethical way. Being able to maintain the confidentiality of personal information is the cornerstone of building a trusting relationship with clients and with the community as a whole. **Confidentiality** means

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treating something with privacy and confidence, meaning that you will not tell anyone the information that has been shared with you. It can also mean that only certain people will have access to the information that you have about somebody else. In the case of the shelter, both definitions are true.

Maintaining confidentiality in a Shelter can be very difficult for a number of reasons:

- Women are living together in a communal environment.
- If there are group meetings, you cannot control what members of the group share about each other when the group is over, or when they leave the shelter
- There are usually a number of staff people at the shelter, but not all people should have access to all the information about each client
- Other professionals (such as the RCMP, social workers, counsellors, etc.) may have different views of what confidentiality means and may pressure you to share *all* of the information you have
- You might know information about people that would protect other people that you know or care about (for instance, your girlfriend might be getting involved with a man that you know has been abusive to his ex)

The fact that your clients are sharing their living space means that it is very important to ensure that you not talk to women about personal and private matters in a public area and that you not leave confidential documents (such as their files) in common areas where others can see them. Even if a woman approaches you in a public area and seems comfortable talking to you, it is important to protect her by moving with her to a private area. If another client overhears your conversation with that client, there is no way you can control what that other client does with the information she overhears. It is important that you talk to all women in the shelter about confidentiality and that you model (show them what it means by your actions) how to keep things confidential so that they are more likely to protect the identity of all women they meet in the shelter.

It is often the case that information about clients is shared within the staff group so that everyone is working together to best meet the needs of the client. Sometimes it might be the case that the client only wants to work with certain people in the shelter, especially if she is friends or family with some of the staff and does not want them to know about all her personal 'stuff'. In this case her file may be kept somewhere separate from the other files or only very brief case notes are written in the file.

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You must also keep the woman's information confidential from everyone outside of the shelter, unless they need to know the information in order to provide services and you have written permission from the client to share specific types of information. This includes keeping client information confidential from your family, friends, and other professionals.

Even if you have consent to share information with another professional, you must only share the information that they *need* to know in order to provide service. For instance, if a woman is interested in going to treatment for drug and/or alcohol addiction and she gives tells you it is ok for you to share information with a social worker or counsellor, you would only share the information related to her request for treatment for her addictions. You would not share information about her relationship history or how many times she has been in the shelter or where her children are, because none of these things are relevant. If the other professional does require such additional information, it is important that you ask them why they need it and that you also ask your client if it is ok that you share that information.

Confidentiality also includes making sure that any written information, such as reports or intake forms, are kept in a secure and confidential place where the information is protected. All personal and private written information should be kept in a locked, secure and fire-proof file cabinet. Confidential computer information should be kept on secure computer files that are protected by passwords and other computer security.

Informed Consent

Informed consent is also an ethical issue that is closely related to confidentiality. Consent is just another way of saying that your client agrees that it is okay for you to do something. Basically, informed consent means that you have the duty to make sure your client has all the information she needs in order to make informed decisions about what she would like to do. In a sense, you are not allowed to keep secrets from her, even if you feel that doing so is in her best interests.

For instance there are 4 circumstances in which you cannot keep her information confidential:

- ☐ If she discloses that her children have been abused and she is not taking the appropriate steps to protect them (see also Module 4.2) or if you suspect that her children will be abused if/when she returns to her partner.
- ☐ If she is at high risk of committing suicide.

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- ☐ If she tells you about a serious crime she has committed or is about to commit.
 - ☐ There is a court order requesting the release of her file.

It is important to be very clear with clients about these limits to confidentiality and to explain them honestly and openly to women early during the intake process. If your client then chooses to continue with the intake process and stay in the shelter, she will know what will happen if any of the above situations occurs and can therefore choose what information to share with you.

Explaining the limits on confidentiality is only one part of getting informed consent from client. Informed consent also means explaining to a client the services you can offer and the limits on those services. This includes clearly explaining:

- ☐ The shelter rules (ie - you cannot come here if you are intoxicated).
- ☐ The consequences for breaking shelter rules (ie - if you come here intoxicated you will be asked to leave the shelter).
- ☐ What you can do for her and what you will not do (ie - I can give you information on how to get housing, I will not apply for housing for you).
- ☐ That you cannot guarantee that other clients will keep her information confidential.
- ☐ Who will have access to her file, and under what circumstances (this includes whether or not she wishes for her information to be shared with other professionals).
- ☐ The type of support she can get while staying at the shelter, and what type of support must come from other sources.
- ☐ The type of support she can receive from the shelter if she chooses not to stay.

Explaining these to the woman helps her to make an informed decision about whether or not she wants to stay at the shelter. It also empowers her and encourages independence because it gives her personal responsibility over her care; she is free to make decisions while knowing the outcomes and consequences. It also protects you, your co-workers and the shelter from legal liability. For example, if a woman brings alcohol into the shelter, becomes intoxicated and is asked to leave the shelter, there could be some legal issues if no one informed her that neither alcohol or intoxication are allowed at the shelter or that she could be asked to leave as a consequence.

Even more important than legal issues, if a client thinks she has been treated unfairly she is not likely to come back to get help when she needs it again. Being upfront about the types of service that you can provide and the limits on the service and on her confidentiality will certainly reduce the likelihood that she will feel like she was treated unfairly.

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Stop & Think

Have you ever felt like you were treated unfairly, by either a professional or a friend/family member? What was the situation? How did it make you feel to be treated this way? Looking back on it now, is there anything that the person who treated you unfairly could have done to prevent the situation?

A big part of getting informed consent from clients is to make sure you review what she has consented (or agreed) to on a regular basis. Just because you have a signed piece of paper that says she has been told (or has read) all the rules of the shelter, does not mean that she understands all the rules or that she will even remember them. Even though she may be giving you permission to talk to her social worker today, that does not mean that she will still want to talk to the social worker a week from now. She has the right to change her mind at anytime. That is why it is important to have regular contact with your clients and to review things like rules, information sharing, and limits on confidentiality over and over again.

Activity: What Would You Do?

The following scenarios are situations you could encounter while working at the Shelter. Review each scenario and answer each of the following questions:

- What is the ethical issue?
 - What would you do? Why?
 - Is your action in line with the ethical code outlined in the Shelter Worker Declaration and with your shelter's policy and procedures (specifically policy 2.2, 2.3, 2.4, 7.21 and 7.22)?
-
1. Your best friend has moved into a new house. She is a single mother and has two young children. You know that her new next-door neighbour is the ex-partner of a former client and that he has a history of abusing his partners. When talking on the phone, your friend tells you that the nice guy next door helped her carry her groceries in and that she has invited him over for coffee. You know from your client that this man was very kind and charming when he met her and for the first year of their relationship. You are very concerned about your friend's involvement with this man.
 2. You are at the checkout line at the grocery store. The store is not very busy but the line is moving slowly; you are behind five people with full carts. After checking

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- your list to make sure you got everything, you look up and see a former client, Christine, enter. Christine left the shelter a few months ago with no notice and returned to her partner. On her file she indicated that she does not wish for shelter staff to contact her in any way. Shelter staff considered her partner very dangerous. The RCMP had been called many times during their relationship and they were called to the shelter several times when he showed up and waited for her to come outside. Staff members have not heard from Christine since she left the shelter and are very worried about her. While looking at her, you notice she is pregnant and you become even more worried.
3. You are working a night shift alone and it has been a quiet evening. Suddenly the doorbell rings. You go to the door (or look on the video monitor) and see a man standing outside. Your first thought is to protect the safety of yourself and the people in the shelter and you ask why he is there. He replies that he is the brother of Rose, a woman who is currently in the shelter escaping emotional abuse from her partner and that her mother has been badly burned in a house fire and is being Medevaced to Edmonton very soon. The man tells you that he wants to take Rose to the hospital. Her mother's injuries are life threatening and this may be Rose's only chance to say goodbye. You know that Rose does have two brothers.
 4. You are doing an intake for a new client and her four children who left her home while her partner was out on a fishing trip. Early on in the intake, the client becomes very distressed and asks to be alone for a moment; her children all seem very well-behaved so you agree to watch them for a few minutes. You leave her in a quiet room and lead the children into another room to play. While watching the children, two things seem odd to you. First, her oldest boy, age 10, has some bruises on his arms and left leg that seem to be more than what you would expect from rough and tumble play. Second, her little girl, age 3, clings to you and screams when gently coaxed by her siblings to come play with them. The client enters the room, thanks you for your help and says that after having some time to think about it, she would like to leave and take her children home.
 5. You are at the shelter helping a client prepare lunch. The phone rings and you answer it, a man whose voice you do not recognize is on the other line. He says he is an RCMP officer and that Sandra's abusive partner has just been released on bail. The man then asks to know whether Sandra is still staying at the shelter and if she is at work because they are concerned that the partner will go after her.

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You know that Sandra's partner owns guns and has threatened to kill her if she ever left him.

See page 22 of this module for suggested answers

Boundaries

Maintaining appropriate *boundaries* is often an ethical issue that shelter workers struggle with. We all have different types of boundaries in our different relationships with people. For instance, there are some friends that we would trust with any secret that we have whereas we only share certain types of information with other friends. Not sharing secrets with these friends that we do not trust as much is a boundary - or a line that we don't want to cross because we don't feel safe or we know that a certain behaviour is not appropriate. Another type of boundary that most people have is about showing affection for others. While I may be completely comfortable greeting my husband when he comes home from work with a kiss, I would never kiss my brother if he came into my house for a visit after work.

Stop & Think

Has anyone ever done or said something to you that made you feel uncomfortable? Has someone ever tried to convince you to do something that you didn't feel comfortable doing? If so, these are examples of situations where people have crossed your boundaries. Were you able to stop and let the people who have crossed your boundaries know that you wanted them to stop or to leave you alone? Take a few moments to think about things that make you uncomfortable. What do you do when people cross your boundaries? Are you able to find a way to let people know what your boundaries are?

Remember how we have said that helping relationships or your professional relationship with your clients may be a new sort of relationship for you to get used to? Well this new type of relationship also comes with its own set of rules or boundaries. The purpose of these rules that guide your behaviour is to make sure that your relationship with clients is strictly professional¹. It is your responsibility as a Shelter Worker to enforce appropriate boundaries with women and children. Boundaries are important to protect you and the women for the following reasons:

¹ The College of Psychologists of Ontario BULLETIN, Vol 25, Iss 1, July 1998

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- ☐ Boundaries help make it clear to the client what your role is and is not at as a helper. If a client knows what to expect from the relationship with you, she will be better able to be responsible for her own behaviour, because she will not be expecting you to fix all her problems.
- ☐ Boundaries help keep the professional helping relationship on track by preventing friendships from happening. For instance, if you become friends with someone and then have an argument, you will no longer be in a position to be helpful to that person. It is also difficult to ensure that rules are followed and consequences are given fairly when in friendship relationships with clients.
- ☐ Boundaries keep the helping relationship focused on the needs of the woman and away from the needs of the Shelter Worker. Women who are victims of family violence are not in a position to support others including you - they have their own crises and/or issues to deal with, and should not have to worry about meeting your needs. They must focus on their own needs and situation. If boundaries have been relaxed and a friendship is developing, the woman may feel she has to support you. This takes away from her dealing with her own situation.
- ☐ Boundaries help to prevent the Shelter Worker from giving unhelpful support. At times, you may feel compelled to give advice to a client or to “save” her. This is not the role of the Shelter Worker - giving advice or sharing opinions about her situation takes away her responsibility and her control by influencing her to do what you think is right.
- ☐ Boundaries help shelter workers to maintain their objectivity and support the woman. Becoming personally involved can prevent you from helping the woman. Often, when people become too close to a situation, they can no longer see the problem clearly and end up providing inappropriate support. This is because they are biased and/or they have lost objectivity because emotions are becoming involved.
- ☐ Boundaries help to prevent Shelter Workers from experiencing vicarious trauma. Becoming personally involved in crises and traumatic situations can cause you to be traumatized yourself. Maintaining objectivity and professional boundaries can protect you from vicarious trauma and help you to remain objective and as supportive as possible.

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- Boundaries help prevent you from taking advantage of your power over a client. Even though you might not see yourself as being a powerful person, there is a power difference in any relationship between a client and a staff person. You have more power because you are the person with more information about family violence, you are the person she is seeking help from, you are the person that enforces the rules at the shelter (which may even include having to ask her to leave if she breaks the rules), and you are the person she is sharing her very personal information with (whereas she should have little to no personal information about you).

Common Boundary Issues

Self-Disclosure: This means to share personal information about yourself with the client. Though self-disclosure is not wrong at all times and in all situations, it should be used with caution and according to each individual worker and situation. Sometimes it can be helpful to let a client know that you understand where they are coming from, but it can also be very unhelpful if self-disclosure takes the focus off the client. It can also open the doorway to manipulation by giving the client power in the helping relationship. This could be especially true if you share information with her that you do not want other people to know. Sharing personal information with the client may lead to a relationship between you that is more like friendship than a helper-client relationship. Before deciding to share information about yourself with a client, you must determine that the information will help the client rather than you, that you can still keep the focus on the client, and that you are not encouraging a friendship between you and your client.

Giving/Receiving Gifts: Giving or receiving gifts may seem innocent enough, but doing so can change your relationship with a client. Giving a gift to one client may give other clients and staff the idea that you favour the client or have a special relationship with her and may make the client feel like she must give you something back. Receiving a gift from a client may make you feel like you need to give something back to her and make her feel like she is entitled to special treatment. Both cases change the relationship between the helper and the client. Therefore, any gift giving/receiving should only be done if the gift is modest, culturally/socially appropriate and, in the case of giving, given to all clients.

Establishing Friendships: This is generally always inappropriate with clients, because becoming friends with a client blurs your boundaries as a professional, and your relationship stops focusing on her needs. Even when she is no longer residing at the shelter and your formal helper-client relationship has ended, it is still not appropriate to become friends with a woman since she may enter the shelter in the future. The only time which is may be

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appropriate to become friends with a former client is long after your formal relationship has ended and you are certain that there is another professional who could help her if she needs it. If she does come into the shelter again in the future, you should not work directly with her (see the section on Dual Relationships below for more information).

Breaking Rules: Generally, the shelter rules and ethical standards should always be followed. These rules let everyone in the shelter know what to expect. The consistency allows women to feel safe and secure and make informed decisions because they know what will happen if they break a rule. In certain, special and rare circumstances, a rule may be broken if you feel that it is warranted. However, before you even consider breaking a rule you should make sure you understand why that rule is in place. If you understand the reason behind the rule you are more likely to be able to find other ways to meet the needs of clients that does not involve having to break rules. The decision to break a rule should be approved by the Shelter Supervisor/Executive Director. Breaking a rule or standard must be done for the good of the client, and must not show that you favour that client over others. Rules that protect the safety of those in the shelter should NEVER be broken because doing so would put everyone at risk.

Dual Relationships: This is a fancy way of saying that you may already have some sort of relationship with some of the women who come into the shelter. The client may be someone in your family, a friend, an in-law, your doctor or anyone whom you already know. Dual relationships should be avoided because they make it much harder for you to establish a professional relationship with boundaries that will protect both you and her. The fact that you have a previous relationship with her may also keep you from being an objective helper. At times when a client you already have a relationship with comes into the shelter, you should try to avoid working directly with her, especially if your relationship with her is a close one. If you cannot avoid working with her discuss the issue with your supervisor. It might be in her best interest (and yours) for her to be transferred to another shelter.

Physical Contact: Generally speaking, physical contact (hugging, hand holding) between a client and the Shelter Worker is not appropriate. It can blur the boundaries and may be unwelcome to a woman with a history of trauma. However, some clients may be very comfortable with physical contact and may want a celebratory hug if something goes really well for them (such as they just got housing), or a goodbye hug when leaving. If you are comfortable with this, it is okay so long as it is initiated by the client. If there is a client who constantly wants hugs or wishes more physical contact than you are comfortable with, you may have to talk to her about it to explain your discomfort.

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Before you Act

We recognize that ethical issues can be very confusing and complicated at times. All professionals who are trying to help others often find themselves struggling with finding a way to follow their ethical codes in a way that still allows them to form supportive, trusting relationships with their clients. It is a good practice to get help from your supervisor and/or co-workers so that you can get their support and insight on these issues.

At times, you might want to do or say something that would break or blur the lines of your boundaries with a client or co-worker. Sometimes it is ethical to do so, and sometimes it is not. Before you act, consider the following questions so you can figure out what is the best thing to do.

If you answer 'no' to either of the following questions, you may wish to consider doing something differently. Answering 'no' is a warning sign that you are about to do something that is not ethical:

- Is this action in my client's best interest?
- Am I comfortable documenting this action in their file?

You should also ask yourself the following questions. Answering 'yes' to any of these questions is also a warning sign that you may be about to do something that is not ethical:

- Will this action have a negative impact on the services I am providing?
- Should I make a note of my concerns or consult with a co-worker?
- Am I treating this client differently than I treat other clients?
- Does this client mean something 'special' to me?
- Does this action take advantage of the client?
- Does this action break the Shelter Ethical Code of Conduct or the Policy and Procedures Manual?

And finally, you should also consider the following questions if you are not sure about whether or not your actions are ethical:

- Whose needs are being served by this action? Mine? The client's? Someone else?

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- All of your actions in working with clients should meet the needs of the client, not of anybody else.
- How would this action be viewed by the other shelter residents? My co-workers?
 - If others would view the action in a negative way, you should probably not do it.

Activity: Where is the Line?

In some situations, it may be difficult to know what actions will cross the line of professional boundaries and what actions won't. There may also be times that acting in a certain way in one situation is ok, but doing the exact same thing in another situation would be considered inappropriate or unethical.

Pretend you are the staff person in each of the following situations. Under each type of common ethical problem there is a situation where you are acting ethically and a situation where you are not.

- First, decide which scenario is ethical and which one is not. How do you think you would feel about actually doing what each of the scenarios describes?
- Then fix the scenario so that the shelter worker is maintaining her professional boundaries. Hint: use the questions in the section above to help you determine whether or not the staff person in the scenario is acting in an ethical way.

1. Self-Disclosure:

- i) You are talking with a client who mentions she was molested by a male relative when she was a teenager. She does not seem to want your support or help, but just mentions during a discussion about an article in the newspaper about a current court case. You tell her about your own experiences with sexual violence as a child and the ways it still affects you. When you look at the time, you are surprised to find that over an hour has passed.
- ii) A client living in the shelter recently lost her father after a long battle with cancer and is grieving her loss. When you find her in the hallway crying, you offer to sit with her for a while if she would like. While you are sitting with her, you tell her your mother also died of a terminal illness last year and you found that talking with a counsellor really helped. You offer to make a referral to help her get in quicker if she is interested.

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2. Giving/Receiving Gift:

- i) It is Christmas time and you receive a greeting card from a client who is currently staying in the shelter. When you open the card you find a hand knit Christmas ornament. When you mention this to your co-worker, you find out the client gave a card and an ornament to all the staff and each of the women in the shelter. You bring home your Christmas ornament and put it on your tree.
- ii) Today is the 5th birthday of a client's child. This client has been to the shelter many times over the years and you have watched this child grow up. You decide to bake a cake for the child, just as you would for any other child staying in the shelter. When the mom comes to talk to you, she is in tears because her partner took all the money out of their bank account. Now she can't go and get the new doll she promised her little girl. You feel bad, so you go out and buy the doll and give it to the mom for the little girl even though you have never bought a gift for any other children on their birthdays.

3. Establishing Friendships

- i) You run into a former client when you are out picking up groceries. You have not seen her since she left town 2 years ago. She comes up to talk to you and thanks you again for helping her get out of the abusive relationship she was in. She is married now to a man she met down south. She mentions that she had no idea how happy she could be in a relationship until she met him. They are here to visit her family for the summer. She asks if you would like to go grab a coffee with her to celebrate her new life. You remember you had a lot in common with this client when she was at the shelter and look forward to getting a chance to catch up with her.
- ii) A client and her children will be leaving the shelter soon to return to the home she shares with her partner. You are very worried about her safety because she has shared a lot of information with you about her relationship during your chats with her on each shift. You know she has not told the other staff as much information about the situation so you feel like you should not talk to them about your concerns because they would not understand. She tells you she is grateful for your help over the last three weeks and she will miss talking to you. You give her your home phone number and tell her to call anytime if she needs to talk.

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4. Breaking Rules:

- i) Your shelter has a rule that children must be in their rooms, getting settled for bed by 9 p.m. on school nights. One of the children in the shelter has been home from school for the day and has been very sick with the flu. It seems like she is feeling a little better in the evening after having slept all day. At 9 p.m. the mom approaches you and asks if her daughter can stay up until 10 p.m. to watch her favourite show. Given that the child has been sick and sleeping all day you figure it might be comforting to watch a little TV before she goes to bed. You tell the mom it is OK for her to stay up until 10 as long as she goes to bed as soon as the show is over.
- ii) Your shelter has a rule that while staying in the shelter, all school-aged children must be attending school. One of the moms in the shelter has a 13-year-old girl who is very difficult to get out of bed in the mornings. By the time she does get up and gets ready the school day is half over. Most of the time, the mom just lets her stay home rather than try to make her go. This girl seems to have no problem going out of the shelter after school hours to hang out with her friends, even though her mom has been overheard arguing with her and trying to ground her for missing school that day. While your co-workers are very concerned about this situation and they are trying help the mom find a way to make the girl go to school, you figure it is not worth the trouble. They are only going to be here for a few weeks and this seems to be something the mom just can't cope with right now. When you are on the morning shift, you just let them both sleep and do what they want.

5. Dual Relationships:

- i) You are the only staff working on the night shift when your sister-in-law arrives having escaped from an abusive partner, your husband's brother. You admit her to stay at the shelter and hope that she goes home the next day because you don't really get along with her and you know she will make it difficult for you to work at the shelter if she stays there. When you come back the next night, you see in her file that she intends to stay at the shelter for at least a week. Next thing you know, she is standing in the doorway demanding that you cook her something to eat. You think that this is going to be a very long week.
- ii) You have a friend who is being abused by her common-law partner. This abuse has gone on for years, and you have stood by your friend this whole time offering your support and information on family violence. Finally, she calls you

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up at the shelter one day and asks if she can come in to stay for the night. You tell her that you can get all the paperwork ready and make sure a room is set up for her. When she arrives you introduce her to Julie, your co-worker, who goes ahead to do the intake with her while you sit and hold her hand.

6. Physical Contact:

- i) A new client has just arrived at the shelter saying that she needs some place to stay for a while. She comes in to sit on the couch and is very upset. You feel so bad for her that you sit on the couch and put an arm around her shoulder.
- ii) A client comes back from a job interview that went so well, she was offered the job at the end of the interview. She is very excited and gives you a celebratory hug. You congratulate her and hug her back.

See page 24 of this module for suggested answers

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Module Resources

Brammer, L.M. & MacDonald, G. (2003). *The Helping Relationship: Process and Skills* (8th Ed.). Allyn & Bacon, Boston, MA.

Welfel, E.R. (2002). *Ethics in Counseling and Psychotherapy: Standards, Research, and Emerging Issues*. Brooks/Cole Thomson Learning, Pacific Grove, CA

Young, M.E. (2005). *Learning the Art of Helping: Building Blocks and Techniques* (3rd Ed.). Pearson Merrill Prentice Hall, Upper Saddle River, NJ.

Related Modules

- 2.2 The Impact of Oppression
- 3.1 Roles and Responsibilities
- 3.3 Personal Beliefs
- 3.4 Self Care and Balance
- 5.1 Relationship Building
- 5.2 Communication Skills
- 7.1 Eligibility and Admission
- 7.4 Service Plans and Beyond
- 7.5 Communal Living

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Activity: Why are these standards important? (ANSWER KEY)

Act in a way that is in line with your knowledge, skills, and judgement of what will help clients.

5 6 7 8 9 10 11 12 14

Act in a way that ensures you always respect the human dignity and freedom of your clients

1 2 3 4 5 7 8 9 10 11 12 15 16 17 18 20

Act in a way that does not take advantage of your power over clients

1 3 4 5 9 11 15 16 17 18 19 20

Act in a way that builds public confidence in your profession

1 2 3 4 6 9 10 11 13 14 18 19 20 21

Activity: What Would You Do? (SUGGESTED ANSWERS)

Scenario 1 -The ethical issue in this situation is that you have private information about someone due to your work at the shelter. Even though the neighbour is not your client, nor has ever been your client, you would not know about his abusive history if it were not for your work at the shelter. If you were to share this information with your friend, it would be obvious to her that his ex-partner probably was in contact with the shelter at some point in time. In order to be in line with ethical practice and with the policies of the shelter, you must not break confidentiality in this case. If you want to help your friend, the best thing you can do is to make sure she is educated about family violence and knows what warning signs to look for. You can also make sure that you are there for her whenever she needs your support if she does end up getting involved with this guy.

Scenario 2 - The ethical issue in this situation is that you would like to make contact with a previous client who has made it clear that she does not want to be contacted by shelter staff. You must always respect the choices of your clients despite the fact you are worried. In order to treat Christine as an individual who can make her own choices, you should follow her lead when it comes to contact. If she acknowledges you, you can acknowledge her in a similar way, if she approaches and speaks to you, you can speak to her back without saying

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anything about her ever being a client in the shelter. If she walks away and pretends to not know you, it is not appropriate for you to approach her.

Scenario 3 - The ethical issue in this situation is that you are concerned about the best interests of Rose and may think that breaking her confidentiality by asking the man at the door to wait while you go get her is in her best interest given the situation. However, you pose a safety risk to Rose if you acknowledge to the man that she is in the Shelter. According to the Shelter Policy and Procedures Manual, you can say “I cannot confirm that Rose is here, but if she is I will make sure that she gets the message”. If the man refuses to leave, you can repeat the above and then say “I must ask you to leave now”. If he still refuses, say “If you do not leave I will call the RCMP.” If he still refuses, call the RCMP and inform them of the situation. Even if you know for certain this man is her brother, you do not know what type of relationship she has with her brother or if the brother is supportive of her being in the shelter. It is entirely possible that the brother has been sent to the shelter by her partner to get her or to try to confirm that she is in the shelter. You can always relay the information to Rose immediately and help her find out if her mother really is in the hospital. It is always best to follow the shelter’s policy and procedures manual when it comes to issues around security.

Scenario 4 - There is not quite enough information here to determine exactly what the ethical issue is. The issue may be that you have not informed the client of the limits of confidentiality. It may also be that you are wondering if you have enough information to determine if the children are at risk or have been abused. Either way, if you fear for the safety of the children, you have a duty to do something about your concerns. The best thing to do in this situation is to ask for a few moments of the new client’s time to explore your concerns. You could tell her what you have noticed and ask her if she has any concerns for the safety of her children if she returns to her partner. If you have not already explained the limits of confidentiality, you must also do this. If you suspect child abuse and the woman chooses to leave the shelter you must contact a social worker to report your concerns. If the woman chooses to stay at the shelter you can explore your concerns with her over the next few days to get more information about what is happening in the home. While the family is in the shelter, you know the children are safe and you can help the woman connect with a social worker for longer term planning.

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Scenario 5 - Again, the ethical issue is around breaking confidentiality in order to ‘protect’ the client. You do not know who the person is on the other end of the phone and you pose a safety risk to Sandra if you acknowledge her whereabouts to the person who claims they work for the RCMP. According to the Shelter Policy and Procedures Manual, ask for the officer’s name, badge number and their office phone number and say “I cannot confirm that Sandra is here, but if she is I will make sure that she gets the message.” If Sandra has indicated that it is OK for you to share information with the RCMP, you could call the RCMP officer back (just to confirm that he is who he says he is) and let him know where Sandra is. If Sandra does not want you to share any information with the RCMP but has said it is OK for you to contact her at work you could try to track her down yourself to make sure she gets the message as soon as possible.

Activity: Where is the Line? (SUGGESTED ANSWERS)

Self-Disclosure:

i) **Inappropriate**

Why? By sharing this information you have changed your relationship. During this discussion your focus was yourself and your own issues, not on the client. The clues that this disclosure was inappropriate are that you lost track of time and spent about an hour talking about your past trauma and the client seemed to be making a comment about something she is not really seeking your help for. By disclosing so much information about your own trauma, the client might now feel like she needs to help you.

A more ethical approach: You are talking with a client who mentions that she was molested by a male relative when she was a teenager. She does not seem to want your support or help, but just mentions during a discussion about an article in the newspaper about a current court case. You tell her that you too went through a similar experience and there are still times you need support to deal with what happened. Then you ask her if she has supportive people in her life who know what happened and are in a position to help her if she needs support.

ii) **Appropriate**

Why? This is actually a really appropriate role for you to take and an appropriate self-disclosure. You do not pretend that you have the expertise to

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provide counseling just because you have been through a similar experience. Instead, you are supportive and your self-disclosure provides her with helpful information about resources available to her. The focus remains on the client, not on you.

Giving/Receiving Gifts:

i) **Appropriate:**

Why? There are two clues that keeping the gift is appropriate - 1) this gift is modest and culturally/seasonally appropriate; 2) the client gave a similar gift to each staff member and client at the shelter. However, if the gift was a larger, more expensive item that was given to staff members OR if the gift was only given to you, it may be unethical to keep the gift. In both of those situations it would seem that the client is looking for special treatment from staff member or from you. Or it could be that the client has poor boundaries herself and does not know how to express her appreciation in a more appropriate way. Either way, you should not accept a larger gift or a gift that is given just to you.

ii) **Inappropriate:**

Why? There are two clues that this gift is inappropriate - 1) you seem to have a special relationship with this client and child because they have been to the shelter often over the past five years; and 2) you have never done something similar for another client. Acting in this way may be showing the other clients and staff that you really like this woman. You may think that because you gave the gift to the mom and not directly to the child that nobody needs to know that you actually bought the doll. Even the fact that you are considering keeping your actions a secret from other staff is a huge red flag that you are not acting ethically.

A more ethical approach: Today is the fifth birthday of a client's child. This client has been to the shelter many times over the years and you have watched this child grow up. You decide to bake a cake for the child, just as you would for any other child staying in the shelter. When the mom comes to talk to you, she is in tears because her partner took all the money out of their bank account. Now she can't go and get the new doll she promised her little girl. You sit with her and support her as she cries and talks about all the ways that her partner tries to make life difficult for her whenever she tries to leave him. When she is calm again you help her brainstorm some ways to make her daughter's birthday special. She decides to look in pile of items that have been donated to the shelter to find a doll that can be cleaned up.

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Establishing Friendships

i) **Appropriate**

Why? This woman has not been a client for a long time and seems to have moved on in her life to a loving relationship. Even if you don't know for certain that her new partner is not abusive, the fact she is no longer living in the community probably means there are other people in her new community that could help her if she does need services.

ii) **Inappropriate:**

Why? There are a couple of clues that you are acting unethically. First of all, you think of your supportive time with her as 'chats'. This seems to indicate you are already viewing her as more of a friend than a client. The other clue is she seems to only be sharing information about her relationship with you rather than other staff. This is a red flag that she also views your relationship with her differently than her relationship with other staff. The fact you don't feel other staff would understand your concerns is also a warning sign that your behavior is unethical - it is almost as though you are hiding your actions from them. Even if she does not want all the staff to know all the details about her relationship and trusts you to keep her information confidential, it seems like you should be able to do so while also getting support from your co-workers as you help this client.

A more ethical approach: A client and her children will be leaving the shelter soon to return to the home she shares with her partner. You are very worried about her safety because she has shared a lot of information with you about her relationship during your chats with her on each shift. You know she has not told the other staff as much information about the situation because she has told you she doesn't feel like she really connected with the other staff. When she tells you she is grateful for your help over the last three weeks and she will miss talking to you, you ask for a few moments of her time. You set a time with her to make some safety plans and ask her permission to invite a co-worker to work on the safety plans with them. This way, there is a better chance if she calls the shelter again for support, there will be someone there to take her call who is familiar with her situation.

Breaking Rules:

i) **Appropriate.**

Why? Generally speaking, the purpose of rules like this is to help women provide healthy, age appropriate routines for their children. In this situation, it

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may be more important to help a sick child find some comfort in a way that is similar to how she might find comfort at home. Given the extenuating circumstances of being ill, letting a child stay up past her bedtime is an ethical thing to do. This is not to say that denying the request is unethical. You could say 'no' to the mother and still be acting in an ethical way. However, 'bending' the rules in this sort of situation is OK, as long as you would do the same for any client.

ii) **Inappropriate**

Why? There are a couple of clues your behaviour is unethical in this situation. The first clue is that the other shelter staff are concerned about the behaviour of the client and the child and seems to be trying to find ways to help the mom set boundaries and rules for her teenage daughter. The second clue is the behaviour you are choosing to overlook is not very healthy for the mom or the daughter. If the child were taking some time to get adjusted to the shelter and missed a day or two of school, that would be one thing. But this seems to be something the mom just does not have the skills to deal with. Instead of looking the other way, you are in a great position to try to help her find a better way to parent her teen.

A more ethical approach: Your shelter has a rule that while staying in the shelter all school-aged children must be attending school. One of the moms in the shelter has a 13-year-old girl who is very difficult to get out of bed in the mornings. By the time she does get up and gets ready the school day is half over. Most of the time, the mom just gives up and lets her stay home. This girl seems to have no problem going out of the shelter after school hours to hang out with her friends, even though her mom has been overheard arguing with her and trying to ground her for missing school that day. You get together with your co-workers to come up with a plan that might help. Together, you decide that the staff person who has the best relationship with the mom will meet with her to see what type of support she needs to enforce this rule with her daughter. Then you all work together to help the mom.

Dual Relationships:

i) **Inappropriate**

Why? You did the right thing when you admitted your sister-in-law to the shelter. However, it seems like you might need some help setting appropriate boundaries with her. Given that you are the only staff person on shift, you have no choice but to support her in staying at the shelter. At the same time, she needs to understand that she must treat you with respect when she is in the shelter and

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that your new relationship with her has to have different rules. If other women who are staying at the shelter see that the two of you are not getting along or that she is ordering you around, they might not feel comfortable staying in the shelter. There is also the potential that they would be caught in the middle of whatever issues are between you. You will not be able to provide appropriate services to the other women if you are spending all your time dealing with this situation.

A more ethical approach: You are the only staff working on the night shift when your sister-in-law arrives having escaped from an abusive partner, your husband's brother. You admit her to stay at the shelter and hope that she goes home the next day because you don't really get along with her and you know she will make it difficult for you to work at the shelter if she stays there. When you come back the next night, you see in her file that she intends to stay at the shelter for at least a week. Next thing you know, she is standing in the doorway demanding that you cook her something to eat. You let her know that your job is not to cook her meals. When she starts to get upset you calmly tell her that you think it is a good idea for both of you to sit down with the shelter supervisor so you can both talk about how you can and can't help her when she is at the shelter. You and your supervisor can also discuss the option of her going to a different shelter in the NWT if she wants.

ii) **Appropriate**

Why? According to the information in this scenario you have been a supportive and helpful friend. You have waited patiently for her to come to the shelter to get much needed support. Sitting with her as she goes through the intake process is an appropriate thing for a friend to do. You are setting a boundary with her by making sure a different staff person does her intake. To ensure you continue to act in an ethical way, it is a good idea that you talk to her about the difference between being a friend and being a shelter staff. You could tell her you want to continue being able to support her the same way you have been and if she would like that too, it would be best if she went to other staff members for support when she is at the shelter.

Physical Contact:

i) **Inappropriate:**

Why? First of all, take note of the fact that this is a new client, which probably means that you do not know her well. Secondly, you don't know yet why she is upset. She may have just been abused or assaulted in some way and does not wish to be touched. Regardless, many people can be very uncomfortable being hugged

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by others and in this situation, the hug is not initiated by the client. Instead it seems like you are upset by her distress and might be trying to make yourself feel better.

A more ethical approach: A new client has just arrived at the shelter saying she needs some place to stay for a while. She comes in to sit on the couch and is very upset. You sit in the chair facing her and ask her what she needs from you. She looks up tearfully and asks for a hug. You move to give her a quick hug and then go back to your chair to see if there is anything else she needs before you start the intake process.

ii)Appropriate:

Why? The physical contact is initiated by the client, specific to a happy occasion and will not likely change your relationship with her. However, if you are not comfortable hugging a client for your own reasons, it is important that you find a way to enforce your own boundaries in a way that is still supportive of the client. You should not ever feel you need to hug or touch a client in some way just because they initiate the contact.

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Module 3.3: Personal Values and Beliefs

Module Overview

Usually, we do not even think about our beliefs and values but they influence everything we think and do. The purpose of this module is to help you become more aware of your personal values and beliefs and how they impact your work in the shelter.

Important Considerations

An important part of working in a shelter setting is to make sure that we do not allow our own personal values and beliefs to get in the way of meeting the needs of our clients. Like most people who have an interest in helping others, you probably consider yourself to be non-judgemental. But what does this really mean? We all have beliefs about things like what healthy behaviour is, what actions are right and wrong, what should be important to people; and what things need to change to make our world a better place. It is because of these beliefs and values that we can all fall into the trap of judging people or treating them in a certain way when they do things that we disagree with. A lot of the time we might be doing this without even realizing it because we have not spent a lot of time thinking about the things we value or believe and how these things influence *everything* we do.

Even if you truly believe that you are very aware of your beliefs and values and that you never judge or treat someone a certain way because you disagree with what they are doing it is important that you take the time to carefully and thoughtfully work your way through this module. Learning about how your beliefs and values impact your work is something you should continually try to do for as long as you work in an area where you are trying to help people. Even if you learn a lot as you complete this module, it does not mean that you can stop trying to figure out how your values and beliefs impact your work. Instead, this should be considered a beginning to a new habit of always taking the time to think about why you are doing the things you do.

Time Out:

Prior to moving further in this module, take a moment to consider the following:

- What things in life do you consider to be important? Why?
- How did you learn these things were important?
- Do you have strong religious or spiritual beliefs? What are they?

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- Have you ever thought you knew something to be true and then found out you were wrong? What happened? How did it feel to be wrong?
- Have you ever felt disappointed in someone when they didn't do what you thought they should? Why do you think they acted this way?
- Do you think that women should do certain things and men should do other things?
- What do you think needs to happen in order for people to feel happy with their lives?

Values and Beliefs

Have you ever wondered why people say and do the things that they do? Much of our behaviour is guided by the way we think about things. More specifically, it is our beliefs and values that make us think and act the way we do, including how we understand and treat other people. People can get very confused about what exactly values and beliefs are, and what the difference is between the two. In general, the following definitions can be used:

Value: something that we consider to be important, good, and desirable. Values tend to be based on societal beliefs, with groups of people tending to think the same sorts of things are important and good. Your values are developed from your experiences with the world. Most values are judgements about things or thoughts about the way things should be. For example:

- If you say “a person should always try their best” it would mean that you value hard work

Values can differ from group to group, and from culture to culture. Values can change over time.

Stop & Think

What are some things that your community/family/friends seem to value or think is important? Do you value the same things that they do? Are there some differences in what you think is important or valuable?

Belief: A belief is based on our knowledge or life experience, and refers to something that we believe to be true. Beliefs and values are linked and tend to go together. For example:

- If you value hard work you would probably believe that people who try their best are good, happy people who have good things happen to them.

Now, the important thing to note here is that just because you believe this, doesn't make it true. Beliefs are not always based on facts. Instead, they are based on our own knowledge and life experience. As we grow and learn new things our beliefs can change.

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Stop & Think

What are some things that people believe about family violence? Why does it exist? What would make it stop? Who does it happen to? Who is impacted by it? Is it a private issue that should be dealt with in a family or should other people get involved? Do you agree with these beliefs?

For instance, let's say you do believe the above statement about hard work and then you meet someone who just cannot seem to get ahead. You could do one of two things: you could decide that your belief is wrong and that not everyone who tries their best has good things happen to them; or, you could decide that this person is not really trying their best and keep your belief as it is.

Your Values and Beliefs in Action

To continue with our example above, let's say that you value the importance of hard work and you believe that someone who does work hard is a good person who has good things happen to her. Now, let's pretend that a client comes into the shelter who talks a lot about all of the things she has worked on to try to get ahead, but it seems like things never work out for her. No matter what she does she can't keep a job or an apartment, and her kids keep getting apprehended. Now, she is coming to the shelter because her partner is verbally abusing her and she doesn't feel safe living with him. She didn't really want to move in with him in the first place, but didn't have anywhere else to live. None of these things are her fault - instead, there is always someone else who seems to be behind these things happening to her. She goes on and on about how hard she tries to make things better. Then, when she gets in the shelter, she sleeps every day until noon and stays out late each night with her friends. She does not seem to be interested in finding an apartment or a job.

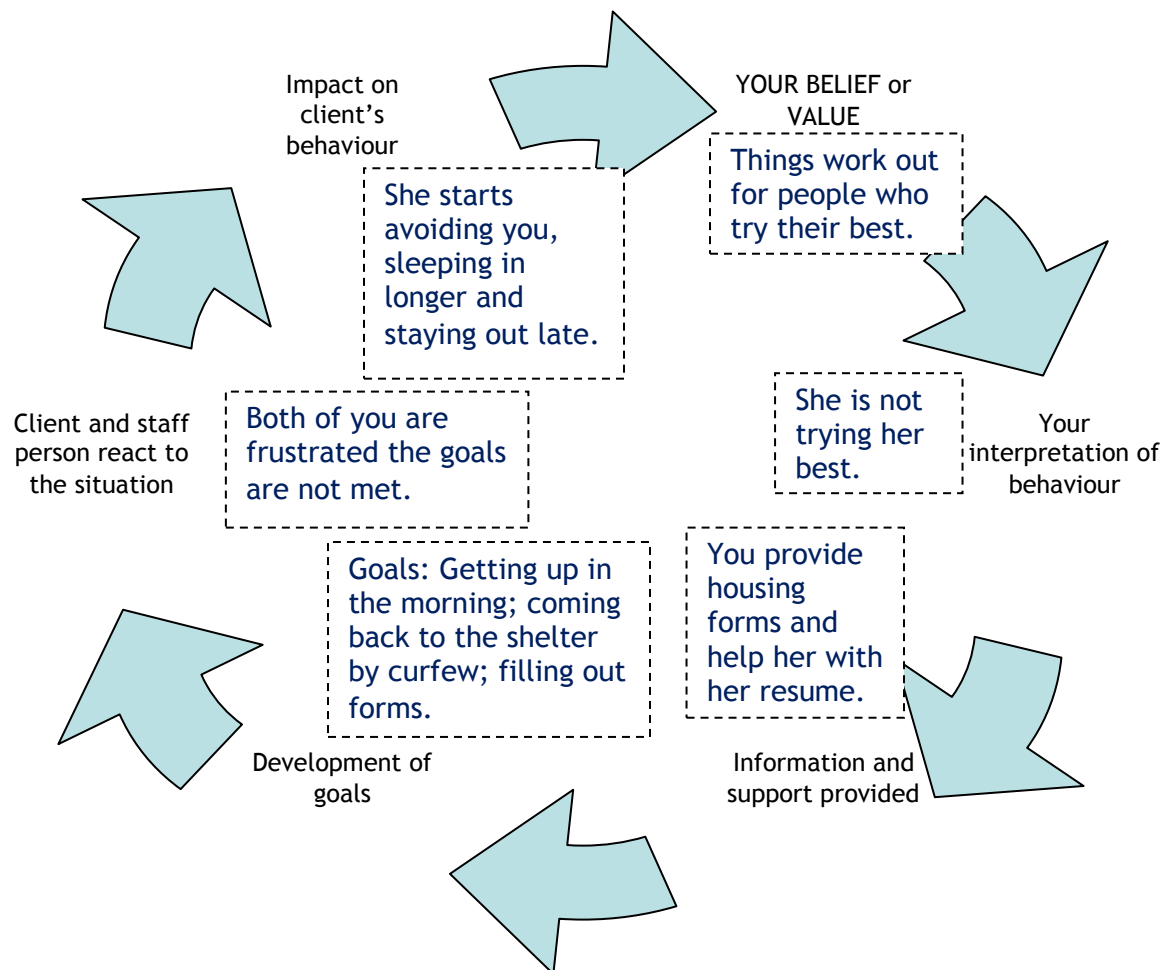
Stop & Think

How do you think you would help this person? What are your first thoughts when you read the situation? Do you think this person really is doing the best she can? Why or why not? Would you be able to put aside your beliefs and values about hard work? Does this sound like a situation that would frustrate you?

Usually, we do not even think about our beliefs and values, but they influence everything we think and do. Our beliefs and values can make us more encouraging and caring or more demanding and critical when it comes to trying to help others, even if we do not mean it. For instance, in the above scenario, if you believe it is important to work hard and this person

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does not seem to be doing anything, you might treat her differently than someone who does seem to be working harder to get things to change. You might end up doing this even if you don't think you are. The following graphic can show you how your beliefs and values can impact your interpretation of the behaviour of others and they way you may try to help them:

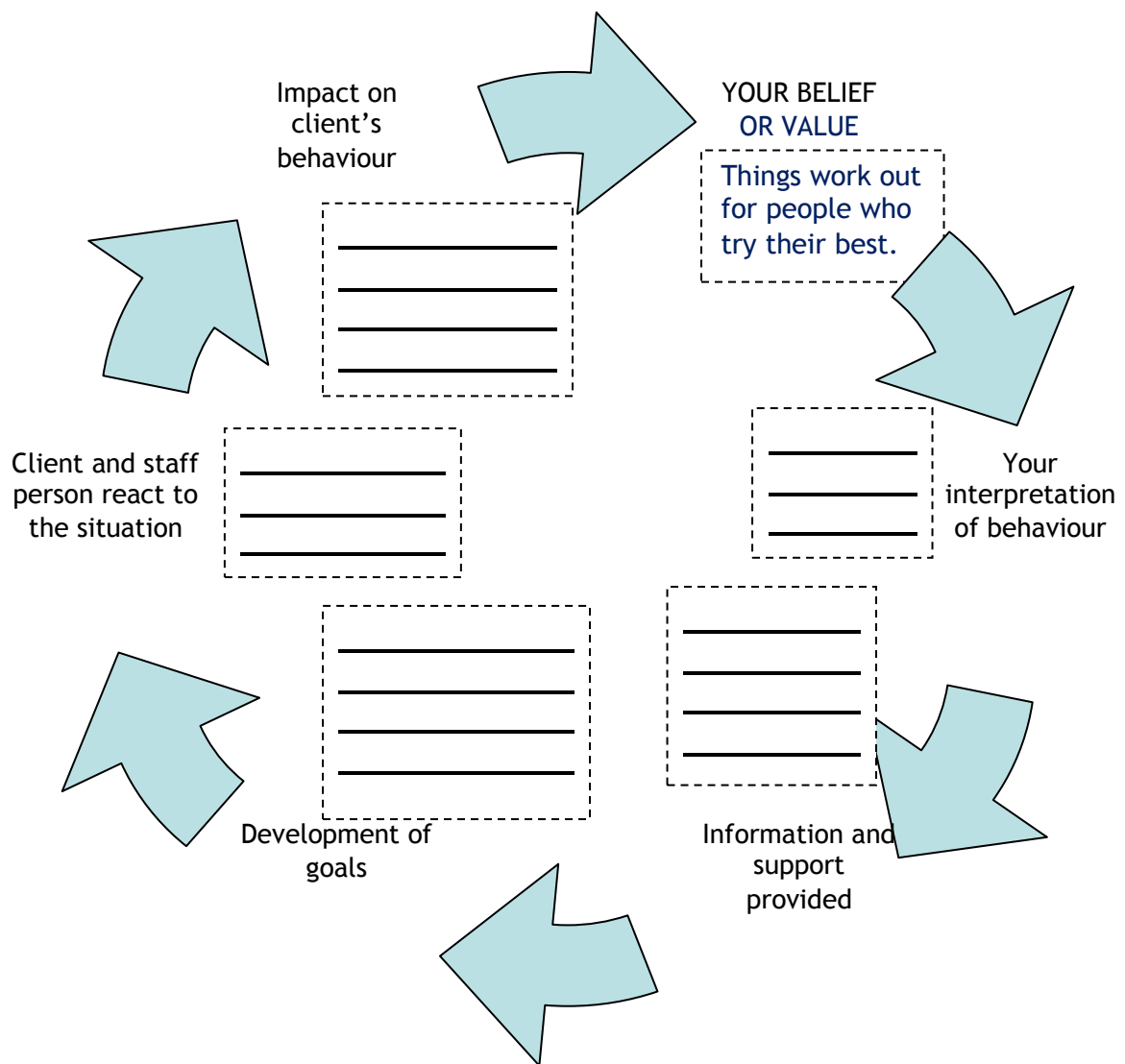


Now, what if the following piece of information is missing from the scenario we have been using. The client is actually having nightmares and flashbacks from being abused in an earlier relationship. She usually does not fall asleep until morning when she can hear other women moving around the shelter and starting their day. She feels like a zombie most of the time from lack of sleep and has to get out of the shelter in the evenings because she often feels like the walls of her room are closing in on her.

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Activity: Values and Beliefs in Action

How would this additional piece of information change your actions and behaviours if you were going to help this woman? Use the blank chart below to fill in some possible differences, without changing your belief that ‘things work out for people who try their best. Fill in the graphic on the next page.



See page 16 for possible answers

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There are many commonly held beliefs and values that may impact your work in the area of family violence.

- If someone values the importance of family you may hear or believe things like:
 - Children need both parents in their lives
 - Women are the ones who really keep a family together
 - Men should provide for their families
 - What happens in the family should be dealt with in the family
- If someone values fairness and equality you may hear or believe things like:
 - People who work hard are able to succeed in life
 - People are only violent if something makes them mad
 - People should treat each other as they would want to be treated
- If someone values a healthy lifestyle you may hear or believe things like:
 - Good people don't drink or do drugs
 - Children need safety, routine, and rules
 - People who really want help know how to get it
- If someone values having a sense of belonging you may hear or believe things like:
 - People who live alone are often lonely
 - In order to be truly happy you need someone to share your life with
 - You have to stick by your relationship in the tough times

You may find it interesting that none of these beliefs and values are directly related to family violence. These are not myths about family violence, and you only actually see the word violence in one of the examples above. However, they will all impact how you react towards or interact with someone who is struggling with family violence in their lives. Even the fact that you disagree with some of the statements but agree with others means that these values and beliefs will impact your work in some way or another. For example, some may find that it is easier to empathize with a victim and hold her abuser accountable when she “a good victim”; a victim that is grateful, has no challenging behaviours and easy to like. Alternatively victims who behave in a ways that are disagreeable or distasteful may be harder to empathize with, and easier to blame. - It is important to remember that people do not fit into neat little boxes and that no one person is all good or all bad. Following this line of thinking the title victim does not represent a person's entire identity. A victim is a person who has been wrongfully harmed by someone else. The word victim means that something happened to a person. It does not mean that he or she is weak or damaged or responsible for what happened.

Beliefs about religion and spirituality are also important to consider in terms of how these will impact your work in a shelter. Unless a shelter is directly funded by a church or religious

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organization, the majority of shelters actively choose to not promote any sort of affiliation with any sort of religious belief. Instead, shelters promote things such as non-violence, equality, self-determination, and open acceptance of all women in need of support. Although all of these things can be considered to be in-line with most practices condoned by organized religious groups, it is important that shelters do not associate their services with any one or more such groups because doing so might limit the number and type of women who come forward for service. For instance, let's say there is a Muslim woman who is being abused by her partner. She may come to the shelter to be admitted, but then see a crucifix hanging on the wall. The presence of this symbol may make her uncomfortable or it may even be a sign to her that she is not welcome to stay in the shelter because her religious beliefs are different.

In Module 5.2 we will discuss how the majority of the messages we send to people are through **non-verbal body language** (which means the way we talk and how we communicate with our body rather than what it actually is that we say). Well, the shelter physical environment can also be thought of as a big non-verbal message. Your clients will look around their environment for clues as to what is acceptable and what is not. Having religious images, reading material, and objects in the shelter sends a strong message to clients about what religious beliefs are considered acceptable. Given that there are many people in the world, Canada, and the NWT who have been harshly judged or even persecuted for their religious beliefs it is best that shelters promote all the good things that are in-line with having faith in a higher power (such as treating others fairly, being non-violent, having faith in *something* positive, etc.) rather than any particular religion.

Stop & Think

Take a few minutes to consider how each of the above values and beliefs (including your religious beliefs) might impact your work with victims of family violence. For instance, if you believe that children need both parents in their lives you may be more likely to agree with a mom who does everything she can to make sure her children's father get to spend time with them, regardless of how abusive he may be toward her. You might even be less likely to talk to her (or any mom) about the impact that witnessing abuse has on children. If you don't believe that children need both parents in their lives you may act very differently when you help your clients.

This is why you must be aware of all of your own values and beliefs about all issues and areas of your life. It is not just your knowledge, values, and beliefs about family violence that

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impacts your work. Working with people and trying to help them is a very complicated task and as a professional you have a great deal of power over the person you are trying to help. All of the things that you say and do are impacted by your life experiences, which are heavily impacted by your family, friends, communities, religious beliefs and work environments. If you are like most professionals who want to help people you probably consider yourself to be non-judgemental and open minded. In order to truly have these qualities you must spend some serious time considering your values and beliefs about things like family, relationships, power, equality, fairness, parenting, gender roles, religion or spirituality, and even what it means to be a helper. If you don't know what your values and beliefs are, you will never know when they are impacting the work that you do. Instead you will be blindly going through your work day and reacting to situations as they happen without ever really knowing why you are doing the things you do or why clients are reacting they way they are.

Stop & Think

Most of our negative reactions to people can be traced back to our values and beliefs. Have you ever worked with a client who really annoyed you or who you really did not get along with? Or perhaps there is someone in your family or community who annoys you. Think about one of these persons who you have these strong somewhat negative feelings toward. Why do you think you react that way to that person? Is it possible that they may have values and beliefs that seem to be very different than yours? Do they behave in ways that you do not agree with?

Once you become self-aware by learning about your own values and beliefs you will be in a better position to plan and act in ways that will keep your views hidden so you can really help your client figure out what is best for them and what their needs are.

Activity: Different Beliefs ↔ Different Actions

The statements on the following chart are examples of common things that women might say while in the shelter. Read each statement and each of the beliefs that may be held by the shelter staff that follow. How could each belief result in the staff person doing something different (assuming the staff person is not trying to put their beliefs and values aside to ensure they are acting in a way that is most helpful to the client)?

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A woman says....	If a helper believes that.....	The helper may.....
I think I'm going to go home.	It must not be that bad if she is going back.	
	Coming to the shelter is a good first step in a long road of trying to leave an abusive partner.	
I'll never make it on my own.	She is probably right - there isn't even anywhere for her to live.	
	It will be very difficult for her to leave but she can be successful if the right supports are put in place.	
My kids need a father - he's not that bad	Children do need both parents in their lives. It's not like he was abusing the kids.	
	A father who abuses his partner is not a good role model for his children.	
I can't find a place to stay. Can I stay here longer?	We have the rules for a reason. She needs to leave and get on her own two feet.	
	There are a lot of barriers for women who are trying to make it on their own. We need to be flexible sometimes.	

See page 17 for possible answers

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Values and Beliefs about Responsibility

It is important for those who help others to be especially aware about the values and beliefs they hold around personal responsibility. Many people who work in a shelter do so because they want to help others. However, as we discussed in Module 3.1 there may be differences between you and your co-workers about the types of things that you think are most helpful to clients. These differences in how you help people may even cause conflict at times if others disagree with the things you do or don't do. Many of these differences in how you try to help people may exist because of the different values and beliefs you have about personal responsibility.

In module 3.1 we said that the goal of the helping relationship is to help the client become self sufficient so she can move forward on her own, and learn how to solve her own problems. However, in order to do this you must trust that she is able to take responsibility for her own decisions and actions. At the same time, you must balance this belief with the knowledge that she is also a player in a very large world that is full of discrimination and oppression (as discussed in module 2.2) that can have a large impact on the decisions and actions that she makes. Basically what this means is that although you must trust in her ability to take responsibility for her decisions and action, you must also realize that many times she may have little choice in the decisions and actions that she makes.

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Activity: The Boy, the Girl, the Ferryboat Captain and the Hermit - A parable

Read the following parable and complete the chart that follows.

Tip: the best way to learn from this exercise is to have a co-worker or a friend read the parable and complete the chart too so you can discuss your answers with someone else.

Annie lived on an island. A short distance away there was another island where her boyfriend Henry lived. Annie and Henry were very much in love with each other and had been for many years.

Eventually, Henry had to leave his island and would be gone for a very long time. Annie felt that she must see him one more time. There was only one way to get from her island to his. She needed to take a small ferryboat run by a captain named George.

Annie went to the dock and asked the ferryboat captain to take her to the island where Henry lived. George agreed and told her how much it would cost. When Annie told the captain that she had no money, George said to her: 'Well then, I will take you to the other side if you will sleep with me tonight.'

Annie did not know what to do. She went up the hill on her own island until she came to a hut where a hermit named Johnny lived. Annie told Johnny the whole story and asked for his advice. Johnny said, 'I cannot advise you. You must weigh the alternatives and the sacrifices involved and come to a decision within your own heart.' Annie went back down to the dock and accepted the captain's offer.

The next day, when Annie arrived on the other island, Henry was waiting at the dock to greet her. They embraced. Henry asked Annie how she had gotten to his island because he knew that she did not have any money. Annie told him the whole story about what had happened. Henry pushed her away and said, 'We're through. That's the end. Go away from me. I never want to see you again.' Then he left.

Annie was very upset and did not know what to do. She went up the hill on Henry's island and came across another hermit named Frank. Annie told Frank the story and asked him what she should do. Frank told Annie that there was nothing she could do about what had already happened. He also told her that she was welcome to stay with him and share his food and hut, and that he would go down the hill and beg for enough money to buy her ticket back to her island. Annie went back to her island two days later and was very lonely.

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Think about the characters in the parable. List the characters in the order of which character you believe is the most responsible for the outcome of this story to the character that you believe is the least responsible. Then finish the sentences about each character:

Character	I believe that this character is ...	I believe that this character should have...
1. Most Responsible		
2.		
3.		
4.		
5. Least Responsible		

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Although there is no right or wrong way to list each of the characters in order of their responsibility, how you chose to list them does say a lot about your values and beliefs around responsibility and what your role is as a helper. Let's examine your answers a little closer to see if you can learn a little more about what your values and beliefs are. If you were able to find someone to complete this activity with you use the following points to discuss your answers. If not, consider the points on your own in order to come to a deeper understanding:

Let's start with Annie. Where did you put her on the list? How do you view her? Is she a victim of the captain? Is she just a person who broke the trust of her boyfriend? How much choice did she have in what she did? What do you think influenced her decision to sleep with the captain? Do you think this something she really wanted to do? If you put her near the top of your list, is it possible that you are 'victim blaming'?

Where did you put George, the ferry boat captain? Is he equally as responsible as Annie? Or more? Or less? Do you think he had more or less power than Annie did in this situation?

Where did you put Henry? Is he a victim in this parable? What else could he have done? Do you think he understands why Annie did what she did? Is there anything that he could have done to prevent what happened to Annie? What can he take responsibility for?

Now let's look at the hermits. Where did you put them in your list? Do you think that one is more responsible for what happened than the other? How do you view the actions of each of the hermits? Which one was most helpful? Why? Which hermit are you most like when it comes to helping people? How do you think each of the hermits differs in their view of personal responsibility and Annie's ability to take responsibility for her own actions? What does it say about your view of personal responsibility if you are more or less likely to act like one of the hermits when you are helping someone?

Her Values and Beliefs

Now that you have spent some time learning about some of your own values and beliefs you must remember that your clients are also human. They also have their own values and beliefs and many of them are probably different than yours. We have already said that in order to make healthy choices and decisions they must have the appropriate knowledge, skills and confidence. In order to help your clients get the appropriate knowledge, skills and confidence it is important that you know what their beliefs and values are. If you are paying attention and listening closely to what your clients are telling you, you will often have a good idea about what they believe and value, which will help you determine the types of things that might be most helpful for you to say and do.

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Activity: What Does She Believe?

Think about the following statements that you may hear women say. Think about a possible underlying belief for each statement and how identifying this belief might help you understand how to help her.

A woman says....	She believes	I could help by
He only says mean things to me because I make him mad.		
He really loves me, he doesn't mean to hurt me.		
My partner only hits me when he's drunk.		
I have to stay with him because I don't have any money.		
Every family has fights.		
No one will believe me anyway.		
He only does it because he was abused as a child.		
He called me and says he has changed.		

See page 18 for possible answers

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Module Resources

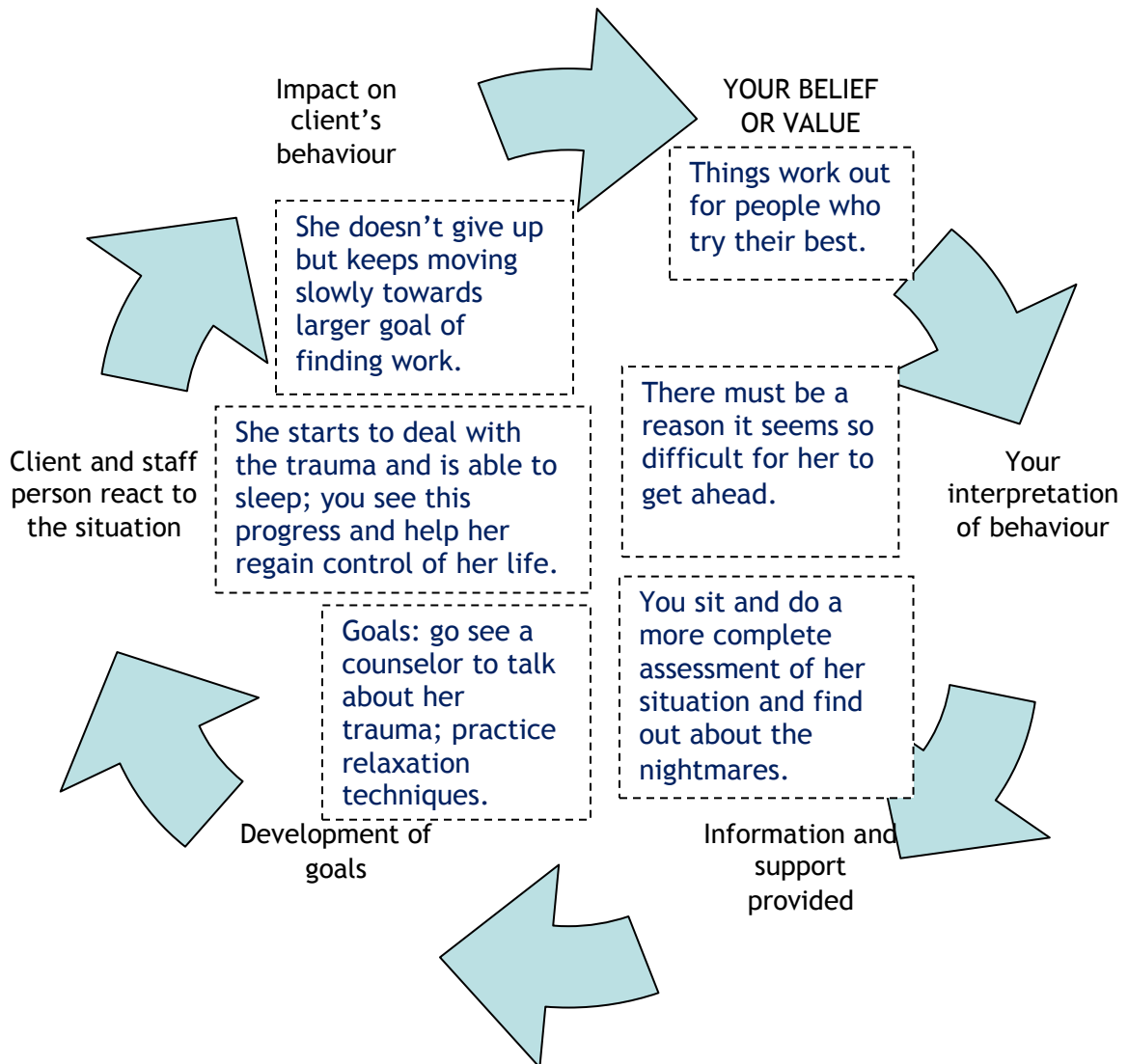
- Brammer, L.M. & MacDonald, G. (2003). The Helping Relationship: Process and Skills (8th Ed.). Allyn & Bacon, Boston, MA.
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Related Modules

- Module 1.1 - The Definition of Family Violence
- Module 1.2 - Who is to Blame
- Module 1.3 - Models of Family Violence
- Module 2.2 - The Impact of Oppression
- Module 3.1 - Roles and Responsibilities
- Module 3.2 - Ethical Practice
- Module 5.1 - Relationship Building
- Module 5.2 - Communication Skills
- Module 5.3 - Files and Documentation
- Module 7.1 - Eligibility and Admission
- Module 7.3 - Understanding Change
- Module 7.4 - Service Plans and Beyond
- Module 7.5 - Communal Living
- Module 9.1 - Advocacy
- Module 9.2 - Collaboration
- Module 9.3 - Community Awareness and Education

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Activity: Values and Beliefs in Action (POSSIBLE ANSWER)



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Activity: Different Beliefs ↔ Different Actions (POSSIBLE ANSWERS)

A woman says....	If a helper believes that.....	The helper may.....
I think I'm going to go home.	It must not be that bad if she is going back.	Ask her if she is sure this is what she wants to do and if there is anything else she needs while she is staying at the shelter.
	Coming to the shelter is a good first step in a long road of trying to leave an abusive partner.	Remind her about the risk she is in, help her make a safety plan and make sure she knows she can return to the shelter at any time.
I'll never make it on my own.	She is probably right - there isn't even anywhere for her to live.	Help her make a safety plan and let her know she can return to the shelter at any time.
	It will be very difficult for her to leave but she can be successful if the right supports are put in place.	Help her identify her strengths and resources and exactly what barriers are making it difficult for her to become independent. Make a plan with manageable goals to overcome the barriers.
My kids need a father - he's not that bad.	Children do need both parents in their lives. It's not like he was abusing the kids.	Talk to her about parenting-related issues and how she and her partner share the household responsibilities. Ask if they are interested in taking a parenting course.
	A father who abuses his partner is not a good role model for his children.	Talk to her about the impact of witnessing abuse on children and the lessons they learn from growing up in a violent home. Talk to her about the link between intimate partner violence and child abuse.

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A woman says....	If a helper believes that.....	The helper may.....
I can't find a place to stay. Can I stay here longer?	We have the rules for a reason. She needs to leave and get on her own two feet.	Tell her other women may need her room, so she will have to find somewhere to go. Offer to make safety plans and refer her to the homeless shelter or other service that might be able to find her a place to stay.
	There are a lot of barriers for women who are trying to make it on their own. We need to be flexible sometimes.	Talk with her to find out what is making it hard for her to leave (she can't find a place, she is worried that her partner may harass her, etc.) and help her make a plan to address these barriers, even if she does need to stay for an extra few days.

Activity: What Does She Believe? (POSSIBLE ANSWERS)

A woman says....	She believes	I could help by
He only says mean things to me because I make him mad.	The abuse is her fault. If she tried harder or was a better person he would not abuse her. She can make the abuse stop.	Talking about the models of abuse. Helping her realize all the strategies she uses to resist the violence and the ways he tries to overcome this resistance. Help her identify the pattern of abuse, if there is one.

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He really loves me; he doesn't mean to hurt me.	A person can still love the person they hurt.	Talking about the signs of a healthy relationship and what love is and is not. Talk about the goal of abuse being power and control, which has nothing to do with love. Talk about violence being deliberate and help her understand how he tries to overcome her resistance.
My partner only hits me when he's drunk.	It is not his fault. He is not abusing me on purpose. It is the alcohol that is making him abusive.	Share information about the models of abuse. Talk to her about violence being deliberate and the choice he is making. Tell her not all people who drink choose to be violent. Help her discover how he overcomes her resistance even when he is drunk.
I have to stay with him because I don't have any money.	I don't have any options because I don't have any income. OR Only people with money have options to leave an abusive relationship.	Help her discover what her options really are and what supports are available that do not require money. Help her set manageable goals towards becoming independent.
Every family has fights.	We are equally responsible for what happens in our family. Family is important and our family is no different than any other.	Talk to her about violence being deliberate and unilateral. Help her realize that 'a fight' is very different from the abuse she is experiencing. Talk about healthy ways partners resolve problems so she can see that not everyone uses violence to solve problems.
No one will believe me anyway.	People judge women who are in abusive relationships. OR I can't trust others or the system to help me.	Assure her that you believe her. Talk about the way the system works and be honest about the faults of the system. Talk about what her rights are when she tries to access help. Talk about the way her abuser may use this belief as a way to keep control of her.

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He only does it because he was abused as a child.	There must be a reason for him to be doing this. I need to stick by him and help him because it really isn't his fault.	Tell her that not all children who are abused grow up to abuse others. Just because he was abused does not give him the right to hurt others. Share information about the models of abuse.
He called me and says he has changed	People can change if they want to.	Help her realize how difficult it can be to change - ask if he has said or promised this before and if she has any evidence that he really is taking the appropriate steps to change. Share information about the models of abuse.

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Module 3.4: Self Care and Balance

Module Overview

It is often the case that those who try to help others forget to take care of themselves. The purpose of this module is to provide you with information and tools to take care of yourself as you provide support to others. You will also be introduced to two issues that are fairly common for people who work in this field but who fail to take care of themselves - burnout and vicarious trauma. Both of these issues can negatively affect your work and your ability to provide support to women and children. If you are aware of the warning signs you can monitor yourself and take steps to prevent these things from having a long term negative impact on you and your work.

Important Considerations

You can only help others if you are able to keep yourself healthy in all spheres of your life - mentally, physically, emotionally, and spiritually. While it is certain that you know this, do you really believe it and practice good self care strategies? Or have you tried to do things to take care of yourself, but find that those things are not really effective? Perhaps you still feel stressed out no matter what you do to try to make yourself feel better. Or perhaps you only take care of yourself when you start to feel like you are REALLY stressed. If any of this sounds familiar to you, it is very important that you take your time to go through this module to figure out how you need to improve your ability to take care of yourself. Even if you think you are pretty good at taking care of yourself, you will probably find this module useful to help you learn new strategies and to make sure you are doing all you can to keep yourself well.

If, when you are completing the section on burnout and vicarious trauma you noticed that you are suffering from some of the symptoms, you should get some help immediately. You should talk to your supervisor about your symptoms and put a plan in place to take better care of yourself. It may also be wise to take some time off work in order to protect yourself from suffering from further effects. If these symptoms do not go away, get worse, and/or begin to interfere with your ability to function you should seek professional help.

Time Out

Before you move on in this module, take some time to consider the following:

- What do you do right now to take care of yourself? When do you do these things?
- Are you sometimes too tired to finish your workday?

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- Do you feel sick a lot of the time? Or do you suffer from aches and pains?
- Have you ever talked to a trained counselor about your issues? If so, was it helpful?
- Do you feel like you are always working?
- Do you sometimes go straight to bed when you get home from work?
- Do you think about or worry about clients when you are not at the shelter?
- Do you have trouble sleeping?
- Have you ever cried with a client as she shared her story?
- Have you ever thought about a client's story long after she shared it with you?
- Do you always worry about some clients?
- Are there times that you are too exhausted to go to work? Or are there times that you just hate the thought of having to go in?
- Do you sometimes have the feeling that something really bad is going to happen?

Self Care

Your work in the shelter can be exhausting. Helping and supporting victims of violence can be very rewarding at times, but it is also always draining on our own mental and physical well being. It is important to know that the only person who knows how you are dealing with and reacting to the situations you encounter is you. For that reason, it is you and you alone that needs to take responsibility and control of making sure you are healthy and well so that you can be effective when it comes to helping others. You are the only person who will know when you are tired, stressed, and/or preoccupied with thoughts and worries about yourself or others. You are also the only person who knows which self care strategies work for you and which ones don't.

There are many challenges and frustrations in your type of work that make it necessary for you to take good care of yourself:

- ☐ A focus on supporting others leaves little time and energy to care for yourself
- ☐ Working in a shelter is time consuming and demanding - because of our role in the community you may never feel like you are truly off the clock or that you can say 'no'
- ☐ You may not be able to appropriately discuss and de-brief difficult situations due to lack of time and/or appropriate supervision
- ☐ Clients may not do the things you think they should do - women often return to dangerous situations

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- ☐ You may not like that helping is a one-way street - clients don't (or shouldn't) give back to you in the same way you give to them, but sometimes they may not even seem to appreciate your help
- ☐ Dealing with your own issues and those of your clients is a huge emotional burden
- ☐ Having to work long hours with unpredictable situations can be exhausting
- ☐ There may be daily frustrations that you deal with that you cannot control or change such as conflict with co-workers and/or other professionals and a lack of private work space

With all of these challenges and frustrations (as well as countless others that are not even in the list above) it is important to take care of yourself so that you:

- Do not burnout
- Minimize the impact of vicarious trauma on your life and your work
- Are a good role model for clients who need to learn to take better care of themselves. If you don't 'practice what you preach' clients are not likely to take the information you give them about the need to have a healthy lifestyle seriously.
- Enjoy your work, which really is a large part of your life. You spend a large portion of your waking hours at the shelter. If you are not enjoying the work you do, you are probably not able to enjoy aspects of your life outside of the shelter.

Stop & Think

There are a number of warning signs that you need to work harder on taking care of yourself. Take a moment to read through the partial list below to see which ones you might be experiencing:

- ☐ Thinking about work when you get home
- ☐ Dreaming about clients
- ☐ Taking calls about work when you are at home if you are not on call
- ☐ Always being on call
- ☐ Headaches, backaches, clenching your teeth, other aches and pains
- ☐ Having trouble remembering things
- ☐ Trouble concentrating
- ☐ Not completing tasks or a lack of productivity at work
- ☐ Being sick a lot
- ☐ Being late for work or always wanting to leave early
- ☐ No sense of humor
- ☐ Drinking more caffeine or alcohol or smoking more than you used to
- ☐ Feeling tired and 'drained' a lot of the time
- ☐ Having trouble sleeping or sleeping a lot

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- ☐ Not being able to find the time to work on your hobbies and/or spend time with friends
- ☐ Increase in appetite or no appetite at all
- ☐ Feeling angry about the demands placed on you at work
- ☐ Not being able to get along with co-workers

Self-care: 3 Things You Must Do

While there are many strategies that you can use to take care of your health and well being, there are three strategies that must be in place before any of the other strategies will be successful in the long term. If you are not able to do these three things, you will probably find that you will always struggle to find effective ways of making the symptoms (or warning signs) discussed above go away. These three things are:

- ☐ You must be able to set boundaries and enforce them
- ☐ You must achieve work-life balance
- ☐ You must be able to seek help for your own issues

Setting and Enforcing Boundaries

We did a lot of talking about the importance of boundaries in Module 3.2. At that time we said that one thing that effective boundaries can do is protect both you and your client. One of the things that boundaries can protect you from is being stressed or getting ‘burnt out’.

A good boundary to have for your own self care and well being is to only work with clients or family violence related issues when you are actually at the shelter and/or on shift. This can be very challenging in a small community as you may see women who are or have been in your shelter and/or their friends and family members in your daily life. Think of a statement or signal that you can use to remind them (and yourself) that you are not always working. For example, you could say: ‘Give me a call tomorrow and we can talk about that - do you have the number for the shelter?’ Or, even better, you could say ‘My co-worker (say the actual name of the person) is working at the shelter today. She could help you with this too. Do you have the number to the shelter?’ to show the person who is approaching you that they can always get help from someone at the shelter and that person does not always have to be you. You may struggle to say these things in the beginning or you may worry that if you do say something like this then the person will not get the help that they need. You have to remember that if they don’t want to seek out help from you at a more appropriate time or

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from someone else, that is their choice. It does not mean that you should always be available for them. It is not healthy for you or for them to not have these boundaries in your professional helping relationship. You need to learn to take care of yourself and she needs to recognize that you are not the only person she can rely on. Once you get used to saying this and others get used to hearing it, you will probably find that people will approach you about your work less often.

Another important part of enforcing your boundaries is to only agree to provide what you can provide. If someone wants you to do something that you don't have time to do or that takes you away from the time that you should be spending on something else (such as taking care of yourself), you need to learn how to say 'no' and not feel guilty about it. It might help you do this if you believe that saying 'no' means that you will actually be able to do your job better. So really, there is nothing to feel guilty about.

Achieving Work-Life Balance

Look at the term '**work-life balance**'. This means that your work is not your life. Instead, your work should be in balance with your life. You probably play many different roles in your life such as shelter staff, parent, spouse, friend, caregiver, sister, and volunteer. With each of these roles come a number of different responsibilities and tasks that you must complete. In order to be able to focus on all these different responsibilities and tasks it is important that you are able to find a way to devote an appropriate amount of time to being in each role, or in other words, to be able to find balance among the roles. This does not necessarily mean that you have equal time devoted to each and every role, but it does mean that you need to make sure no one area of your life overshadows another.

Stop & Think

Take a moment to consider where you spend the majority of your time. There are 168 hours in a week (7 days). If you work 40 hours a week, and sleep for an average of 8 hours each night (which is also 40 hours), you only have 88 hours left for 'free time'.

Figure out how much of your time is actually 'free time'. What do you do with these hours? How much of your time is spent taking care of yourself? Is too much of your time being taken up by one of the roles you have? Do you feel like you have balance between all your roles and activities?

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Some things that might help you achieve work-life balance:

- ☐ **Set boundaries**
 - Have you noticed yet that this keeps coming up? Hopefully, this helps you realize how important it is to have and enforce appropriate boundaries.
- ☐ **Set priorities**
 - At either the end or beginning of each day, set your priorities for things that need to be completed for that day or the next. You should set priorities for all the roles that you have so that you can remind yourself that your time should not be spent just in the shelter. Congratulate yourself for the things on your list that you are able to accomplish. Ask for help with the tasks that did not get done.
- ☐ **Create a ritual that helps you separate work from the rest of your life**
 - If you find it hard to stop thinking about work or clients after you are you're your shift, it might be helpful to get into the habit of doing something that will remind you that it is now time to focus on your other roles. This should be something that you never do at work. It could be taking a brief walk, doing a crossword puzzle, or listening to some music when you get home. Some people have found it helpful to take a shower after work to 'wash away' all the thoughts and frustrations that you might be tempted to bring home with you. Your goal is to find something that will help clear your mind of work related issues so that you are able to focus on you, your family and other healthy things you should be focusing on outside of work.
- ☐ **Make choices.**
 - Social, community and volunteer obligations pull us in many directions. Choose the ones that are you enjoy and give you the most satisfaction and say 'no' to the rest.
- ☐ **Manage expectations.**
 - Be clear at the outset about how much time or support you can contribute to community activities, events and organizations and stick to these expectations
- ☐ **Set personal goals**
 - Goals don't have to be ambitious. You might decide to finish that book you started three years ago; to take a walk around the block every day; to learn to sew; to call your friends instead of waiting for the phone to ring. Whatever your goal, when you reach it you will feel more confident and accomplished. And reward yourself when you reach a goal - tell somebody, treat yourself or take a few minutes to appreciate what you did.

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Activity: Work-Life Balance Quiz

Take a few moments to see if you need to work on improving the balance between your work and the rest of your life.

Check Agree or Disagree for each statement.

		Agree	Disagree
1	I feel like I have little or no control over my work life.		
2	I have trouble finding the time to enjoy hobbies or interests outside of work.		
3	I often feel guilty because I can't make time for everything I want to.		
4	I frequently feel anxious or upset because of what is happening at work.		
5	I wish I had more time to spend with my loved ones.		
6	When I'm at home, I don't feel relaxed.		
7	I only have time to do something just for me once a month.		
8	On most days, I feel overwhelmed and over-committed.		
9	Sometimes I lose my temper at work.		
10	I never use all my allotted vacation days.		
11	I often feel exhausted - even early in the week.		
12	Usually, I work through my lunch break.		
13	Sometimes I miss out on important family events because of work.		
14	I frequently think about work when I'm not working.		
15	My family gets upset with me about how much time I spend working.		
Total			

Your score is the number of Disagrees: ____

What Your Score Means

0 - 5: Your life is out of balance - you need to make significant changes to find your equilibrium. But you can take control!

6 - 10: You're keeping things under control - but only barely. Now is the time to take action before you're knocked off balance.

11 - 15: You're on the right track! You've been able to achieve work/life balance - now, make sure you protect it.

*Adapted from www.cmha.ca

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Seeking Help for Your Own Issues

We all have ‘issues’. Some people refer to their issues as ‘baggage’, ‘problems’, ‘my past’, or ‘my history’. It is important for you to know what your ‘issues’ are. They may be as common as having difficulty saying ‘no’ to people or as troublesome as having been abused in a past relationship. Whatever the issues are, it is important that you are able to seek help so that the issues you have do not interfere with your ability to do your job and/or take care of yourself. Many people who have chosen to work in the field of helping other people make sure they also have regular appointments with their own mental health professional. This way they are able to talk about anything and everything that may be bothering them. Doing this will help prevent any of your issues from interfering with your ability to help others. If having your own mental health professional is not possible, it is important to make sure that you have received professional help for any traumas or abuses that you may have experienced in the past so that you can be certain you have dealt with all the feelings you have about these experiences. It is also important to make sure that you have a positive support system at work and at home so you can ask for help whenever you need it.

Self Care Strategies

Now that you have spent some time considering the three things that you must work on, there are a number of other strategies you can use to also take care of yourself. None of these will likely be effective by themselves, especially if you are struggling to do the things discussed above. However, if you use a number of these strategies along with enforcing your boundaries, strive to achieve balance, and seek help for your own issues you will likely be doing a good job of taking care of your own needs.

- ☐ Debriefing

Make sure you are able to talk about your workday with someone before you leave the shelter at the end of your shift. Doing so will help you address any difficult client related issues as they happen rather than letting your concerns and frustrations build up. It will also help you leave work issues at work. If you are not comfortable debriefing with your co-workers, let your supervisor know and make arrangements to debrief with her on a regular basis.

- ☐ Develop a strong personal support system

It is important that you have people in your life that you can count on during times of stress. These should be people who are able to support you get through difficulties in your

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personal life and take your mind off client related issues while respecting the confidential nature of your work.

☐ Take breaks

Your ability to support others and to complete all of the tasks required to maintain the health and safety of the shelter will increase if you take breaks throughout the day. These can be a series of short breaks between sessions with woman and required tasks. If you cannot leave the shelter, even closing a door and asking not to be disturbed for 10 - 15 minutes can help re-gain your balance and confidence.

☐ Find a quiet space

Whenever you find that you are becoming overwhelmed by all the things you need to do or a situation you just can't seem to find a solution for find quiet space where you can go to think and have a few minutes to re-center yourself.

☐ Physical Activity

Regular physical activity improves physical and mental health and can reduce depression and anxiety. Sharing physical activities with others can also reduce isolation as it connects you with a new set of people who are sharing a common goal. If you have never been really active before, you may not believe what a huge impact it can have on your health and well being. Test it out for yourself - take a week and spend 20 minutes a day doing something active (like walking) and see how you feel.

☐ Enjoy a hobby

Find a hobby that you enjoy and that brings balance to your life - hobbies are great because they allow you to do something you enjoy, try new things without having to do them perfectly, meet new people and do an activity just because you like it.

☐ Keep a journal

Write down your thoughts in a journal or keep a journal on your computer. Writing things down can help you gain perspective, release tension and even boost your body's resistance to illness. Write down all of the things that you wanted to say but couldn't or didn't.

☐ Trust in yourself and your own personal resources

Remind yourself of your many strengths, gifts and resources and that it is OK to ask for help if you need it.

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☐ Share humour

Life can get very serious, so when you hear or see something that makes you smile or laugh, share it with someone you know. A little laughter can go a long way.

☐ Treat yourself

Take care of yourself the way that you take care of others - cook yourself a good meal, have a bubble bath, sit outside and enjoy the view. Do anything that helps you relax.

☐ Visualization

Close your eyes and imagine yourself in a dream location. Breathe slowly and deeply. Whether it's a beach, camp, the bush or a place from your past, let the comforting environment wrap you in a sensation of peace and tranquility.

☐ Balanced diet

When you are busy and dealing with a stressful environment it is more important than ever to eat a balanced diet. Unfortunately, when we are busy it seems like this is one of the first things to be neglected. Plan to eat healthy by preparing healthy meals and snacks that can be stored and grabbed when you need them. Eat as much fresh food as you can. If you don't have 'convenient' foods and junk foods around you, then you won't be tempted to eat them. If you are not sure what a balanced diet is or need some help and tips to eat healthy, look up Canada's Food Guide at <http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php> or you might be interested in the food guide that was developed for First Nations, Inuit and Metis people at http://www.hc-sc.gc.ca/fn-an/alt_formats/fnihb-dgspni/pdf/pubs/fnim-pnim/2007_fnim-pnim_food-guide-aliment-eng.pdf

☐ Sleep

You should never underestimate the power of sleep. Sleep can be a very powerful healer. You should make sure you get at least 7-8 hours of sleep each night so that your body is able to fight off illness and cope better with stress.

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Activity: Monitoring My Self-Care

Now that you know about a variety of strategies you can use to take care of yourself, the trick is to figure out which areas you need to improve on. The only way to improve our self care strategies is to recognize your own weak spots and work on them. The following activity will help you figure this out. All of the activities listed are potential ways of taking care of your physical, cognitive (your brain and its ability to learn), emotional, spiritual, and professional parts of yourself. Your goal in completing this activity is to find out which activities you are doing now to take care of these areas and which ones you have tried in the past. There is also space to add your own strategies that may not be listed here.

Rate the following areas according to how often you do them or used to do them:

5 = Frequently

2 = Never

4 = Occasionally

1 = It never occurred to me

3 = Rarely

Physical Self-Care	Now	Ever
I eat regularly (e.g. breakfast, lunch, and dinner)		
I eat healthy foods		
I exercise regularly		
I get regular medical care for prevention or chronic conditions		
I get medical care when needed		
I take time off when sick		
I dance, swim, walk, run, play sports, sing, or do some other physical activity that I enjoy		
I take time to be sexual		

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Physical Self-Care	Now	Ever
I get enough sleep		
I take vacations		
I take day trips or mini-vacations		
I make time away from telephones and email		
Other:		

Cognitive Self-Care	Now	Ever
I make time for self-reflection		
I write in a journal		
I read literature that is related to work		
I read literature that is unrelated to work		
I let others make decisions when appropriate		
I participate in professional development		
I challenge my thinking abilities with puzzles or other learning activities		
I am curious		
I am excited to learn new things		
Other:		

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Emotional Self-Care	Now	Ever
I spend time with others whose company I enjoy		
I stay in contact with important people in my life		
I give myself affirmations, praise, positive self talk		
I reread favourite books, re-watch favourite movies		
I allow myself to feel a range of feelings including anger		
I allow myself to cry when sad		
I find things that make me laugh		
I spend time with children		
I celebrate my achievements		
Other:		
Other:		
Other:		

Spiritual Self-Care	Now	Ever
I notice my inner experience - I listen to my thoughts, beliefs, attitudes and feelings		
I make time for reflection		
I spend time with nature		
I am involved in my community		

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Spiritual Self-Care	Now	Ever
I am open to inspiration		
I cherish optimism and hope		
I am open to new ideas or new ways of thinking		
I know what is meaningful to me and spend time with these meaningful activities or people		
I meditate, pray, sing to celebrate my spirituality		
Other:		
Workplace or Professional Self-Care	Now	Ever
I take breaks during the workday		
I take time to chat with co-workers		
I make quiet time to complete tasks		
I identify projects or tasks that are exciting and rewarding		
I set limits with clients and co-workers		
I monitor the caseload so that no one day or part of a day is overloaded		
I arrange my work space so it is comfortable and comforting		
I ask questions and accept constructive criticism		
I participate in professional development and training		
Other:		

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Comparing the number of Now's in each category:

Which categories are going well?

Which categories need some attention?

Considering the Ever'ss

Are there activities that you used to do that you have stopped doing?

Did these help with your self care?

What happened that you stopped doing them?

Would you like to start doing them again?

What could you do so that you could start doing them again?

One activity that I could start
doing today is:

Burnout and Vicarious Trauma

Now that you have all this information about self-care, it is up to you to decide what you do with it. Hopefully you will take the time to set goals for yourself so that you are able to improve on the ways that you currently try to take care of yourself. Learning to take proper care of yourself is one of you best defenses against becoming 'burnt out' and/or suffering from the ongoing negative effects of vicarious trauma.

Burnout - refers to a state of being emotionally exhausted and unable to feel a connection to the work you are doing. Someone who is 'burnt out' also usually stops feeling like they are successful and fulfilled by the work they do.

Vicarious Trauma - refers to the impact that working with people who have been traumatized has on us as professional helpers. Each and every woman we come into contact with changes us in some way. The longer we work in this field the more we become exposed to the negativities of life and the realities of what abuse is and what it does to people. This has a life changing effect on how we view the world and interact with other people. This life changing effect can be thought of as a type of vicarious trauma - even if we do not feel like these effects are damaging or negatively impacting our lives in some way. Being aware of and

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able to manage the life changing effects of working with victims of violence through things such as good self care, allows you to minimize the impact on your life and your work.

There is some overlap between the symptoms of burnout and vicarious trauma, and both of these issues may occur together. It is also possible that someone who may initially be vicariously traumatized to become burnt out because she does not put things into place protect herself from the impact of being vicariously traumatized. For instance:

Due to her work with female victims of family violence, a shelter worker may start to believe that all men are abusive in some way or another and are not to be trusted. This belief is an effect of her being vicariously traumatized by her work and would not usually be a symptom associated with burnout. However, due to this belief she starts putting in even more hours at the shelter and stops taking the time to go out and meet new people and have fun. She figures there is no point because anyone she dates is likely to end up being abusive anyway. Eventually she starts to find it difficult to sleep at night and is too tired to go to work in the morning. When she is at the shelter she is has a negative attitude and does not seem to be able to get along with her co-workers.

In this situation, what started out as a symptom of vicarious trauma led the staff person to start behaving in a way that was not healthy. Instead of taking the time to look around and remind herself that not all men are abusive, and find evidence of this fact, she withdrew from one of the very activities that would prove her belief to be wrong (meeting new people, being with her friends and dating). This led to even more negative symptoms that were indicative of ongoing vicarious trauma *and* burnout.

The key is for you to be able to recognize any of the negative symptoms associated with either vicarious trauma or burnout (or both) so that you can take the steps you need to take to ensure that you do not suffer from long term negative impacts on you and your work.

Activity: Vicarious Traumatization

Watch the video titled Vicarious Traumatization I. A copy of this video should be found in with the resources your shelter owns. If you cannot find it, you can contact the Status of Women Council of the NWT (at 867-920-6177) or the GNWT Family and Child Violence Protection Consultant in Yellowknife (at 867-873-7918) to borrow a copy.

When you have finished viewing the video, take some time to think about the impacts discussed in the video on the day-to-day lives of the helpers in the video. Have you

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experienced any of these impacts? If so, which ones? What can you do to try to make sure these impacts don't get worse?

Symptoms of Vicarious Trauma and Burnout

Some warning signs that these issues are having a negative impact on you and the work you do are provided.

Physical

- headaches
- stomach aches
- back, neck and shoulder stiffness
- trouble breathing
- trouble sleeping or over sleeping
- aches and pains
- missing work due to illness
- rapid heartbeat

Cognitive (the way you think)

- forgetful
- poor decision making
- poor long-term planning
- tasks not complete
- mistakes
- confusion
- lose confidence that you can do your job
- missing deadlines
- lower standards accepted
- overly self-critical
- overly critical of others
- loss of interest in work or other activities
- thoughts of harming self or others

Behavioural

- missing work
- being late or leaving early
- exhaustion
- faulty judgment
- irritability
- using more substances like alcohol, drugs, caffeine, or smoking
- withdrawn
- changes in appetite
- working more hours
- frequent job changes
- accidents
- conflicts
- trying to be perfect
- obsessed with details
- moody
- nightmares

Spiritual

- questioning the meaning of life
- questioning your religious or spiritual
- unreasonable expectations
- being angry at God

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- beliefs
- hopelessness

Emotional

- powerlessness
- anxiety
- guilt

- feeling incomplete

- helplessness
- fear
- sense of being overwhelmed

Interpersonal

- impatience
- staff conflicts
- poor communication
- changes in how you parent or changing rules for your children because of your experiences at work

- frequent criticism, gossip or backbiting
- withdrawal from co-workers and/or friends and family
- not being able to trust others
- decreased interest in intimacy or sex

Performance of Job Tasks

- decrease in quality
- decrease in quantity
- avoiding certain tasks or clients
- complaining a lot

- expecting perfection from others
- obsessed with details
- complaints from clients
- dissatisfied with quality of work
- negative attitude

If you notice that you are experiencing any of these symptoms it would be good ideas to make a renewed commitment to taking good care of yourself and to talk to someone you trust about what you are experiencing. In order to try to minimize the effects of vicarious trauma there are some specific things that you can do:

- Try to limit the number of traumatic stories you hear each day
- Set realistic goals when working with clients
- Actively seek out and attend training sessions or read any sort of information that will improve your professional skills
- Make sure you do all sorts of tasks during your shift so that you are not always being exposed to traumatic events
- Get involved in positive community based events that promote things like women's safety (such as Take Back the Night Activities and Family Violence Awareness Week)
- Help clients create realistic safety plans

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- Renew your own spiritual beliefs by activities like going to church, being part of a prayer group, and/or spending time with nature.
- Develop your own personal plan on how and when you will debrief your day or your week ... and follow it
- Keep a connection with the larger picture of what you do - you may not be able to prevent abuse from happening but you are a part of a large movement of people trying to make a difference in the lives of women everywhere
- MAKE A COMMITMENT TO TAKING CARE OF YOURSELF

Activity: Self Care Plan

Create a self care plan that will outline all of the things you will do to make sure you take care of yourself. This plan should be based on what you learned about yourself in the Monitoring My Self Care activity and all of the strategies and tips discussed throughout this module. Make sure that your goals for self care are realistic and achievable. For instance, if you know that your schedule will not allow you to exercise more often than twice a week, do not put in your plan that you will exercise 3 times a week. If you are not sure about how to create good goals, you should probably take a moment to read the section in module 7.3 on SMART goals so that you can make sure you make a plan that is likely to be successful.

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Module Resources

Brammer, L.M. & MacDonald, G. (2003). The Helping Relationship: Process and Skills (8th Ed.). Allyn & Bacon, Boston, MA.

Canadian Mental Health Association - www.cmha.ca

Reimer, J. (2001). Guidebook on Vicarious Trauma: Recommended solutions for anti-violence workers. Health Canada, Ottawa: ON. Found at:
http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/pdfs/trauma_e.pdf

Video- Vicarious Traumatization I

If you would like to borrow a copy of this video please contact the Status of Women Council of the NWT (at 867-920-6177) or the Department of Health and Social Services Family and Child Violence Protection Consultant in Yellowknife (at 873-7918)

Related Modules

Module 3.2 - Ethical Practice

Module 5.2 - Communication Skills

Module 7.4 - Service Plans and Beyond

More Practice:

1. Go to www.cmha.ca and explore the links to learn more about stress and mental health.
2. Complete pages 35-38 in the Guidebook on Vicarious Trauma (which should be in your shelter, or you can download it at: http://www.phac-aspc.gc.ca/ncfv-cnivf/pdfs/fem-vicartrauma_e.pdf to learn more about self-care.

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Module 4.1: Legal Protection from Family Violence

Module Overview

This module will introduce you to the legal protection from family violence that is available in the NWT. Legal options that are available include: Emergency protection orders, protection orders and warrants of entry under the *Protection Against Family Violence Act*, restraining orders under the *Family Law Act* or the *Children's Law Act* and Peace Bonds under the *Criminal Code of Canada*. You will also be introduced to the concept of working with clients who may be going through a formal criminal investigation and what some of their concerns may be.

Important Considerations

Working in the field of family violence means that you have probably had many interactions with the legal system. Hopefully, at least some of those interactions have been positive, but some of them may have been quite negative. We know that in our society, an issue like family violence does not often get taken as seriously by the justice system as we would like. As a result, you may have developed some of your own views and feeling about the justice system, lawyers, and the RCMP. The good news is that there is a lot of work and effort going into making the justice system better at meeting the needs of victims of family violence in the NWT.

You have a responsibility to communicate to your clients what their options are in terms of taking legal action to protect themselves from an abusive person. The more informed you are about these options, the more helpful you will be to your client. It is important that you both understand that most of the legal options available will only be effective if your client feels confident and safe enough to make a report if/when the abusive person breaks the law by doing something he is not supposed to. If she cannot do this, or cannot find people to help her do this, she might be better off trying to find another way of staying safe.

Not every client will be interested in seeking legal protection. They may have many reasons for this choice including: not trusting the system; not wanting to get the abusive person in trouble; thinking people will not believe her; and/or bad experiences with the justice system in the past. Regardless, you should always tell clients about their legal options in case they do ever want this type of protection. If you also know her reasons behind not being interested in legal protection you might be able to discuss some of her concerns so that she can begin to think about getting legal protection as a valid option for her when she is ready.

Time Out:

Prior to moving on to complete this module, take a moment to consider the following:

- What have your experiences been with the legal system?
- Do you think the legal system is responsive to the needs of victims?
- What do you think needs to improve in the legal system?

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- Do you understand the legal system? How can you improve your understanding?

Protection Against Family Violence Act

The *Protection Against Family Violence Act (PAFVA)* is a piece of civil legislation. This means that although the RCMP are involved and aware whenever anyone applies for protection under this act, no criminal charges are laid against the abusive person unless by breaking the conditions of what they are supposed to do or not do they also break a law under the Criminal Code of Canada.

The *Protection Against Family Violence Act* provides three legal tools to help protect those who are threatened with family violence:

1. Emergency Protection Orders (EPOs)
2. Protection Orders, and
3. Warrants of Entry.

Definitions

In order to understand these tools, it is important to first understand the following definitions that apply under the Act:

Family violence occurs when someone causes any of the following to happen to another person in a family or intimate relationship:

- ☐ hurts or damages a person or property
- ☐ causes someone to fear for their safety
- ☐ causes someone to fear for the safety of a child in their care
- ☐ causes a child in their care to fear for his or her safety
- ☐ sexual abuse of a person or child in their care
- ☐ forcible confinement
- ☐ psychological, emotional or financial abuse that causes harm or fear of harm to the applicant or a child in their care.

Applicant is the person who applies for protection under this act. This is the usually the woman that you are helping. The following people can be applicants:

- ☐ a partner or former partner
- ☐ anyone who has or is living with someone in a family or intimate relationship including a parent, grandparent, sibling, child, or boy/girlfriend who have lived together
- ☐ anyone who has had a child with the abusive person
- ☐ a parent or a grandparent of any of the above people.

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Respondent is the person against whom an order is sought or granted; the person who is accused of committing an act of family violence.

An **Order** is a legal document that sets out instructions that must be obeyed by the respondent. It explains what the respondent may or may not do. For example, it may say the respondent cannot come near the woman, her home, workplace or children.

1. *Emergency Protection Orders.*

The main tool in the Act is the **Emergency Protection Order** which is commonly referred to as an **EPO**. The EPO helps protect victims of family violence who require immediate protection due to the serious or urgent nature of their situation. In these emergency situations there would not be time to go to court or get a lawyer. EPOs are for serious situations when something needs to be done immediately in order to prevent someone from being harmed. An EPO can last for up to 90 days or it can be in effect for just a few days.

In order to determine if an EPO is the right type of protection for the person, it is important to consider all of the following:

- ☐ the actions or inactions (type of family violence) that happened
- ☐ if these actions have happened in the past
- ☐ what kinds of actions have happened in the past and how often
- ☐ if there is immediate danger to persons or property, and
- ☐ what is best for the applicant and any children in their care.
- ☐ are there RCMP in her community that can respond quickly if the respondent breaks the order?
- ☐ is the respondent likely to obey the order or will having an EPO increase her risk of being harmed?

If you are working with a client and you are not sure whether or not her situation could be considered an emergency, ask yourself the following questions:

- ☐ Has family violence happened?
- ☐ Does she fear for her safety, or for the safety of her children, or for the safety of her personal belongings and property?
- ☐ Would she likely be harmed if she went home right now and the abusive person was there?

If you answer 'yes' to all of these questions it is likely an emergency situation. If the woman does not wish to stay in the shelter, for whatever reason, an EPO might be something that could protect her, if she wishes.

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An EPO can:

- ☐ direct the police to remove the abusive person from the house
- ☐ temporarily give the applicant the sole use of the home and/or other property
- ☐ limit communication between the people involved
- ☐ direct the police to assist with the removal of personal belongings
- ☐ protect property in which the woman has an interest, and
- ☐ direct the seizure of weapons or firearms by the police.

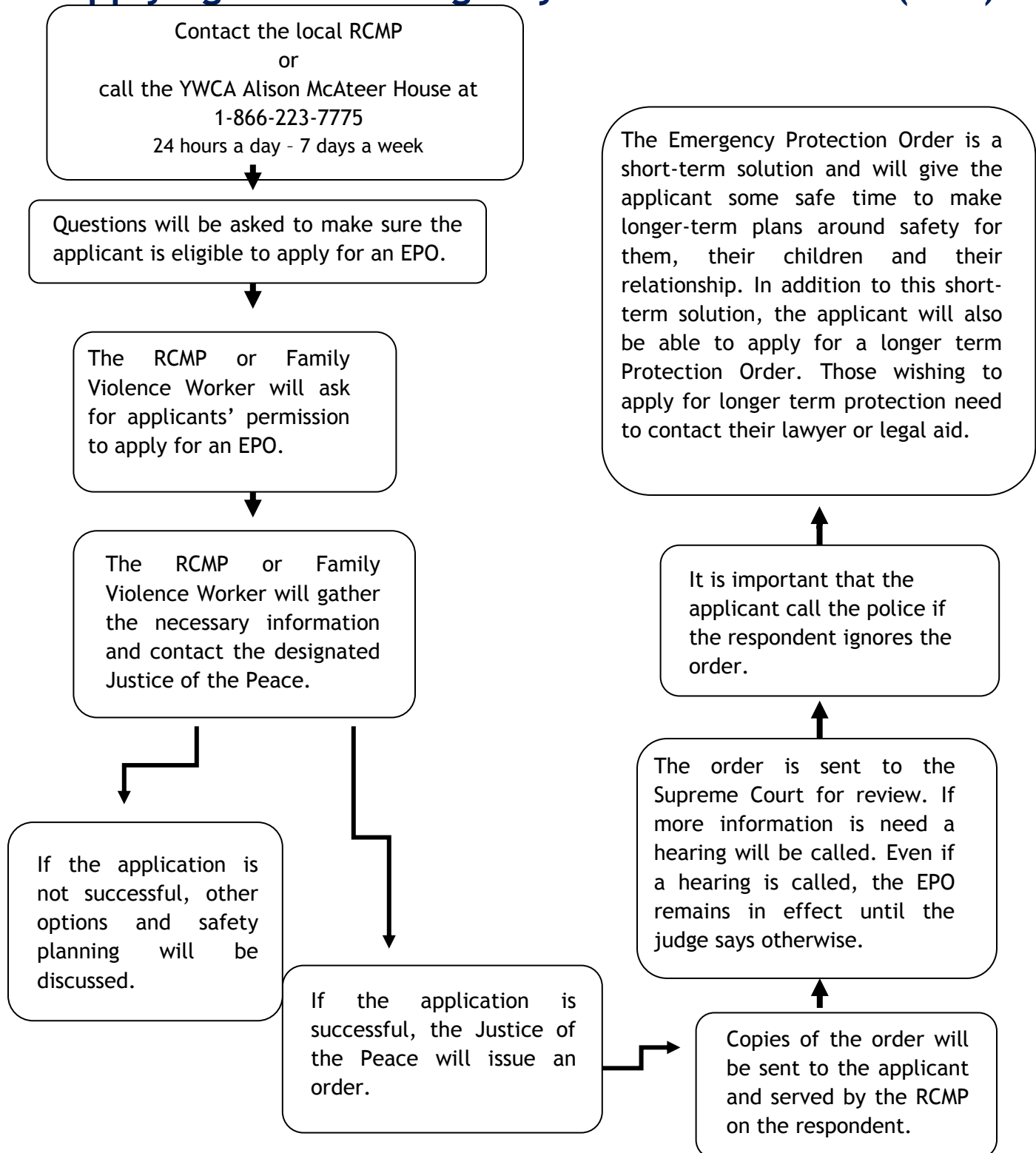
Local RCMP and Family Violence Workers at the YWCA Alison McAteer House are designated and trained to assist people to apply for an EPO by collecting relevant information and contacting a Justice of the Peace. The Justice of the Peace will decide whether an EPO is issued in each case.

If you have a client who may benefit from an EPO, your role is to explain what an EPO can and cannot do. For instance, an EPO can only be granted in an emergency situation. If she fears for her safety when her partner returns home and he is not going to be home for 2 weeks, her situation may not be considered an emergency. An EPO cannot order the abusive person to go to counselling or to pay for any damage he has caused. An EPO is also not a magic wand. EPO's are the most effective when they are part of a larger support and safety plan. This larger plan needs to include a quick response to any breeches of the order.

The following diagram explains the steps involved in getting an EPO. You can use this diagram to help explain EPOs to your clients. You may not see yourself in this diagram, but that does not mean that you do not have an important role to play. Your role is to support your client through the process of getting an EPO and then helping her implement safety strategies to make her EPO as effective as possible.

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Applying for an Emergency Protection Order (EPO)



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2. Protection Orders

Under the *Protection Against Family Violence Act*, Protection Orders (POs) can protect women from family violence when there is more time to make safety plans and take action. For example, the woman may not be at immediate risk because there is an Emergency Protection Order in place, or the respondent may be out of town or in jail. Protection Orders are appropriate in situations when there is family violence but no immediate danger. Protection Orders are available on application to the Supreme Court. If the Court is satisfied that family violence has occurred, they will issue a Protection Order. A Protection Order can last longer than 90 days.

In order to determine if a Protection Order is the right type of protection for the person, it is important to consider all of the following:

- ☐ the actions or inactions (type of family violence) that happened
- ☐ if these actions have happened in the past
- ☐ what kinds of actions have happened in the past and how often
- ☐ the danger to persons or property, and
- ☐ what is best for the applicant and any children in their care.

A Protection Order can do all the things that an EPO can plus:

- ☐ order financial compensation required as a result of the incident(s)
- ☐ order the man to attend counselling and/or pay for children to attend counselling, and
- ☐ other orders specific to the particular incident(s).

The woman will need a lawyer to apply for a Protection Order and it can take a few weeks for the order to be issued. In order to get a Protection Order, the application must be heard by a judge. It is possible for the lawyer to go to court on behalf of the woman if she is too afraid to face her abuser. To start the process of getting a Protection Order the following people can be contacted:

- ☐ Local Court Workers:
 - Yellowknife: 873 7450
 - Behchokö: 392-6386
 - Fort Good Hope: 598-2762
 - Fort McPherson: 952-2756
 - Fort Simpson: 695-7315
 - Hay River: 874-2475
 - Ulukhaktok: 396-8002
 - Inuvik: 777-2030
 - Tuktoyaktuk: 977-2260
- ☐ Legal Aid: 873-7450 (Collect calls accepted)

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- ☐ A lawyer.

In some cases it may be appropriate to apply for an Emergency Protection Order and then apply for a Protection Order. The EPO will address the emergency while the Protection Order can be part of a longer-term safety plan.

3. Warrant of Entry

A Warrant of Entry is available 24 hours a day and is issued by a Justice of the Peace. It allows the RCMP to enter and search a home if they believe that someone is being kept from communicating with others and may be experiencing family violence. The RCMP can assist or examine the person who may be experiencing family violence if they are in the home, remove them from the home, and remove anything that may show that the person is or has been a victim of family violence.

A warrant of entry could be part of a larger safety plan with one of your clients. For instance, if your client has a history of being kept 'hostage' in her own home she might be interested in developing a safety plan that has the ability to alert someone that she needs police assistance. A way of doing this is to set up regular times that she will check in with you (such as once or twice a week). If you do not hear from her past that time, it would mean that she is being held against her will and you should contact the RCMP. The RCMP could apply to the Justice of the Peace for a Warrant of Entry to enter the home. If you choose to incorporate this into your safety plan it is extremely important that your client understands the serious nature of involving the RCMP in this way. She needs to be certain that she will not change her mind about wanting their involvement and that she will remember to check in with you when she should.

Activity: Protection Against Family Violence Act (PAFVA)

Go to the Department of Justice website so you can read the Protection Against Family Violence Act - http://www.justice.gov.nt.ca/PDF/ACTS/Prot_Against_Family_Violence.pdf

Sometimes these legal documents can be very confusing, but now that you have a 'plain language' explanation of the legislation above you can use this opportunity to understand exactly what the document says. There is also additional information in the Act about what may happen to a respondent who does not follow the conditions set out in an order.

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Family Court - Restraining Orders

A **Restraining Order** is a protection order made by a judge in family court to help protect a one person from another in a family matter. This means you must have been in a family relationship (married; common-law or had a child together) with the abusive person in order to apply for this type of protection.

A woman must talk with a lawyer about getting a Restraining Order and the conditions that need to be included to ensure her safety. These conditions must be described to the judge so that he can order the most appropriate conditions for each situation. Most women will apply for a Restraining Order at the same time they are making an application on other family law matters.

Unless it is an emergency, if a woman chooses to apply for a Restraining Order, an application must be made to the court. The person she is making the application against must be told that she wants a restraining order against him so that he can go to court too if he wants to try to prevent her from getting the order. If it is an emergency situation, the judge can make the order be in effect immediately. However, then a court date is set to allow the respondent an opportunity to tell his side of the story. The Restraining Order is only in effect if the respondent is made aware that it exists.

A restraining order can place the following conditions on the respondent:

- ☐ stay away from the woman and her children
- ☐ do not communication with the woman and her children
- ☐ surrenders any weapons to the police, and/or
- ☐ cannot possess certain property.

A respondent who breaks a condition on a Restraining Order can be arrested without a warrant. If your client has gotten a Restraining Order against her partner, she should carry a copy of the Restraining Order with her at all times so that she can provide it to the police if required.

If the woman agrees to see the person named in the order or invites them home to talk while the Restraining Order is in effect, they may then be able to apply to the court for the order to be lifted because she is not maintaining the terms of the order.

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Criminal Court - Peace Bonds

A **Peace Bond** is issued when a person is afraid for their safety, the safety of their children or their property. It is issued by a Criminal Court and requires someone to keep the peace and obey any other conditions that the court puts on the order. A Peace Bond can be issued against anyone that makes the woman fear for her safety, but cannot protect someone from emotional or financial abuse.

A peace bond can help if someone is has reasonable grounds to be afraid that another person will:

- ☐ hurt them
- ☐ hurt their family, and/or
- ☐ damage their property.

Getting a peace bond involves making a formal complaint to the RCMP. This means giving and swearing to a statement called an 'information' which gives the details of why she is afraid for her safety. She will need to attend a hearing and give evidence. This is usually done with a Justice of the Peace in her community. The court will require evidence as they will need to justify restricting the freedom of another person.

A peace bond comes from the court. The judge decides what rules are needed for protection. Examples of what these rules might be include:

- ☐ be of good behaviour and keep the peace
- ☐ the person cannot call or have someone else call
- ☐ the person cannot go near the home or work of the woman, and/or
- ☐ the person cannot have a firearm.

A Peace Bond can be granted for a maximum of 12 months and is enforceable anywhere in Canada. A man who breaks a condition on a Peace Bond commits a criminal offence for which the he can be arrested and charged. The woman should have a copy of the Peace Bond with her at all times so that she can provide it to the police if required.

If the woman agrees to see the man named in the Peace Bond or invites him home to talk while the Peace Bond is in effect, he may then be able to apply to the court for the Bond to be lifted because she is not maintaining the terms of the order.

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Activity: Explore More Resources

Go to the Department of Justice website (www.justice.gov.nt.ca) to explore and find the Family Law Manual or go directly to the following web address:

http://www.justice.gov.nt.ca/pdf/Family/Family_Law_Manual_WEB.pdf

Read this manual to get more information about the legal tools that are discussed in this module. The Family Law Manual also covers a range of other legal issues such as custody and divorce that your clients may find helpful.

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Emergency Protection Order (PAFVA)	Protection Order (PAFVA)	A Restraining Order (Family Court)	A Peace Bond (Criminal Court)
issued by a Justice of the Peace, anytime day or night in response to an emergency - takes a few hours to get	issued by a judge, but it should not be an emergency because it can take a couple of weeks to get	is issued by a judge in Family Court, can be issued in emergency situations but normally takes some time	is issued by a judge in Criminal Court, can happen quickly but takes longer than an EPO
- Applies to anyone who is abused by any family member - Does not apply to dating violence, unless the couple has had a child together	- Applies to anyone who is abused by any family member - Does not apply to dating violence, unless the couple has had a child together	Applies to a person who has been in a relationship with the person they are afraid of (married, common-law or have had child together)	Can apply to anyone (does not need to be a family member) - including someone the person has only been with in a dating relationship
Is issued in emergency situations where family violence has occurred and the victim needs immediate assistance	Is issued when family violence has occurred and there is time for longer term planning to put protection in place	Is issued if the applicant is afraid for her safety, or is being harassed by the respondent	Is issued to a person who has reasonable grounds to believe that the other person will harm her, her children or her property
Does not require that the abusive person know that the application is being	Requires that the abusive person knows about the application and the order	Usually requires that the abusive person knows about the application and the	Requires that the abusive person knows about the application and the order

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Emergency Protection Order (PAFVA)	Protection Order (PAFVA)	A Restraining Order (Family Court)	A Peace Bond (Criminal Court)
made		order	
- Has conditions such as not being allowed in the home; not being able to contact the applicant and any children; having to give firearms to the RCMP - Conditions can be very specific	Can include conditions all the conditions of an EPO plus things such as: to go to counselling and pay for damages	Can include very detailed conditions that the applicant can ask for to make the order specific to their situation	Includes conditions such as to be on good behaviour, keep the peace and will likely include no contact with the woman
Does not require a lawyer	Requires a lawyer	Requires a lawyer to make the application and usually happens along with another family law matter	Does not require a lawyer - the RCMP will make the application
Has no costs	Requires the woman to pay the lawyer's fees unless they qualify for legal aid	Requires the woman to pay the lawyer's fees unless they qualify for legal aid	Has no costs
Can only last for a maximum of 90 days	Has no time limit unless stated in the order	Has no time limit: the judge will set a date for the order	Will end after 12 months

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Emergency Protection Order (PAFVA)	Protection Order (PAFVA)	A Restraining Order (Family Court)	A Peace Bond (Criminal Court)
		to end	
Recognizes that family violence is very complicated - It is the respondents order and his responsibility to follow it.	Recognizes that family violence is very complicated - It is the respondents order and his responsibility to follow it.	If the woman agrees to see the man named in the Order or invites him home to talk while the Order is in effect, he might be able to apply to the court for the Order to be lifted because she is not maintaining the terms of the order.	If the woman agrees to see the man named in the Peace Bond or invites him home to talk while the Peace Bond is in effect, he might be able to apply to the court for the Bond to be lifted because she is not maintaining the terms of the order.
Is not enforceable outside the NWT unless there is a jurisdictional agreement between the NT and the territory or province.	Is not enforceable outside the NWT - unless there is a jurisdictional agreement between the NT and the territory or province.	Is not enforceable outside of the NWT - the woman will have to reapply if she moves out of the NWT	Is enforceable anywhere in Canada

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Activity: What Might Fit for Her?

Go to the filing cabinet and randomly pick any 3 files of clients who have been to the shelter. Review their case histories and experiences with family violence and the legal system. Decide which of the legal types of protection might be useful to her. You may find that one or two of the options might fit well or you might find that none of the options would apply. For the women that might benefit from some legal protection, what could you say to them to see if they would be interested? What types of information would be important to discuss?

Victim Services

In some cases, when the types of legal protection discussed above are not effective or even when no legal protection is in place, charges may be laid against the abusive person. This could happen if the RCMP are called to help during an incident of family violence or when a woman makes the difficult decision to approach the RCMP to report the abuse and lay a formal complaint. In these cases you may become part of a team of individuals and/or groups that support her so it is important that you know how to help her.

Mandatory Charge Policy

In addition to the legal protection that your clients may be able to seek out on their own, there is also a mandatory charge policy in the NWT that is meant to protect people from being abused when they may not be in a position to seek protection for themselves. In order to protect victims of violence in relationships, the RCMP has a national policy that allows them to enter buildings to protect life, seize firearms, provide victims with a list of available victim services programs, report the exposure of children to violence to social service authorities. According to this policy, RCMP members are to lay charges in all cases where there was believed to be an assault against a spouse. Every complaint of violence in relationships must be investigated and documented.

The RCMP protocol for intervening in spousal assault cases is to arrest the person who is believed to have assaulted their partner. When this person is released, the RCMP is to contact the partner and tell them under which conditions the abusive person is released.

By following this policy, the goals are to:

- 1) remove responsibility (and blame) for the decision to lay charges from the victim,
- 2) increase the number of charges laid in spousal abuse cases

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- 3) increase the reporting of incidents in spousal abuse cases,
- 5) promote victim co-operation in the prosecution of cases.
- 4) reduce re-offending¹

Whether or not these goals are met is a topic that is debated by many. While the mandatory charge policy does send a strong message about the unacceptable nature of violence in intimate partner relationships, there are many pros and cons about its use.

Pros:

- It does take the responsibility off the victim when it comes to having to press charges
- It sends a message to the offender that it is unacceptable to abuse their partner
- It provides the police with the ability to remove the offender from the home to protect the victim from further harm at that time

Cons:

- If it is not clear what happened, or if the offender has evidence that he was also assaulted in some way (which commonly happens when the victim tries to protect themselves), it is possible that the victim may also be charged
- If the police does not lay charges for some reason, it sends a message to the victim and the offender that whatever happened is 'ok'
- The victim may feel the need to 'prove' to her partner that she does not want the charges to be laid so she may become resistant or volatile with the police, which can be difficult for the police to understand
- The victim 'loses control' of the legal process because charges may be laid and he may be prosecuted regardless of what her wishes are
- Victims may be less likely to report violence to the police if they are afraid that their partner will end up in jail

Supporting Your Client - A Victim of Crime

Becoming involved with the criminal justice system can be very difficult for women who have been abused. Being abused has serious physical and emotional effects, even if the abuse has stopped and the abusive person is in jail. While you might expect someone who is being abused to feel some sense of relief when they know their abuser is jailed and no longer able to abuse them, there may actually be a wide range of emotions within a very short time.

¹ Final Report of the Ad Hoc Federal-Provincial-Territorial Working Group Reviewing Spousal Abuse Policies & Legislation, 2003

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It is important to remember that not all women wish for their partner to go to jail. In fact, most don't want this at all. Instead, they just want for the abuse to stop. When the RCMP become involved, it may be the case that she loses some control over what is going to happen next, especially if charges are laid. In one sense, once charges are laid the woman does lose some control over what happens and who is involved. In a fairly short time period she may have contact with one or more RCMP members; family, friends, neighbors and witnesses; Victim Services Workers; Crown Council; a defense attorney; and shelter staff. The story may also be reported in the media and/or become 'common knowledge' in the community due to the police activity at the home. This can be overwhelming for a woman who may have spent a lot of energy and time trying to keep the extent of the family violence hidden from others.

As a shelter worker you should be informed about the emotions a women involved in a criminal investigation many be experiencing so you will be able to support her more appropriately:

Shock and Disbelief or Confusion

A woman may be surprised that charges are being laid against her intimate male partner. There may have been many incidents of family violence in the past that did not result in charges. She may wonder what makes this situation different, especially if past incidents of abuse were worse. She may also not understand the process of the criminal investigation and wonder/worry about what is being communicated to her partner if she shares her story with people involved in the investigation.

Sense of Violation

A woman may feel that her private family business has become public. This could cause her to feel embarrassed about her situation and/or fearful that her partner will retaliate in some way. She may also be confused about the role of all of the people who suddenly want to 'help' her.

Anger and Frustration

A woman may feel anger and frustration that suddenly her situation is out of her control. As the RCMP investigates the incident, the woman may be asked to tell her story a number of times at the same time as she is being signaled or pressured by her partner to not say anything. She may know that her partner will 'get back at her' for co-operating with the RCMP in any way, and be frustrated that the RCMP can't guarantee her that they can keep him in jail.

Fear

A woman in this situation may feel fearful for a number of reasons - she may fear that the abuse will get worse; that his family or friends will get mad at her and find a way to hurt her or to tell him about her cooperation with the investigation; she may have fears about the

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involvement of social services if she has children; and she may fear that she will be in trouble if she does not cooperate with the investigation.

Suspicion

The woman may be suspicious of all of the people involved in the situation. These may be people that she does not know and/or trust because of stories she has heard from other community members.

Guilt

A woman may feel guilty that she has caused so much trouble, that her partner has been charged and/or that her children's home and daily life has been disrupted. She may also feel guilty if she has to miss work or other appointments because of the investigation and/or court dates.

Stress

After an incident, a woman may be experiencing both physical and emotional harm due to the most recent abuse as well as the ongoing history of abuse. She may also be hungry and tired depending on how long the abuse was taking place and how long it takes for the RCMP to complete their initial investigation. She may be interviewed by the RCMP or have to wait to be interviewed for long periods of time and/or they may not be able to contact supports until the investigation is complete. Dealing with all of this on top of all her regular responsibilities such as parenting, working, and keeping herself as safe as possible, will greatly increase her level of stress.

Victim Impact Statements

A Victim Impact Statement can be helpful for women who are willing participants in the criminal investigation, when their case goes to court. It is a written statement that describes the harm or loss that she has suffered due to the crime(s) committed against her. The Victim Impact Statement is intended to give victims of crime a voice in the criminal justice system by allowing them to participate in the sentencing of the offender by explaining to the court and the offender, in their own words, how the crime has affected them. A Victim Impact Statement can tell the court what restrictions the woman would like applied to the man so that she feels safe and able to continue with her life.

A Victim Impact Statement is voluntary: a woman can choose to complete one or not. It is important that she knows that it will only be used if the accused (in this case, the person who abused her) is found guilty. It is not used if the RCMP does not lay charges, if the charges are dropped, or if the accused is found not guilty. If the accused is found guilty, the Judge or

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Justice of the Peace (JP) will ask the woman if she has completed a Victim Impact Statement. If she has, the statement will be used in court at the Sentencing Hearing to help the Judge or JP decide what sentence the abusive person should get. She can either give her written statement to the Judge or Justice of the Peace or she can read her statement out loud in court.

You can help a woman prepare and present a Victim Impact Statement. It is important that she writes the statement in her own words so she can express her thoughts and feelings in the way that she wants them presented. Completing this statement can be very difficult for a woman because she will have to think about the abuse she has suffered. She may have to make unpleasant comments about her partner and restrictions to be placed on him. This may make him and his family and friends angry and she may worry about what they will say or do to her if she is cooperative with the court process.

A Victim Impact Statement Form and envelope is available from the RCMP. The local Victims Services Coordinator can also assist with completing the form and/or forwarding it to the RCMP. If a woman completes a Victim Impact Statement, she should keep a copy for herself. The RCMP will also have a copy that can be reviewed at any time.

Victim Services Contacts

Victims Services contacts are available throughout the Northwest Territories. They can provide information, expertise and resources at any time. You can contact these people for information and/or support for women or for information about how they can support shelter programs. Local and regional Victim Services contacts are:

Yellowknife Victim Services

c/o Native Women's Association
of the NWT
5017 49th Street
P.O. Box 2321
Yellowknife NT X1A 2P7
Telephone: (867) 920-2978 or
(867) 669-1490 or
(867) 873-5509

victimservices@nativewomens.com
or victimcentreworker@nativewomens.com

Hay River Victim Services

c/o Hay River Health and Social Services
Authority
Gensen Building, 2nd floor
4 Courtoreille Street
Hay River NT X0E 0R8
Telephone: (867) 874-4001

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Fort Smith Victim Services

c/o Fort Smith Metis Council
McDoutgal Centre
P.O. Box 869
Fort Smith NT X0E 0P0
Telephone: (867) 872-3520
Email : fortsmithvictimservices@live.ca

Inuvik Victim Services

c/o Inuvik Justice Committee
#4 Dolphin Street
P.O. Box 2869
Inuvik NT X0E 0T0
Telephone: (867) 777-5493 or
Cell: (867) 678-5493
E-mail: inuvikvs@permafrost.com

Fort Good Hope Victim Services

c/o K'asho Got'ine Charter Community
Council
P.O. Box 80
Fort Good Hope NT X0E 0H0
Telephone: (867) 598-2247

Fort Simpson Victim Services

c/o Liidli Kue First Nation
9505 - 100th Street
P.O. 469
Fort Simpson NT X0E 0N0
Telephone: (867) 695-3136
Cell: (867) 695-6656
E-mail: victim_services@liidlikue.com

Aklavik Victim Services

c/o Hamlet of Aklavik
P.O. BOX 88
Aklavik, NT X0E 0A0
Telephone: 867-978-2265
E-mail: akjustice@airware.ca

Paulatuk Victim Services

c/o Hamlet of Paulatuk
P.O. Box 98
Paulatuk, NT X0E 1N0
Telephone: (867)-580-3223
E-mail: hs_w_paulatuk@gov.nt.ca

Tlicho Victim Services

PO BOX 412
BEHCHOKO, NT X0E 0Y0
Ph: 867-392-6014
E-mail: victimservices@tlicho.com

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Module Resources

(*Resources listed below are not included but are all available on the Department of Justice website www.justice.gov.nt.ca If you have difficulty locating these resources, please contact the Family Violence Consultant with the Department of Justice in Yellowknife (867) 920-3288)

Family Law Manual:

http://www.justice.gov.nt.ca/pdf/Family/Family_Law_Manual_WEB.pdf

Protection Against Family Law Act:

http://www.justice.gov.nt.ca/PDF/ACTS/Prot_Against_Family_Violence.pdf

Victims Services:

<http://www.justice.gov.nt.ca/VictimServices/index.shtml>

Additional Resources

There are a number of web-based resources developed by the Government of the Northwest Territories to support the Protection Against Family Violence Act. You may be interested in using these in your shelters:

Emergency Protection Orders

Government of the Northwest Territories Justice: Family

<http://www.justice.gov.nt.ca/Policy/publications.shtml>

- ☐ General Brochures about Protection Orders - Don't put up with family violence (English) (French) (Chipewyan)
- ☐ General Brochures about Emergency Protection Orders - Don't put up with family violence (English) (French) (Tâîchô) (Inuinnaqtun) (Chipewyan)
- ☐ Elders Brochures about Emergency Protection Orders - Seniors and Elders Deserve Respect (English) (French) (Tâîchô) (Inuinnaqtun) (Chipewyan)
- ☐ Posters about Emergency Protection Orders - Don't put up with family violence (English) (French)

Radio Ads

Radio Ads - General & Emergency Protection Orders:

(English)(Chipewyan) (Gwich'in)(Inuinnaqtun)(Inuvialuktun)(North Slavey)(South Slavey)
(Tâîchô)

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- ☐ Radio Ads - Protection Orders
(English)(Chipewyan)(Cree)(Gwich'in)(Inuinnaqtun)(Inuvialuktun)(NorthSlavey)(South Slavey)(Tâîchô)
- ☐ Television Ads
Emergency Protection Orders
Elder Violence
Protection Orders

Related Modules

Module 1.1 - The Definition of Family Violence
Module 3.1 - Roles and Responsibilities
Module 6.2 - Crisis Intervention
Module 7.2 - Risk Assessment and Safety Planning
Module 7.3 - Understanding Change
Module 7.4 - Service Plans and Beyond
Module 9.1 - Advocacy
Module 9.2 - Collaboration
Module 9.3 - Community Awareness and Education

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Module 4.2: Child and Family Services Act

Module Overview

One of the most important responsibilities of all adults is the responsibility to ensure the safety and well-being of all children. This responsibility is so great that the government of each province and territory in Canada has created laws to make sure anyone who is concerned about the well being of a child is able to report such concerns to the appropriate authority or authorities. The purpose of this module is to introduce Shelter Workers to the *Child and Family Services Act* which is the law in the NWT that provides protection to any child requiring it.

Important Considerations

Although it is true that every adult in the NWT shares the responsibility of ensuring the safety and well being of children, you will be held to this responsibility more so than the average person due to the fact that you work in a shelter setting. There may be times that you have found yourself being confused about the role of a social worker and/or you may have been in conflict with one due to the different roles that you hold. What is important to remember is that as professionals, you all have the common goal of helping people. More specifically, you all want what is best for children - which is to be safe and free from harm. The problem is that you may not agree with what another professional views as being 'best'. As a shelter worker, your view may be that the best thing for the children is to be with their mom. However, a social worker may not agree with you and may decide that the mom is not in a position to protect her children from the harm of being exposed to violence. Regardless of the differences in opinion, it is important that shelter workers and social workers work closely together so that you can all help moms and children to the best of your abilities. Use the information in this module to better understand the role of the social worker so you are in a better position to work with clients and with social services.

Time Out

Prior to moving further in this module, take a moment to consider the following questions:

- Did you know that *everyone* is responsible for reporting concerns about child abuse?
- Have you ever had to make a report to a social worker or RCMP member because you were concerned about the well being of a child?
- What do you think is the proper role of a social worker?

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- What types of experiences have you had with social services?
- Do the women you work with tend to have positive or negative experiences with social services? Why do you think this is?
- Have you ever had a disagreement with a social worker? What was the situation? What did you do? What was the impact on the client?

The Health and Social Service System

In the NWT, the **Department of Health and Social Services** is mandated to provide a broad range of health and social programs and services to the residents of the NWT, under the direction of the Minister of Health and Social Services.

The Department's responsibilities are reflected in the following mission statement:

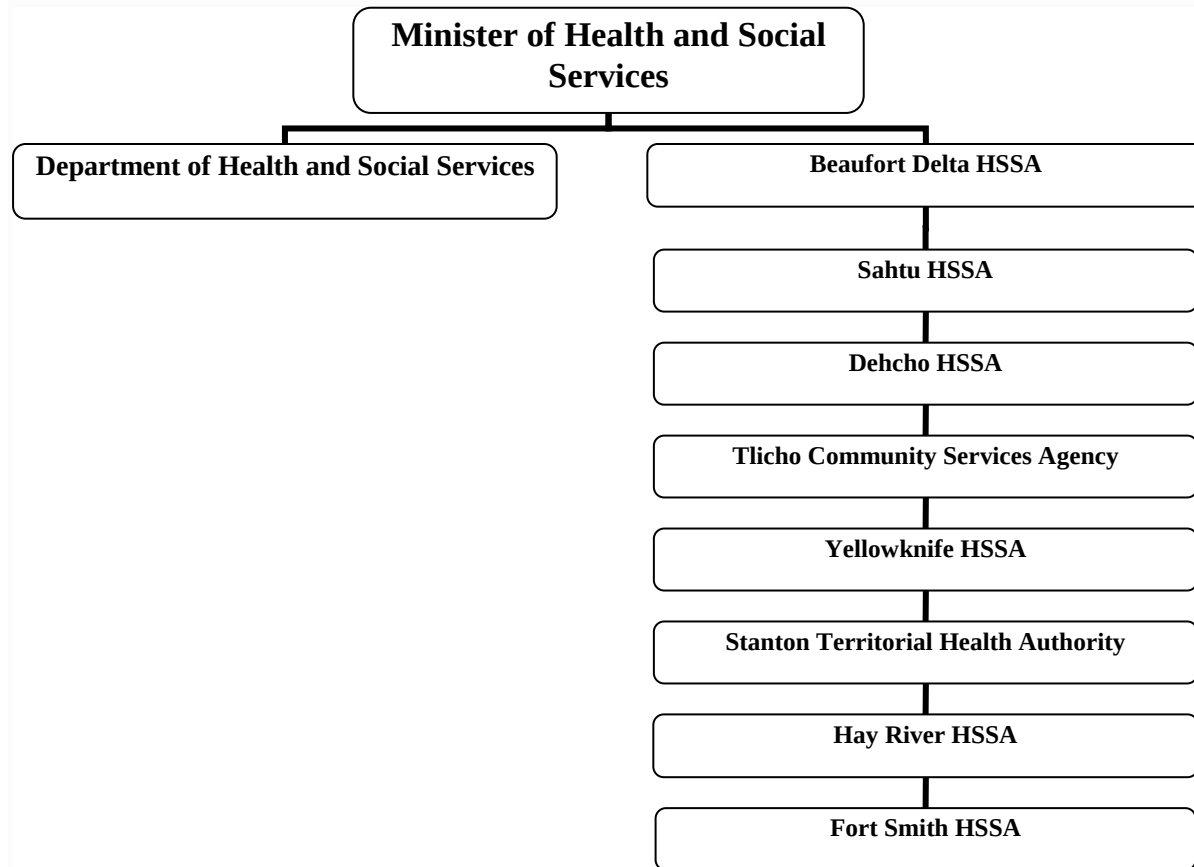
The Department's mission is to promote, protect and provide for the health and well-being of the people of the Northwest Territories.

Under the Department sits the **Children and Family Services Division** which is responsible for the planning and development of appropriate approaches to issues such as family violence and child abuse. This is the part of the Department that is responsible for child protection, adoption, post adoption services, and public guardianship.

However, it is not the staff of the Department that is actually on the front line implementing programming in the community. Instead, direct programming is usually provided by the staff of the 8 Health and Social Service Authorities - the Beaufort-Delta Health and Social Services Authority; the Sahtu Health and Social Services Authority; the Deh Cho Health and Social Services Authority; the Tlicho Community Services Agency; the Yellowknife Health and Social Services Authority; the Stanton Territorial Health Authority; the Hay River Health and Social Services Authority; and the Fort Smith Health and Social Services Authority. Visit http://www.hltss.gov.nt.ca/pdf/posters_and_flyers/health_care_benefits_and_services/2008/english/nwt_hss_authority_map.pdf to see a map of which communities correspond to each Authority.

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A diagram of the system is as follows¹:



The social workers and other front line staff that you are likely to encounter in your daily work are employed by the Health and Social Service Authorities. However, when it comes to child protection issues, the social workers you are interacting with are doing their work on behalf of the Director of Children and Family Services who is located at the Department.

This can be very confusing for people who work outside of the Health and Social Service system. The important point to know is that in general, the Department of Health and Social Services is responsible for setting policies and legislation that protect vulnerable persons (especially children), promoting appropriate programming and practices, and developing or

¹ Adapted from: http://www.hlthss.gov.nt.ca/english/our_system/about_us/pdf/hss_system_org_chart.pdf

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modifying current practices as needed. Then, the Health and Social Service Authorities are responsible for implementing these programs, policies, legislation, and practices in communities. Also, generally speaking, it is the Director that is responsible for ensuring practices and policies regarding the protection of children are implemented properly.

The Child and Family Services Act

The *Child and Family Services Act* is a law that protects children from child abuse and family violence. It also lets professionals, such as social workers, to provide appropriate services for children and their families. Under this law anyone that suspects or has knowledge that a child is being abused or neglected **needs** to report this information to a Child Protection Worker or the RCMP. If someone does not report this information, it means they are **breaking the law**. In many communities, the Community Social Services Worker also holds the role of being a Child Protection Worker. This means that the Social Worker(s) in your community may be expected to do many things, including child protection. If there is no Child Protection Worker in your community, you **must** report your concerns to the RCMP.

Child Protection Services

Under the *Child and Family Services Act*, Child Protection Workers are given the responsibility of providing services to families and children when there is reasonable evidence that the children in the home are in need of protection.

It is the responsibility of the *Child Protection Worker* (CPW) and/or the RCMP to investigate whenever anyone is alleged to have abused and/or neglected a child. Remember, every adult in the NWT has the responsibility of reporting any concerns of child abuse and/or neglect. However, it is because of your work in the shelter and your contact with families where there is a high risk of child abuse that you may feel like you have even more responsibility to do this than the average person. It might also be the case that before you came to a shelter to work that you did not know that you had this responsibility. Regardless, your role is to report your concerns, and to provide information as required by the Child Protection Worker or the RCMP. Due to your work in the shelter you also have the role of supporting the child(ren) and the mom. Your duty is to report your concerns. Unless you are a Child Protection Worker, it is not your duty to find out what is really going on and whether or not the child really does need protection.

This legislation overrides any other legislation and responsibility that you have. This means that regardless of any other laws you think you need to follow or any responsibilities you

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might have, you **must** report any concerns about child abuse and/or neglect to either a Child Protection Worker or a RCMP officer as soon as possible. Remember the discussion in Module 3.2 about confidentiality? This is a situation where you **must** break confidentiality.

Under the *Child and Family Services Act*, a "child" means a person who is under sixteen years of age. As well as all other forms of child abuse, this Act specifically addresses the negative impact that violence between his or her 2 adult caregivers can have. A child who has been exposed to family violence can be found to be in need of protection if:

- ☐ the child has suffered physical or emotional harm caused by being exposed to repeated domestic violence by or towards his or her parent *and* the child's parent will not participate services, treatment or healing processes that would keep the child experiencing ongoing exposure (see Section 7(3)(j))
- ☐ the child has been exposed to repeated domestic violence by or towards a parent of the child and there is a high risk that this exposure will result in physical or emotional harm to the child *and* the child's parent will not participate services, treatment or healing processes to prevent the harm (see Section 7(3)(k)).

Basically, what this means is that children who are repeatedly exposed to violence in the home must be protected from this violence. If they are not, it is likely that exposure to the violence will have a negative impact on their development. There is a large body of research that tells us that this negative impact is long lasting. If one or both of the parents are not able to protect the child by finding a way to stop exposing the child to this violence, a social worker can say that the child is in need of protection. This *does not* always mean that the child will be removed from the home. It *does* mean that when there is violence in the home, social workers do not need to wait for the child to be directly abused in order to provide services. Instead, social workers can work with the parent who is not violent in order to find ways to protect the child. If the parent is not able to do this, then it is possible that the child could be temporarily removed from the home. However, there is a process put in place to protect the rights of the parent and to make sure that the child is not out of the home for any longer than is absolutely necessary. See the section titled "Determining if a Child Needs Protection" in this module for more information.

The health and safety of children is important to everyone. Having to make a report of suspected child abuse can be a difficult thing to do. You must understand that you are doing the right thing when you make a report with the goal of protecting a child. Since you are working directly with women who are struggling with family violence every day, you need to know that you **must** report suspected child abuse and repeated exposure to family violence in cases where you believe that the mother is unable to ensure the safety of her children.

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Voluntary Support Services and Agreements

The *Child and Family Services Act* also allows Child Protection Workers to provide voluntary support services to families and children when children are not found to be in need of protection. Basically, this type of service is considered to be preventative in that if parents have the help and resources they need to raise their children to the best of their ability, there will be less chance that the children will ever be abused or exposed to violence in the home.

Voluntary Support Agreement VSA (Birth - 15 yrs)

Sometimes parents need help raising their children. The role of the Health and Social Service system is to help children and families find solutions and arrange services that the family might need. If a Shelter Worker or a mother identifies that a family needs some help with parenting and/or providing for their children, they can suggest that the mother contact a Child Protection Worker about a Voluntary Support Services Agreement. Under this type of agreement, the family can get help for as long as they need. There is also room for the agreement to change as the things needed by the family changes because the agreement needs to be reviewed every 6 months.

Services that can be provided under a Voluntary Services Agreement include:

- ☐ counselling
- ☐ in-home support
- ☐ respite care
- ☐ services for improving the family's financial situation
- ☐ services for improving the family's housing
- ☐ drug or alcohol treatment and rehabilitation
- ☐ mediation of disputes
- ☐ services to assist the family to deal with the illness of a child or family member
- ☐ short term placement services, and/or
- ☐ any other services agreed to by the Director and the person who has lawful custody of the child.

Support Services Agreements (16 - 18 yrs)

Young people between the ages of 16 and 18 can enter into an agreement with the Director to get help caring for themselves for up to six months at a time when they are not receiving the care they need from their parents.

Services that can be provided under a Support Services Agreement include:

- ☐ counselling

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- ☐ parenting programs
- ☐ services for improving the person's financial situation
- ☐ services for improving the person's housing
- ☐ drug or alcohol treatment and rehabilitation
- ☐ mediation of disputes
- ☐ any other services agreed to by the Director and the person who has lawful custody of the child.

Responsibilities of Shelter Workers

If you believe or suspect that a child is in need of protection, you must report your concern to a Child Protection Worker or the RCMP. Remember, that it is not just your responsibility to do this because you work in a shelter. All adults in the NWT have the responsibility of protecting children from harm. As you read through the table below, take note of the fact that the law uses the term 'a person' to make sure all people are included as being responsible under this Act. The *Child and Family Services Act* states that:

	What the Act Says	What This Means
8. (1)	Duty to report child needing protection A person who has information of the need of protection of a child shall, without delay, report the matter (a) to a Child Protection Worker; or (b) if a Child Protection Worker is not available, to a peace officer or an authorized person.	You have a duty to report a child that has been, is, or may be in danger of abandonment, neglect, physical, sexual or emotional maltreatment or abuse. You must report as soon as possible.
8. (2)	Duty may not be delegated For greater certainty, a person may not delegate the duty to report a matter under subsection (1) to another person.	You must not ask or allow another person to make the report for you. You can go to a supervisor to discuss your concerns and to get support, but nobody other than you is allowed to report your concerns.
8. (3)	Confidentiality and privilege Subsection (1) applies (a) notwithstanding any other Act; and (b) notwithstanding that the information is confidential or privileged.	There is no other law that would make it ok for you to keep this information a secret. You must report information about child abuse even if the client expects that you will keep the information confidential.

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8. (4)	Civil liability No action shall be commenced against a person for reporting information in accordance with this section unless it is done maliciously.	As long as you truly do believe a child is at risk of being harmed, you cannot get into trouble for making a report, even if you are wrong. However, if you are alleging that someone is being abusive to a child just to get that person in trouble, you are breaking the law.
8. (6)	Offense and punishment Every person who contravenes subsection (1) is guilty of an offense and liable on summary conviction to a fine not exceeding \$5,000, to imprisonment for a term not exceeding six months or to both.	If you know that a child has been abused, is going to be abused, or is at risk of being abused in some way, and you choose to not report your concerns you can be charged with breaking the law. You could have to pay a fine and/or go to jail.
9. (1)	Investigation A person to whom a report is made under section 8 shall investigate the child's need for protection.	Your duty is to report your concerns. Unless you are a Child Protection Worker, it is not your duty to find out what is really going on and whether or not the child really does need protection.

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Activity: Reporting Possible Child Abuse in My Community

Review the chart below and fill in the blanks so you are prepared to make a report if you ever need to do so.

You suspect child abuse,
neglect, or repeated
harmful exposure to family
violence



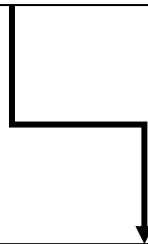
Gather relevant information including:

Child's:

- full name
- birth date
- current address
- current parent or guardian

Current parent or guardian's:

- name
- address
- current location (work, home, etc)



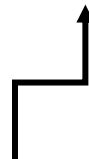
Contact the Child Protection
Worker:

Name _____

Phone _____

Fax _____

Location _____



Provide all
information and
answer all questions
that relate *directly* to
your concern



Cooperate with the CPW and/or RCMP
by following their directions and being
available if more information is needed.
Follow the shelter policies and
procedures to make sure it is
appropriate for you to do all the things
they may ask of you. Once a report is
made the CPW and/or RCMP will
investigate whether or not the child is
truly in need of protection.



Support your client:

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Talking to Clients about Making a Report

It can be very difficult to try to balance helping a mom get through a difficult time with having to make a report to social services because you are concerned about the safety and well being of her children. In cases such as this it is obvious that you would be worried about the impact of involving social services on your relationship with her. You may fear that if you make the call, she will leave the shelter and never come back even though she still might need a safe place to stay.

While it is true that some women may react this way, there are things that you can do to try to prevent this from happening. First of all, work from the position that both of you care about the safety and wellbeing of her children. You are on the same side. This means listening and hearing all the ways a mother is trying to protect her children. Even if you are concerned about the mother's behaviour toward her children, you may discover many ways that she is trying to protect her children from her own behaviour. While you have a legislated duty to report any concerns you have about child abuse (which does include repeated exposure to family violence) acknowledging and recognizing all her attempts to be the best mother she can given the circumstances and can help protect your working relationships with her. It is a very important to explain your "duty to report" early in the intake process. Don't rush this conversation. If you take the time to explain and discuss this with clients they are less likely to be upset if/when you do need to make that call.

Another thing to do is to make sure that you spend some time informing all your clients about the negative and long lasting impact that exposure to family violence has on a child. If you do this, it is more likely that your client will be open to getting the help she may need from social services. She may also be willing to make the report herself, if you tell her that you are concerned about the safety and well being of her children. If so, you are in a great position to support her through this process.

Although it is not likely that all clients will be willing to seek the help of a social worker themselves, you should try to involve the client as much as possible if you need to make a report. Most shelters believe that not involving mom ruptures the relationship and will make it difficult for her to feel safe to maintain a relationship with or return to the shelter. For instance, you have a repeat client and it seems like the situation just keeps getting worse at home you may be getting more and more concerned about what the children are being exposed to. You can sit down with this client and share your concerns. If she understands your concerns, she is more likely to co-operate with you and the social worker, even though she might not be entirely happy about the situation. Even if she is not willing to make the report herself, you can invite her to sit in while you call. This will allow her to hear firsthand what

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information you are disclosing and may help her to better understand your concern for the children. Having her there also allows her to be a part of the process and keeps the door open for her to maintain a relationship with the shelter and allows her to participate in the call at whatever level she wishes.

It is important to note that if you suspect that it is the mom who is abusing the child or putting the child at risk, you should not tell her that you are going to make a report. Doing so may put the child at greater risk of further harm.

As long as there is no immediate danger to the child, you can talk to any woman with children about the kinds of services offered by the *Child and Family Services Act*, and give her some time to consider whether or not she is interested in talking to a social worker. Unfortunately, the plain truth is that any child growing up in a home where there is abuse is at risk of being harmed in some way. This does not mean that you have to call social services every time a woman who has children either comes into or leaves the shelter. Many women have a number of strategies in place to protect their children from witnessing the violence. For instance, you would not call a social worker in either of the following situations:

- You have no concerns about the woman's ability to protect her child(ren) based on her current and past actions
- Your client is well aware of the risks posed to her children when she returns to her partner and is willing to talk about these risks and make detailed safety plans regarding how she will try to protect her child(ren) from harm

What it does mean, though, is that you should always encourage women to get voluntary services from a social worker as a way to prevent harm to her children. And, if you do not think that the strategies that are in place by the woman are effective in protecting her children and she is not willing to do anything differently, you need to make it clear to her that you have to report your concerns to social services if she decides to return to the relationship.

Your role as a shelter staff is to support your client, especially if/when a social worker needs to investigate whether or not her children are being harmed. Recognize your client's strength and build on strategies that she has used to keep herself and her children safe - "I know that you are doing many things to keep yourself and your children safe. I'm interested in talking about them." Recognizing pre-existing strength and knowledge may open up the way to talk about safety and will provide an opportunity for you to link to your common goal of ensuring the safety and wellbeing of her children. If you are confident in the types of services that social services can offer, you can talk to her about the type of support she might be able to

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get if she talks to a social worker. If you tell her you are just concerned about her children and you want what is best for them, she will probably be quite open to discussing whether or not she is willing to have social services involved. If you are also aware of the process that guides the actions of a social worker (see section titled '*Determining if a Child is in Need of Protection*' later in this module), you can help her make sure she is treated fairly by the system or, at the very least, make sure she understands what can happen next.

Common Fears

The North has been seriously impacted by many historical traumas. As a result, many northerners continue to deal with the consequences of these traumas. For example, the residential school “strategy” removed children from their homes, stripping them of their families, language and culture. This contextual history is important to remember when examining the experiences and reactions people currently have with the Health and Social Services system.

While it is important to remember that this is a system that is run by people, and people are not perfect, it is equally important to remember that historically many government systems have not treated people and families with respect and dignity.

These past experiences can contribute to people’s fears about the Social Service system. Current experiences with the system may also contribute to their mistrust. You may also hold many of the same fears and misunderstandings as your clients, or, you may have some different ones. Understanding what these are will help you overcome them and will help you know how to alleviate you clients’ concerns.

Some of these fears are:

- social services can just take my kids away
- when they do take my kids away, I will never get them back
- social workers can just do whatever they want.

It is important to understand that while there may be many social workers who do not really understand the dynamics of family violence and how to best support women who may be struggling with this issue, all social workers are interested in doing what is best for children. The Child and Family Services Division of the GWNT holds a strong view that what is best for children is to be with their own families. It is because of this view that social workers are

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usually very willing to work with moms to make sure the children are kept safe in their own homes. Not only do they want the children to be able to stay in their own homes, there is a lot of work that must be done whenever a child is found to be in need of protection to make sure that the social worker is making the right decision. This process is outlined below.

Activity: To Report or Not to Report

Pretend you are the staff person who has to deal with each of the following situations.

- What would you do? Why?
- If you would probably decide to call social services, what information would you share with the social worker?
- What would you tell the mom in each situation?

Scenario 1:

You have a woman on the phone who wants to come into the shelter. She has a 16 year old son that she would like to come to the shelter with her because she is very worried about his safety if he stays home with his father

Scenario 2:

You have a mom who has been in the shelter for the fourth time this year. She is preparing to go home again with her two-year-old daughter. You know she has been involved with social services in the past. She really believes that this time there will be no further abuse because he has agreed to go see a counselor. She does not see the need to review her safety plans with you. She has talked with staff about the impact of seeing violence in the home but doesn't think that her daughter has really seen or heard the abuse even though they live in a small one-bedroom apartment.

Scenario 3:

You have a mom who has just arrived at the shelter from a different community. You were expecting her to come with both of her children, but she decided to leave the seven-year-old boy home with her partner. She has not expressed any concern for the safety of the child.

Scenario 4:

A mother comes back to the shelter after being out for the afternoon. She left with her children, but came back alone. When you go into the kitchen, you overhear her on the phone and realize she is trying to track down her partner. The children went to visit him but he did not bring them back when he was supposed to.

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Scenario 5:

You are standing in the kitchen and you overhear a young mom yelling at her four-year-old child. When you go to offer your help, you see her spanking her child. You say her name to get her attention and then offer to help her find other ways of parenting that might be effective. She turns you down, saying that she has it all under control. That evening, she packs up her belongings and leaves the shelter.

See page 22 of this module for suggested answers

Determining if a Child Needs Protection

If a Child Protection Worker (CPW) or an RCMP believes that a child is at risk of being harmed or has already been harmed, they will investigate the situation. During and after the investigation, the Child Protection Worker has a number of options including:

Apprehend the child:

Apprehension means to take the child away from his or her parent(s) and place the child in a safe home (usually with a family member or foster home) until the social workers can complete an investigation into the matter. When a child is apprehended during the beginning stages of the investigation, the goal is to protect the child. Often, it is difficult for the social worker to know what exactly is happening first when the report is made. If this is the case, they may need to err on the side of caution until they have time to figure out what is going on. If a child is apprehended, every effort must be made to inform the parents or the legal guardians about the apprehension.

Return of the Child (within 72 hours)

After apprehending a child, the CPW may discover information that makes them believe that the child does not need protection. When this happens, the child is returned to the care of the family. Services may be offered on a voluntary basis or a Plan of Care Agreement may be entered into.

Child Not Returned (within 72 hours)

If, after 72 hours, the CPW does not think it is safe for the child to be returned home, they must make an application to the court for an Order confirming the apprehension.

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The apprehension hearing must take place within 14 days after the child was apprehended. During this hearing, the social worker involved with the case must tell the judge the reasons why the child was apprehended. If the parents or legal guardians need more time to prepare for court, they have the right to ask the Judge for more time to get a lawyer during this first appearance in the court.

The judge can do one of 2 things:

- Deny the application order and release the child into the care of his/her parents or legal guardian. OR
- 'Confirm' the order and allow the CPW to put things in place that will continue to protect the child.

If the apprehension order is 'confirmed' the CPW can do one of 2 things:

- Enter into a Plan of Care Agreement with the family. OR
- Apply to the court for a Protection Order. The Child Protection Worker has 45 days from the time of the apprehension or referral (which goes all the way back to when they received the report) to have the apprehension hearing concluded and a further application filed and spoken to in regards to a Protection Order.

Plan of Care Agreement

The *Plan of Care Agreement* is an agreement made with the CPW and the parents or legal guardians of the child, a member of the Child and Family Services Committee (if one exists) and the child if they are 12 years or older. The committee may also include another member of the child's extended family or other people who may be able to help the family. This committee's job is to try to develop a Plan of Care for the child and to get agreement from everyone to follow the plan.

A Plan of Care may include such things as:

- ☐ where the child will live and who she will live with
- ☐ what support services might be needed to make the child's home safe
- ☐ counselling for the child or for the parents
- ☐ how much time each parent will be able to spend with the child
- ☐ what kind of things the child will do for fun, and/or
- ☐ whether a parent should help to pay the costs of raising the child while they are in care.

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The Plan of Care Committee must make a plan within 23 days of the time the child was apprehended or the referral was made. If the committee cannot make a decision, or if the parents will not agree to follow the Plan of Care, the CPW must apply to the court for a Protection Order.

Court Hearing (if a Protection Order is Applied For)

A **Protection Order** will allow the social worker to put things in place to try to make sure the child is protected from harm or ongoing abuse.

The Child Protection Worker must go to the court for a protection order if:

- ☐ the parent(s) or legal guardian of the child decide(s) that they do not want to participate in a Plan of Care Committee, but would rather go back to court to try to get the child returned to their care;
- ☐ the child (if he or she is over the age of 12 years) decides he or she does not want to participate in the Plan of Care Committee process and wants to go to court instead; and/or
- ☐ no plan of care agreement is reached

If the CPW needs to apply for a Protection Order, they must do within 45 days of the day the child was apprehended. The following people must be notified and served with copies of the court application: the parents or the persons with lawful custody, the child (if over 12 years of age) and, if the child is of Aboriginal descent, the aboriginal organization and the Chairperson of the Child and Family Services Committee (if one exists in the community).

At the hearing, a judge will decide whether a child is in need of protection and, if so, what type of order should be made to protect the child. In order to make sure the judge has enough information to decide what to do, the Child Protection Worker must submit a Plan of Care Report and affidavit that outlines what they think is needed in order to take care of the child. Parents and guardians have the right to be represented by a lawyer, give evidence, and call witnesses to give evidence for them. Because court proceedings are very serious, parents should always seek legal advice and try to make sure they have a lawyer to go to court with them.

Children who are 12 years old and older may also take part in the proceedings. The Court may appoint a lawyer for the child that will be provided by Legal Aid. Others who are notified may also ask the court for the right to take part in the hearing.

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After hearing all the evidence and submissions, a judge may:

- ☐ order that the child be returned home
- ☐ order that the child be returned home under the **supervision** of the Child Protection Worker (this is known as a Supervision Order)
- ☐ order that the child be placed in the **temporary custody** of the Director of Child and Family Services (this is known as a Temporary Custody Order)
- ☐ order that the child be placed in the **permanent custody** of the Director of Child and Family Services (this is known as a Permanent Custody Order)

Court Child Protection Orders

Supervision Order:

This means that the child can remain in the care of the parents or persons with lawful custody. However, the parents must work with the CPW to make sure they are able to care for the child in a way that protects the child from any further harm or risk of being harmed. Maximum length of the order is 12 months.

Temporary Custody Order:

A temporary custody order can last up to twelve months. It can be extended, but it cannot continue for more than a total of 24 months.

While a temporary custody order is in effect, the child will be in foster care which may be a relative who is able to protect the child from any further harm. During this time, the CPW and the family should be working together to resolve the problems that required the child to be removed from the care of her parents. If they are able to resolve these problems before the court order ends, the parents or the CPW may ask the court to end the order and allow the child to return home.

However, if after trying to work with the family, the CPW does not think it is safe for the child to return home, he or she might ask the court to make the order permanent.

Permanent Custody Order:

Where a judge makes a permanent custody order, the Director of Child and Family Services becomes the child's permanent guardian, taking the place of the parents. The parents no longer have legal rights and responsibilities for the child. The Director, through the CPW, will make all decisions about the child's care and may place the child for adoption. The Director will give them information about the placement, education or health of the child if it is in the best interests of the child.

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The permanent custody order may allow that the parents can have access and contact with the child.

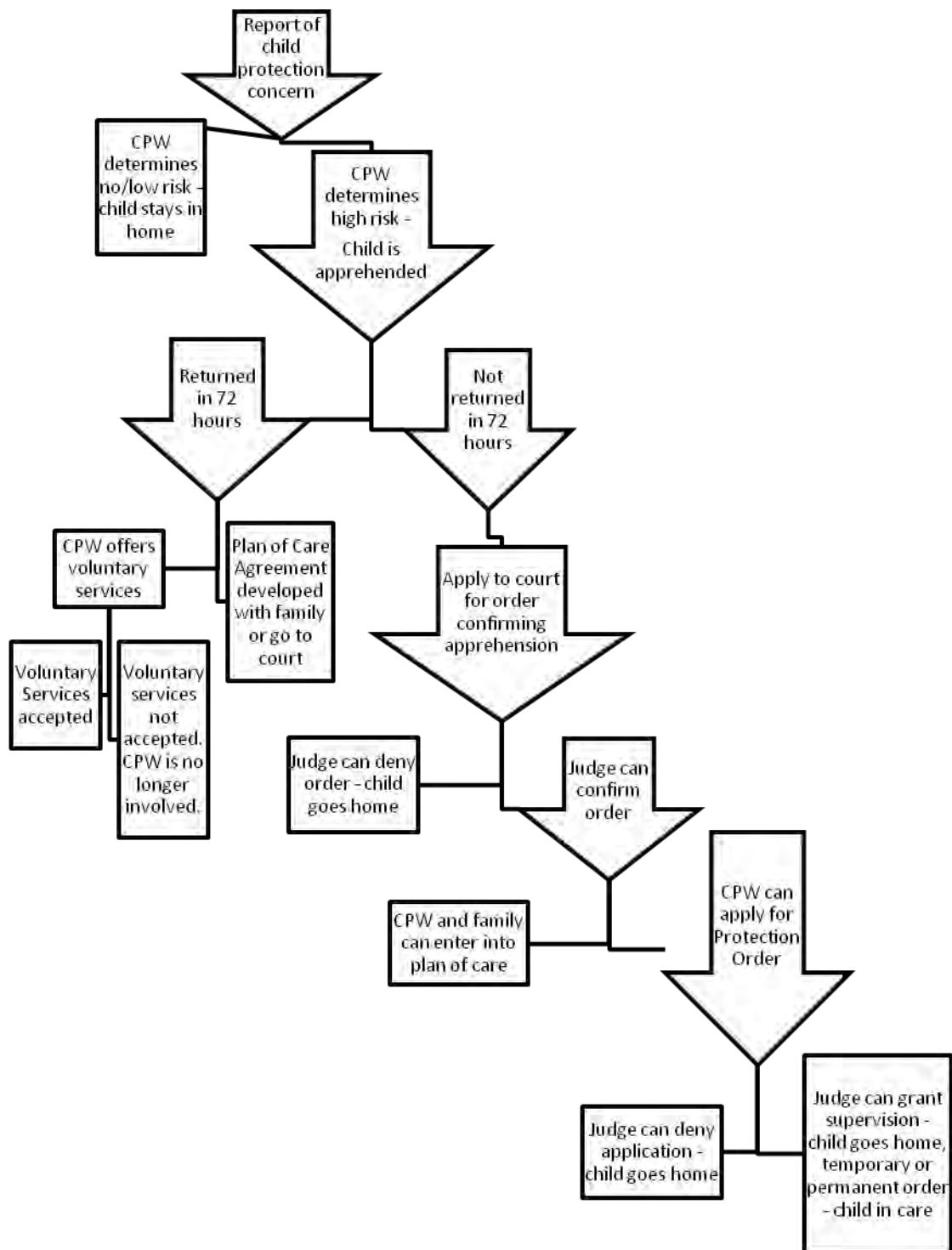
Permanent Custody For The Purpose Of Adoption (by consent)

Sometimes a parent may want to place the child in the care of the Director of Child and Family Services for the purposes of adoption.

* For additional information on Adoption, please contact a Community Social Services Worker at your local Health and Social Services Authority.

The flow chart below might help you better understand the options available to CPW's that are discussed above.

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Activity: Get to Know Each Other

Phone one of the local social workers at your Health and Social Services Authority. Ask if you can have some of their time so that you can both learn about each other's roles. Explain that you have just completed this training module and that you would like to discuss what you have learned with them. Set up a time to meet or talk on the phone. If you have some co-workers that are also doing this training, it might be best to invite him or her in to the shelter to speak to all of you at the same time. Some things you might be interested in talking about are:

- What do they enjoy and what frustrates them the most about their work?
- What is it like to go to court?
- What do they expect from you as a Shelter Worker?
- How can you work together to meet the needs of clients and children?
- What questions do they have about the shelter?

More practice:

Go to the Department of Health and Social Services website to explore the wide range of services they offer and the information you can easily access: <http://www.hlthss.gov.nt.ca/>

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Module Resources

Child and Family Services Act

http://www.justice.gov.nt.ca/PDF/ACTS/Child_&_Family_Services.pdf

Additional Resources

There are a number of web-based resources developed by the Government of the Northwest Territories that also explain the *Child and Family Services Act*. You may be interested in using these in your shelter:

Dealing with Child Abuse: A Handbook for School Personnel

Government of the Northwest Territories: Education, Culture and Employment

Kindergarten - Grade 12: Student Support

http://www.ece.gov.nt.ca/Divisions/kindergarten_g12/Child%20Abuse%20Folder/child%20abuse%20handbook.pdf

Dealing with Child Abuse: A Handbook for School Personnel - PowerPoint Version

http://www.ece.gov.nt.ca/Divisions/kindergarten_g12/Child%20Abuse%20Folder/child%20abuse%20handbook%20PDF%20Slides.pdf

Related Modules

Module 3.1 - Roles and Responsibilities

Module 3.2 - Ethical Practice

Module 4.1 - Legal Protection from Family Violence

Module 5.1 - Relationship Building

Module 5.3 - Files and Documentation

Module 7.2 - Risk Assessment and Safety Planning

Module 7.4 - Service Plans and Beyond

Module 8.1 - Children/Teens and Family Violence

Module 9.1 - Collaboration

Module 9.2 - Advocacy

Module 9.3 - Community Education and Awareness

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Activity: To Report or Not to Report (Suggested Answers)

Scenario 1

Although this child is almost an adult, if the mom is concerned about his safety, she probably has a good reason. Unfortunately, you know that the son is too old to come to the shelter. Help mom identify possible safe alternatives for her son. For example, are there other family members or friends that he could safely stay with? This may be a situation where a support services agreement could be helpful. Talk to the mom about the help that social services may be able to provide - they may be able to help him find a safe place to stay while she is in the shelter. If the mom is not interested in asking for this type of help, you have reason to be concerned about the safety of everyone involved. If she does come to the shelter, you have a responsibility to make sure the son has found somewhere safe to stay. If you have any doubts about his safety, you should consider calling social services to discuss the situation. If the mom does not want you to make the call, you need to tell her you are very concerned about his safety and need to make sure he has the support he needs while she is away from the home.

Scenario 2:

The key points to recognize in this situation are that the child has obviously been exposed to repeated incidents of abuse, despite what the mom would like to believe. You also know that there have been past concerns about whether or not the child was in need of protection. It is concerning that the mom believes that the abuse will now stop and that she will not talk about safety planning with you. The chances that the abuse will actually stop are slim, especially given that she has been to the shelter so frequently over the past year. You should consider calling social services to report your concerns. It does not seem that this mom is able to make the appropriate plans to protect her child from being exposed to further abuse. It also seems like she is not being realistic about the impact that the abuse is having on her child. For these reasons, it is a good idea to sit down with her and be very clear about your concerns for the safety of herself and of her child. If she becomes upset with you when you let her know that one of you needs to call social services so that they can work with her to keep her children safe. You need to make it clear to her that you want to support her through this, but you need to also make sure that her child is kept safe. Remind her of the limits to confidentiality. When you call social services you would share only the information that is related to your concern however, it is not enough to just state that you are concerned about the well-being of a child - you must be able to explain why you are concerned. For instance, a CPW does not necessarily need to know that she has been in the shelter four times over the past year but it will be important to note that she has been there more than once. Likewise,

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they do not need to know that the mom will not talk about safety planning with you, nor do they need to know about the case plan she developed with you, or how much contact she has had with her partner while she has been in the shelter. However, it would be important to note that mom needs support to make appropriate plans for her child's safety. They can find out all the specific details that they might need from the mom when they meet with her.

Scenario 3:

The most important point to consider in this situation is the very close link between child abuse and intimate partner violence (see Module 8.1 for more information). When a woman leaves the abusive relationship is the time at which she is at the most risk. It is entirely possible that if the abusive partner is not able to abuse her, he may abuse the boy or threaten to abuse the boy in an attempt to make her return home. There are many times that abusive persons use the children as a way to control and manipulate their partner. It is important that you tell the mom about the negative impact that being exposed to abuse has on all children. You also need to let her know about the increased risk to herself and her children during this time. You need to ask her to explain exactly why it is that she is not concerned about the little boy's safety and explain that you are very concerned. Ask mom to consider what messages her young son is getting by being left behind. You should suggest you both call the social worker in her community to see if arrangements can be made to send the little boy to the shelter. If she is not interested in doing so, or if she is still not concerned that the child is at risk explain your need to call the social worker to express your concern. It is likely the social worker is aware the little boy stayed home because it is probably the social worker who arranged for her travel. However, you still have a duty to express your concern in this situation.

Scenario 4:

In this situation you should offer your help to the mother as soon as she gets off the phone. Explain to her that you overheard her conversation and that you would like to help because you are very concerned about the children. Identify her level of concern based on the children's ages and his history of abuse. Based on her assessment and yours give her some time to make some phone calls to try to track him down and offer to make some calls too, if that would help. If he and/or the children cannot be located within an hour or two, talk to her about the danger they may be in and ask if he has ever threatened to hurt the children if she didn't do something he wanted her to. Help her identify her options and possible outcomes. Discuss the worst case scenario of calling versus not calling social services. For example, the worst case scenario of not calling social services is that her children may be

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hurt. Identify that one option is that you both call social services or the RCMP to let them know of the situation. Point out that doing this will show she is able to make a difficult decision to do what needs to be done in order to protect her children. Another option is not calling. Explain that an outcome of that choice is that based on your concern and your duty to report, you will need to make the call. If you report the situation to the social worker, but be certain to only include the relevant details. For instance, you would need to share if he has ever threatened to harm the children but you would not share how often the woman has been in the shelter or how long she intends to stay because that type of information is not relevant to this specific situation. If you report the situation, invite the mom to sit in while you call. If she can hear firsthand what you are reporting she will better understand your concern for the children and that you are not throwing her or all of her personal information 'under the bus'. Having her there also allows her to be part of the process and keeps the door open for her to maintain a relationship with the shelter. While not her first choice of action, inviting her to sit in allows her to participate at whatever level she wishes.

It could be the case that the children are located prior to you ever having to call social services or the RCMP for help. If this is the case, talk to the mom about the impact of witnessing abuse on her children and suggest that she may want to involve social services if he has ever threatened to harm the children. You would only contact social services yourself if you were not sure that the mom could protect the children.

Scenario 5:

In this situation it is important that you also explain to the mom that hitting a child in any way is not acceptable in the shelter. You could talk about how spanking can actually teach the child that the right way to get what someone wants is to use violence - especially if this child has also witnessed violence in the home. The fact that she does not want your help is concerning, as is the fact that she leaves the shelter that evening. In this situation, you would need to call social services to report your concern. You would not tell the mom you are making this report because doing so might put the child at risk. Or the mom might try to tell the child what to say when the social worker comes. You would tell the social worker what you witnessed and where the mom is living (if you have this information). You would not need to tell the social worker how often she has been in the shelter or even any information about her relationship or why she was in the shelter because it is not relevant to the concern you are reporting (unless you are also concerned that she cannot protect her child from harm due to family violence).

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Module 5.1: Relationship Building

Module Overview

Being able to build a positive relationship with a client is the cornerstone of being able to help and support them. The purpose of this module is to provide you with an understanding of how to develop positive and supportive relationships with the women you want to help.

Important Considerations

Most people want others to like them. You are probably no different, and have thoughts about the things you should do in order to get other people to 'like you'. You may also have some thoughts about how you should interact with clients so you can form a positive and helpful relationship with them. What is important to know as you try to form these relationships is that you need to focus more on 'respect' than on 'like'. You will come into contact with many women while you are working at the shelter. You will feel a 'connection' with some but not with others. There may be some clients with whom you have a lot in common and you could even see yourself being friends with that person if circumstances were different. There will also be clients that you may immediately dislike for some reason or another. Regardless, your role is to build a positive relationship that is based on respect, with each and every woman who walks in through your door. This does not mean that you will not have 'personality conflicts' with some clients or that each and every client will want to come to you to get support. What it does mean is that your role (and that of your co-workers) is to create an atmosphere of respect and trust in the shelter so that each and every client *can* come to you for support if they choose.

Time Out:

Prior to moving on in this module, take some time to consider the following:

- How do you know if you 'like' someone or not? How do you know if they 'like' you?
- What do you do when you think someone doesn't like you?
- Have you ever been in a situation where you had to get along with someone you didn't really like? What happened? What did you do?
- What qualities do you like other people to have? What qualities do you dislike?
- Have you ever thought about what it means to 'build a positive relationship' with someone? Or do you think that relationships just happen?

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- Have you ever had a client at the shelter that completely avoided and ignored you? What did you do about it? Do you think you could have done something to make the relationship more positive?

Relationship Building

In general, we all have some positive relationships in our lives and some negative relationships. This does not necessarily mean that our personalities and personal characteristics change depending on the relationship we are in. We are who we are. What it does mean is that relationships are complicated and that building a positive relationship can take more effort than just being the type of person who wants to be supportive and helpful. Building a positive relationship between you and your clients will take work. The skills discussed in this module and the next will help you to build appropriate, positive, professional relationships with clients.

In order to build a positive and professional helping relationship with a client it is important for you to understand some of the reasons why she may not even want to be in the shelter, let alone build a relationship with you. For instance:

- She may find it very difficult to reach out for help. She has probably learned through her experience of being abused and from reaching out for help in the past that the only person she can count on is herself. She may view coming to the shelter as the only option she has left after she has exhausted all her other options.
- She may find it very difficult to trust people. Do you recall the discussion we had in Module 1.2 about all the ways victims are commonly blamed for the violence they suffer? She has probably experienced being blamed in this way by individuals and by 'the system', so she has no reason to trust that people will even understand her experience, let alone know how to help her.
- She may find it very difficult to share her personal information. A part of this may be because she has no reason to trust you, but another part is probably because of all the feelings she has around being abused by her partner. She may find it difficult to even put some of her experiences and feelings into words.

And this doesn't even begin to address the enormous amount of pressure and stress she is experiencing. Or the fact that she has probably been abused very recently and is carrying around the weight of being abused countless times in the past. With all of this going on, it is

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no wonder that some of the women who come to the shelter may not seem interested in building any sort of relationship with you.

So, building an appropriate, positive, and professional relationship is left up to you and each of your co-workers. Remember how we talked about the types of relationships that you would have with your clients is different that any other relationships you may have in Module 3.1 - Roles and Responsibilities? This is another way that this sort of relationship is different - it is completely up to you to set the stage for the right kind of relationship to build. This is not like meeting someone new at the grocery store or at a friend's house, where there is a mutual exchange of information and you both 'test the waters' to see what you have in common and whether or not you like each other. Instead, it is up to you to use all the skills at your disposal to make sure you are creating an atmosphere that allows her to get her needs met. In order to create this atmosphere you must:

- ✓ Create a safe and welcome environment
- ✓ Make her needs as a priority
- ✓ Treat her like she is an expert about her own circumstances and about what she needs
 - she does not need to be 'saved'
- ✓ Recognize that you must earn her trust

Stop & Think

Think about a positive and supportive relationship that you have experienced. Take some time to write down some of the characteristics of the positive relationship as well as some of the characteristics of the other person who helped make the relationship positive. How did you know this was a positive and safe relationship? Did the other person feel the same way? How do you know? What did you do to contribute to this positive relationship?

Now think about a relationship with a specific person that was not positive or supportive. Take some time to write down the characteristics of the relationship, as well as the characteristics of the other person that contributed to the negative relationship. How did you know this was not a positive or safe relationship? Did the other person feel the same way? How did you know? What did you do to contribute to this negative relationship? Do you think anything could have been done to improve this relationship? If so, what? If not, why not?

Now think about the 2 people you have identified. Did one person clearly have more positive personal characteristics than the other? Do you think that the supportive person in your life had at least some negative relationships with people? How about the unsupportive person? Were all of their relationships with others negative?

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Create a Safe and Welcoming Environment

This may sound like common sense, but it is important to take the time to ensure that the environment you are creating truly is safe and welcoming. One of the first things you need to realize when you are creating this environment is that your role is to make your client feel safe, welcome, and important no matter what else you may have going on at the time. From the moment she walks in your door to the time she leaves, she should feel like she is the only person you are thinking about when you are interacting with her.

One of the first things you should do when a client comes into the shelter is to make sure you cover things like the limits to confidentiality, and get her informed consent for service (see Modules 3.2-Ethical Practice and 7.1-Eligibility and Admission for more information). It may seem awkward to be doing this right away, but finding a supportive way to do so will go a long way in making sure she is able to feel safe and secure by knowing what will happen with her information.

Whenever possible you should meet with clients at a time when you can focus all of your attention on them and someone else is available to answer the phone/door and attend to the needs of other clients. You should limit all distractions - such as making sure the T.V. is turned off, the door to the room is closed, and you are in a private and quiet location. You should also monitor yourself to make sure you are not doing anything to communicate to the person that you have somewhere else to be (such as looking at your watch or trying to rush through your meeting with her). If you have some practical limitations to this, such as being the only person on shift, it is important to take the time to explain this limitation to your client(s). You need to let them know that you will devote as much of your time and attention to their needs as you can, but that you may be interrupted with a crisis or another client.

Her Needs are the Priority

It is important that you never forget your role as a professional who is trying to help women who have been victims of violence. The moment you move from a helping relationship to more of a friendship, you are probably starting to forget that your relationship should be a one-way street with you meeting her needs - not the other way around. See Modules 3.1 and 3.2 to review this concept if you need to.

When you are building a positive relationship with your client it is important to follow her lead in terms of what she needs from you. Of course, you will only be able to find out what these needs are if you are able to communicate with her in a clear and supportive manner.

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These communication skills will be covered in more depth in Module 5.2 - Communication Skills. For the purposes of building a positive relationship with her in the early stages of her stay in the shelter is it important for you to find out what her immediate needs are - food, water, sleep, time alone, and so forth. And then do your best to meet these needs, unless of course she needs something that is out of the range of services provided by the shelter. If that is the case, your role is to connect her with someone who can meet these needs.

In general, you should keep the following points in mind as you are trying to build a positive relationship:

You are showing her that her needs are a priority when you:

- ✓ provide privacy, attention and comfort
- ✓ are confident
- ✓ listen carefully
- ✓ make sure you understand
- ✓ show her respect
- ✓ let her make decisions
- ✓ accept feedback, and
- ✓ give her positive feedback.

You are *not* showing her that her needs are a priority when you:

- ✓ do not show that you value the relationship
- ✓ are not really listening her
- ✓ interrupt
- ✓ try to pressure her or change her
- ✓ give too much advice
- ✓ talk too much, and
- ✓ lecture her.

She is an Expert

The women that you help know their lives best. They are the experts in their own situations and they are able to develop their own solutions with the right type of support. She does not need you to save her or to fix her in any way. She has probably had a number of friends and family members who have already tried to do these things and have failed. As a result, she may feel like she is 'the problem' and that she is beyond help.

In order to be able to provide the appropriate support you must first believe in her ability make the most responsible decisions for her. You must believe that she has many inner strengths and that she actively resists the violence that is perpetrated against her, even if she is not aware that she is doing so. You must be able to communicate this belief to her in what you say as well as what you do. Your ability to do this will depend on your beliefs around personal responsibility and your views of helping (as was discussed in Module 3.3) and your development of strong communication skills (see Module 5.2).

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Establish Trust

Your overall goal in developing a positive relationship is to let the client know that she can trust you. In order for you to become helpful, the development of trust is a key element that should not be overlooked. It may be difficult for you to accept that despite your best intentions, you may have to work hard to earn the trust of a woman that you are working with. She has a lot of reasons to be sceptical of your ability to understand her situation, to trust her to do what is right for her and to keep her information confidential. Even when it seems like you are on the right track and she is beginning to open up to you, the trust that has developed is probably quite fragile and can be easily broken.

Some things to keep in mind when trust is developing are:

- Do not make any promises - you cannot see into the future and despite your best intentions promises can be broken
- Ensure you talk about the limits to confidentiality over and over
- Ensure you have her informed consent and revisit this with her often to make sure she has not changed her mind about the services she would like to receive or the information she would like shared with others
- If you need to break her confidentiality it is important to let her know and discuss this with her, unless doing so would put someone else at risk.
- If she shows any reluctance to meet with you or discuss certain topics, acknowledge her reaction and let her know that you can be there for her when she is ready, or in a different way if that is what she needs.
- Look for opportunities to show her that you are interested in supporting her when she is ready to talk. You can do this just by taking the time to greet her when you get on shift, or by checking in with her to see if there is anything she needs on a regular basis.

Communication Matters

Although we will be discussing some important skills that will improve your communication with clients in the next module, we will introduce the importance of communication here because of the huge impact it can have on our ability to build positive relationships with clients. Sometimes the way we say things actually *prevents* people from talking to us or to opening up to us about their problems. We may have even developed some ways of communicating that prevent people from even wanting to build a positive relationship with

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us. Even when we are really trying to help, we might go about things in a way that shuts the other person down.

Let's face it, no one is a perfect communicator. You have probably learned your communication skills from the people around you - your parents, friends and teachers. Most of these people have also probably learned how to communicate from the people around them. If you are like most people, you probably go through life taking your communication skills for granted rather than taking the time to stop and think about the impact that your words can have on other people.

Stop & Think

You can probably think of more than one situation where you approached someone with an issue or problem, and they said something to you that was less than helpful.

Take a few moments to think about some of the things that people have said to you that made you 'shut down' or walk away from the conversation. This may mean that you have literally left the room, or it may mean that you just stopped listening and waited for your chance to leave or change the topic. Or it may mean that when the conversation was over you felt like you just were not heard, let alone helped. Write down some of these less than helpful statements.

Now that you have thought about the things that others have said to you that are not helpful, it is important to figure out if you have picked up any poor communication habits that others find unhelpful. Perhaps you recognize some of the statements below:

Type of Communication Block	Examples
Ordering, Directing, Commanding	You must ... You cannot do this ... I expect you to ... Stop ...
Moralizing or Preaching	You should ... It is your responsibility to ... I wish you would ...

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Type of Communication Block	Examples
Advising, Giving Suggestions or Solutions	What I think you should do is ... Let me suggest ... It would be best if you ... How about doing it this way instead ...
Persuading, Lecturing, or Arguing	Do you realize that ... Let me give you the facts.... Here is the right way ...
Judging, Criticizing, Disagreeing, or Blaming	You are not thinking straight ... You did not do it right ... That is a stupid thing to say ...
Praising, Agreeing, Battering Up	You usually have very good judgment ... You have so much potential ... You have always made it in the past ...
Interpreting, Analyzing, Diagnosing	You are saying this because you are angry ... What you really need is ... You are being paranoid ...
Reassuring, Sympathizing, Consoling	You'll feel differently tomorrow ... Things will get better ... Behind every cloud there is a silver lining ... It's not that bad ...
Distracting, Diverting, Kidding	Try to think about the positive side ... Try not to think about it until you have had some sleep ... That reminds me of the time when ...

*Adapted from: Learning the Art of Helping

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Activity: Blocks to Communication

- 1) Take the list that you developed in the last Stop & Think that you completed. Will any of the statements that you have found unhelpful fit in the chart above? If so where? If not, which new categories can you create?
- 2) Which of these types of statements do you tend to make? How often? What is your intent when you make such statements? Do you think the outcome matches with your intent? Take a moment think about what other people have done when you have used these sorts of statements in the past. If you can't remember what another person did, go have a conversation with someone (such as a co-worker or a friend, **not** a client) and use one or more of these types of statements. What happens? Does it seem like these statements add to the conversation, or do they cause the conversation to take a different direction?
- 3) Take one whole day where you pay special attention to the words you use when you talk to other people. Keep the chart above with you at all times so you can remind yourself about the types of things that may make it difficult for others to talk to you. Keep track of the number of times that you use statements similar to those in the chart. At the end of the day, review the types of statements that you have made to others. What does this tell you about how you communicate? What are the areas that you need to improve? How can you work on this improvement?

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Related Modules

Module 1.2 - Who is to Blame?
Module 2.2 - The Impact of Oppression
Module 3.1 - Roles and Responsibilities
Module 3.2 - Ethical Practice
Module 3.3 - Personal Beliefs
Module 5.2 - Communication Skills
Module 5.3 - Files and Documentation
Module 7.1 - Eligibility and Admission
Module 7.2 - Risk Assessment and Safety Planning
Module 7.3 - Understanding Change
Module 7.4 - Service Plans and Beyond
Module 7.5 - Communal Living
Module 9.1 - Advocacy
Module 9.2 - Collaboration
Module 9.3 - Community Awareness and Education

Module Resources

Brammer, L.M. & MacDonald, G. (2003). The Helping Relationship: Process and Skills (8th Ed.). Allyn & Bacon, Boston, MA.

Young, M.E. (2005). Learning the Art of Helping: Building Blocks and Techniques (3rd Ed.). Pearson Merrill Prentice Hall, Upper Saddle River, NJ.

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Module 5.2: Communication Skills

Module Overview

Communicating with your clients and your co-workers is something you are always doing. Being successful in your job largely depends on your ability to communicate well. The purpose of this module is to provide you with an understanding of how you communicate and with some tools that you can use to make sure you are communicating in a way that is helpful when you are interacting with clients.

Important Considerations

There may be many times that we become frustrated when it seems like people don't understand what we are saying, or when we don't understand what other people seem to want from us. In our personal relationships, there may be times when it seems like the people we are interacting with seem to think we can 'read their minds'. You can probably think of many examples of times when somebody asked you to do something and when you did it, that person seemed surprised because they actually wanted you to do something completely different. Or perhaps you were the person who wanted something done, and the other person didn't seem to understand.

When you are learning about communication, it is important that you approach the topic with an open mind. Even people who have very strong communication skills can develop 'bad habits' in the way they communicate with others that can lead to a break down in the communication process that is frustrating for everyone involved. You may find that you have some of these habits, and that you need to work hard to change them and improve your communications. However, you will only discover these habits if you take the time to honestly evaluate how you tend to communicate with others.

If you are not sure that you can take a step back and honestly examine your own ways of communicating, you might find it helpful to ask your co-workers and/or your supervisor for feedback. Actually, the best way to learn the concepts discussed in this module is by completing the exercises with someone else and by role playing some of the new skills in this module with a co-worker.

Time Out

Take some time to consider the following before you move on to complete this module:

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- On a scale of 1-10 with 1 being the worst and 10 being the best, rate the strength of your current communication skills.
- How do you know how good your communication skills are?
- What things did you take into consideration when you answered the first question?
- When you are communicating with a client, are you worried about what you are going to say next?
- What do you think about when someone else is speaking to you? Does your mind sometimes wander?
- What do you do when you don't understand what someone is trying to tell you?
- How do you know whether or not you have heard someone correctly?

Communication

Having strong communication skills is essential when it comes to trying to help someone. Not only must you be able to communicate in a way that is helpful to your clients, but you must also be able to understand what they are trying to communicate to you. This may not be easy to do even when clients have strong communication skills because there are many times that there is a difference between what a person says and what they mean. To complicate matters even more, the way someone communicates is dependent on many things including their cultural upbringing, their personality, the way they have been taught to communicate in their family, their level of self esteem, and even how much they trust the person they are communicating with. It is because of this complexity that it is important for *you* to have strong communication skills so that miscommunications are limited when you are helping your clients.

In order to understand how to limit miscommunications from occurring, it is important to take a look at what the communication process actually is. Whenever people are **communicating**, messages are being sent back and forth between them. Some of these messages are sent with the actual words that are spoken (verbal communication) whereas other messages are sent through how the person is acting or the tone of their voice (non-verbal communication). Generally, the people who are interacting take turns sending and receiving messages.

There are many things that can make this process break down. Most often this breakdown happens because there is a difference between the message that is sent (or what the person thinks they are sending) and the message that is received. For instance:

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- When more than one person is talking at the same time, more than one message is being sent and all the messages are likely to get lost.
- If one person is talking, but the other person is not paying attention to the message that was sent, it was probably not received.
- If the words that are spoken do not match with how the person is acting, the person or people receiving the message may be confused and interpret the message incorrectly.
- Sometimes the person or people receiving the message put their own beliefs, opinions, values, and thoughts on the message which causes it to be misinterpreted.
- One or both people who are sending and receiving messages may not really understand the language being used

You can only control your part of the communications process. You have no control over what the other person or people do with the messages you are trying to send. However, if you have strong communication skills, you will be able to send messages that are clear and easy to understand. You will also be able to make sure you are correctly hearing the messages that others are sending to you. With these skills you are less likely to have miscommunications happen, regardless of the type of communicator the other person is.

Non-Verbal Communication

The first part of communicating that we will discuss is non-verbal communication because it is important that you are aware that you are communicating with others long before you even say any words to them. Knowing how to monitor and control your non-verbal communication is important because, very little of your message is sent to other people in the words that you use. From the very first time a client see you, you are sending her many messages. You want all of these messages to be appropriate, helpful, and welcoming.

Non-verbal communications can be anything from the tone of voice to the way that a person is standing or sitting when they are speaking. How a person communicates places meaning and context on what she is saying. For example the phrase, “Get out of here” can have several meanings depending on how it is said:

1. As a an expression of disbelief - If someone says “Get out of here” in a light hearted way, it usually means that she finds what the speaker is saying hard to believe or even funny.

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2. As an expression of anger - If she says the same phrase in an aggressive way she is probably angry and wants a person to leave immediately.
3. As an expression of fear - If she says the phrase in an excited or agitated way it could mean that there is danger and she is fearful for the person's safety.

Activity: What is Happening?

The next time you are watching one of your favorite television shows take about 5 minutes and turn down the volume so that you can't actually hear what is being said. Can you figure out what is happening? Do you have a fairly good idea about what is being said, or are you completely lost? What are the emotions being portrayed?

Understanding non-verbal communications will help you to communicate more effectively and help you to interpret the messages being sent by the women you are helping. Non-verbal communications can take many forms. Some of the most common forms are:

Tone of voice - tone of voice is probably the most important non-verbal communications skill. A loud, aggressive, or excited tone can be intimidating. Using an even and calm tone can help to put the woman at ease.

Eye contact - making eye contact is very important to demonstrate that you are listening and paying attention to what the speaker is saying. This does not mean that you stare at the person to the point of making her feel uncomfortable. However, you should follow her lead and use eye contact in a way similar to the way she is using it. A lack of eye contact could mean many things so it is important to not read too much into what it means. For instance, it could mean that she is not comfortable speaking to you; that she is not used to making eye contact because of her culture; or that she is ashamed or embarrassed by the topic.

Facial expression - our facial expressions tell others a lot about our emotions. When we are communicating with others it is important to make sure that our facial expression matches with what we are saying. If there is not a match, it can cause confusion about what you are really saying. It is important to watch a client's facial expression when you are talking with her. Doing so will provide insight into her feelings when she may find it difficult to put them into words.

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Body orientation, posture, and use of space - your posture is very important when it comes to communicating your interest in communicating with someone. In order to present yourself as a professional who is interested in helping your client, it is important to sit up straight while also looking confident and relaxed. You should sit close enough to the client to be able to hear her well, but not close enough that you are in her personal space. You should always be facing your client when one of you is speaking - not looking down at your notes or at a computer screen. You should also avoid having things (such as a desk) between you and your client

Hand and arm gestures - it is important that you are aware of what you are doing with your hands and other body parts when you are trying to communicate with others. For instance, if you are fidgeting the other person might think you are nervous or that you are restless and have somewhere else to be. Even if they don't try to interpret your behavior, hand movements and other gestures can be distracting to others when they are trying to communicate with you.

Use of attentive silence - it is important that you get used to the idea of using silence as a good tool to communicate to your clients that what they have to say is more important than what you have to say. In social settings you may feel very awkward when it gets quiet for a little bit because nobody is speaking. Most people feel pressure to fill in this silence, so they quickly try to think of something to say. You should try to let your client fill the silence, not you. Often, when they stop speaking it is because they are gathering their thoughts and emotions and trying to figure out what to tell you next. If you speak too quickly, you will interrupt this process and possibly change the direction of the conversation rather than let the client lead the conversation.

Activity: What Are You Really Saying?

Pretend you are observing a staff person interact with a client in each of the following situations. What do you think is the message the client is getting in each situation:

- 1) The staff person invites the woman into the room to finish the intake paperwork. The staff sits in the chair furthest away from the client and looks at her watch several times during the meeting.
- 2) The staff person opens the door and finds a previous client wanting to stay at the shelter. She looks at the client and exclaims in delight, "It is so good to see you! Welcome back."

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- 3) The staff person is meeting with a client to talk about safety planning. She sits next to the client so she can use the coffee table for the papers she is using to guide the discussion. Most of the time she reads the information from the papers and yawns a lot because she is tired.
- 4) The staff person goes into the kitchen to make a cup of tea and finds a client sitting at the table crying. The staff person asks the client, 'What is wrong?' while she goes ahead to make her tea. She doesn't make any eye contact with the client.

See page 19 of this module for possible answers

Active Listening

The next part of effective communication with clients that we will discuss is the skill of active listening. As you move through the module you will notice that this section sits in between *Non-Verbal Communication* and *Verbal Communication*. That is because the skill of active listening involves components of both of these broad communication types.

In basic terms, to actively listen to someone means that you are listening to that person with your whole body. Your whole attention is focused only on that person and what they are saying to you. When you listen in this way, you are communicating to the other person that you are fully paying attention to, understanding, and interested in what they are saying. In order to actively listen to someone you must tune everything else out and focus all your attention on them. You must use appropriate body language and non-verbal communication in order to 'prove' to the person that at that moment they are the only thing that matters to you. The words that you use must also indicate that you are actively listening, because you are asking appropriate questions, paraphrasing what they say, and making sure you heard them correctly. In other words, to actively listen to someone, you would use all the skills that are discussed in this module.

There may be many times that we are only partially listening to the people who are talking to us. We may have many reasons for doing this, such as being busy, or preoccupied with something else, or trying to multitask, or just plain wanting to be somewhere else or doing something else. Even if you are not really trying to tune out the person that is speaking to you, you may be putting your own interpretation on what they are saying or listening to bits and pieces of what they say and putting it all together in your head in a way that makes sense to you. In fact, if you think about it, you might find it easier to tune someone out when they are talking to you than it is to tune everything else out and only listen to that person!

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The first part of improving our active listening skills is to take the time to figure out what it is that is preventing us from listening to our clients in this way. Consider the following barriers to active listening to see if these are areas that you need to work on:

Focusing on our response - when we listen to someone, we often focus more on what we want to say in response to what the person is saying. We will often start to think about what we want to say long before they are finished speaking and then we look for an opportunity to communicate our own message. When we do this we miss a big part of what the client is trying to communicate to us. The fact that we are spending so much time and energy focused on what we wish to communicate also says something about how we view our role as a helper. To be so worried about responding 'correctly', a part of us must think that it is us that hold the answer, not the client.

Interrupting - we will often interrupt someone to make our own point before letting them finish their thought. Again, think about the message that your interruption is sending - usually that you are more interested in your own message than theirs and/or that you think that your message is more important. This is not to say that you should *never* interrupt, because there may be times (such as in a crisis situation) that you need crucial information and the only way to get it quickly is to interrupt. The point, though, is that you should be very cautious about interrupting and really think about your reason behind doing so because if we are spending our time trying to interrupt someone, we are certainly not actively listening to them.

Information Overload - when someone talks for too long of a period of time we can get information overload and cannot actively listen to the rest of the message. While it is generally inappropriate to interrupt the speaker, it is okay to stop and clarify the message before going on. Some of the skills that can be useful to clarify what it is that you are hearing from the other person will be discussed in the next section - *Verbal Communication*.

Speech Rate - people will often speak very quickly and disjointedly when they are excited or under a great deal of stress. In situations like this it is important that you take a moment to let your client know that you are trying to understand her, but you need her to slow down so that you can fully understand what she is trying to say. Otherwise she will assume that you are hearing her message, when really you will probably just end up tuning out a lot of it. If there are strong emotions involved, it may help to suggest taking a deep breath or two before continuing on.

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Our Own ‘Stuff’ - there are likely to be times when you have things going on that just make it very difficult for you to focus all your attention on someone else. This may range from having to deal with your own personal problems, to being tired, to being emotionally exhausted from listening to the trauma that others have experienced. It is important that you take good care of yourself and find a way to make sure your own personal issues and feelings do not interfere with your work in order to actively listen to your clients. If you are talking with a client and have a strong emotional reaction to what she is telling you, it is important that you find a way to stay focused on the client and deal with your own reaction later.

Not Knowing What To Do - There may also be times that you are interacting with a client who has told you ‘her story’ more than once already. You may find that you are at a loss about how to help her or may think that you already know what she is going to say. In situations like this there may be a tendency to let your mind wander. It is important to realize that if there is a client who continues to tell you the same thing over and over, it is possible that she is doing this because she does not feel ‘heard’ or that she is not being helped in the way that she needs. It is in these situations that it is more important than ever that you make an effort to really listen so you can figure out how you can be more helpful.

Activity: Active Listening

Go find a friend or co-worker. Tell them you are practicing some new skills for this self study course you are doing and you want them to talk to you for about 10 minutes. They can talk to you about anything they want - such as their day, or their children, or what they did last night, or even a problem they are having. While they are talking, practice your ability to just listen. Use your body language to let them know you are listening, and you want them to continue talking but try your best not to say anything.

Was this activity hard for you? Why or why not? What types of things were you tempted to say? What impact do you think saying these things would have had on what the other person was saying? Was your mind thinking about anything else or were you focused only on what the other person was saying? Was there any silence when your friend or co-worker stopped talking? Were you able to wait until they continued talking or did you fill in the silence? What did you learn from this activity that might help you in your work with clients?

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Verbal Communication

Of course, communication is more than just using appropriate non-verbal skills and listening. As an active participant in a discussion, you will be expected to say some things from time to time. Even with this expectation though, there are a number of ways that you can learn to verbally communicate that lets the other person know that you are actively listening while also keeping all the focus on their messages and their ability to solve their own problems. The skills that we will discuss are:

- Questioning
- Giving information and advice
- Encouraging more discussion
- Making sure you both understand
- Responding with empathy, and
- Summarizing

Questioning Skills

It is important to use questions carefully when you are talking with women. Poor questions or too many questions can set the wrong tone and shift the focus of the conversation away from the important issues. When you are asking questions, the person has to answer them. This might seem simple enough, but it is important to realize that when you are asking questions, you are the person who is in control of the direction of the discussion. The client then loses the ability to talk about the things that they might consider important because they are sidetracked by your questions. There may also be times that a client does not know how to answer your question, which can be quite distracting from the issues at hand.

At the same time, questions can serve a very important purpose. They can get you the information you need for things like completing an intake or developing a case plan with a woman. Questions can also help you encourage the client to open up and keep talking if they are used correctly.

Two broad categories of questions that people often think of are *open and closed questions*. Each of these types of questions has different purposes, but most helpers tend to get stuck in asking mostly closed questions because they feel more comfortable with setting the direction of the discussion.

Closed questions are ones that can be answered in a few words or with a factual statement. These questions don't tend to require a lot of thought, and when a person is finished answering this type of question they usually stop talking and wait for the

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helper to ask another question. These questions are useful when obtaining specific, focused information, but are not useful in encouraging further open conversation. As you will see in Module 7.1, there will be times during the intake process that you will need to use these questions to get specific pieces of information. You may also use closed questions a lot in a time of crisis when you are trying to assess what has happened and the safety of the people involved. Examples of closed questions are:

“Would you like to talk?”

“Where are you right now?”

“Are you and your children safe now?”

Open questions are not as easily answered by short factual statements. These questions can be helpful to women who are struggling to open up or need some help focusing their thoughts, while still letting them have some control over the direction of the conversation.

“Yesterday we talked about ... Could we talk about that some more?”

“What do you mean when you say, ‘I wish I liked myself more?’”

“Where do you find strength?”

Activity - Change the Question

Take each of the following closed questions and turn them into questions that are more open. If you are finding this difficult to do, make the assumption that the helper is not trying to get simple short answers, but is trying to get the client to open up and talk about more. Think about each of the questions and what type of information the helper is trying to get from the client.

- 1) Do you have a safety plan?
- 2) How many times have you left?
- 3) Do you ever feel nervous or anxious?
- 4) When did the violence start?
- 5) Do you think you would feel better if you had higher self esteem?
- 6) Do you think the abuse will stop if you go back?

See page 20 of this module for possible answers

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Giving Information and Advice

You may have heard that you should not be giving advice to clients. However, perhaps you have wondered why this is. Or, perhaps instead of giving advice, you just give clients lots of information so they are able to make their own decisions. While it is true that giving advice is not helpful to clients, it is also not helpful to give too much information. In order for you to stop doing these things though, you need to understand why these things are not helpful.

Stop & Think

Think of the situations when you have been given advice by others. How did it feel to get that advice? Do you tend to listen to the advice that others give you? Why or why not? Is the advice that you get from certain people in your life more helpful or valuable than the advice that you get from others? Why or why not?

Now think about times when you have been given information from other people. This could be during training sessions or during meetings or even when you do things like go to a doctor's appointment. How much of the information that you are given is useful? How much do you actually think you remember the next day? How long is your attention span - when do you start tuning the other person out?

Asking questions, giving advice, giving information, and even using the roadblocks to communication (in Module 5.1) all have something in common - when we do these things it makes us feel like we are actually *doing* something to help the other person. Sitting and listening and waiting for the client to come up with their own solutions takes a lot of patience and time. Most people who are interested in helping others feel this desire to be useful and active when it comes to helping clients. Or you may feel some pressure to *do* or *say* something to make things better. This is our nurturing instinct at its best.

It is important to realize is this need to '*do something*' is our issue, not the clients. A lot of the time when we are asking needless questions, or giving advice/information, or making suggestions what we are really communicating to the client is that we do not believe that she is able to make the right decisions or discuss the right things. Our '*doing something*' is taking away from focusing on what the client needs or wants to do.

Even when clients ask for your advice by saying things like 'What should I do?', most of the time they do not really want your advice. Evidence that they don't really want our advice can be found in the way they react to it. For instance, have you ever made a suggestion to a

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client, and they responded with ‘yes, but ...’ and gave a detailed explanation of why that suggestion wouldn’t work. Or have you ever made a suggestion or gave advice that the client followed? If so, what probably happened is they blamed you for the outcome (if they did not like what happened) or gave you credit for solving their problem (if they did like what happened). None of these outcomes is helpful to the client in the long term.

Now, let’s take a quick look at giving the client information. What is so wrong with this? Well, again, it might be helpful for you to really think about what a client does with the information you give them. Are the handouts you photocopied lying somewhere around the shelter instead of in her room being used? Have you referred her to go see other professionals in the community who could help her, but she just never seems to get to those appointments? When you try to give her information about some of the myths around family violence does she seem to ‘shut down’ or argue with you about why these things must be true in her relationship?

Giving too much information of any type at any time in the helping relationship can be overwhelming and overloading for clients. Most of the time, especially early in the relationship, clients need to feel understood and heard. If you just jump right to finding solutions, giving advice and information, and trying to ‘do something’ before she is ready, she will not feel like you really understand her situation. You will know that you have created this type of situation when a client tries to tell you her story again and again; avoids talking to you; and/or never does the things that you talk about her doing.

This is not to say to never give advice or information. But it does mean that you should do so sparingly and be very careful to think about your motives for doing so. If you do give advice in some situations, it is important to do so in a way that is not telling the person what to do. Instead, you could say something like ‘what other women in similar situations have found helpful’. It is also important to realize that giving advice and opinions in large, life changing decisions that need to be made is almost always inappropriate. Examples of these situations are when a client is considering permanently leaving her partner; getting her own place; or thinking of applying for full custody of her children.

Many times when a helper works with many clients who share similar issues (such as being a victim of family violence), the helper can start to feel like they know what clients need and what the issues are long before the client actually shares this sort of information with the helper. Again, this would be a situation where the helper would want to impart all their wisdom and knowledge to the client to help her be able to move forward. Whenever you are

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tempted to give information or advice it is important to take a few moments to consider the following:

- Why is my client telling me this story? Am I really hearing what she is trying to tell me? Have I really spent enough time with her to know what she needs?
- What are my motivations? Why do I want to say this? What am I hoping the client will do with this advice/information? Is it appropriate for me to have this hope?
- Am I responding to the last thing she said to me? Or am I moving on to make my own contribution to the conversation? Will what I say change the focus of the discussion?

At this point you might be starting to wonder what it is that would be most helpful to do when you work with clients. If you are not supposed to ask a lot of questions, give advice, or give lots of information, what should you do? The rest of this module will focus on helping you learn to communicate with clients in a way that allows them to control the direction of the discussion, while also letting them know that you are hearing and understanding what they are saying.

Encouraging More Discussion

One way to create an atmosphere that gives the client the ability to open up and control the discussion is to find ways to encourage the client to talk or to say more about the topic they are discussing. One way to start a conversation with a client or to show that you are interested in helping them is to find a way to make a connection and express your desire to help. Examples of the sort of statements that might be helpful to do this are:

- ‘I notice that you are really quiet today. Is there something you would like to talk about?’
- ‘Can you say more about that?’
- ‘If there is anything else on your mind?’
- ‘It looks like you are getting ready to go home. Is there anything you want to talk about before you go?’
- ‘I can see that you are thinking really hard about something. Would you like to talk about it?’

There are also times when you are meeting with a client that it is important to let her know that you are paying attention and understand what she is telling you, but interrupting would take her attention away from what she is trying to say. In these situations you would use what is known as *minimal encouragers* such as:

- Uh-huh ...
- I see ...

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- Yes ...
- Go on ...

You would also use minimal statements such as these if your client pauses, but seems unsure about what they should say next.

Making Sure You Understand ...

Once you have heard, and understood, what the woman is saying, you can effectively respond in a positive and supportive manner. Rather than ask a question, give advice, or give information, try making it a habit to respond to exactly what the client has said. By doing this you are letting her know that you hear what she is saying and allowing her the opportunity to hear it as well. A lot of the time, clients can find it very helpful to hear what they have said, because it allows them to think about what they mean and what else they need to say to explain their concerns.

One way of responding to exactly what the client has said is to *paraphrase* what you have heard. This involves 2 steps:

- Actively listening to ensure you have heard the message(s) that are being sent to you. This would also involve paying attention to the client's non-verbal communication
- Replying to the client with a shorter version of the message they have sent, using your own words to show your understanding.

For instance, let's say a client has been talking for about 5 minutes about her current relationship and what has brought her to the shelter. She has mentioned that they were both drunk when he hit her and that when they are able to stay sober he is a really nice guy. She is very lucky to have him in her life, but they both need help to get things under control. When she stops and doesn't seem to know what to say next, you could say something like "So, it seems to you like he is only abusive when you are both drinking" to paraphrase what she has said. If you are not exactly sure what she is communicating to you, it would be a good idea to add something like 'have I got that right?' to whatever it is you are paraphrasing.

This helps in three ways:

1. It is a way to make sure that you understand the women and are not misinterpreting her message
2. It shows the women that you are really listening and provides her with an opportunity to clarify her thoughts and messages, and
3. It often leads to a deeper and more involved discussion that keeps the focus on her and what she thinks is important for you to know.

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This may be very different from how you might be tempted to respond. For instance, many people would want to take the time right now to talk about myths around family violence and alcohol or would want to tell the woman that it is not her fault that she was abused even if she was drinking. Doing either of these things is not necessarily wrong, and would certainly not be harmful. However, unless you have already built a strong relationship with the client and she really feels like you have heard and understand her situation, she will probably not be open to listening or believing what you have to say.

Responding with Empathy

Another way of responding to what a client is saying to you is to respond in a way that shows her that you understand her emotions and what she is experiencing. However, responding in an empathic way is not saying something like “I understand.” Instead, an ***empathic response*** is an attempt to really show your “understanding” to the woman. You can almost think of an empathetic response as being a paraphrase of the emotional part of the message that the client is sending you. You are using your own words to communicate to her that you understand the emotions she is conveying through her verbal and non-verbal language.

For instance, let’s continue from the situation in the last example where the woman spent about 5 minutes talking about being abused by her partner when they were both drunk. Suppose that when she was talking to you, she was also very tearful and seemed a little puzzled or confused when she talked about how it seems like he is only abusive when he is drinking. In order to respond in a way that paraphrases both her verbal message and her non-verbal emotions you could say something like:

“It seems to you like he is only abusive to you when you are both drinking. It must be confusing to be with a person who can be kind and loving in some situations, but very abusive in others”

Sometimes you might run into a situation where you do not completely understand what your client is trying to say. Don’t worry. Most people are pleased that you are taking the time to try to understand and they will usually try to make things clearer for you when you don’t understand. The benefit of this is that by trying to make things clearer for you, she will probably also increase her own understanding of the situation.

Summarizing

Summarizing allows you to respond to all the messages you have heard from your client. Being able to summarize the main messages from a client is showing her that you understand while

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also giving her an opportunity to go into more detail about anything she may have said. Basically, when you are summarizing you are doing a very long paraphrase.

Summarizing can be useful in the following situations:

- You want to move on to another important topic that she would like to discuss
- When it seems that the client is stuck and doesn't know what to say next
- When you are tempted to change the direction of the conversation by talking about your own experiences, giving advice, or asking a question
- When the client is moving very fast and is difficult to follow; or it seems like she has too many things to talk about and might need to focus on one or two topics
- You are wrapping up a session with a client and want to summarize all that was covered so that the client can refocus and think about what they want to cover when they meet with you the next time.

Activity: Practice - One Skill at a Time

Find someone you feel comfortable practicing the following skills with:

- Encouraging more discussion
- Making sure you both understand
- Responding with empathy, and
- Summarizing

Ask them to talk to you about any of the following topics for about 10 minutes at a time:

- How I chose my current job
- Last night I ...
- The last vacation I went on ...
- The things I would like to do in life are ...
- A movie I have seen recently ...
- Last Christmas I ...

This means you need to find someone to talk to you on any or all of the topics for a total of 40 minutes so that you can practice each skill, one skill at a time. For instance, if you and your partner choose the topic "Last night I..." for the first topic to discuss, your role would be to practice just the skills of *encouraging more discussion* for the entire 10 minutes that your partner spoke. Then, for the next topic you agreed on, your role would be to just practice the skills of *making sure you both understand*. And so on, until you spent at least 10 minutes practicing each skill.

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If you can't find one person with this much time to spare, you can use a different person for each topic/skill. It is important to make sure you take the time to ask them what the experience was like for them when you are done practicing each new skill. For instance, did they feel like you were really listening and understanding what they were saying? Did they feel supported? What was it like to not have you contribute any of your thoughts to the discussion, but to have the entire focus on what they were saying?

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Module Resources

Brammer, L.M. & MacDonald, G. (2003). The Helping Relationship: Process and Skills (8th Ed.). Allyn & Bacon, Boston, MA.

Young, M.E. (2005). Learning the Art of Helping: Building Blocks and Techniques (3rd Ed.). Pearson Merrill Prentice Hall, Upper Saddle River, NJ.

Related Modules

Module 1.2 - Who is to Blame?
Module 2.2 - The Impact of Oppression
Module 3.1 - Roles and Responsibilities
Module 3.2 - Ethical Practice
Module 3.3 - Personal Beliefs
Module 5.1 - Relationship Building
Module 5.3 - Files and Documentation
Module 7.1 - Eligibility and Admission
Module 7.2 - Risk Assessment and Safety Planning
Module 7.4 - Service Plans and Beyond
Module 7.5 - Communal Living
Module 9.1 - Advocacy
Module 9.2 - Collaboration
Module 9.3 - Community Education and Awareness

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Activity: What Are You Really Saying? (POSSIBLE ANSWERS)

- 1) The staff person invites the woman into the room to finish the intake paperwork. The staff sits in the chair furthest away from the client and looks at her watch several times during the meeting
 - In this situation the client is probably interpreting that the staff person is not really interested in meeting with her or that the staff person has somewhere else to be. The fact that the staff person sits as far away as possible does not set the stage for a welcoming environment, but instead can communicate that she does not really want to associate with the client or be in the same space as them. This can come across as being cold and unfriendly.
- 2) The staff person opens the door and finds a previous client wanting to stay at the shelter. She looks at the client and exclaims in delight “It is so good to see you! Welcome back.”
 - Although it is important to try to make the client feel welcome and comfortable about coming back to the shelter, the staff person in this situation is going a little too far. The fact that the client wants to come and stay at the shelter probably means that things are not that great in her life right now. The staff person’s reaction could be misinterpreted as evidence that she does not really understand how difficult things are for the client. Or it could seem like the staff person was expecting the client to come back sooner or later. A client may be offended by this type of reaction, because the staff person’s emotion about seeing her again is probably quite different than her emotions about coming to the shelter.
- 3) The staff person is meeting with a client to talk about safety planning. She sits next to the client so she can use the coffee table for the papers she is using to guide the discussion. Most of the time she reads the information from the papers and yawns a lot because she is tired.
 - By reading the material it makes it seem like she is not confident in her ability to safety plan. Even though she is tired, yawning can often be interpreted as a sign that she is bored - which is something that reading from a paper instead of having a discussion can also indicate. Even if she apologizes to the client in this situation and explains that she is just very tired, she is still not communicating a good message to the client. Now she would just be saying that she doesn’t really take care of herself in the same way that she tells clients to.

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- 4) The staff person goes into the kitchen to make a cup of tea and finds a client sitting at the table crying. The staff person asks the client 'what is wrong' while she goes ahead to make her tea. She doesn't make any eye contact with the client.
- In this situation, the staff person is communicating that her own needs are more important than the client's needs. It also seems like she is not comfortable with the emotional response of the client because she is avoiding making eye contact. It could be that she is trying not to make the client uncomfortable by staring at her when she is crying, but what can happen instead is that the client can feel unsupported and like she shouldn't really be crying at the kitchen table.

Activity - Change the Question (POSSIBLE ANSWERS)

- 1) Do you have a safety plan?
 - What do you do to keep you and the kids safe?
 - How do you measure safety?
 - What do you do in situations where you feel unsafe?
- 2) How many times have you left?
 - What helped you leave this time?
 - What do you need in order to leave for a longer period of time?
 - How do you show yourself and your partner that you do not accept the violence?
- 3) Do you ever feel nervous or anxious?
 - What kinds of things does your body tell you when you listen to it? What do these things mean to you?
- 4) When did the violence start?
 - Can you tell me more about your relationship?
- 5) Do you think you would feel better if you had higher self esteem?
 - Where do you find your strength?
- 6) Do you think the abuse will stop if you go back?
 - How do you assess danger or 'threats'?
 - What keeps you from leaving for good?

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Module 5.3: Files and Documentation

Module Overview

Another important part of your skill as a helper is the development of strong written communication skills. You will use these skills to create and maintain appropriate files and to communicate with your co-workers on a regular basis. The purpose of this module is to provide you with an understanding of how to create and maintain appropriate files, including how to document the services you provide and how to deal with some special situations such as working with children, documenting suspicions of child abuse or neglect, and documenting group sessions.

Important Considerations

There is a lot of information in this module, but not a lot of activities. Unfortunately, learning how to create appropriate files and to document service provision is a topic that is more effectively taught during the day to day workings of a shelter, as different types of situations arise and you learn how to properly document on a situation by situation basis. However, the goal of this module is to provide you with the background information that will guide your decisions around files and documentation. This module can also serve as a resource for you to use as questions arise around appropriate documentation.

The best way to benefit from this module is to also review the appropriate shelter policies and procedures so that you are fully aware of exactly what is expected from you as a staff of the shelter. Some specific policies that relate to this module are 3.6-3.12; 4.3; 5.1-5.5; 7.16; 7.20; 7.25; and 8.9.

Time Out

Prior to moving on to complete this module, consider the following:

- How much information do you usually include in your files? Do you try to be as accurate as possible and write down exactly what your clients say?
- Do you make sure to write something in each client file during every shift that you work?
- Has a client ever requested to see her file? If so, what did you do?
- Do you know what types of things need to be kept in a file and what things should not be kept?

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- Have you ever provided direct services to a child? If so, did you start a file for that child or just include some notes in the mom's file?

Good Files Are Important...

Due to the type of work you do, you often are told some very private information by your clients. They tell you things that they would probably never tell anyone else and they trust you to keep that information safe. Being able to make, maintain, and protect files is important for several reasons including protecting your clients, protecting yourself, and protecting the shelter organization. More specifically, good files will:

- ✓ document the fact that the woman provided informed consent to receive services for herself and/or any children she might have;
- ✓ document that client needs meet the mandate of the shelter
- ✓ ensure that the content of client records respects the confidentiality of the woman
- ✓ document that clients have adequate information about the services being provided
- ✓ document the fact that exceptions to the principle of confidentiality, if legally required, were explained to the client
- ✓ help shelter staff be accountable to their clients
- ✓ help shelter staff and clients review the effectiveness of a service plan or other intervention over time
- ✓ help shelter staff consult or receive supervision regarding a particular case
- ✓ help to ensure consistent services are provided in cases where the file is transferred to another staff member
- ✓ document the actions of shelter staff in cases where it is alleged that they were negligent or acted improperly
- ✓ help develop and implement a safety plan with the client
- ✓ document that shelter staff have satisfied legal or statutory reporting requirements such as the requirement to report suspected child abuse under the *Child and Family Services Act*
- ✓ help establish the level of risk a woman is in and to communicate the level of risk to other staff members
- ✓ provide documentation of abuse that has taken place that can be used by a woman if she chooses to seek legal help or press charges

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Protecting Client Information

In general, you should always keep the following key points in mind when it comes to the work that you do and the information you collect.

1. The safety and well-being of women, children and other persons who have experienced family violence is your primary responsibility.
2. Your shelter is primarily accountable to the people it serves.
3. Women have the right to be informed regarding the nature of the service they receive and the contents of any files that are kept about them.
4. Women have the right to review information and request correction of errors or omissions contained in their files.
5. Shelters will protect the privacy of all personal information regarding women and children. Such information will only be collected and disclosed with the woman's consent or where there is a legal obligation to release it.
6. You may disclose information to other staff who, by virtue of their responsibilities, have a need to know.
7. Information will only be collected from the client herself, unless she authorizes you to get information about her from another agency.

All client files and personal information, including any information that is stored on a computer, must be protected from unauthorized access, duplication, or theft. In order to ensure the physical security and confidentiality of records:

- ✓ keep all client files in a locked and fireproof filing cabinet and limit access to areas where files are stored - this includes files that are electronic and stored in disc format
- ✓ do not keep records in public areas, or out in plain sight where they could be easily accessed by other people in the shelter
- ✓ when not being used, files must be returned to a secure area (such as a locked office, cabinet, or drawer)
- ✓ use passwords for all computer files and databases
- ✓ keep all files, whether paper or computer based, in the Shelter at all times unless required for legal or other legitimate purposes
- ✓ keep record of any files that are removed from the Shelter and ensure they are returned in the same condition that they were released.

Protection of personal information that is stored on a computerized database

Many files and records are now stored on computers and computer database systems. This presents a number of challenges in terms of maintaining security and confidentiality of files. Access to personal information contained on computer databases must be password

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controlled. Only staff who require access to that information to perform their day to day duties should be able to access the information by using their own password.

All computers should have up to date anti-virus protection and firewall protection. Ensure regular and secured backup of computerized records. Electronic backup should be maintained off premises in a secure, locked and fire proof filing cabinet.

The Shelter should have a disaster recovery strategy, such as hard copies or computer back-up, for personal information which may be lost or damaged. For example, a computer virus, theft of the computer or physical damage to the office environment, such as fire or flood, can result in computerized data and privacy being compromised which makes such a recovery strategy necessary. You should be aware of what this recovery strategy is, and what your role is in implementing it.

Activity: Case Notes

Go have a conversation with someone for about 30 minutes. When the conversation is over, go write a set of case notes that would properly summarize the conversation as you would do in a client file. Is it difficult to capture the important parts of the conversation without going into too much detail?

Now keep this summary until you have completed this module. Once you have, take some time to review what you have written and consider any changes that would need to be made in order to make it an appropriate file entry if this really were an interaction with a client.

What and How to Document

There are some basic principles that apply to all the documentation that you do:

1. Get consent

Get written consent using an approved Intake Form for collecting, using and disclosing an individual's personal information. Tell the why the personal information is needed and how it will be used. As part of the process of getting consent you should also explain the limits to confidentiality and ensure that the client sign a form indicating their understanding of these limits

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2. Collect only as much information as you need

Collect personal information only for reasonable purposes and collect only as much as is reasonable to provide support and services. For instance, if a woman is in the shelter to receive services as a result of being abused by her partner and begins discussing the abuse her mother suffered, you would not need to record any detail about her parents relationship because it is not information that you would require in order to provide services to her.

3. Never delete any information in a file

It is a regular occurrence for staff to make mistakes in files from time to time. Doing so is not a reflection on your ability to do your job. Whenever a mistake is made you should never try to delete that information by using things like white out or by cutting/tearing out a section of the file. Instead, you simply draw a single line through that section and put your initials at the beginning and end of the line. To do anything other than that could make it appear as though you or the client is trying to 'hide' something which would not be viewed favourably if the file was ever subpoenaed by the court.

4. Ensure the client knows about her right to review her file

The information you are recording about any individual is and will always be her information. If she requests to see her file, she has the right to do so and you should follow the policy and procedure for meeting her request as outlined in your shelters policy and procedures manual. If she views information as being inaccurate, she can request to add a note or make a correction to the information on a photocopy of the original paperwork.

Any services provided to women and children need to be properly documented and stored. The only records that should be maintained in the woman's file are those created by Shelter staff, and that are the property of the Shelter.

For example, documents that ***generally should not be retained in a woman's file include:***

- ✓ documents such as diaries or artwork, created by the women or her children
- ✓ written statements and documents that are completed with clients through other service providers (such as statements made to police, or to Victim Services) - maintaining and managing these documents is not the responsibility of the Shelter or the Shelter Worker, but is the responsibility of the other service provider. However, if a woman is provided with a copy of this document(s) and wishes it to be kept in her file for safe keeping, it is ok to do so.

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- ✓ Listing of appointments and meetings the women has set up with other service providers. This is her responsibility to keep track of - but it could be your role to help her establish a system that will help her keep track.

Documents that ***should be included*** in the woman's file include:

- ✓ Pre-admission and admission assessment forms
- ✓ Behaviour or 'no harm contract'
- ✓ Other intake and assessment forms, including a statement of issues and needs
- ✓ release of information agreement
- ✓ consent to service forms
- ✓ signed limits of confidentiality form
- ✓ Signed agreement of the guidelines for living together
- ✓ health intake
- ✓ oath of confidentiality
- ✓ safety plans
- ✓ service plans
- ✓ Weekly summary
- ✓ letters of advocacy written on behalf of the client
- ✓ progress or case notes on individual sessions
- ✓ documentation of referrals made
- ✓ documentation of intervention in cases where there are legal reporting requirements (e.g., suspected child abuse and/or client indicates she is a danger to herself or others), and
- ✓ discharge summary notes, including follow up information if desired by client.

You should encourage clients to keep their personal materials they have created such as diaries, letters or artwork for their own use, however, this is up to them. These items should not be included in the woman's file unless this is somehow necessary in order for you to effectively deliver the service.

Service Record Information

The service record includes 2 main components:

1. The overall service plan
2. Summary logs (daily and weekly)

The main purpose of the service record is to help you and other staff meet the service needs of clients to the best of your ability. It can also help to confirm the actions you take in

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specific situations, especially in situations where confidentiality needs to be broken or clients make any decisions about what services they would like to receive.

You should always make sure that all the information you record in a file is information that is needed in order to deliver services. With every statement you write you should ask yourself the following 2 questions:

1. Does recording this information help us provide the appropriate service to the client in any way?
2. Would I be comfortable with the client reading this statement if she asked to view her file and I was supporting her do so?

If the answer to either of these questions is ‘no’ or you are not sure, you should either not record that piece of information or you should consult with a co-worker or supervisor in order to discuss whether or not it should be recorded.

All notes and summaries of discussions with clients should be brief, factual, and to the point. Only the major topic areas discussed in the session should be noted. For example, a phrase such as “discussed feelings towards partner/spouse and is considering getting her own place” could be used to describe a lengthy discussion with a client about her relationship and the struggle she may be having about trying to decide what to do next. This is enough information to provide a general theme of the discussion and to let other staff know that helping her research housing options may be an avenue to pursue in order to meet her current needs.

You should always avoid using terms which suggest moral or other forms of judgment and stick to the general factual themes of the discussion. Although it is important to avoid recording any of your own personal thoughts or interpretations of statements or behaviours in a file, it is equally important to avoid recording any specific statements made by the client. Generally, recording verbatim statements is generally not helpful to anyone and would not direct the nature of services provided. However, it is entirely possible that if the file were ever subpoenaed by the court, any verbatim statements recorded in the file could be taken out of context and used against her.

For instance, let’s say a staff had a lengthy meeting with a client and among other things, made the following recording in her file:

During a discussion with Susan she stated - ‘there are times that I feel so hopeless and helpless that I think about just taking my children and running away’. We talked about safety planning and things she can do to better protect herself and the children. She seems to have made a positive plan that she can implement, including how to get support for her negative feelings and despair.

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If this file ever ended up in court, the verbatim statement could be used as evidence that giving her full custody of the children would not be a good idea because she might run away with them. A more appropriate file entry would be:

Had a brief supportive session with Susan - discussed her feelings about being abused by her partner and her worries about the well being of her children. Completed more work on her safety plan.

Important points to remember about recording information in a file are:

- ✓ Keep session notes on a session-by-session or shift by shift basis
- ✓ Write the session notes soon after each session
- ✓ If handwritten session notes are later typed, the handwritten draft can be removed from the file
- ✓ Record the date of each session, sign and date the session note, and indicate who has written it
- ✓ Indicate where information contained in the session file has been provided by someone other than the woman
- ✓ Avoid including your own subjective comments regarding the client's behaviour or emotions
- ✓ Do not use the session notes to make speculations about the client
- ✓ Do not use session notes to debrief or record your own emotional responses to the client or the session
- ✓ Any post-it notes or other pieces of paper that contain client information should be recorded in the main sections of the file with the smaller and/or unattached pieces of paper appropriately destroyed.
- ✓ All records should be clearly written in ink
- ✓ A file entry should be made for each and every shift - if there was no contact with the client or nothing significant to report, it is important to make note of this fact so that it does not appear as though file entries were forgotten.
- ✓ Any changes to a service plan should be initialled by both the client and the staff person involved in making the changes.
- ✓ You *never* record the names of or any information about other residents/clients in a woman's file

Risk to Self or Others and Concerns of Child Abuse or Neglect

In cases where the woman indicates she is likely to be a danger to herself or another adult, you should:

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- ✓ Consult with another professional or your supervisor whenever possible, to obtain an opinion as to whether the circumstances are sufficiently compelling to warrant disclosing the client's personal information
- ✓ Document the making of appropriate referrals
- ✓ Document the notification of the local health centre, the intended target, or the police (as appropriate) in the file
- ✓ If the client was advised or consented to the disclosure of information to any third parties, make a note of this fact in her file
- ✓ Document any other steps taken by you and/the shelter that are in line with shelter policy and procedure.
- ✓ Ensure you note the date and time of procedures followed and any individuals contacted regarding the situation in the file

In cases where you are made aware of circumstances that indicate that a child may be in need of protection:

- ✓ Report the suspected abuse to a Child Protection Social Worker
- ✓ Document carefully any steps taken by you or the Shelter
- ✓ Advise the client of any shelter interventions unless informing her would impede the due process of law or put the child at further risk of physical or emotional harm
- ✓ If the client was advised or consented to the disclosure of information to any third parties, make a note of this fact in her file.

Activity: Can You Spot the Problems?

Read the following entry that was made in a clients file in one of the NWT shelters:

January 16, 2006

When Sara returned to the shelter from being out for most of the afternoon with Tanya, she was quite upset. I offered to sit with her so she could talk if she wanted. She agreed. Apparently, she saw her partner with another woman when she was out. He "completely ignored" her when she passed by. She is wondering if she should just go home to be with him because she loves him and does not want him to be seeing anyone else. She knows that the abuse will continue if she returns, but she wants to make sure her kids have him in their lives. He won't be around for long if he finds someone else to be with. She says he is a good father, [REDACTED], but he does not have anything to do with the kids from his previous relationship. She worries her kids will be left in the same position. We talked about her fears around what will happen to her and her kids if the relationship ends. She is still not sure what to do, but seems to be leaning toward going home soon. This seems to be a pattern in their relationship because the last time Sara left the shelter it was for similar reasons. She might need more support this evening as she

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continues to struggle with this decision. The kids are doing well and have been watching TV for most of the shift.

Now, apply what you have learned in this module, and others to fix the file entry. Make sure you consider the type of language that is used.

See page 17 of this module for suggestions

Special Situations

There are some situations where special considerations must be made in the type of files you keep and the things you would document. The two situations that will be discussed here are group sessions and working with children.

Group Sessions

It is more difficult to maintain individual client confidentiality in a group setting. Special considerations therefore arise in managing the documentation of group sessions. Shelter staff should obtain written agreement from those participating in group sessions that all matters discussed in the group will be kept confidential.

Despite having this written agreement, it is important to tell group members that aspects of their private lives may be revealed and that there are no absolute guarantees of confidentiality in this situation. The best way to make notes about group sessions is to have a separate set of notes that is devoted just to track the topics and themes discussed in the group. There should be no information kept in the 'group session notes' that would allow anyone reading the notes to identify any of the individual group members. Specific information about each individual can be recorded in their file. However, ensure you follow the general guidelines discussed in the *What and How to Document* section for both sets of notes.

Working with Children

For the most part, your focus will probably be on the provision of services to the adult women who come to the shelter. However, there may be situations when you are providing direct

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services to children. It may be appropriate for children to have their own files if they are participating in any of the following:

- Children Who Witness Abuse program
- Recreational or play programs
- Respite care for children;
- And/or other supportive programming at the request of the parent and/or child

In order to decide whether or not a child should have their own file you should consider the following:

- The child's ability to consent to service
- The child's ability to understand their right to confidentiality

Generally, a child who is deemed able to consent to receiving a service and can understand their right to confidentiality should probably have their own file if they are being provided with direct services. In these cases, documenting their personal information in their mother's file would not be appropriate because then the mother would be able to access the child's information whenever she wanted. A child who is able to make sound decisions about receiving programming should be treated as an autonomous individual with the right to privacy unless a situation occurs where confidentiality must be broken. These situations would be the same for a child as they are for an adult.

In order to consent to services, clients must have **legal capacity**. The age of legal capacity (majority) is considered to be age 19 and individuals of that age can make decisions affecting their well being. However, there are times that children under the age of 19 can consent to care including support services as long as they understand what it means to get this support and how it might or might not be helpful.

In practice, 12 years of age is often used by public agencies and helpers as a benchmark to help determine whether a child has the legal capacity to consent to receive service. Basically, what this means is that a child who is 12 years or older may be able to make a decision about whether or not they would like to receive services without consulting their parents. In addition to the child's age, the following *basic* factors need to be considered to decide whether a child is capable of consenting:

- ✓ the child's developmental level and maturity - some children at age 12 are much less mature than others, and a child must be able to choose a course of action, accept compromise, and stick to a decision once it is made in order to be able to consent to services
- ✓ the nature, complexity and duration of contact with the helper or program (if the service or contact is long term or very involved, more maturity may be required for a

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child to understand the service they are receiving and the implications of getting the service)

- ✓ the child's ability to agree voluntarily (Does the family situation interfere with the child's ability to make independent decisions? For example, is the child expected to go along with their parents' wishes in order to receive emotional or financial support?)

In order to meet the *basic* factors for capacity to consent to service, a child must be mature enough to understand the type of service being offered, and be able to voluntarily agree or disagree to participate in the programming.

If the *basic* factors for capacity to consent have been met, you must then take steps to ensure the child makes an informed decision about the supports they are to receive. This would involve discussing and make sure the child understands:

- ✓ The duty to report to their parent or a Child Protection Worker, depending on the individual situation of the child at the time, if/when you suspect or has knowledge that a child is being abused
- ✓ The duty to report to their parent or a Child Protection Worker, depending on the individual situation of the child at the time, when you believe that a child will harm themselves or others
- ✓ The information that a reasonable person would require to understand supports being offered and to make a decision
- ✓ The information about the nature and purpose of the supports and any risks and benefits associated with them that a reasonable person would want to know about
- ✓ Any alternatives to the supports being offered.

You would then ask the child to, in their own words:

- ✓ Describe the support being offered
- ✓ Describe what would happen if you suspect child abuse or harm to self or others
- ✓ Define suspicion of child abuse and harm to self and others

If the child does consent to receive services on her/his own behalf, it is important to clearly document the steps taken to determine the child's capacity to consent. This documentation should be kept in the child's file along with the actual signed written consent form. If the child has difficulty reading a written consent due to language difficulties, a low level of literacy or a disability, you should document the fact that verbal consent for service has been obtained.

In most cases, you will probably speak with a mother about providing support to her children, regardless of whether or not a child is capable of consenting to service. If a child is deemed

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capable of consenting, you would encourage them to give you permission to let the mother know about the type of programming they are participating in. It would also be a good idea to explain to both mother and child about the child's ability to consent and their right to confidentiality. This could be a positive way of engaging both mother and child to find a way to communicate and share things that are learned through participation in the program, while also setting clear boundaries about maintaining the child's confidentiality.

In cases where the child does not have the capacity to consent for service, it is important that you get this consent before providing any sort of programming to the child. In order to do so, you must know about the custody agreements regarding the child. In some cases, someone other than the mother may have legal custody. This could be the children's father, another family member or social services. In these cases, you will need to identify who can provide consent for the child. If the person who provides consent is also the perpetrator, you may need to work with a Social Worker or other community support person to get this consent for service. You should document all steps taken to identify who can give consent and how that consent was obtained in the child's and/or the mother's file. Difficulties in obtaining consent should also be documented. If the mother is not the person who is able to give consent, the child should have his/her own file because if the person giving consent wishes to access the child's file, that person should not be able to access any information about the mother.

Release of Client Files

Files and documentation created or produced by shelter staff are owned by, and are the responsibility of, the Shelter. Unless you are legally required to disclose information, client information should not be released to third parties outside the shelter, including the woman's lawyer or doctor, without the informed consent of the client. Even in cases when the woman does consent to the release of her information, restrictions should be established regarding what client information can be shared and you should have a discussion with the client about any potential unintended consequences as a result of allowing her information to be shared.

To satisfy the requirement of informed consent in regards to sharing information, the client needs to know exactly what information will be shared, when it will be shared, with whom, and for what purpose. If you need to disclose client information for consultation purposes or otherwise, where there is no legal requirement to release it, the client's written consent to disclose should be obtained. If the client cannot read a written consent form, it should be read out and explained to her. If the client cannot understand English, an interpreter should

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be used. The client should be provided with a copy of the signed consent form, with the original remaining in her file.

Whenever information about clients or potential clients is shared with outside agencies, it is important to consider how easily information can fall into the wrong hands. Fax numbers can be misdialed and email addresses can easily have a typo - both of which can result in unintentional release of information to unauthorized persons. You also have no knowledge of how easily accessible the other persons email or fax machine is to unauthorized individuals.

Given these considerations you should:

- Limit use of fax or email for exchanging any information that would identify your clients as clients.
- If you are using a fax machine to exchange information, ensure yours is in an area that is not accessible to the rest of the shelter. If you are using email, make sure others do not have access to your email account
- When sending information by fax or email, call the person you are sending the information to in order to advise them that it is coming, and make a follow-up call to ensure they received it.
- Whenever possible, do not use client's names in faxes or emails that are sent.

Sometimes police officers (in uniform), social workers or lawyers will come to the shelter requesting information about a resident of the shelter. Having a person who is in a position of authority arrive at the shelter requesting information that you cannot disclose can be a very intimidating experience. In these cases the rules remain the same no information is to be shared unless the client has previously consented that the information can be shared or, in the case of the police, if they have a warrant. While protecting client's confidentiality is very important, it is also important to do our best not to alienate other service providers. Talk to your supervisor about developing a standard response for situations like this so that you can be more comfortable.

Activity: File Audit

Go to the filing cabinet and select any 3 files of clients who have been to the shelter in the past. Use what you have learned in this module to see if the files are complete and documentation is properly done. The following checklist can help you:

- Are all intake documents complete?
- Is there a signed consent to receive services form?
- Is there a signed limits of confidentiality form?
- Is there a signed agreement of the guidelines for living together?

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- Is the health intake completed?
- Is there a signed oath of confidentiality?
- Are there copies of her safety plans?
- Is there a complete service plan along with weekly progress summaries?
- Is there documentation of referrals made?
- Is there appropriate documentation of any concerns around child protection?
- Are there discharge summary notes, including whether or not the client would like to be contacted by the shelter for follow up?
- Are there documents created by people other than shelter staff in the file? Should these be there?
- Is there a file entry for each shift?
- Is every file entry dated and signed by the staff person?
- Can you tell whether or not appropriate informed consent was obtained?
- Are there any post-it notes or other pieces of paper that are not 'attached' to the main paperwork in the file?
- Are there any corrections made to information in the file? Are these corrections done properly?
- Is there information in the file about a child? Can you tell whether or not the child was able to consent to service? Should they have had their own file?
- Are the names of any other clients anywhere in the file?
- Are there any long, detailed accounts of conversations held with the client?

Related Modules

Module 3.1 - Roles and Responsibilities

Module 3.2 - Ethical Practice

Module 4.2 - Child and Family Services Act

Module 5.1 - Relationship Building

Module 5.2 - Communication Skills

Module 7.1 - Eligibility and Admission

Module 7.2 - Risk Assessment and Safety Planning

Module 7.3 - Understanding Change

Module 7.4 - Service Plans and Beyond

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Module Resources

Ruebsaat, G. (2006). Records Management Guidelines: Protecting Privacy for Survivors of Violence. BC Association of Specialized Victim Assistance and Counselling Programs - BC/Yukon Society of Transition Houses.

<http://www.endingviolence.org/files/uploads/RMGApril2006.pdf>

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Activity: Can You Spot the Problems? (SUGGESTED ANSWER)

January 16, 2006 (the shift the staff was working should also be noted)

When Sara returned to the shelter from being out for most of the afternoon with Tanya, she was quite upset (Who is Tanya? It is not clear whether or not this is a client - her name should not be in the file unless she is clearly identified as being a staff person). I offered to sit with her so she could talk if she wanted. She agreed. Apparently, she saw her partner with another woman when she was out (Is this level of detail necessary to provide service?). He “completely ignored” (this appears to be a direct quote and should not be here) her when she passed by. She is wondering if she should just go home to be with him because she loves him and does not want him to be seeing anyone else. She knows that the abuse will continue if she returns, but she wants to make sure her kids have him in their lives. He won’t be around for long if he finds someone else to be with (Did the client say this or are these the thoughts of the staff? Is this level of detail necessary?). She says he is a good father, [REDACTED] a [REDACTED] (What is this correction covering up? This should be a simple line drawn through the text so you can still see what had been written, with the staff persons initials on both ends of the line) but he does not have anything to do with the kids from his previous relationship (Is this a direct quote or can it be perceived to be to someone else reading the file?). She worries her kids will be left in the same position (Is this level of detail necessary to provide service?). We talked about her fears around what will happen to her and her kids if the relationship ends. She is still not sure what to do, but seems to be leaning toward going home soon (this is the staff person’s interpretation). This seems to be a pattern in their relationship because the last time Sara left the shelter it was for similar reasons (is this another interpretation, or did Sara identify this? Is the language used here reflective of her resistance to violence and his attempts to overcome that resistance? Was this a possibility that was even discussed with Sara?). She might need more support this evening as she continues to struggle with this decision (Did Sara request more support or is this another interpretation? How does the staff know that she is struggling to make a decision?). The kids are doing well and have been watching TV for most of the shift. (What does the staff mean that the kids are doing well? What is this assessment based on? Has there even been any contact with the children?) The staff person also needs to sign this file entry.

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Alternative Entry:

January 16, 2006 (10 AM to 6 PM shift)

Support was offered to Sara when she returned to the shelter this afternoon. Sara accepted the offer. Main topics discussed were her feelings toward her abusive husband and the difficulties involved in making the decision to permanently leave the relationship. I also brought up the topic of resistance to violence and we discussed some ways that Sara tries to resist the violence and the ways her abusive husband tries to overcome this resistance. Continue to use this type of language to help her put her behaviour and decisions into context if she approaches you for support this evening. Sara's children are also in the shelter. They have been quiet and watching TV most of the evening. -----

Jane Doe _____

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Module 6.1: The Impact of Crisis and Trauma

Module Overview

Many of the clients who come into the shelter will have experienced some sort of crisis and/or trauma at some point in their lives. It is important for you to know the difference between crisis and trauma, how to recognize each and the impact of these experiences on the lives of clients so you are able to better understand and support your clients. The goal of this module is to help you reach this understanding

Important Considerations

Crisis and trauma can continue to have a negative impact on the lives of victims of family violence long after they have started to live healthy, violence free lives. You also may have some personal experiences with crises or the resultant feelings of trauma that continue to impact your life. As you move through this module you may begin to recognize your own issues around the crises you have experienced do impact your work with clients. If this is the case, it will be important for you to seek help for these issues to ensure you are able to help your clients rather than place the weight of your own experiences onto them.

If you have never experienced a major crisis and/or have not had experiences with trauma, you may find it difficult to relate to clients who struggle to cope with their past experiences. You may wonder why it is that they seem stuck and unable to 'just move on'. Hopefully, having a better understanding of the impact of crisis and trauma will help you work through your frustrations as you are able to relate more to the experiences of your clients. If not, you should probably talk to your supervisor about your struggles when it comes to working with clients.

Time Out

Prior to moving on to complete this module, take some time to consider the following:

- Do you understand the difference between crisis and trauma? If so, explain the difference in your own words.
- How can you tell if a client is currently experiencing a crisis of some sort?
- How can you tell if a client is struggling with trauma?
- What do you think clients need when they have been traumatized?
- What have your personal experiences been with crisis and trauma? Are these experiences affecting your life today? How do you know?

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The Link between Crisis and Trauma

A *crisis* is an event or series of events that is unforeseen, unpredictable, seemingly unmanageable and, potentially dangerous. A crisis is defined by the person who is experiencing the event. A crisis can include an element of threat that causes a person to fear for their safety or the safety of others. However, a crisis could also be a seemingly harmless event that the person or people involved do not have the skills or resources to deal with.

In order for any situation to be considered a crisis the following must occur:

- ☐ The event or series of events must be considered stressful by the person or people involved
- ☐ The person or people involved do not have the tools, strategies and resources to manage the situation in an effective way.

Anything can be a crisis, depending on the experiences, resources and abilities of the person involved. For instance, all of the following examples are potential crises:

- ☐ A client loses her keys and may be late for work
- ☐ A woman notices her partner having lunch with another woman
- ☐ A woman has been locked out of her house by her partner
- ☐ A child loses her favourite blanket
- ☐ A client has been evicted from her home
- ☐ A woman driving on the highway witnesses a horrific car accident

Let's take a closer look at some of these examples. Losing a set of keys and being late for work may or may not be a crisis. It would probably depend on whether or not the person had a good attendance record at work, whether or not there are 'back-up' keys available, and what type of day or week the person is having. That is, if this is the only negative thing that has happened to this person, she would probably be able to cope with this event, find a way to solve the problem and move on with her day. On the other hand, if this is one negative event in a series of many others, it could be the proverbial 'straw that broke the camel's back' and the client may need much more support to cope with this problem.

Being locked out of the house by a partner also may or may not be a crisis depending on the surrounding circumstances and events. It may depend on whether or not this was an intentional act on behalf of the partner and whether or not this is a part of a larger pattern of abuse. It may depend on whether or not the woman can access an additional set of keys or if she has family support or somewhere she can go to wait to get into her home.

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The woman who has witnessed the car accident has definitely witnessed a crisis. The people involved in the accident are probably injured and do not have the skills or resources needed to overcome this event without the help of medical staff and possibly other professionals such as the RCMP and insurance agents. However, whether or not this also becomes a crisis for her depends on many things - how much of the accident and injury she witnessed; whether or not the location of the accident is keeping her from continuing her journey; whether or not she is the only person on the scene; and her ability to 'distance herself' from viewing such an event.

Stop & Think

Take a few moments to think about the other examples of potential crises that are listed above. What do you think would determine whether or not each event is a crisis for the person involved?

Trauma is the reaction to or result of being involved in some sort of crisis. **Physical trauma**, for instance, refers to when a person or people have physical injuries as the result of being involved in a critical incident such as an accident, fight, abusive incident, etc. In the context of the work that you do in the shelter, you are most likely helping clients with **psychological trauma** which is the result of experiencing extreme stress that overwhelms a person's ability to cope with the event. This extreme stress is generally in response to powerful and extreme crises (otherwise known as **traumatic events**) such as accidents, traumatic deaths, natural disasters, crimes, sexual or physical assault, witness to grotesque death or violence, and other violent events. Other types of crises that commonly result in psychological trauma are chronic or repetitive experiences such as child abuse, neglect, family violence, and war trauma and torture. Generally, in order for a crisis to be traumatic (or to result in psychological trauma), it would involve threats to life or bodily integrity, or a close encounter with violence and death, and result in feelings of loss of control, powerlessness, helplessness, terror, and threat of annihilation.

The DSM-IV states that a traumatized person:

"Has experienced an event outside of the range of usual human experience that would be markedly distressing to almost anyone: a serious threat to his or her life or physical integrity; serious threat or harm to his/her children, spouse or other close relatives or

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friends; sudden destruction of the home or community; or seeing another person seriously injured or killed in an accident or by physical violence”.

Activity: Crisis versus Traumatic Event

For each example below, indicate whether or not each event is a crisis or a traumatic event. Then indicate why you made the decision you did.

- 1) I reported my immediate supervisor for trying to rape me and then got fired.
- 2) I was on my way to the airport when I had to turn around and come back because an accident was blocking the road.
- 3) I came to the shelter because my partner threatened to kill me.
- 4) When I was at the bar last night, I had my wallet stolen with all my identification, credit cards, and personal information.
- 5) I remember seeing my father point a gun at my mother when I was a child.
- 6) When I was flying home, I thought for sure the plane was going to crash because of all the turbulence.

See page 10 for suggested answers

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The Impact of a Traumatic Event

Experiencing a traumatic event does not affect everyone the same way. Traumatic events can affect people in the short term, immediately after a shocking incident, but they can also have a long lasting effect on people's lives. This effect can last for weeks, months or even years after the traumatic event(s) has occurred. It is important for you to know that all the reactions a person has to a traumatic event are **NORMAL** reactions to **ABNORMAL** events. This means that all of the feelings, memories, and difficulties experienced by people who have experienced a traumatic event are normal and should be treated as such.

Some people who have experienced a traumatic event develop a serious disorder known as **Post Traumatic Stress Disorder** or **PTSD**. You may have some clients who are experiencing this disorder or you may have some clients who have some symptoms of PTSD. The only way to know for certain that a person has PTSD is for that person to go talk to a professional counselor or psychologist who is trained to know how to assess whether or not they have PTSD. Some of the symptoms that a person with PTSD might have are:

1. Re-experiencing the traumatic event (for more than 1 month):

- Recurring thoughts or intrusive memories (i.e. "I can't get it out of my mind.")
- Recurring distressing dreams or nightmares about what happened
- Feeling like the traumatic event is happening again (flashbacks) (i.e. "I relive it.")
- Getting very upset or having a physical reaction whenever exposed to things that remind them of what happened
 - These are known as '**triggers**'. They act as reminders of the trauma. Examples may be the smell of alcohol, a loud sound, someone approaching from behind, etc.
 - For instance: a person who has experienced repeated abuse may run and hide whenever they hear a door slam or loud voices; or she may start to tremble with fear whenever she smells alcohol (if her partner was usually drinking prior to choosing to abuse her)

2. Avoiding things, people or events associated with the trauma and trying to 'numb' their feelings and thoughts related to the event (for more than 1 month):

- Efforts to avoid thoughts or feelings associated with the trauma
 - This is very commonly done through alcohol and drug use. Substance use is common for trauma survivors, since it acts as a form of self-medication.

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- This is something to keep in mind when you see people living on the street or coming to your shelter and struggling with substance abuse. The overwhelming majority will be people who have been traumatized, often multiple times.
- Efforts to avoid activities, places or people that bring back memories of the traumatic event.
- Inability to remember important parts of what happened to them.
- Lack of interest in or participation in activities they would have enjoyed prior to the event(s).
- Restricted range of emotions - your client may sound 'flat' or unemotional, even when talking about horrible events.
- She may see the world as a bad or dangerous place.

3. Symptoms of increased arousal (for more than 1 month):

- Difficulty falling asleep or staying asleep
- Irritability or outbursts of anger
- Difficulty concentrating
- Hyper-vigilance (watchful, constantly on guard)
- Exaggerated startle response (jumpiness, fear)

Instead of PTSD, some people who have experienced a traumatic event develop **Acute Stress Disorder**. This can last for 2 - 30 days, and has the same symptoms of PTSD. However, most of these people get better on their own or with minimal support, whereas people with PTSD usually need ongoing professional help in order to overcome their trauma. The key to recovery without professional help is having a good support system and access to both physical and emotional resources. However, recovery from trauma is can be slower if:

- ♦ The traumatic event was severe
- ♦ The traumatic event was composed of multiple events over time
- ♦ The person was trying to cope with a high level of stress prior to the trauma
- ♦ The person was trying to recover from experiences of trauma in their past
- ♦ The person continues to experience crises - even if these crises are not necessarily traumatic
- ♦ The person has developed unhealthy ways of coping with the traumatic event - such as using drugs and/or alcohol

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Crisis, Trauma, and Family Violence

Clients who experience family violence often have a history of experiencing many crises and traumatic events. The more crises and traumas experienced by your clients, the more vulnerable they are to experiencing ongoing crises and traumas and the less likely it is that they will be able to recover from their trauma without professional help. The reason for this decreased likelihood is because as her personal tools and strategies fail to help her prevent the abuse she experiences, her personal resources become 'drained' and she feels less and less able to successfully manage the feelings she has that are related to the traumatic events she experiences.

Not all women who experience crises related to family violence will become psychologically traumatized. In order to develop this type of trauma, the family violence must be repeated over time and/or to the extent that the woman fears for the safety and well-being of herself, her children, or other family members. In order for the trauma to have a long term impact on her life, she must also not have access to the skills and resources that would allow her to successfully recover from this traumatic experience. Some indicators that will let you know that a client is suffering from trauma are:

- ♦ She feels very distressed because she has recurring memories or flashbacks - she might say something like "I just can't seem to forget".
- ♦ She might talk about being overwhelmed with thoughts or memories.
- ♦ She might talk about feeling fearful, angry, sad, or guilty - and that nobody seems to understand or she can't talk to anybody about how she feels.
- ♦ She might say that she feels like she is 'stuck' or that she is going crazy.
- ♦ She might feel suicidal because she doesn't know how to deal with her overwhelming feelings.
- ♦ She might have trouble sleeping and seek out staff support at night.
- ♦ She might complain that the shelter is 'too quiet'.
- ♦ She might talk about things that she used to enjoy.
- ♦ She might use alcohol and drugs to avoid thinking about her experiences.
- ♦ She might react inappropriately to situations or events - or seem to have no emotional reaction when talking about the abuse she has experienced.

However, by the nature of the services you provide, it is a probably a safe assumption to make that the majority of the women who come to the shelter are actively experiencing a crisis of some sort. This assumption is based on the fact that they are coming to you for help because they are experiencing a stressful event that they do not have the skills, ability, or

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resources to deal with on their own. When in a crisis, your client may do or say things that are unusual for them. It is important that you recognize some of the symptoms they may have as they are trying to cope with a crisis of some sort. Specifically, your clients may:

- Overlook or ignore important details and distinctions.
- Have difficulty relating ideas, events and actions in a logical manner.
- Communicate in ways that are distracted and jump from idea to idea.
- Not remember everything that has happened.
- Confuse fears and wishes with reality.
- Become 'stuck': repeat words, phrases and/or patterns of behaviour.
- Focus on insignificant factors or events so they can avoid and/or feel in control of what is happening.
- Say that she does not need any support.
- Become aggressive due to feelings of frustration, vulnerability and feelings of being overwhelmed.
- Withdraw emotionally and/or appear to not be interested in finding a solution due to feelings of being overwhelmed.
- Make immediate decisions and/or take immediate action but not consider all the consequences of the decisions and/or actions creating additional crisis, confusion and chaos.
- Become immediately dependent on available tools, strategies and resources without knowing whether they will work for them.
- Become immediately dependent on the person providing support.

It is because of these different reactions to being in a crisis that you should help clients get settled in the shelter prior to helping them develop any longer term goals and plans (as will be discussed in Modules 7.1 and 7.4). The skills required to help your clients cope with the immediate crisis that they are struggling with are discussed in the next module (6.2 - Crisis Intervention).

More Practice

Review the attached article - Common Responses to Trauma and Coping Strategies. How do you think this article will help you in your work? Do you think reading this article might be helpful to some of your clients?

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Module Resources

Hermann, Judith L. "Trauma and Recovery". New York, Harper Collins, 1992.

Levin, P. (2003). Common Responses to Trauma and Coping Strategies. Found at:
<http://www.trauma-pages.com/s/t-facts.php>

Van der Kolk, B., McFarlane, A.C., and Weisaeth, L. eds. "Traumatic Stress. The Effects of
Overwhelming Experience on Mind, Body, and Society." New York, Guilford Press, 1996.

Related Modules

Module 2.2 - The Impact of Oppression

Module 3.4 - Self-Care and Balance

Module 6.2 - Crisis Intervention

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Activity: Crisis versus Traumatic Event (SUGGESTED ANSWERS)

- 1) I reported my immediate supervisor for trying to rape me and then got fired.

This event can be considered traumatic - the person experienced a threat to their personal well-being and probably feared being severely harmed by her supervisor. The fact that she was then fired for reporting the incident is a crisis that has added more distress to the situation and made the trauma worst.

- 2) I was on my way to the airport when I had to turn around and come back because an accident was blocking the road.

This event can be considered a crisis - unless the person involved was someone involved in the accident or saw someone in the accident who was severely injured or killed. The crisis stems from the person being unable to reach her destination - whether or not the crisis has a lasting impact on the person or is considered to be merely a stressful annoyance will depend on the skills and resources she has available to her.

- 3) I came to the shelter because my partner threatened to kill me.

This event can be considered traumatic - the woman has reason to fear for her life and has come to the shelter seeking safety. This may be one of many traumatic events she has experienced or it may be the first time she has been threatened in this way - this is one of the many factors that will have an impact on her reaction to this traumatic incident.

- 4) When I was at the bar last night, I had my wallet stolen with all my identification, credit cards and personal information.

Whether or not this was a traumatic incident depends on how the wallet was stolen - if the person was somehow threatened or held against their will by the person who stole the wallet, this would be a traumatic incident. However, if the wallet was stolen without the person being really aware of it at the time, this would be considered a crisis.

- 5) I remember seeing my father point a gun at my mother when I was a child.

This is considered a traumatic incident - even if the person is now coping well and not having any negative feelings or reactions as a result of this incident at the present time. A lack of post traumatic or acute stress symptoms means that the person has recovered

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from this traumatic experience. It does not take away the fact that as a child, this incident probably caused fear for the life of the mother (and possibly for her own life).

- 6) When I was flying home, I thought the plane was going to crash because of all the turbulence.

This is again considered a traumatic incident because the person feared for the safety of themselves and others. Whether or not there is a lasting impact (such as a traumatic stress reaction and/or an ongoing fear of flying) will depend on the skills and resources available to the person.

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Module 6.2: Crisis Intervention

Module Overview

Given the majority of the women who come to the shelter are in crisis and many may also be experiencing trauma, you will need some tools to help you meet these specific needs. The purpose of this module is to provide you with a model for crisis intervention and some tools for working with women who are struggling to recover from trauma.

Important Considerations

As you move through this module it is important that you remember what you are and are not qualified to do as a helping professional. This module is not intended to train you to be a professional crisis counsellor or a professional counsellor who can help people recover from their trauma. Instead, this module will provide you with a supportive way of working with clients who are actively in crisis. It will also provide you with an understanding of the process involved in recovering from trauma and some tools you can use to help women stay safe as they work through their recovery with qualified professionals. If you have traumatized clients who are struggling to recover from trauma but who are not connected with a qualified professional, it is your role to help them find a professional who can help them recover.

It is important for the safety of yourself, your client, and others residing or working at the shelter that you do not try to help women delve deep into their experiences of trauma in efforts to help them recover and move on with their lives. Unless you have had professional training in this area, it is entirely possible that you will do your client more harm than good if you try to help in this way.

Time Out

Prior to moving on to complete this module, take some time to consider the following:

- What do you currently do when you are working with a client who is obviously in crisis? What steps do you take when they come into the shelter?
- Do you worry that you might make the situation worse if you do not do the right thing when clients are in crisis?
- What do you usually do when a client starts talking about one or more traumatic experiences she has had?
- Do you know how to help a client calm down and stay safe when she is experiencing a strong memory of some sort that is related to her traumatic experience?

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Crisis Intervention

The first response to any crisis is to ensure physical, emotional and/or situational safety. The safety of all persons involved in a crisis situation must be immediately assessed and appropriate plans put in place to ensure safety. Women and children will need care and attention for their immediate needs: physical safety, a sense of security and predictability, the identification of supports and a return to familiar routines. All of these will happen in the hours and days after a crisis to help minimize the long term impact of any crisis situation.

As you work with women who are currently in a crisis, you may be required to take on a more directive role than you normally would as a professional helper. Although you would still use the basic relationship building and communication skills discussed in Modules 5.1 and 5.2, you may rely more on close-ended questions and be more directive in your verbal communication so that you can make sure you fully understand the situation and what your client needs from you. Since it is known that clients in crisis situations may say or do things that are unusual for them or that may be incongruent with what their real needs are (as was discussed in Module 6.1) you have some very specific goals to meet when you are trying to help her. Specifically, these goals are to:

1. Assess the immediate safety risks
2. Help the client return to feelings of being in control and capable of coping with the current crisis - or in other words, help the client return to the way she felt before this crisis happened
3. Help the client develop or find the skills and resources needs to adapt to or cope with this most recent crisis.

Stop & Think

Have you ever experienced a crisis of some sort? If so, what was it? How did you find the skills and resources that you needed to move past this crisis? Did someone help you? If so, what did they do? How did it feel to be in the middle of your crisis? How did it feel when you were able to move past the crisis?

Moving through the following stages will provide you with a framework to work with as you attempt to meet each of these goals:

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Stage 1: Assessment

The first priority is to assist the woman identify if she or her children have any physical injuries or effects of the crisis that need immediate medical attention or legal intervention. To do this you want to provide a safe, secure, and calming environment (if possible) so you can begin the process of assessing any immediate risks to the safety of her, her children, and/or anyone else involved in the incident.

During this stage you would want to ask things like:

- ☐ Where are your children right now? Are they safe?
- ☐ Do you want to come to the shelter? (if over the phone)
- ☐ Do you have any injuries that are causing you pain right now?
- ☐ Do you worry that he may find you?

Stage 2: Quickly and Continuously Establish Trust

Although you should be trying to establish trust from the very beginning of your interaction with her, there will be times that the need to assess the safety of everyone involved may limit your ability to focus on building this trust. However, it is important to remember all of the relationship building tips provided in Module 5.1 - Relationship Building so that you are always acting in a way that will make the development of trust possible. Depending on the nature of the crisis, she may have difficulty knowing who to trust, who to take direction from and/or what to do first. Doing the following tasks may help you quickly build trust with clients who are in crisis:

- ☐ Offer a safe, quiet environment in which to talk.
- ☐ Offer food, drink, the ability to shower, etc.
- ☐ Use all of your active listening skills (see Module 5.2: Communication Skills)
- ☐ Explain what confidentiality means.
- ☐ Explain the type of services that you and the shelter can provide.
- ☐ Express concern for the safety of her and her children.

Stage 3: Identify the Crisis and Her Response to It

While continuing to build trust, you should focus the client on discussing the nature of the crisis she is facing. This includes discussing the events leading up to the crisis, whether or not similar crises have happened in the past, and what tools and strategies the client has used in an attempt to deal with the crisis. In addition to discussing these topics with your client, it will be important to pay close attention to her body language and other non-verbal communication to get clues as to what her needs are and how she is coping with the crisis.

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Many times women in crisis are very focused on talking about all the details of the event that caused her to come to the shelter. She may get very detailed and share exactly what he said, and exactly what she did. This can result in a very long and sometimes confusing account of events. While it can be important for women to be able to share her story in this way, it is important for you to not become caught up in all the details. Sometimes women share their story in this way because they are afraid you may not understand how severe the abuse is or why they are acting the way they are. Another reason for focusing on the details is that it may be too painful to focus on emotions.

When a client is expressing her story in this way, it will be important for you to listen patiently and try to follow the line of events. If you are getting overwhelmed by the client's story, there is a good chance that she is also overwhelmed by what she is trying to express to you. When this happens you may want to interrupt the client and express that you sense she is overwhelmed right now. It may help if you refocus the discussion by pointing out the signs of strength that she has expressed in her story - for instance, you may point out the things she has done that are signs of resistance to the violence or the strength it has taken for her to seek help at the shelter. You may also want to try some of the calming strategies discussed later in this module under the discussion about *Helping Clients Cope with Trauma*.

Stage 4: Generate and Explore Alternatives

As both you and the client become increasingly clear about what the nature of the crisis is and what she has done thus far to try to cope with and solve the issue, you will move into helping her find additional options to deal with the crisis. This may include immediate priorities including a safe and secure place to stay and/or priorities for the next day, the next week and the next month. During this discussion you should help her focus on the things she has done (either now or in the past) in attempts to cope with this sort of crisis. Depending on the skills and resources available to her, you may or may not have to take an active role in finding and presenting her with additional options to cope with this situation. You also may have to provide some information around self care and stress management techniques in order to help her cope with this current crisis in a way that limits the possibility of long term effects on her well being. It is important to remember though, that the information you provide to her during this initial stage of intervention should be fairly limited. It would be easy to further overwhelm her with information if you are not careful about how you help her approach the situation.

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Stage 5: Implement an Action Plan

At this point in the crisis intervention, the action plan could be very simple. It may be that the client decides to admit to the shelter and then figure everything else out the next day, after a good sleep. Or, it could be more complicated, such as she may decide to apply for an Emergency Protection Order, admit to the shelter and track down the social worker so she can connect with her children that are in their care. The action plan will depend on the situation and the client's current state of mind and desire/ability to try to solve the issue(s) she is facing. Your role is to support her in determining what the manageable 'next steps' are, based on her situation. You can think of this as creating a mini service plan, with SMART goals (see Module 7.4 - Service Plans for more information). The action plan at this stage is intended to help her meet her immediate needs.

Stage 6: Follow-Up

Like the action plan, the follow-up portion of crisis intervention will look different for each client, depending on the crisis and what she needs. If she chooses to admit to the shelter, the follow-up will often take the form of the completion of the intake process and the development of a service plan (see Modules 7.1 - Eligibility and Admission and Module 7.4 - Service Plans and Beyond for more information). However, even if she chooses to not receive service from the shelter (or if she is not eligible for service), you have an obligation to offer follow up services to her if you have come this far in a crisis intervention. This follow-up may consist of making arrangements for her to call or visit the shelter at some point in the near future so you can help her assess what additional supports or services she may need or want.

Activity: Practice Your Crisis Intervention Technique

The only way to learn how to move through the stages discussed above is to practice moving through them. If you are the only person at your shelter who is working through this module, it is important that you find a friend, co-worker, or even your supervisor to help you role play a crisis intervention. If you have other co-workers who are also moving through this module, get together with that person or people to role play a crisis intervention.

Regardless of who you find to help you work through this activity, you need to ask this person to pretend to be a woman who is in crisis and coming into the shelter for help. It will be up to that person to determine the details of the crisis, because a part of your intervention will be to figure this out.

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When you are done moving through the stages make sure you debrief the role play with the other person. Ask that person for feedback on how helpful you were. Were there times that you were stuck and had trouble moving to the next stage of the intervention? If so, discuss this with your partner to figure out why this happened.

Healing from Trauma

There will be times that despite your efforts to respond quickly and effectively to a crisis that your clients are experiencing, she will develop trauma as a result of her experiences. There will also be times that the crisis you are helping her through is only the ‘tip of the iceberg’ when it comes to all the crises and traumatic incidents she has experienced. As has been previously discussed, unless you have specific professional training in helping people work through their trauma, you should not try to help your clients examine their traumatic experiences in attempts to help them recover. Doing this without the proper training is dangerous for the following reasons:

- Talking about a traumatic experience can increase the negative emotions about that experience - this can be unexpected and overwhelming for your client
- Talking about a traumatic experience can increase the number or intensity of nightmares, flashbacks, and other types of memories, which can be devastating for clients
- Talking about a traumatic experience can make the client feel like it is happening all over again
- When clients experience these intense emotions and memories they can be in a state of crisis. Unless they can get help from someone who is trained to help them safely maneuver through this process they can become highly agitated, angry, depressed, or even suicidal.

While you are probably not in a position to help them recover from their trauma, you are in a position to help them cope with the symptoms they may be struggling with. It is important that you understand the process of recovery from trauma so that you can understand the value in the support that you are qualified to offer.

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The 3 stages of Healing and Recovery

Stage 1 - Establish Safety (physical, emotional, mental, spiritual)

In this stage, the person struggles with trauma symptoms: sleep disturbance, nightmares, flashbacks, irritability, hyper-vigilance (they are ever-watchful and can never relax), and have an exaggerated startle response (they are jumpy).

This stage is sometimes known as the '*emergency stage*'. The person is consumed by the trauma, and lives with a constant state of fear and stress. There is an increased risk of substance abuse, of self harm, and of suicide.

The single most important intervention at this stage is to offer safe alternatives so they can develop the skills to cope with their fear, stress and other negative symptoms. Two useful safe alternatives you can use that will help them deal with their symptoms are grounding and relaxation (which are discussed a little later in this module) which will help the person calm and soothe themselves, and distance themselves from the traumatic memory. You can also help clients identify if anything specific has caused them to be upset or reminded of the traumatic event. Anything that does cause their symptoms to get worse because they are reminded of the event is known as a **trigger**. If a client is able to recognize what things trigger a reaction, she might be able to either avoid being around those things or she might be able learn to put strategies in place that will quickly calm her down before she has a strong reaction as a result of exposure to the trigger.

You can think of what you are doing to help clients cope with their symptoms as a type of First Aid that will allow them to be safe and prevent any further 'injury' until they can connect with professional help. Being able to help clients cope with their symptoms of trauma is very important work and will probably be the main type of work that you do to help them.

Stage 2 - Remembering and Mourning

In this stage, the person explores the traumatic memories. This stage should take place in a therapeutic or counseling situation. This needs to be careful and controlled to ensure that the person is able to cope with the strong emotions that will happen as a result of exploring these memories. It is dangerous and unethical to encourage a client to explore their traumatic experiences without making sure she has the skills and resources to calm herself and cope with re-living these experiences.

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Rather than encourage clients to explore their traumatic experiences with you, it is important to learn how to support them and help them connect with a professional counselor. Instead of asking her for more information about her traumatic experiences, you should listen to the information she is offering you and help her limit the amount of time she spends 'telling her story'. It is important to learn how to do this in a way that is supportive, because your client is probably already spending too much time reliving the trauma. When this is the case, she needs your help to stop or slow down the memories, while also learning how to calm and distance herself from the memories.

This means that you listen and communicate your understanding of what the client is going through. It also means that you do not ask a lot of questions about the nature of the traumatic event and what happened to them - unless you truly do not understand why the person is struggling with trauma. Upon providing some space for the client to have the opportunity to share their story you will move into your helping intervention by redirecting her to safer ground by helping her focus on ways to cope with her symptoms. You would also help her connect with more appropriate professional counsellors.

Stage 3 - Reconnecting

In this stage, the person works to reconnect with ordinary life (school, work, relationships, and community). The traumatized person has done a great deal of memory work, grieving and recovery and is now at a point where she is able to focus on moving on in her life, and working on relationships in her world. Getting to this stage may have taken a long time - usually months or years. Your role in helping clients in this stage is to remind them of their coping skills if they need some help getting back on track with reconnecting.

Helping Clients Cope with Trauma

While you may not have the training or ability to help a client fully explore and recover from her traumatic experiences, you are in a great position to be able to help her cope with her symptoms. By doing this, you are helping provide her with the necessary tools that she will need to use on a regular basis as she moves toward recovery. The following list covers some of the tangible things you can do to help your clients.

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1. Establish physical safety:

- ✓ In order for anyone to work on trauma related issues, she must be in a safe environment. Your shelter can be that environment - at least for a short period of time. While she is in the shelter you can also help her find a safe place to live when she chooses to leave.
- ✓ This safety also extends to her emotional and psychological health. You can help her assess if she is considering harming herself or committing suicide, so that you can work together to get her the help she needs. She will not be able to work toward recovery from trauma if she wants to harm herself.
- ✓ If on-going safety is an issue (such as a woman who calls you but does not come into the shelter; or a woman who is choosing to return to her partner) the best thing you can do is help her develop a safety plan (see Module 7.2 for more information) to limit the likelihood of experiencing ongoing traumatic incidents.

2. Establish emotional safety:

- ✓ Normalize her experience and teach about some of the effects or symptoms of trauma. You could reassure her by saying things like:
 - Traumatized people often feel like they are going crazy. They are not. This is a normal reaction to an abnormal experience.
 - It is common for people who have gone through what you have gone through to feel that way.

3. Reinforce healthy coping skills that she already knows:

- ✓ It is important for her to learn how to cope with her symptoms - for instance, to learn how to cope with problems sleeping, with nightmares and flashbacks, and feelings of constant fear or distress. To do this, it is helpful for her be able to calm themselves (see the activities discussed later in this module for some helpful methods).
- ✓ You can help by reminding her of things she has done in the past that has been helpful.
 - “Have you tried anything that helps?”
 - “What usually helps when you feel sad/ afraid/ overwhelmed?”
- ✓ Talk to her about comforting activities that she may not have tried, but that often help others.
 - going for a walk,
 - talking to a friend,
 - having a relaxing bubble bath,
 - wrapping themselves up in a cozy blanket,
 - having a cup of tea,
 - listening to her favourite music

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- ✓ Once she identifies something helpful, spend some time going into the detail of this. For instance: What is her favourite music? Where does she like to walk? What does she like about a walk outside? Expand on this part of the discussion because you are now on safer ground and are helping her cope.
4. Encourage her to get back to her normal routine as soon as possible:
- ✓ Trauma and abuse are characterized by a sense of powerlessness and being out of control. It is important to name this and to encourage her to work to regain a sense of control and mastery in her life.
 - ✓ This does not mean you are encouraging her to leave her partner or make huge life changing decisions. Instead you would encourage her to do activities that she is good at and has enjoyed in the past, so she has a sense of being competent. This will help her feel more successful and in control.
5. Encourage her to connect with her spirituality or belief system:
- ✓ Another characteristic of people who have been traumatized is that they often develop a “negative world view” (i.e. they have learned that the world is a dangerous and a bad place, and they lose hope).
 - ✓ Focusing on her spirituality or belief system can be helpful in letting her see the world as an ok place again. This is very different than talking about any specific religious beliefs - a spiritual belief system could be very different from religion. To help identify what belief system is helpful to your client you could ask broad questions like:
 - “What helps to give you hope?”
 - “Do you have faith?” “What is it?” “How does it help you?”
 - ✓ It can also be helpful and calming for clients to expose themselves to experiences that provide feelings of pleasure, joy and beauty - this can help to “reframe” or to “reclaim” the world so it is not always tainted with traumatic memories, and can instill a sense of hope. This may be as simple as taking a walk in a park or out on the land.
6. Encourage reaching out and building a support system:
- ✓ People who are overwhelmed or depressed by trauma often isolate themselves, thinking that no one will understand what they have gone through. Also, some people are reluctant to burden or trouble others.
 - ✓ It is very helpful for your client to develop a support network of people that they can talk to and get support from. It is important for her to add people to their support system that they can talk to at anytime of the day - you and your co-workers could be

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a part of this support system because the shelter is open 24 hours. See Module 7.4 - Service Plans and Beyond for tips on how to develop a 'Support Map'.

Helpful Tools for Soothing or Calming Clients

The tools discussed in this section are actually helpful for any client who may be stressed, anxious, worried, having trouble sleeping, and so on. You may even find some of the tools useful in your own self care plans.

Hints & Things to keep in Mind about What You Can Say

- “Are you in a safe place?” (if she is calling in for support)
- “It sounds like you are feeling overwhelmed.”
- If the client is overwhelmed or has multiple issues, do not get ‘sucked into’ the crisis. Stay calm. Help the caller to focus: “It sounds like you have a lot going on. Let’s focus on one thing at time. What is the main issue you are struggling with right now?”
- “It sounds as if you are being triggered” or “It sounds as if that reminded you of the (traumatic incident). What do you need to do to calm yourself and remind yourself that you are safe now?”
- “I’m just going to interrupt you for a minute.” (Don’t be shy to interrupt or redirect a client who you feel is spiraling out of control. By helping them slow down and regain control of their thoughts you are helping to provide emotional safety.)
- “I am just going to check in with you. I’m going to ask you to take a long, slow, deep breath right now. Breathe.” “That’s good. Can you take another slow breath now?”
 - Listen for her slow breathing. Do it with her. Let her hear your exhalation. Listen for hers. Check in with her - “How was that?”
- “What helps to you feel safe?” Explore techniques that she already uses and finds helpful.
- Do not elaborate or ask for more detail about traumatic incidents.

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- Ask questions that help her become more aware of her own strengths and resistance. “What helped you to survive? Or “What helps you to keep going?”
- Work from a ***strengths-based perspective***. This means that you assume that she has survived the worst, the trauma itself. She has learned ways of coping and has reached out for help which means she already has some skills to build on. You can acknowledge this: “It’s really good that you are reaching out for help by coming to the shelter (or by asking meet with me). You are already starting to help yourself by doing that.”
- At end of any session with a client when they have talked about their trauma and/or symptoms, always make a plan with her about what she is going to do to take care of herself. Ask for specifics. Ask her to identify more than one activity if she can. Repeat it back to her as a way of confirming that she has made a commitment to take care of herself.

Activity: Helping Clients through Crisis and Trauma

Even though there will be many times when our interventions do not go as planned, it can be helpful to think through how we would approach certain situations if they were to arise with clients. For each of the following scenarios, write down exactly how you would approach each client to help her work through her feelings related to the trauma she has experienced.

- 1) A woman who is staying at the shelter comes to see you after spending quite a bit of time in her room. She is wringing her hands and seems to have been crying but does not really have a lot to say. When you ask her what is wrong, she simply says, “I can’t stop thinking about it.” Next thing you know, she starts rocking and staring into space.
- 2) When you finish your paperwork for the evening, you go into the main living area to do your security checks before you go off your shift. You find a client who is pacing the floors and talking to herself. When you ask her if she would like to talk she says ‘yes’. Then she tells you that she just woke up from a nightmare and goes into vivid detail about how she was horrifically abused by her partner in the nightmare. However, about 10 minutes into her telling you what she has experienced, you start to lose track of what was the nightmare and what has actually happened to her.

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- 3) A client comes to the shelter wanting to stay there for “a few days”. She has been to the shelter many times before and you know she has suffered abuse at the hands of her current partner. She also has a history of being abused as a child and in her previous adult relationships. In the past, you and other staff have spent a lot of time sitting with her because she tends to go into detail about her abusive history whenever she has the opportunity to sit alone with staff. During her intake, she starts talking about her history of abuse starting from when she was a child, even though she is aware that she has told you this history before.
- 4) You answer the crisis line to find a woman sounding fearful, distressed and anxious. She speaks rapidly and floods you with confusing information about a situation in which she was assaulted by her ex-partner who went to jail for what he did to her. She also mentions having seen someone in the Mall today who looked and sounded like her ex. She has been terrified ever since and thinks he is coming to get her. She seems to be going back and forth between something that happened today and something that happened in the past and you are not sure if she was actually assaulted today or not.

See page 19 for points to consider in your answer

Calming Breath Exercise

Slow, deep breathing is calming and relaxing. You can teach this to clients over the phone or in person by slowly guiding her through it. Take your time. Listen for her responses and check in with her at the end.

First describe the exercise slowly to your client:

You need to get into a comfortable position. Are you comfortable?

Put one hand on your stomach. I am going to ask you to breathe in through your nose and out through your mouth slowly and deeply. You can count to 5 in your mind as you breathe in and as you breathe out. Your hand on your stomach should move up and down as you breathe in and out. As you breathe out, say the word “Relax” to yourself and let your muscles relax. Imagine yourself breathing out all the tension in your body as you breathe out.

Do you have any questions about that?

Then guide her through the exercise:

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Okay, we are going to try a test of it first to see how it goes.

1. Are you in a comfortable position? Good.
2. Do you have your hand on your stomach? Good.
3. Now take a long, slow breath in through your nose and out through your mouth. I should be able to hear you breathe out.
4. Remember to say “Relax” to yourself as you breathe out, and let your muscles relax.

Check in with her to see how she is doing:

How did that feel?

Did your hand move as you breathed?

If so, good! (If not, they need to try to breathe more deeply, down into her belly.)

Once she understands how to breathe deeply (into her belly), continue the exercise:

Now, we’re going to do that for 10 slow breaths. Count your breaths on your fingers, putting up one finger each time you breathe out.

1. Take a long, slow breath, inhaling through your nose slowly to a count of 5 as you inhale.
2. Hold it for a bit.
3. Breathe out slowly through your mouth, again to a count of 5. We both should be able to hear the sound of your outward breath.

Continue tracking her progress by saying “Breathe in.” Breathe out” 10 times in all. It helps to do the slow breathing with the other person so that they can hear your breathing too as you act as a guide.

Check in with her to see if they feel more relaxed. If it was helpful, you can do it all again for a second cycle! You can also encourage her to do it on her own whenever she notices that she is tense during the day.

Activity: Calming Breath Exercise

Go back to the beginning of the calming breath exercise and work your way through it yourself, so you can experience what you will be asking your clients to do.

How did it feel to do this breathing exercise? Do you think this would be helpful to clients? Why or why not?

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If you are not sure about the usefulness of this exercise and/or if you had trouble concentrating to do it on your own, you should practice it some more with a co-worker or a friend. Generally, even in the most stressful times, a deep breathing exercise like this should be helpful. Give it a chance and try it on your own a few more times until you get the hang of it.

5 - 4 - 3 - 2 - 1 Exercise

This is a sensory exercise that helps to calm people by **grounding** them. This means you are helping to bring them fully into the present, and out of their anxiety (worry about the future) and their memories (feelings about the past). This exercise is very helpful when the person is in the room with you. You may have to adapt it for use on the phone.

To do this exercise, you and your client will take turns naming items that you notice around you, starting with 5 objects and gradually working down to just one. It is okay to repeat an object as long as you (or your client) actually take notice of it each time. If your client is not doing the exercise properly, interrupt her to clarify or correct her. It may not be effective otherwise.

An example of what this exercise sounds like:

Name 5 things I see:

I see the beige phone. I see the chair I'm sitting on. I see the green carpet. I see the picture of a boat on the wall. I see the lamp. [Then your client will name 5 things]

Name 5 things I hear: (The sense of hearing is always the hardest. Take time for the person to listen and hear things around them. It takes some concentration. You can cough or make other sounds if it helps)

I hear the TV. I hear the hum of the fridge. I hear the sound of my own breathing. I hear my voice. I hear your voice. [Then your client will name 5 things]

Name 5 things I feel: (this is asking you and your client to use the sense of touch - naming internal feelings and emotions is not allowed, because this will not help them become 'grounded')

I feel the chair behind my back. I feel my foot on the floor. I feel the texture of my sweater. I feel my arm against the arm of the chair. I feel my legs crossed together. [Then your client will name 5 things]

Then you start from the beginning, but you each take turns naming 4 things you see; 4 things you hear; 4 things you feel. Then you move on to listing 3 things you see; 3 things you hear; and 3 things you feel. And so on until you get all the way down to listing 1 thing of each sense.

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How to introduce the 5-4-3-2-1 exercise to your client:

I know an exercise that helps people to feel calmer. Would you like to learn it? I can do it with you. Are you willing to try it?

This exercise is called 5-4-3-2-1. It uses your body's senses - what you see around you right now, what you hear right now, and what you can feel by touching right now.

There are just a few rules. You can't name anything in your imagination. These have to be things you notice right when we are doing the exercise. For the feeling words, they have to be things that you touch - you can't name any inside feelings (or emotions).

Then you would start by saying:

I am going to name:

5 things I see ... and you name them.

Then you tell the client it is her turn

When she is done you go on to name:

5 things I hear ...

Then it is the client's turn

And so on ...

5 things I feel ...

Then it is the client's turn again

4 things I see

4 things I hear

4 things I feel

3 things I see

3 things I hear

3 things I feel

2 things I see

2 things I hear

2 things I feel

1 thing I see

1 thing I hear

1 thing I feel

Ask her how it was for her to do the exercise. Does she feel any different? Any calmer?

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Let her know that she can do this on her own anytime she is feeling upset and would like to calm down. It is also fun to do it with children. She can do it as many times as she needs to during the day.

Activity: 5-4-3-2-1 Exercise

Go back to the beginning of this exercise and work your way through it so you can experience what you will be asking your clients to do.

How did it feel to do this grounding exercise? Did you become more aware of your surrounding and less aware of all the stress and worries that you are carrying around with you? Do you think this would be helpful to clients? Why or why not?

If you are not sure about the usefulness of this exercise and/or if you had trouble concentrating to do it on your own, you should practice it some more with a co-worker or a friend. Give it a chance and try it on your own a few more times until you get the hang of it.

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Module Resources

Hermann, Judith L. “Trauma and Recovery”. New York, Harper Collins, 1992.

Levin, P. (2003). Common Responses to Trauma and Coping Strategies. Found at:
<http://www.trauma-pages.com/s/t-facts.php>

Van der Kolk, B., McFarlane, A.C., and Weisaeth, L. eds. “Traumatic Stress. The Effects of Overwhelming Experience on Mind, Body, and Society.” New York, Guilford Press, 1996.

Related Modules

Module 3.4 - Self Care and Balance
Module 5.1 - Relationship Building
Module 5.2 - Communication Skills
Module 6.1 - The Impact of Crisis and Trauma
Module 7.1 - Eligibility and Admission
Module 7.2 - Risk Assessment and Safety Planning
Module 7.4 - Service Plans and Beyond

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Activity: Helping Clients through Crisis and Trauma (*Points to Consider*)

- 1) A woman who is staying at the shelter comes to see you after spending quite a bit of time in her room. She is wringing her hands and seems to have been crying but does not really have a lot to say. When you ask her what is wrong, she simply says, “I can’t stop thinking about it.” Next thing you know, she starts rocking and staring into space.
 - You may be tempted to try to get more information out of this client so that you can understand what has happened to her - however this is not the best course of action. You should not ask for further details.
 - You know she is in the shelter, so she is physically safe at this time.
 - You need to help her establish emotional safety, which includes helping her find distance from whatever it is she is remembering.
 - You can remind her that she is in the shelter and nobody can hurt her right now
 - You can say something like “it seems like something has caused you to remember something terrible that has happened to you in the past. Do you know how to calm yourself down right now?”
 - If she does not know how to calm herself, you can start asking what has worked in the past when she has felt this way or offer some suggestions as to what other find helpful.
 - Helping her through a breathing or grounding exercise might be helpful (covered a little later in this module).
 - Once calm, you help her put a self care plan in place to help her get through the evening. You may want to make arrangements for her to periodically check-in with staff to let them know she is ok.
 - You should help her connect with professional resource people to help her work through her trauma, if she wishes.
- 2) When you finish your paperwork for the evening, you go into the main living area to do your security checks before you go off your shift. You find a client who is pacing the floors and talking to herself. When you ask her if she would like to talk she says ‘yes’. Then she tells you that she just woke up from a nightmare and goes into vivid detail about how she was horrifically abused by her partner in the nightmare. However, about 10 minutes into her telling you what she has experienced, you start to lose track of what was the nightmare and what has actually happened to her.
 - At this point you want to help her get some distance from the memory (of both her nightmare and past abuse) and help her calm down.

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- You can interrupt her by saying something like - Let's just stop and take a minute. It seems like you are very overwhelmed right now as you work through this nightmare. I am starting to lose track of what you are trying to tell me.
 - You can remind her she is staying at the shelter and nobody can hurt her right now.
 - You might want to try to help her take a deep breath to calm down or try a breathing exercise with her.
 - You could ask what she has done in the past to 'get control' when she has woken up from nightmares like this one.
 - Once calm, you help her put a self-care plan in place to help her get through the evening. You may want to make arrangements for her to periodically check-in with staff to let them know she is OK.
 - You should help her connect with professional resource people to help her work through her trauma if she wishes.
- 3) A client comes to the shelter wanting to stay there for "a few days". She has been to the shelter many times before and you know she has suffered abuse at the hands of her current partner. She also has a history of being abused as a child and in her previous adult relationships. In the past, you and other staff have spent a lot of time sitting with her because she tends to go into detail about her abusive history whenever she has the opportunity to sit alone with staff. During her intake, she starts talking about her history of abuse starting from when she was a child, even though she is aware that she has told you this history before.
- Rather than let her continue in this vein, you can interrupt her and let her know that her file outlines the history she has shared before.
 - You can ask her what the most pressing issue is she is dealing with right now so you can try to help her with that - this will determine which direction the rest of your conversation goes in.
 - If she is having trouble focusing, you could try asking her what she does to cope with all the memories she wants to share with you.
 - You could try helping her through a deep breathing exercise to help her focus.
 - You could ask her what has helped her cope through all of these years of abuse or what her belief system is.
 - You can help her put a self-care plan in place - this could include connecting with activities she has enjoyed in the past.
 - You should help her connect with professional resource people to help her work through her trauma if she wishes.

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- 4) You answer the crisis line to find a woman sounding fearful, distressed and anxious. She speaks rapidly and floods you with confusing information about a situation in which she was assaulted by her ex-partner who went to jail for what he did to her. She also mentions having seen someone in the Mall today who looked and sounded like her ex. She has been terrified ever since and thinks he is coming to get her. She seems to be going back and forth between something that happened today and something that happened in the past and you are not sure if she was actually assaulted today or not.
- Although you should usually not ask for more details about the traumatic incident, in this case you need to find out if the caller is currently in need of any medical attention or police intervention.
 - You should directly ask if she has been physically harmed by someone today and if so, has she gotten medical attention.
 - Once you have established her physical safety (assuming that she is physically safe and is experiencing a flashback), you can move on to acknowledge that she seems to be overwhelmed.
 - If she is not physically safe, you can offer to bring her to the shelter so you can figure out how to best help her from there.
 - You could say, “it seems like you have been triggered by seeing this person in the Mall today. This has reminded you of what your partner did to you.”
 - You would go on to ask about what things help her cope with memories like this.
 - You could offer some suggestions as to what she might find comforting.
 - You could do a deep breathing or grounding exercise with her.
 - You could help her identify a support system.
 - Once calm, you help her put a self care plan in place to help her get through the evening.
 - You should refer her to a professional counsellor who could help her work through her trauma.

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Module 7.1: Eligibility and Admission

Module Overview

The decision about whether or not to admit a client to the shelter can be a difficult decision to make, especially if you are not sure how to determine if the woman meets the mandate of the shelter. The purpose of this module is to provide you with an understanding of how to gather the appropriate information to determine whether or not a client is eligible to receive services from the shelter. A general screening process will be provided as well as an admissions process so you are able to set the right tone when you are talking to any potential clients contacting the shelter.

Important Considerations

As you complete this module it is very important you are familiar with the appropriate policies and procedures in place at your shelter that discuss topics related to determining the eligibility of clients and the admission process. If you have not already done so, you should review the entire policy and procedures manual and make sure you ask your supervisor about anything in the manual that you do not understand. At a minimum, in order to complete this module, you should review policy 1.1 - 1.2, 3.5 - 3.12, 5.4, 7.20, and 8.9.

As you approach any discussion with clients or potential clients about the services they need and whether or not it would be helpful and appropriate to admit her to the shelter, you must consider issues related to literacy and language. If the woman has a limited understanding of English you should always try to find an appropriate translator to help her understand the abundance of information you will be trying to communicate to her during the intake process. This translator should never be one of her family members or friends, and should understand and agree to the terms of confidentiality.

All clients and potential clients must also be able to understand the services you are offering and rights and responsibilities she has in relation to these services. That is why it is important to continually make sure your client understands what is being discussed with her by periodically stopping and asking her to summarize in her own words what it is that you are communicating with her. If she does not understand due to some sort of intellectual disability, brain damage or other issue, it may be the case that someone else has the legal authority to make decisions on behalf of that person. You would need to find out who has this authority and seek their permission to provide services. If the person who has this authority is also the person who is abusing her, you

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should seek protection for that woman through the Health and Social Service system - Legal Guardianship program.

Time Out

Prior to moving on to complete this module, take some time to consider the following:

- Have you ever wondered if you made the right decision when it came to either choosing to admit a client, or turning her away?
- Do you sometimes wonder if clients are telling you the truth about being abused when they try to stay at the shelter? If so, how do you think these thoughts impact your work?
- Do you find it stressful to turn women away from the shelter? If so, how do you deal with this stress?
- Do you wonder why it is necessary to have to do so much paperwork when a client admits to the shelter?
- Have you ever 'skipped' pieces of the admissions paperwork? If so, why? If not, why not?
- What do you think is the most important part of the admissions process?

The First Point of Contact

Within the broader context of violence against women and family violence, the current mandate of family violence shelters in the NWT is to provide safe shelter, crisis intervention and emotional support, information, education, referral and advocacy to women experiencing abuse and their children. Specifically, your shelter provides these services to any woman 18 years of age or older if she is experiencing any type of abuse. All of your services should be accessible to potential clients 24 hours a day; 7 days a week, including non-residential services such as a 24/7 telephone crisis line or walk-in support for women who are experiencing abuse but are not seeking safe shelter.

The first point of contact with a client is critical when it comes to setting the tone for your (and the shelter's) ability to help her. As was discussed in Modules 5.1 and 5.2 you are beginning to build a relationship with a client from the very first time you have any sort of interaction with her. So, it is very important that you are able to be warm, sincere and welcoming to any client that contacts the shelter either in person or over the phone. The attitude that you show her when she first seeks service will go a long way in determining whether or not she trusts the services you are offering and the ability of the shelter to keep her safe while also looking out for her needs.

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Stop & Think

Picture yourself helping a woman who has just come into the shelter. What is it that you are doing? What types of things do you say? What is that she is doing, and how is she responding to you? Why is it that you want to help the person? How do you know you are helping her?

Now picture yourself helping a woman who has already been at the shelter for a few days. What is it that you are doing? What types of things do you say? What is that she is doing, and how is she responding to you? Why is it that you want to help the person? How do you know you are helping her? What is different about helping this woman, than helping someone who has just come into the shelter? What is the same?

Screening for Eligibility

In addition to doing the best you can to make each and every one of your clients feel welcome and safe, one of the first things you will do when a woman connects with you is to **screen** whether or not they are eligible to receive services. Basically, what this means is that you have to quickly determine if the services provided by your shelter are the best services to meet her needs. Despite how you and your co-workers feel about wanting to meet the needs of all women, there is a limit to the services that can be provided by shelters. You cannot be all things to all people even if there are very few services available in your community. Just as you need to have professional boundaries and limits on what you can do as an individual, a shelter program must have limits on what it can do for the community in order to make sure there is an appropriate level of services offered that allow the shelter to meet the needs of female victims of family violence.

However, while it is important to have limitations on the services that can be provided, the women who tend to seek services at your shelter will probably have many overlapping issues - not only may they be current or past victims of violence, but they may also be homeless and/or be struggling with mental health or addictions related issues. Since there is a high demand on the services provided by shelters, it has been necessary to determine a priority list for admission.

The list, from highest priority to lowest is as follows:

- Abused women with children
- Abused women without children
- Women in crisis
- Other women in need

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This list does not mean that a woman who is being abused and has children is always admitted to the shelter. It also does not mean that if you would always accept a woman in any type of crisis if you have the room. Instead, this list should be used as a guideline in combination with appropriate screening for how you make decisions about whether or not a specific client would benefit from any of the services you can offer her. There are typically no hard and fast rules about who should or should not be admitted to a shelter. However, if you understand the role of your shelter in your community, you can usually use this priority list along with the information she gives you during the screening process to make an appropriate decision.

Stop & Think

What is the role of your shelter in your community? Is there a lot of pressure on your shelter to meet the needs of all women who are in some sort of crisis? How do you and your shelter management deal with the pressure to take clients that do not meet the mandate of the shelter?

The information that you are looking for during a screening process is different than the information that would be provided by a Pre-Admission Assessment. Typically, a Pre-Admission Assessment would be completed from the perspective of the agency that is referring the client to you. You must **always** do your own screening with the client in order to get her perspective and understanding of what she needs.

All the screening that you do will follow a similar process (see also policy 3.7 and Admission Assessment template):

- 1) You introduce yourself and explain what your role is at the shelter
- 2) You assess her immediate safety and well-being
 - a. If she is calling over the phone, this means you take a moment to make sure it is safe for her to be talking to you right now. If she cannot answer or indicates that she and/or her children are not safe, offer to send immediate assistance.
 - b. If you are meeting with her in-person, this means that you ask if she has been recently hurt in any way that requires medical assistance. You also ask if she is concerned about the immediate safety of anyone else (for instance, any children that may be with the abusive person)
- 3) You ask her if any other service has talked to her about coming to the shelter or if she is aware of a Pre-Admission Assessment that may have been done on her behalf. If so, you would explain that you also need to ask her some

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- questions to make sure that you both understand what her situation is and whether or not the shelter is the best place to help her.
- 4) You briefly explain confidentiality and the limits to confidentiality (you would also do this in more detail later, if you proceed with admitting the client to the shelter)
 - 5) You ask her why she is seeking help from the shelter.
 - 6) You ask her what she expects from the shelter - what is her understanding of what the shelter can do to help her.
 - 7) You provide more information about what services are offered by the shelter, answer any questions she might have, and correct any misinformation she might have. It is always important to provide information about all the services that are offered by the shelter so that a client can truly make an informed choice about which services they would like to receive. More than one woman has admitted to a shelter because she did not know she could get support from the shelter unless she did.
 - 8) You listen carefully for any indication or evidence that she is:
 - a. Under the influence of alcohol or drugs
 - b. Currently seriously considering committing suicide
 - c. A possible risk to the well being of other residents or staff

If you worry that any of these three situations apply, you would need to directly address these issues to determine if a client is eligible to be admitted to the shelter. However, if there is no indication that these 3 situations apply you would probably not address them during the screening process. For instance, there is no reason to ask each and every client if they have been drinking alcohol or not, unless the caller sounds intoxicated.

Based on her answers to these questions, you should have enough information to determine if she is eligible for services. You should know by now if she is being abused, and if so, by whom. You should also know if it is admission to the shelter that she is seeking, or if it is something else. It should also be evident by now whether or not she is feeling pressured by someone else to come to the shelter. By now, you should be able to make a general decision about whether or not this client should be admitted to the shelter or not, based on your understanding of the role of the shelter; her answers during the screening process; and where she would sit on the level of priority for admission.

This does not yet mean that you would invite the woman to stay at the shelter. What it does mean is that now your screening process would lead you in one of 2 directions - depending on whether or not you think admission is appropriate.

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The Decision to Not Admit:

There are many reasons you may make the decision to not admit a client, including:

- She did not really understand the services you provide and has now decided to seek services elsewhere;
- There is not enough room for her and her children to stay at the shelter
- She has been to the shelter before, but was not able to abide by the policies around confidentiality (see policy 2.3) and non-violence
- She is currently under the influence of alcohol, drugs, or other substances
- She has indicated that she has severe disabilities or mental health issues that cannot be accommodated by the shelter
- She is currently at a **high** risk of committing suicide.
- She does not really meet the mandate of the shelter.

Whenever a potential client contacts you (either by phone or in person) to request any sort of service, you now have a responsibility to do your best to ensure this woman is able to connect with appropriate services and has a plan to keep her and her children safe from harm. This is even the case if she makes the decision herself, that she would not like to come to the shelter upon finding out exactly what you can and cannot offer her or if she does not really meet the mandate of the shelter (or in other words, is not currently being abused by someone). Whatever the reason that the potential client does not come into the shelter for service you should make every effort to refer her to the appropriate service and ensure that she is able to connect with these services (see Module 7.4 for a more in-depth discussion of how to do an appropriate referral). **You must also always indicate on the Admission Assessment form what the reason is that the client was refused admission to the shelter or chose to not come in (if you are aware of her reason).**

Not Enough Space

If there is not enough room at the shelter for her and/or her children you have two options that you can discuss with her:

1. You can assist her in finding a different safe place to stay until you do have the room available
2. You can assist her in arranging for travel to the next nearest shelter.

The first option would only be appropriate to discuss if you have some reason to anticipate that you will have the appropriate room become available within the next 48 hours or so. In cases such as this, the client may be able to stay with a family member or the Health and Social Services Authority may be able to provide short term hotel accommodation while she receives 'day service' from the shelter. The second option may only be practical in situations where women also have somewhat of a support system available where the other shelter is located.

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Often, women may not want to travel too far unless they have friends or family in that community who can support them during this difficult time. However, it should always be presented as an option to the woman whenever you do not have the appropriate space available to admit her and you are not sure when that space will open up.

The remaining possible reasons for why you would not admit a client into the shelter should be considered 'grey areas' instead of absolute reasons that a client should not be admitted. It is important to always consider the reasons behind the guidelines about who should and should not be admitted to the shelter when you are making decisions when there are issues related to an inability to comply with shelter expectations, addictions, disabilities and/or severe mental health issues, suicide, and other types of crisis faced by women. In general, these guidelines are in place to protect you, other clients, and the woman who may be seeking service. They are also in place to help ensure that a woman experiencing abuse can always (more or less) have access to a safe place to stay.

Past History of Inappropriate Behavior

In the case of a client who has been unable to comply with shelter expectations around things like maintaining the confidentiality of other clients and being non-violent while in the shelter you may be tempted to never allow her to reside in the shelter again. However, doing so may not be the best course of action considering that she may really need the safety that you can provide. Instead of 'blacklisting' the client, it would probably be better to get your supervisors support in talking to her about your concerns and the unacceptable nature of any future behavior like this. You should also get her written agreement that she understands that she will be asked to leave immediately if she does engage in such behavior again.

Intoxication

Women who are intoxicated or who have strong addictions should always be made aware of your policy around being unable to provide services to someone who is under the influence of substances. If the client seeking service while under the influence need to be told that she can come back to be admitted when she is sober again. However, there may also be times when you can use your discretion. For instance, let's say a woman comes to the shelter and smells like alcohol. She may admit to you that she has been drinking, but she does not really appear to be impaired in any way. It may be that she did not drink a lot or that she was drinking the previous day/night. In these situations, it may be appropriate to

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admit her as long as you do not view her as being a safety risk to anyone else in the shelter.

Disabilities, Mental Health Issues, Suicidal Thoughts

Severe disabilities, mental health issues, and being suicidal are also not considered to be absolute reasons for not admitting a client. In order for a client to be refused admission for any of these issues, the shelter must be unable to meet her needs or she must pose a safety risk to herself or others - and you must have some evidence of this potential harm that could take place if she is admitted. In reality, most disabilities can be accommodated if the shelter is able to creatively work to make appropriate adjustments and there are very few mental health issues that would put you or your other clients at risk. The reason that a woman who is at a high risk of committing suicide should not be admitted to the shelter is because you cannot take on the responsibility of providing the level of crisis intervention that is required to help someone in this situation. However, the majority of women who come to your shelter are not considered to be at a high risk of committing suicide, even if they have had suicidal thoughts in the recent past. If you are concerned that a woman may be suicidal it is important that you discuss your concern and the reason behind it with the client. Generally speaking, a person who is thinking about committing suicide in the near future will admit this when they are directly asked. If she is suicidal, you then have a responsibility to connect her with appropriate services such as the hospital or the RCMP if she refuses to accompany you to the hospital.

Does Not Meet the Mandate

There are many times when clients who are 4th in the list of priority will come to you seeking service. This could include clients who are homeless, attending medical appointments, or any other sort of transition or crisis that would require temporary housing. Although this sort of client does not meet the main mandate of the shelter, there are times that you may choose to admit her if the stay is short term, and/or you have lots of space available, and/or you have reason to believe that not admitting her could lead to a high risk of being abused or violated in some way. A common approach to admitting clients who are in crisis but are not necessarily being abused is to require them to sign a contract that states they will be given 8 hours notice that they will have to make other housing arrangements if their room is needed to accommodate a woman and/or her children who are in an abusive situation.

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The Decision to Admit ...

If you decide that the client you are speaking with would be an appropriate client to admit to the shelter, there may be some additional information that you may need to cover with her:

1. The number of children she will be bringing with her
2. Whether or not she has any special needs that may need to be accommodated
3. Whether or not she requires any assistance getting to the shelter (if you are speaking with her on the phone).

The reason you would wait until completing your initial screen about whether or not the client is appropriate to be admitted to the shelter is that this information is completely unnecessary to gather if you decide it would not be appropriate to admit her or if she has decided to only access services that are offered to non-shelter residents. To get this amount of detailed information would give the impression that the client can come and stay at the shelter, which would be confusing for women if you do not intend to admit them to the shelter.

If she is from a community other than the community where the shelter is located, you may have to assist her in making travel arrangements (see policy 3.5 in your policy and procedures manual for the exact process to follow). All women in the NWT have the right to access services that will promote their safety and well being, regardless of the community in which they reside. Given that there are only 5 shelters that serve all communities in the NWT, this means that the Department of Health and Social Services has an obligation to ensure that women who are living with an abusive person are able to access safe shelter if they choose to do so. A woman from another community will need to arrange for travel to the shelter (normally the shelter that is nearest to her current location) through her local social worker *or* community counseling program staff person. You can help with this process by contacting this professional on her behalf if she gives you consent to do so. In cases where travel needs to be arranged, it is usually necessary to also complete a risk assessment with the potential client as way of communicating her need to access the services you are able to provide - see Module 7.2 for more information).

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Activity: Should You Admit or Not?

What would you do if you were the staff person who had to make the decision about whether or not to admit each of the following clients. Although you would probably require more information before you would make such a decision in 'real life' what is your first instinct in each of the situations?

- 1) A woman that is well known in the community for being 'crazy' shows up at the shelter. You let her in, even though you are a little bit worried about doing so. She is very calm, but has obviously been abused. She tells you her husband beat her up last night and she would like to stay at the shelter until he sobers up. You don't really know what her issues are but you have heard about how she can freak out for apparently no reason. You have three rooms available.
- 2) A past client calls into the shelter. She was able to leave her abusive partner and has been living on her own for about two years. She is not in a relationship with anyone but wants to come into the shelter because her and her two children have just been evicted from her apartment. You have two rooms available.
- 3) A woman comes to the shelter and says that she needs to stay there a while. You notice she looks tired and she smells like stale alcohol. She admits to you that she has trouble with drinking sometimes but that she is sober right now. Her last drink was 24 hours ago, when her roommate kicked her out of their apartment. She is not in any sort of an intimate relationship with him but does not want to go back there and has nowhere else to go. You only have one client staying in the shelter.
- 4) A woman is brought to the shelter by the RCMP. She has just pressed charges against her partner who has physically and sexually abused her. You have one room available but you just got off the phone with a woman who was considering coming in with her children tomorrow.
- 5) A young woman with one child calls the shelter and asks to stay there. She is currently living with her mother and is not happy with the living arrangement. She claims that she is being abused by her mother but you wonder if this is the truth because you know her mother has been trying to get her to move out the house and get her own place for a while. You have one room left.

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- 6) A potential client calls the shelter seeking to come in and stay there. Her common-law partner has been drinking and she tells you that when he is drinking he 'does not take care of her'. When you ask her what she means, she tells you she has a disability and needs help getting up and down on her own (meaning in and out of bed, getting up from a chair or sitting down, etc.). She tells you she is able to take care of her own basic needs but just needs this little bit of help. Home care comes to see her every other day to help her. You have one room left.

See page 37 of this module for suggested answers

General Admissions Procedure

Once you have made the decisions to admit a client, you will follow a fairly structured process so that you can ensure all the necessary information about the woman and her children is gathered quickly, but in a way that is also supportive. Prior to doing the intake you should always check the filing system to see if the woman has spent time at the shelter before or if she is a new client. If she is a new client the following information should be added to the filing system:

- ❖ Full name
- ❖ Client number
- ❖ Health care number
- ❖ Referral source
- ❖ Intake date
- ❖ Names of children

If she has been to the shelter before, it is a good idea to take a few minutes to quickly review the client's files so you are aware of any issues that may need to be addressed with her during the intake. You should never use the old file to complete the new file. Doing this means that you are assuming that the client issues, personal information, relationship information, etc. is the same, when it may not be the case. Starting a new file with the client gives her the opportunity to clarify or change any of the information she has given you in the past.

One of the most important things you will ever do as a shelter worker is invite a woman in need of shelter into the shelter with warmth and sincerity. Let the woman know that the shelter is a safe environment and that you and the other staff are all there to support her through this time. Once you have welcomed her into the shelter

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and have her in a private and comfortable space, one of the first things you should do is to ask if she needs anything at that time - water, a bathroom, medical attention, food, tea, etc. You should also try to get any children with her settled or occupied with some sort of activity.

After meeting any of her immediate needs, you should take some time to explain the intake process, making sure to cover:

- How long the intake should take (should not be longer than 1 hour)
- Why you are gathering her information - some is for statistical purposes, the rest is to allow the shelter staff to meet her needs as best they can, and to protect her and the staff (see Module 5.3 for more information)

During times of crisis, it may only be possible to collect basic information rather than complete the entire intake process. Once you have told the woman that the entire intake process would take about an hour, it is important to ask her if she thinks she is able to sit through the process at this time, or if she feels the need to attend to basic needs such as sleep or settling her children first. If you both determine that the completion of the intake process really should wait, you should **still ensure the first 2 steps of the intake are completed** and that you give her a copy of the *Guidelines for Living Together*. You must also clearly document in the client's file exactly what parts of the intake was completed and what parts are still outstanding and need to be completed as soon as possible, but certainly **within 24 hours**. If you stop the intake process at any time, you should also ensure that you skip to the last step and give her a tour of the shelter as you explain any security features as well point out the location of the emergency exits.

Step 1

Complete the process for getting her informed consent for service and for gathering her information. A part of this process is to clearly explain the types of information that will be recorded in her file, how her information will be used, and who will have access to it. You also need to explain her right to:

- a) access her file and the procedure for how to view the file
- b) make a complaint and how to do so
- c) withdraw consent for any service at any time
- d) to leave the shelter whenever she wishes; and
- e) be in a safe and secure environment

Once you have completed this explanation, you would ask her to sign a form indicating that she is giving you permission to collect her information and she is consenting to receive services from the shelter (whatever those services may be).

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Step 2

Explain what confidentiality means and how it applies to her stay at the shelter. This explanation should cover the limits to her confidentiality when staying at the shelter (see Module 3.2 for more information). It should also cover the responsibility of all clients to keep information about other clients who come to the shelter completely confidential - this includes not telling people about who else may be staying at the shelter at any given time. She has a responsibility to talk to her children about needing to keep the identity of other clients confidential. At the same time, you have a responsibility to caution her that due to the communal living arrangements of the shelter, you cannot guarantee her complete confidentiality. There are consequences for anyone who breaks confidentiality (they may be asked to leave the shelter), but once the damage is done, it cannot be undone. At the end of this discussion, you should ask the client what her understanding is of confidentiality, the limits to her confidentiality, and what will happen if she breaks confidentiality. You also need her to sign a form indicating that she has been informed of the limits to her confidentiality *and* the Oath of Confidentiality.

Stop & Think

Do you remember the reasons why you would break confidentiality? Do you remember what informed consent means? If not, take some time to review Module 3.2 and the appropriate policies in your shelter policy and procedures manual.

Step 3

Complete the Admission form. Unfortunately, this form is not very ‘user friendly’ for the client because it is very similar to a checklist type of form where you are going from question to question to collect very specific types of information. It is necessary though, to have this personal information about her, her children, and the person who is abusing her on file. As you complete this form it is important to ensure you are recording information correctly, including the correct spelling of names. When you are recording an emergency contact, your client should also be told that this person may be contacted if she unexpectedly does not return to the shelter. This should be viewed as a general piece of a safety plan that is put in place for every resident that comes to the shelter. You take her safety very seriously so she has a responsibility to ensure she informs shelter staff if she does not intend to return to the shelter or if she will be away for longer than expected. For that reason, this contact person should be someone she trusts, and preferably someone who is a part of her safety plan. The emergency contact should *never* be the abusive partner.

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Step 4

Complete the Health Intake form which indicates the current health status of the woman and her children, as well as if there is a need to seek immediate medical attention. Medical information is also required to ensure the safety of women and/or her children in the event of a medical situation or emergency. Completing this form will also help you assess if the client has any special needs that need to be accommodated by the shelter.

Any allergies that result in harmful reactions (such as food allergies, or insect allergies) should be posted on the fridge in the main living area in order to help prevent allergic reactions and/or let other residents know what to do if someone is having a severe allergic reaction to something (do not forget to get the client's permission before you post this sort of information).

All medication, including over the counter medicine (things you do not need a prescription to get), need to be kept in a locked cabinet or storage box in order to ensure that the medication is not accidentally taken by a child or someone other than the person the medication was intended for (see policy 7.3 for more information). Some clients may be hesitant to give you their medication. However, unless the medication is of a 'life saving nature' (meaning that not having immediate access to the medication would cause serious harm), she should be encouraged to hand over all medicine and be told the exact process for how she can get access when she needs it.

Step 5

Review the Guidelines for Living Together with the client. It is important that you go over each and every rule with the client and ask her directly if she understands all the rules and/or has any questions for you. You should always provide her with a copy of the rules so she can review them at any time. When you are finished reviewing the rules you need to get her to sign a statement that she has been informed of the rules and agrees to follow them (this statement is usually found on the last page of the rule book) and keep this signed statement in her file.

Step 6

Complete the Release of Information Form. If a woman would like information released to another individual or organization, she may choose to sign a "Release of Information" form. This form names the relevant organization, describes the information to be shared, has an expiry date and is signed by the woman. During this

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process it is important to explain to the woman, the possible ramifications of releasing information to various agencies. Even if the client chooses to keep all her information confidential and wishes that you do not share information with any other agency, this form should be included in her file. Having this form in the file, with a note on it that she does not wish for any information to be shared with others will make it clear to all other staff that you have discussed this option with her.

Step 7

Complete the Intake Assessment form. Although it is always a good idea to get as much paperwork out of the way as possible when a woman first admits to the shelter, this form does not really need to be completed during the initial intake - especially if you are finding that your intake has already taken more than 1 hour. Leaving this form to be completed until later can be a good way to lead into the development of a service plan, especially since the bottom questions are starting to lead into a discussion of what her needs are and how staff can help her. When you complete this form you should not be recording the detailed events that she may share with you, as clients will often describe incidents of violence down to the tiniest detail. Instead, it is important that you record a general description for the file and acknowledge the details as you listen to her. For instance, if your client goes into great detail about an event when the abuser strangled her to the point that she passed out, you would only record in the file that main points of the story that are needed to describe the extent of the violence, the result or impact of the violence on her, and approximately when it took place. You would not get into a he said/did and then she said/did report of the event. Remember, you only need the amount of detail that will impact how you provide/offer services to her.

Asking her about the first, most violent, and most recent incident is a great time to start introducing the concept of her resistance to violence by helping her identify the things she did as a response to the violence to protect her dignity.

Step 8

Complete the Ontario Domestic Assault Risk Assessment (ODARA) so you can both have some idea about what her level of risk is. Again though, this is a piece of the intake process that is not urgent, unless you need the information to help the client access other services (such as travel to/from another community or shelter) or if you have a reason to suspect that she is still at a very high risk of being harmed by the abusive person even though she is in the shelter (such as if you suspect he might come to the shelter to try to find her which would put everyone at risk). Properly completing the ODARA will be discussed in more detail in the next module.

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Step 9

When you have completed the intake and admissions process, or whenever the process is interrupted or postponed, you should always take a few moments and review the information you have covered with the client. This is similar to doing a summarization of your session (as discussed in Module 5.2) and allows both of you the opportunity to ensure you have the same understanding of what was said. You should also allow the client to ask any questions she may have about staying at the shelter, if there is anything else she needs recorded in her file, or if there is anything she would like to change in her file.

It is also necessary that you give the client a tour of the shelter, making sure to point out all the security features that are in place to protect everyone and where the emergency exits are. She should also be informed of where to go or what to do in the event of an evacuation of the shelter.

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Activity: Practice, Practice, Practice

Using the appropriate forms, practice doing an eligibility assessment and admission process from start to finish. In order to do this you will need to find a co-worker or friend to pretend they are a client seeking to come into the shelter. After you have finished the admission process, you should ask the person you are working with to give you feedback on how you did during the process. For instance, did the person think you were as focused on them and their situation as you were on the paperwork? Do they have any tips for you that might help you improve how you do the intake paperwork?

To help you, the Pre Admission form is completed so you and your friend or co-worker don't have to make up everything about this 'client' on your own. You will need to fill out the following forms based on your interaction with your 'client' (if your shelter uses slightly different forms to get the same information, use the forms that you would normally use instead):

- Admission Assessment
- Consent to Service (Including to Collect Information)
- Limitations of Confidentiality
- Oath of Confidentiality
- Admission Form
- Health Intake
- Guidelines for Living Together (use the ones that are on file at your shelter)
- Release of Information
- Intake Form

Don't worry about doing the ODARA. You will find out more about this in the next module.

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PRE-ADMISSION ASSESSMENT INFORMATION

The mandate of (Shelter) is to provide safe refuge, support and information to any woman age 18 or over, and her children, who is in danger and in need of shelter from any form of abuse. Some women experiencing abuse may also have other significant mental health or addictions issues, or special needs. To help us be better prepared to meet a woman's needs, please discuss this form with her and provide the following information with her consent. If you have any questions, please call us.

Consent for release of information:

I, Julia Roberta, understand that the following information is given to the shelter on a strictly confidential basis as part of my seeking admission to the shelter. I agree to this information being given for this purpose only and only within the next 2 days.

Julia Roberta
(Signature)

March 18, 2009
Date

Name and position of referral agent and name of referring agency (please print):

Your local Social service office

310-3030
(Signature of referral agent) Phone number

March 18, 2009
Date

Name of woman being referred:

Julia Roberta

Address:

Your Community_

Number and ages of children who would accompany her to the shelter:

2 children – 1 boy (age 6, but he might be staying at home with Dad); 1 girl (age2)

Is she currently experiencing abuse? Yes ✓ No

If yes, is the abuse: ☒ Physical ☐ Sexual ☒ Emotional ☒ Psychological

Does she have any significant history of diagnosed psychiatric or mental health condition? Yes

If yes, please specify: Depressed – is taking medication

Has she attempted suicide in the past year? Yes No Don't know

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If a suicide assessment has been done, please attach it – not done

If a risk assessment has been done, please attach it – not done

Is there any significant history of violent behaviour by her?

Yes. She has been charged in the past for being violent to her partner and his sister. She was intoxicated when she was violent to the partner, but not when violent to the sister.

Is there any additional assistance she might need due to cognitive or physical disability?
If yes, please describe: Her leg is broken and in a cast.

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ADMISSION ASSESSMENT

A woman experiencing abuse may be in a state of crisis and may not want to give much detail at this time. Shelter staff just need enough information to decide:

1. If she is in immediate danger.
2. If she fits the shelter mandate

Where is she?
Why has she contacted the shelter?
What is her situation right now?
Does she feel she is in danger? (If feasible, staff should use the ODARA to help assess her level of risk).
Does she have children and are they safe?
Is she injured and/or needing medical treatment?
What abuse is she experiencing now or recently?
What supports does she have?
What would she like to do?

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Other:

Is she intoxicated or high at this time?	
Does she have special needs?	
Can the shelter accommodate her special needs?	
Her Pre-Admission Assessment information (if received) indicates:	
☐ High risk for suicide ☐ High risk of being abused ☐ Diagnosed psychiatric or mental health condition ☐ Recent history of violent behaviour	
Admission Assessment done:	
_____ (Staff signature)	_____ Date/time:
Action taken as a result of admission assessment:	
Admission to shelter Yes____ No____	
Referral to: ☐ RCMP ☐ Social Services ☐ Hospital	
Other referral to:	
_____ _____ _____	
Reason not admitted:	
_____ _____	
_____ (Staff signature)	_____ Date/time

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INFORMED CONSENT FOR SERVICE

I _____ am voluntarily seeking the safe shelter that can be provided by _____(insert shelter name).

By consenting or agreeing to stay at the shelter, I understand that:

- I can leave the shelter at anytime if I no longer want to stay here.
- I can choose how much or little support I want from staff while I am here.
- It is my responsibility to let staff know what my needs are.
- There are rules I need to follow to help make sure this is a safe living environment for everyone
- A file will be kept for me and my children that contains:
 - My personal information
 - Personal information about my children
 - Information about my abusive partner
 - Information about my history of being abused
 - Case notes and summaries of information I share with staff
 - My service plan
 - Any and all actions that need to be taken in the event that I am not able to follow the rules
- I can access my file to read what it says by making arrangements to do so with the shelter supervisor
- This file will exist for at least 7 years from today.

I also understand that during my stay at the shelter, all of my information that I share with staff is confidential **EXCEPT** in the following situations:

- 1) **Staff are concerned for the safety and well-being of any children in my care**
- 2) **Staff are concerned that I might hurt myself or someone else**
- 3) **My file is subpoenaed by the court**

Client signature

Date

Staff signature

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OATH OF CONFIDENTIALITY

Women and children are at the shelter because they need to be safe from abuse. To keep everyone safe, it's very important not to tell anyone outside the shelter who is staying here. Even after you leave, it's very important not to tell anyone about who was staying here when you were here. We ask you to promise this through this Oath of Confidentiality.

I, _____, a resident at _____ Shelter, do hereby agree to keep confidential all names and identifying information of women and children residing at _____ Shelter.

I further agree to keep confidential any information I become aware of regarding shelter residents, visitors or staff, or shelter activities, security and location.

I further agree that I will not discuss any _____ Shelter resident outside the Shelter with any member of the public, whether they are associated with the Shelter or not.

If I'm not sure about the confidentiality of information, I will check with the Shelter director.

I understand that if I break this Oath, I may be asked to leave the Shelter.

Date: _____

Resident's signature: _____

Shelter Staff Person's name: _____

Shelter Staff Person's signature: _____

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ADMISSION

CLIENT # _____

We would like to offer help to you and your family. To do this I would like to ask you some questions. If you are uncomfortable sharing some of the information please let me know.

Identifying Information

Admission date: _____

Last name: _____ First name: _____

Date of birth: _____ Age: _____

Marital status (circle one):

single married/common law separated divorced widowed

Hair colour: _____ Eye colour: _____ Height: _____ Build: _____

Address: _____

Home phone: _____ Work phone: _____

Emergency contact #1:

Name: _____ Relationship to you: _____

Address: _____ Phone: _____

Emergency contact #2:

Name: _____ Relationship to you: _____

Address: _____ Phone: _____

Children:

Children here with mother: Names	Age	Date of birth	Grade	Male	Female
Children with abuser: Names					

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Children with other: Names					

ALLERGIES

Name	Allergic to:	Medication	Medication with you?(√)

Current admission:

Primary Reason: _____

Additional Reasons (circle as many as apply):

Physical abuse

Sexual abuse

Emotional abuse

Destruction of property

Psychological abuse

Sexual assault

Financial abuse

Partner drinking

Fear of physical abuse

Homelessness

Other: _____

Referral source:

Self: ☐ Walk-in ☐ Call-in

Or:

Agency name: _____

Agency person and phone #: _____

Or:

Other:

Previous Admission to this shelter: Yes No _____

Demographics

Home community prior to admission to shelter:

What languages do you speak? (tick all that apply)

North Slavey ____ South Slavey ____ Chipewyan ____ Inuktitut ____ Gwich'in ____

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Dogrib___ French___ English___ Cree___ Other:_____

Ethnic status:

Dene___ Inuit___ Inuvialuit___ Metis___ Non-Aboriginal___ Immigrant___

Source of income:

Employment Income Support Disability Pension Other

Abuser Information:

Name: _____ Age: _____ Date of birth: _____

Address: _____

Workplace: _____

Relationship to you: _____

Length of relationship: _____ years

Physical description of abuser:

Hair colour: _____ eye colour: _____ height: _____ approximate weight: _____

Other details about the abuser:

Ethnic status:

Dene___ Metis___ Inuit/Inuvialuit___ Non-Aboriginal___

Jacket/parka colour: _____

Make, year and colour of vehicle: _____

Whereabouts of the abuser:

At home___ In jail___ Unknown___ In this community___

Away in: _____

Does the abuser own or have access to a gun or other weapons?

If yes, please give details: _____

If the RCMP were involved in this incident, were charges laid against the abuser?

Yes ___ No ___

Were charges laid against you? Yes ___ No ___

Name of police officer if known: _____

Is the abuser under:

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- ☐ an Emergency Protection Order ☐ a restraining order
☐ other legal remedy (please specify): _____

Do you feel the abuser or another person (specify) might try to take the child(ren) from you? _____

Do you have a Custody Order for the children? Yes ____ No ____

Does he know you are here? Yes ____ No ____

Do you think he might come after you? Yes ____ No ____

Is there anyone else who might try to harass you? Yes ____ No ____
If yes, please describe: _____

Child Protection

Have you had any recent involvement with Child Protection? Yes ____ No ____
If yes, please describe: _____

Contraband

Do you have any items such as toy weapons or pocket knives that could be dangerous for other shelter residents, especially children? Yes ____ No ____
(If yes, staff fill out Contraband form (see Policy 7.11) and store items in locked cabinet).

Signature of shelter staff person: _____

Date: _____

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HEALTH INTAKE

CLIENT NAME _____

CLIENT # _____

CLIENT HEALTH CARE # _____

Name of doctor if available _____ Phone: _____

ALLERGIES

Self: ☐ None

☐ Allergic to: _____

Type of reaction: _____

Assistance needed: _____

Children: ☐ None

Or:

Child's name: _____

Allergic to: _____

Type of reaction: _____

Assistance needed: _____

Child's name: _____

Allergic to: _____

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Type of reaction: _____

Assistance needed: _____

(continue on separate sheet of paper if needed)

PREGNANCY:

Are you pregnant? No ____ Yes ____ Due Date: _____

MEDICATIONS (All medications brought with her including non-prescription drugs will be given to Shelter staff. Residents may keep vitamins, birth control pills and asthma/allergy medication with them, well out of the reach of children)

Woman/child's Name	Medication	Dosage	Purpose

Medications given to shelter worker: Yes ____ No ____

Medications put in locked cabinet Yes ____

Signature of shelter staff person

Date

IMMUNIZATIONS UP TO DATE?

Woman: Yes ____ No ____ Children: Yes ____ No ____

If no, give details: _____

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INFECTIOUS DISEASES

Have you or your children been exposed to the following diseases in the last 2 weeks?
(✓ check if yes)

Disease	Woman	Child:	Child:	Child:	Child:
Chicken pox					
Measles					
German measles					
Whooping cough					
Head lice					

Have you or your children been tested for TB? Yes ____ No ____
Were the test results positive or negative?

Have you or the children ever received treatment for TB? Yes ____ No ____
If yes, please give details:

CHRONIC MEDICAL CONDITIONS

Do you or your children have any serious medical conditions that we should be aware of? If yes, please describe: _____

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INJURIES AT ADMISSION

If the woman and/or children need immediate medical attention, call the RCMP or the ambulance, or send her (accompanied) to hospital in a taxi:

Shelter staff person called:

RCMP _____ Ambulance _____ Taxi _____ Other _____

Date/time: _____

If she/the children do not need immediate medical attention but have injuries caused by the abuse, suggest that she may wish to see a doctor for her/the children's health, and to document the injuries for any later charges or custody disputes. The shelter can also document her injuries, if she agrees to provide the information below:

Do you want to tell me about any injuries that you have? It can help to have a written record of your injuries in case you want to report them to the RCMP later.

Woman's injuries: _____ (describe children's injuries on an additional sheet)

On her face: _____

On her body: _____

Do you want to talk about how these injuries happened? We will not share this information with the RCMP without your permission.

Do you want to involve the RCMP? Yes _____ No _____

Signature of shelter staff person: _____

Date: _____

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MEDICATIONS INFORMATION

I, _____ have today given the following medications to the
_____ Shelter for safekeeping:

Name of person taking medication	Medication	Dosage	Purpose

I understand that these medications will be given to me to administer at my request.

I hereby acknowledge that I am administering my/my children's medications, including non-prescription drugs.

Date: _____

Resident (signature)

Shelter staff person (printed name and signature)

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CONSENT TO RELEASE OF INFORMATION

I understand that until I give my consent, (Shelter) will not release any of my personal information. There are three exceptions: 1) (Shelter) has a duty to report if they believe a child is at risk and in need of protection 2) if (Shelter) believes there is a risk of harm to me or by me towards another person, and 3) when placing a missing person's report, (Shelter) will provide information to complete the report.

I, _____ specifically authorize (Shelter) to provide or obtain the following information about me to/from the following agency:

Agency and contact name: _____ _____		
Type of Information	Purpose	Start and Expiry dates of Consent

By signing this form, I hereby consent to the release of the above information by (Shelter) staff to this designated agency or by this agency to (Shelter). My consent expires on the above dates or when I am discharged from the shelter, whichever comes first.

Client signature: _____ Date: _____

Witness signature: _____ Date: _____

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Please tell me about your family history and relationships.

What other support do you have?

What things do you want to do, or to change, for yourself while you're at the Shelter?

How can we help you do this?

Shelter Staff Person: please note her emotional state and general appearance:

Shelter staff signature: _____ Date: _____

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Module Resources

Shelter Policy and Procedures Manual

Shelter Guidelines for Living Together

Related Modules

Module 1.1 - The Definition of Family Violence

Module 1.2 - Who is to Blame?

Module 1.3 - Models of Family Violence

Module 3.1 - Roles and Responsibilities

Module 5.1 - Relationship Building

Module 5.2 - Communication Skills

Module 7.2 - Risk Assessment and Safety Planning

Module 7.4 - Service Plans and Beyond

Module 7.5 - Communal Living

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Activity: Should You Admit or Not? (Suggested Answers)

- 1) It is important to do your own screening of whether or not she is eligible for service. Right now what you know for certain is that she is a woman who has been abused by her husband and is probably at risk of being abused again. She may or may not have mental health issues and she may or may not have been violent toward others in the past - you really do not know what any of the mitigating factors were around the 'incidents' you have heard about. At this point, you have no evidence that she will be violent to you or to anyone else in the shelter. You should continue with your screening to make sure she understands the services the shelter can and cannot offer. As part of your discussion, you can make sure to point out the rules of the shelter around respecting others and the lack of tolerance for violent behaviours within the shelter. Unless this woman gives you some reason to believe she cannot respect these rules, you have no reason not to admit her.
- 2) This is probably a situation to discuss with your supervisor. However, given that you do have space available, it would probably be appropriate to support this woman and admit her to the shelter for the following reasons:
 - It seems as though she has been able to make a lot of progress in her goals, even though she is being evicted at this time. As a past client you should try to support her in any way you can.
 - Not admitting her and her children to the shelter may potentially put her at risk of being abused again - she may feel the need to return to her partner because she has no other options.
 - You have the space.If you choose to admit this woman you could be very upfront that she will only be able to stay for a short period of time while she looks for alternate arrangements. You could also discuss the option of involving Social Services to see what support they can provide in helping her find housing.
- 3) Although this client does not seem to meet the mandate of the shelter, this may be a situation where you would admit her for a short time period. This would allow her the ability to sleep, clean up and figure out what to do next. Choosing to not admit this client could increase her risk of being abused or harmed in some way by her male roommate.
- 4) Right now it seems the client who was just brought to the shelter is in the most need of the room you have available. If this woman wants to admit to the shelter, you should allow her to have your last room. It may be possible that another room will be available for the woman you just got off the phone with by the time she is ready to come in ... or

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maybe she will choose to not come in at all. Even if she does choose to come in and the shelter is full, it may be possible to send her to another shelter. This situation points to the importance of being really clear with potential clients when they call in - you cannot hold a room for them until you are certain they are on their way to the shelter. Due to the nature of the crisis oriented work that you do, the availability of space could change at any time.

- 5) Regardless of what you have heard in the community or have personal knowledge of, you have to base your decision on the information told to you by the potential client. Although this client is not claiming to be abused by an intimate partner, she is still a victim of family violence. This client should be admitted to the shelter.
- 6) Based on this information alone, this client should be admitted to the shelter immediately. You can ask her permission to contact home care to see if they are able to extend any extra support to her while she is in the shelter. You can also ask for the general support of home care to ensure your shelter is accessible for this client. If it does turn out that your shelter cannot properly meet her needs, it is still important that you get her into the shelter so she is not harmed by her partner. Once she is there, you can figure out what needs to be done to meet her needs or who else might need to be involved. It would also be important to do a thorough risk assessment with this client - she may be minimizing the abuse and neglect or how often this is an occurrence.

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Module 7.2: Risk Assessment and Safety Planning

Module Overview

The purpose of this module is to provide you with an understanding of what risk assessment is and how to properly do a risk assessment with your clients. Once you and your client have an understanding of their level of risk, you will both be in a better position to make informed decisions around safety planning.

In order to complete this module you should first learn how to use the Ontario Domestic Assault Risk Assessment (ODARA). For more information on this risk assessment or information on how to access ODARA training please contact the Department of Health and Social Services, Family and Child Violence Consultant in Yellowknife at (867) 873-7918.

Important Considerations

Doing a proper risk assessment and safety planning with a client is a very important aspect of your role as a shelter staff. However, shelter staff may overlook the importance of these 2 things and do not devote enough attention to these tasks. Doing a risk assessment is critical to helping women look carefully at their situation so they are able to protect themselves in the best way they can. Without being able to talk about their risks, they are not able to make fully informed decisions about what to do in order to protect themselves.

The basis for an effective safety plan is doing a thorough risk assessment and discussing the results of this assessment with the client. Through the risk assessment process you will both become more aware of the nature of the violence she experiences and under what sort of circumstances she may need to put strategies in place to protect herself and her children.

You may be hesitant to do a risk assessment with clients because you are not sure about how to talk to her about her level of risk and you do not want to scare her. You need to get used to the idea that learning how to talk about this is very important in providing your clients with appropriate services. Being abused by an intimate partner is scary and dangerous. She already knows this. You are not really helpful to her if you are not able to honestly and clearly talk to her about the risks she faces. Most victims have a number of people in their lives that minimize the violence she faces. It is important that you are not one of them.

Time Out

Prior to moving on to complete this module, take some time to consider the following:

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- How much time do you spend talking to women about their level of risk and strategies to improve their safety?
- Do you make sure you have a summary of each client's safety plan in her file?
- Do most of the safety plans you do with clients look very similar?
- Have you ever been really worried about the safety of a client, but did not know how to tell her about your concerns? What did you do? Why?

Risk Assessment

The goal of *risk assessment* with victims of family violence is to help them accurately view their situation so they are in a position to make informed decisions about what sort of actions they need to take to increase their level of safety and that of any children they may have. You may have already done some sort of risk assessment with your clients because assessing risk is usually an inherent part of safety planning. That is, in order to do any sort of safety planning you must talk to your client about things or warning signs that she can use to predict when her partner is going to choose to be violent. This is the sort of basic intervention used by shelter workers on a regular basis, even though you may not call it a 'risk assessment'. In this section we will discuss a more formal or structured way to help clients determine their level of risk.

People can have different understandings about what 'risk assessment' means when it comes to violence in intimate partner relationships. These different understandings can cause some confusion because most of the time when people talk about risk assessment they are assuming that they are all talking about the exact same thing. It is important to be clear about what you mean whenever you are discussing risk with your co-workers, other professionals and even with clients, because risk assessment can mean two very different things:

1. It can refer to being able to predict whether or not the abusive person will be abusive again at some point in the future.
2. It also can refer to whether or not a client is likely to be murdered by her abusive partner.

While there is some overlap in the factors that put clients at a risk of being re-abused or of being murdered, it is clearly the case that not all clients who are at a high risk of being abused again by their partner are also at a high risk of being murdered. This can be seen by looking at the research around re-offending which indicates that only approximately 0.04% of

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victims of intimate partner violence are murdered by their partners, whereas 25-30% of victims are re-assaulted in the future (which is probably a huge underestimation of the likelihood of being abused again). Obviously, these are two completely different things that may have different impacts on what you do with the results of your risk assessment.

It is important to note that even the best ways of doing risk assessments have limitations. There is no sort of risk assessment method that can predict if/when the next violent incident will occur or what sort of harm will happen as a result of that incident. That is because risk assessment tools are not designed to predict this sort of specific information. There is no way to predict exactly when a client will be harmed again or how she will be harmed. The usefulness of doing a risk assessment lies in its ability to inform the safety planning that you do with your client and in communicating with other agencies to help clients access the services they need.

How to Do a Risk Assessment

Prior to doing a risk assessment with women, you must first have some indication that they are being abused by their partner. Often, because of the work that you do and the fact that clients generally are seeking your help because they have been abused, you will already know that abuse is an issue that your client is struggling with. However, if there is ever a situation where you are trying to figure out whether or not a client is being abused by her partner you can 'screen' her for family violence. An example of a quick way to screen clients or potential clients for family violence is the SAFE Tool¹:

S: How would she describe her spousal/intimate relationship?

A: What happens when she and her partner argue?

F: Do fights result in her being hit, shoved or hurt?

E: Does she have an emergency plan?

This tool was designed so that you can easily memorize it and work it into any discussion with a client or potential client. The questions you use do not need to be the exact questions that are listed above as long as they follow the general theme of being about 1) their partner; 2) what their arguments are like; 3) any abusive behaviour that may happen during an 'argument'; and 4) if she is being abused, what she does to try to keep herself safe. Obviously, if you do not get any indication that the person you are speaking with is being abused by the time you get to the third question you would not go on to number 4. If you

¹ Created by the Lakeshore Area Multi-Service Project (LAMP) and Woman's Habitat with funding from the Ontario Ministry of Health

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practice using this tool (which you can do with friends or family), you can get so good at working these questions into your conversation with people that they do not even know you are being ‘screened’ for family violence.

Stop & Think

Have you ever had a friend call you about a problem with his/her partner or a ‘fight’ they had? Can you see how you could have screened them for family violence by using this tool? Take some time to come up with your own questions based on this tool that would make it easier for you to remember and use. For instance, instead of saying: “How would you describe your spousal relationship?” you might say: “So how are things going with Jack? What are you guys up to these days?” And instead of saying “What happens when you and your partner argue?” you might say “So it sounds like things are going ok. Do you two ever argue or fight about things?” or “Sorry to hear things are not going so well. What was your last argument about?”

Once you have some indication that the person you are working with is being abused by her partner, you can move on to talk to her about the level of risk she is in. As you do this it is important to realize that there really are no magic wands or magical tools that will help you predict whether or not a person will be abused again by their partner or if she will be murdered. All risk assessment tools are limited in their ability to predict what will happen because human behaviour is often too complicated and unpredictable to be captured by any sort of questionnaire. Each man, woman and relationship is unique, so in order to do the best risk assessment you can do it is important to include 3 things in your assessment:

- 1) The client’s own assessment of her level of risk that is based on her experiences in her relationship
- 2) Your completion of a structured risk assessment tool that is based on questions that come from research on the factors that are related to level of risk in family violence
- 3) Your own intuition and assessment of the client’s situation that is based on all the information she has shared with you about herself and her partner, and your experience with clients in similar situations

The Client’s Own Assessment of Risk

Generally speaking, victims of violence can accurately predict whether or not they will be abused again by their partner or if they have reason to fear for their lives. However, in order

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for them to tell you about what they perceive as their level of risk, they must first trust the relationship they have formed with you and that you will not use that information against them in any way.

Prior to doing any sort of your own formal assessment of risk, you should always explain what risk assessment is to a client in a way that they can understand and ask them what they think their level of risk is. To do this you might say something like:

“A part of the way we can help you at the shelter is to help you find ways to increase your level of safety when you are in your own home or with your partner. A big part of knowing how to increase your safety is to first figure out whether or not you are at risk of being abused again or of being seriously harmed by your partner. Are you interested in talking about this with me?”

If so, you could then go on to ask the following sort of questions to help a client talk about what her level of risk is:

“What was the first, worst, and most recent incident of abuse?”

“Are there any warning signs that you watch for that will let you know he is going to be abusive? If so, what are they?”

“How often is he abusive to you?”

“Has he ever promised to stop abusing you in the past, but then doesn’t keep this promise?”

The reason for asking these sorts of questions is to help your client move past any minimization she may do of the abuse she is experiencing, which would negatively impact her ability to accurately predict her level of risk.

Then you could ask the following questions to directly ask her what she thinks her level of risk is:

“Do you think that if you returned to him right now, he would abuse you again in the future? Why or why not?”

“Do you think that he would ever kill you? Why or why not?”

Your client’s answers to these questions are very important. Even if she is not correct about her level of risk, having this sort of discussion with her will give you important information that you need in order to do your own risk assessment. This discussion will also alert you to the need to have more discussion and get more information about her situation if she is

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indicating that she is at a high risk of harm but your assessment gives you different results. If your assessment of risk and her assessment differs greatly, there is probably a good chance that there is some piece of information that you do not have. You should always trust your client's intuition about her level of risk - especially if she indicates that she is at a high risk. Victims of family violence are more likely to underestimate their risk than to overestimate when it comes to being seriously harmed by their partners. It is also useful to know how she views her level of risk so that you can anticipate the type of reaction she may have to your assessment of her level of risk.

Structured Risk Assessment

There are a number of structured risk assessment tools that are used by different professionals such as social workers, RCMP members, and Shelter Workers in order to assess the level of risk a client is in. Again, as mentioned above, there may be differences between these tools in what it is that they are actually measuring. This means that it is very important that you really understand whatever risk assessment tool it is that you are using before you use it with any clients. Many of these tools require that the person who is using them is specially trained to both use the tool and interpret the results. Most of the tools have questions that require you to 'score' the answers so that any person doing the risk assessment would end up with the same result. This takes some of the 'guess-work' out of doing a risk assessment and makes it so that it does not matter what other training the professional may have. As long as they are trained to use the risk assessment tool, all professionals should be able to come up with the same level of risk if they were working with the same client and situation.

Ontario Domestic Assault Risk Assessment (ODARA)

The Ontario Domestic Assault Risk Assessment (ODARA)² is an **actuarial risk assessment** that calculates whether a man who assaulted his female partner, will assault her again in the future and how the man's risk compares with that of other known wife assaulters. This is calculated based on 13 items:

1. Prior Domestic Incident
2. Prior non-domestic Incident
3. Prior Prison sentence of 30 days or more

² Hilton, N.Z., Harris, G.T., & Rice, M.E. (2010). Risk assessment for domestically violent men: Tools for criminal justice, offender intervention, and victim services. Washington, DC: American Psychological Association.

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4. Breach of a conditional release
5. Threat to Harm or Kill
6. Confinement
7. Victim Concern
8. More than one child
9. Victim has a child from previous partner
10. Violence against others
11. Substance abuse
12. Assault when Victim is pregnant
13. Barriers to Victim Support

An actuarial risk assessment is a decision making tool that allows us to minimize the degree to which we make decisions based solely on intuition or opinion. Instead, this type of tool allows us to make decisions based on verifiable facts. This means that in the development of the ODARA researchers only added items (predictors) to the risk assessment tool when they were tested and proven to improve the prediction. For example, there has been long held belief amongst frontline workers that unemployment and threats of suicide increase a women's risk. However, when the developers of the ODARA added these predictors to the risk assessment the improvements to prediction were not statistically significant meaning that they did not improve the tools ability to accurately make a prediction.

The ODARA is very simple to use and can be used by a wide range of service providers including: shelter workers, victim services workers, RCMP officers, crown attorneys, health care professionals and social workers. The ODARA can be used in safety planning with women and can be used during bail hearings and court process to help inform decisions. The use of such a tool allows service providers from a wide variety of backgrounds to share a common language when talking about risk.

In 2009-2010 the Yellowknife Interagency Family Violence Protocol Committee began working towards the implementation of this tool. The RCMP 'G' Division who are a member of the Protocol Committee agreed to implement the use of this tool not only in Yellowknife but in all NWT detachments. It is hoped that such a tool will help all service providers to make more consistent and informed decisions about the level of intervention necessary.

ODARA Training

If you are interested in accessing more information about the ODARA or how access training on how to use the ODARA please contact the Department of Health and Social Services Family and Child Violence Prevention Consultant in Yellowknife at (867)873-7918.

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Stop & Think

Are there questions in the ODARA or are missing from the ODARA that surprise you? For instance, did you realize that having a child from a previous relationship could increase a woman's risk of being re-assaulted by her current abusive partner? As you look at each of the questions in this tool, what do you think about the level of risk of most of your clients? Do you think that many of them would score fairly high?

Your Own Intuition and Experience

The final piece of the risk assessment to consider is your own personal experiences, beliefs and attitudes as well as your professional judgement of the client's situation. While our own intuition is important and very useful we need to be careful in how they determine our assessment of risk. For example our attitudes, experiences and beliefs can sometimes cloud our judgement. Similarly, a client may minimize the abuse they are experiencing or may not have information about her partner's criminal record. That is why using a verifiable tool can help guide our assessments and standardize our response to risk.

Communicating Risk

Once you have completed your risk assessment which considers all 3 of the above components, it is important to communicate about risk with your client. This conversation might be difficult to have, especially if you think she is at a greater risk of being seriously harmed than she thinks she is. Whenever you are talking to her about how her level of risk it is important to be clear about the following points:

- Nobody, including her, can predict exactly what will happen in the future
- It is not possible to know what the abusive person will do or when he will do it
- Risk assessment is based on research that is done in other relationships that may be more or less similar to her relationship
- Whenever a woman has been a victim of violence at the hands of her abusive partner she is at a greater risk of experiencing violence again in the future
- Risk *does not* mean 'will happen' - risk means that it could happen. Higher risk means something is more likely to happen, whereas lower risk means it is less likely to happen.
- Her level of risk is also indicative of her children's level of risk - if she is at a high risk of being harmed, her children are at a high risk of being exposed to the violence and being harmed as well (see Module 9.1 for more information).

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- Even if she scores a low score on the ODARA, it does not mean that she should not worry about her safety.
- Even if she decides to leave the relationship it does not mean that she does not need to worry about her safety

Sometimes the results of a structured risk assessment tool can be helpful in getting women connected to the appropriate services. Unfortunately, we do not live in a world where other service providers can just take us at our word or intuition when it comes to the possible severity of some situations. Using the same risk assessment tool within a community helps build understanding about risk, coordinate responses and allocate scarce resources to those at greatest risk of harm. Although you should never discuss the risk level of a client with anyone without her permission to do so, it is possible that having her permission to share her level of risk might make it easier for her to access certain things such as quick transportation to the nearest (or safest) shelter. Whenever you do have her permission to discuss her level of risk with other service providers, it is important that you are also clear about what type of risk you are discussing and the implications of ‘risk’ as pointed out above because the other service provider may have a limited knowledge of what risk assessment actually means.

There may also be times when you do not have the time to complete an entire risk assessment that is based on the 3 components discussed here. This could be because the client is only at the shelter for a short time or because you are trying to help her access travel to the shelter and you need ‘proof’ that she is at a high risk of being seriously harmed. In situations like this it is ok for you to just use a structured assessment tool such as the ODARA. However, you need to remember that this assessment is only looking at the risk of physical re-assault and is one piece of a larger concept of risk assessment.

Whenever you complete a risk assessment of any sort, you must clearly document this assessment in your client’s file. In addition to recording that the risk assessment has been completed you should document:

- The reasons why you assessed her to be at a certain level of risk
- The type of risk you assessed (such as future abuse, homicide, etc.)
- The discussion you had with her about her level of risk

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Activity: What is Her Level of Risk?

Pull any three files out of the filing cabinet. Read all the information in the file so that you can come up with enough information that would allow you to do a risk assessment for that client by using the ODARA and your own intuition and experience. If you pull a file that does not have enough information in it to do a risk assessment, put it back and take another. Do you agree with the assessment of risk that is on file for each client (if there is one)? Why or why not? How would you talk to each client about her level of risk?

Safety Planning

Women who are victims of family violence do many things to protect themselves - even if they don't identify these things as '**safety plans**'. Your role is to help her figure out what it is that she is already doing and how she can improve her level of safety. Hopefully you have already completed the first step in helping her do this by uncovering the types of risk that she faces. Once you both have a clear understanding of her risks you are in a better position to do appropriate safety planning.

For instance, based on your risk assessment, let's say you have a client who has never been physically assaulted by her partner but fears for her safety due to his threats, stalking, and excessive drug use. In this situation your safety planning with the client would be very specifically focused on what it is that he has threatened to do, his stalking behaviour, and how to avoid contact with him when he is high. Without taking the time to do a risk assessment you would probably not have this level of detail to help her do a safety plan that is most useful to her.

Whenever you talk to a client about developing or improving a safety plan it is important to understand that regardless of any plan that may be in place, safety cannot be guaranteed when a person is experiencing violence at the hands of her abusive partner. **Safety plans do not make the violence stop.** Instead, safety plans are a way for women to have some control over how they react to the violence so that they are able to limit their risk of serious harm. Having a specific and appropriate safety plan will help the woman to take the action she thinks is best as quickly and safely as possible which will limit further risk to herself and her children. Having a plan can also make it easier and less traumatic for those clients who choose to leave their partner for even a short time.

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The best time to talk to a woman about safety planning is during her stay at the shelter shortly after you do a risk assessment with her. This should be fairly early in her stay with you, because sometimes women choose to only stay for short periods of time. However, there will be times that you will do safety planning with clients over the phone because they choose not to come to the shelter or are unable to get there for some reason. When you are doing safety planning over the phone it is important that you make sure she is alone when she is talking to you. Having others (even her children) overhear her plans for improving her safety can put her at an increased risk of harm, unless they are able to agree to help her implement her plans and keep them a secret from her partner.

There are some keys things to remember when you are helping women develop safety plans:

- The tools and strategies that are most helpful to each client will depend on the type of abuse she experiences
- The only way to develop an effective safety plan is to do it *with* the client instead of for the client
- She may not refer to the things she does to keep herself safe as a safety plan. Instead of asking her if she has one or is interested in making one, ask her what she does to try to keep herself safe and if she would like some help to try to improve how she does this.
- She should build on the things that she already does to protect herself - it is important to talk to her about her resistance to the violence in order to find out what these things are.
- You can help her think about how to improve her level of safety by asking her about 'safer' places she can try to go to in her own home or community when she senses he is going to be abusive to her
- She does not have to wait for the violence to start before choosing to implement her safety plan - if she thinks she might be abused in the near future it is best for her to immediately find somewhere safe to go

Being Able to 'Predict' Violence

One way that many women try to protect themselves from violence is to learn how to watch and pay attention to their partner's behaviour so that they have some warning of the violence that may be take place in the near future. Often this is something that victims of violence do as an instinctual way to keep themselves safe. The first part of your discussion with clients about safety planning should be to identify how it is that she can tell he is going to be violent.

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Questions you could ask her are:

- What are his signs that he is going to choose to abuse you?
- How does your body let you know when you sense danger?
- Is there anything he always says or does before he chooses to hurt you?
- When you sense that he is going to be violent, do you think you would usually have enough time to leave and go to a safe place? Or is his behaviour too unpredictable?
- When you sense he is going to be violent, what do you think is the safest thing for you to do?

Generally speaking, if she senses that she is about to be abused in some way she should try to remove herself and her children from the area as quickly and safely as possible. However, it is important to recognize that if he anticipates that she might try to leave, he will try harder to overcome this form of resistance and will abuse her even more severely. It is important to help her identify what the safest course of action is for her and to discuss what his reaction may be to any changes she makes to her resistance to the violence. If she can anticipate his reaction, she will be even more likely to be able to put effective safety strategies in place.

General Safety Planning

There are number of different things you can discuss with women whenever you are helping them improve their strategies for trying to stay as safe as possible. While there are some potential topics listed here for you to review, it is important to make sure that the safety planning you do with clients is based on a discussion and *not* on completing a checklist of any type. What this means is that you need to listen carefully to what a client is telling you in order to figure out how she can best improve her level of safety. If you are focused more on what it is that you ‘should’ cover when it comes to safety planning or focused on filling out a form that details her safety plan, the strategies are not likely to be effective because the client is less likely to feel like it is *her* plan. Any forms or checklists about safety planning that your shelter uses should only be used to guide your discussion.

Some areas that might be important to cover with your clients that will encourage them to think about strategies that might be helpful are:

- What sorts of things do you do right now when you are being abused? Where do you go? What do you say to yourself? What do you say to him? What exactly do you do when he ...?

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- Have you ever tried to do something to protect yourself, but you found that the violence was worse when you did this? What was it? Why do you think this happened?
- How easy is it for you to leave your house quickly at this time? What gets in your way when you try to leave?
- Is there anything you can do that will make it easier for you if you have to leave the house quickly?
- Are there some areas in your home that are safer than others (for instance, rooms with exit doors or windows or a phone to call for help)? Can you get to these areas quickly if you need to?
- When he is physically abusing you, what parts of your body are most important to protect? How can you try to protect these parts?
- Are there times when you know he is going to be away from the home or too busy to notice if you leave the home to find safety somewhere else?
- Is there a safe place in the community where you could go if you wanted to?
- Is there something you could do or say to your children so they would know to get to a safe place as soon as possible?
- Is there something you could do or say to someone else that you trust to let them know you need help? (For instance, if she is being abused and her friend calls she could say something like “I have to spend the whole day doing laundry” to let her friend know that she needs help. This is something that the abuser would probably not think of as being a cry for help.)
- How could you and your children practice the things you do to improve your safety so that you don’t even need to think about what you are going to do?
- Who can be a part of your safety plan so that they can try to get help for you if you are ever in a situation where you cannot ask for help for yourself (For example, in

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one situation a woman involved the school in her safety plan because the children were rarely absent, unless her abuser prevented her and the children from leaving.

- Whenever the children were absent, they would call her to ask about the absence and if there was any indication that he was in the house they would then call the police).
- What role do you think we (the shelter) can play in your safety plan?
- Is it possible for you to keep some extra cash hidden somewhere so that you would always have some money if you needed to suddenly leave your home?
- Do you think you will ever be interested in involving the police to charge him for abusing you? If so, is it possible to keep track of the violence to make it easier to charge him?

Whenever you are helping her find things to do to improve her safety you should ask the following sort of question to help you both assess whether or not that specific strategy would be effective for her:

“If you what do you think his reaction would be?”

Emergency Kits

Although not all of your clients will be interested, you may have some clients who are interested in learning about how to create an **emergency kit**. The purpose of having such a kit is to make sure she will have all her essential things with her if she ever needs to quickly leave her home and/or community in order to protect herself and her children. These items can be collected and kept together somewhere in the home, at the home of a trusted friend or family member, at work, in a vehicle or in any other place that the woman feels she can quickly get to if she needs it. Even if she is not able to collect all these items and keep them all together, helping her figure out which items are important to have with her will give her an opportunity to at least think about where she would usually keep these items. It is especially important to talk to your clients about knowing which documents she should always have access to in order to do important things like applying for emergency money through Income Support, accessing her bank accounts, and proving who has custody of children.

Most women will find the following list of items that may need to go into an emergency kit to be overwhelming. It is important that you point out that she should only worry about the

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items that *she* thinks is important to have. You could also suggest that she try one or more of the following approaches to create her emergency kit:

- ☐ Find 3 things each day to put into her kit until it is complete
- ☐ Prioritize the list and pick the top ten most important items to put in your kit
- ☐ Only put in items that she cannot get from anywhere else (for instance, she may be able to call her doctor or school to get copies of records when/if she needs them rather than having to put copies in her emergency kit)

Stop & Think

Have you ever had to pack to go somewhere for a weekend away or a vacation of some sort? How much time did it take you to make sure you had everything you needed? Did you forget anything? If so, what did you do? What options do you think are available to women who are leaving their abusive partner if they leave something they need at home?

Now imagine that you only had 10 minutes to pack up everything you needed for you and your children for a weekend away from home. List all the things you would need to take with you. Do you think you could really get these things ready in 10 minutes? If not, how long would you need? Would this list of items be longer if you were going away for a longer period of time? What if you were not sure about when or if you would be returning?

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Emergency Kit Checklist

Daily Life ☐ House keys ☐ Vehicle keys ☐ Medications ☐ Clothes ☐ Health care cards and information ☐ Money ☐ Protection Orders (Emergency Protection Orders, Peace Bonds) ☐ Government issue identification ☐ Family pictures and other memories ☐ Other Items_____ ☐ _____ ☐ _____	Children ☐ Diapers ☐ Clothes ☐ Special toys, bedding, clothing ☐ School records ☐ Medical records ☐ Other Items_____ ☐ _____ ☐ _____
Documents ☐ Passport/Government Identification ☐ Marriage certificate ☐ Birth certificates ☐ Driver's License ☐ Insurance (car, house, life) ☐ Address books ☐ Legal documents (separation, divorce, protection orders, child access/custody/support) ☐ Other Items_____ ☐ _____ ☐ _____	Finances ☐ Cash ☐ Bank and credit cards ☐ Bank account numbers and statements ☐ Cheques ☐ Income tax statements ☐ Mortgage or rental agreements ☐ Joint ownership agreements (vehicles, homes, businesses) ☐ Valuables (jewelry, heirlooms) ☐ Other Items_____ ☐ _____ ☐ _____

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More Practice

Read the Hilton article that is cited below as one of the resources used to create this module. List 3 things that you learned about risk assessment from this article.

Hilton, N.Z. et al. (2004). A brief actuarial assessment for the prediction of wife assault recidivism: The Ontario Domestic Assault Risk Assessment. *Psychological Assessment*, 16(3), 267-275.

Module Resources

Safety Planning Guide for Frontline Workers

Government of the Northwest Territories Health and Social Services (February 2003)

http://www.hlthss.gov.nt.ca/english/services/family_violence/pdf/saftey_planning_guide_for_frontline_workers.pdf

Hilton, N.Z. et al. (2004). A brief actuarial assessment for the prediction of wife assault recidivism: The Ontario Domestic Assault Risk Assessment. *Psychological Assessment*, 16(3), 267-275.

Hilton, N.Z., Harris, G.T., & Rice, M.E. (2010). Risk assessment for domestically violent men: Tools for criminal justice, offender intervention, and victim services. Washington, DC: American Psychological Association.

Related Modules

Module 1.1 - The Definition of Family Violence

Module 1.3 - Models of Family Violence

Module 3.1 - Roles and Responsibilities

Module 3.3 - Personal Beliefs

Module 5.1 - Relationship Building

Module 5.2 - Communication Skills

Module 5.3 - Records Management and Case Notes

Module 6.2 - Crisis Intervention

Module 7.1 - Eligibility and Admission

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Module 7.3 - Understanding Change
Module 7.4 - Service Plans and Beyond
Module 9.1 - Advocacy
Module 9.2 - Collaboration

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Module 7.3: Understanding Change

Module Overview

Once you have completed the intake and admission process, you may be at a loss as to what to do next. The purpose of this module is to help you understand the difficulties faced by women who may be trying to make changes in their lives.

Important Considerations

In order to understand how to help your clients, it is important to understand how difficult it can be to do something new or different, especially when they are often told that it is up to them to ‘fix’ the problems in their relationship or that there is something wrong with them for being in a relationship where they are being abused (see module 1.2 for more information). It is important to remember that although this module is about understanding change, the expectation should never be that if a woman is able to make changes in her life, then all of a sudden her partner will no longer abuse her. There is nothing she can do to stop the violence or to change the choices her partner makes when it comes to his abusive behaviour.

It is important that you do not spend a lot of time worrying about trying to figure out what stage of change a client may be experiencing as she makes the decision to make some sort of change in her life. While there may be things that may be more or less helpful to do depending on the stage of change she is experiencing, it is more important that you simply know that making a long lasting change can take a long time. If you are confused by the stages and/or simply don’t know how to tell which stage a client is experiencing, you should always go back to the types of things that you would do to help a client who is in the first stage of change. If you pay close attention, and follow the client’s lead, you will both be able to figure out what is needed from there.

Time Out

Before you move on to complete this module, take some time to consider the following:

- What sort of changes do you think your clients may be interested in making in their lives?
- What new skills might they be interested in learning?
- What is your role in helping clients with these changes and new skills?
- Have you ever made a big change in your life? How long did it take you to make this change?

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Learning or Doing Something New

Every time we learn something or want to do something new it means we are making a change in our lives. Making a change could be doing something completely new and different such as starting a new job, or it could be as simple as taking a shower at night instead of in the morning because you are finding you need the extra 10 minutes of sleep.

There may be many things that your clients would like to change in their lives or things they would like to learn. Some of these things might be directly related to the violence they have experienced, whereas others may not be. When trying to figure out what changes or new skills might be helpful, it is important to remember that people are only in control of their own behaviour. So, if you have a client who really wants the violence to stop in her relationship, it may be important for you to help her realize that the violence is not something that she can control - instead, this is her partner's behaviour that is within his control. Some of the changes and/or new skills that your clients may be interested in making are:

- Improving their safety strategies
- Getting a new place to live
- Changing or improving their coping strategies
- Improving or changing the way they parent
- Learning how to say 'no' to others
- Taking better care of themselves
- Leaving their abusive partner

While you will learn some strategies to help clients identify specific areas that they want to work on and how to support them through this process in this module and the next, it is first important for you to understand how difficult it can be to change or to do something new and different. The reason it can be so difficult to make changes is because it means moving from familiar behaviours, situations and experiences into the unknown. Doing this can be very lonely and scary, especially for people who are not used to making changes in their lives or learning new things.

Stop & Think

When is the last time you learned how to do something different? This could be anything, from a bad habit that you quit or a new hobby you wanted to start doing. Why did you want to make this change? Did you make this change all of sudden, or did it take time? Was someone pressuring you to make the change? If so, was this pressure helpful? Why or why not? How successful were you in meeting your goal(s)?

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You may be familiar with the concept that there are about five stages that people go through when they are trying to make a change in their lives. In this module, we will attempt to take these stages and show you how you can apply them to your work with clients:

- ☐ The 'Everything is Fine the Way It Is' Stage
- ☐ The 'Thinking About Doing Something Different' Stage
- ☐ The 'I am Ready to Make a Change' Stage
- ☐ The 'I am Making Progress Every Day' Stage
- ☐ The 'My Life is Different Now' Stage

Most people do not move through these stages one after another. Instead, they are likely to work at the change for awhile and then return to the more comfortable and familiar behaviours and thoughts that they are trying to change. Trying new things or doing things differently can be very uncomfortable and difficult, while also requiring a lot of energy. The process of making changes is easily interrupted as people try to cope with their daily life struggles.

Sometimes people may feel like they are being pressured into making changes that they don't really want to make or that they are not ready for. When that happens, you might see clients take some steps toward making a change, but then quickly go back to doing things the same as they always have. This is especially likely to happen if you have not formed a positive, helpful relationship with the client and they do not feel like you have 'heard' them as they have talked about their situation and their needs (as was discussed extensively in Modules 5.1 and 5.2).

A note about women who are choosing to leave the abusive person:

One of the most difficult things about working in a shelter can be to watch a woman and her children return to a home where she will likely be abused again. When this happens (as it often does), you may feel responsible the next time the family experiences violence, and that maybe you could have done something more to help the women and/or her children. It is important to remember that even if/when a woman is ready to permanently leave her abusive partner, being able to do so can take a long time. You also need to realize that leaving such a relationship can be a very dangerous time for a woman and her children. It is important that you help all your clients monitor the level of risk in their relationship and to anticipate what the abusive person may do if she tries to make huge changes such as permanently leaving or getting her own place. If you do not help her take these things into consideration, you are increasing her risk of being seriously harmed. See Module 7.2 for more information on risk assessment and safety planning.

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The Stages of Change

The 'Everything is Fine the Way It Is' Stage

At this stage, your client is not considering making any changes in her life. She may have come or been brought to the shelter because of immediate danger but sees this as a temporary situation and plans on returning as soon as things have settled down or as soon as possible. She may not necessarily feel the need to do any safety planning or to even meet with you to discuss her current needs. She may even be quite negative about having to be at the shelter and may resent the help that is being offered to her.

There may be many reasons for a client who is experiencing violence to believe that everything is just fine. And, it may even be the case that she does not believe everything is fine, but she portrays this attitude because this is the best way she knows to keep herself safe. She may have learned that the only person she can rely on is herself.

There are still many things you can do to help someone at this stage. For instance you can:

☐ listen carefully	☐ provide current and factual information
☐ be patient	☐ give her the space she needs to consider what her options are
☐ start to build a positive and professional helping relationship	☐ use appropriate language that lets her know that she is not to blame for the violence
☐ let the woman express her thoughts and feelings, if she wishes	☐ label the abuse for what it really is - use specific descriptions and details when talking about the abuse instead of words like 'argument' and 'fight'
☐ Give her an opportunity to discuss her current situation	
☐ Extend an offer of support, but do not push it - she is in control of this relationship	
☐ Help think about her actions in the relationship as forms of resistance	

Stop & Think

What are some things you could say to a client who is in this stage of change?

See page 8 of this module for suggestions

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The 'Thinking About Doing Something Different' Stage

At this point, your client may be considering doing something different. Or, it might just be that she is open to thinking about her relationship in a different way. Whereas she might not have been interested in hearing anything you might have to say in the previous stage, she is now more open to discussing her situation with you and accepting that perhaps he is in control of his behaviour. She might be interested in accessing services for herself and/or her children and may start asking questions about things that might be available to help her - even if she doesn't really seek out these services. However, thoughts about doing something different or that she might need to re-examine her views and beliefs about her relationship can be quite overwhelming and confusing which can lead her to go back to the previous stage at any given time.

In addition to doing all the things listed for the previous stage, you could also:

- ☐ help her recognize doing anything differently or learning anything new can be difficult and overwhelming
- ☐ help her determine what she would like to do differently
- ☐ reinforce that the only things she can change or control are her own behaviours
- ☐ discuss the pros and cons of any actions she would like to take
- ☐ help her identify how doing something different might impact her and her children
- ☐ tell and show her that you believe she knows what is best for her
- ☐ continue to talk about her resistance to abuse and help her identify the specific behaviours she uses to resist
- ☐ Help her identify how her partner tries to overcome her resistance
- ☐ Help her identify any patterns of violence that may be present

Stop & Think

What are some things you could say to a client who is in this stage of change?

See page 8 of this module for suggestions

The 'I am Ready to Make a Change' Stage

Now your client is ready to make a change or do something differently. Although it may be difficult, she seems to be committed to making a plan and sticking to it. However, she may also be confused about what to do next or how to get started. She may know what it is that

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she wants, but have no idea how to get there. She may also be afraid of not being able to make this change.

In addition to all of the things you are already doing to help her through the previous 2 stages, you can also:

- ☐ acknowledge how difficult it may have been to realize that she may need to do something differently
- ☐ ask exactly what it is that she thinks will be different if she works toward this change - help her determine if these thoughts are realistic
- ☐ offer information and support
- ☐ help her develop goals that will help her feel successful (see module 7.3 for more information)
- ☐ Help her determine how she will know that she has met a goal
- ☐ Talk about things that might get in her way as she tries to make this change
- ☐ help her identify people that can support her
- ☐ help her recognize her strengths and her weaknesses
- ☐ help her find a way to avoid people who are not supportive

Stop & Think

What are some things you could say to a client who is in this stage of change?

See page 9 of this module for suggestions

The 'I am Making Progress Every Day' Stage

Your client now starts to actually take the steps she has determined will help her make the desired change in her life. This stage is usually the shortest, but requires the most commitment and support. Implementing these steps can be emotionally and physically exhausting. If people do not feel like they are making progress in their goals they can quickly return to a previous stage of change. This is why it is so important that people are motivated to make changes for their own reasons, have set realistic goals and timelines, and have a way to easily measure their success.

In addition to all of the things you are already doing to help her through the previous 3 stages, you can also:

- ☐ Help her recognize and acknowledge her success

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- ☐ help her continue to set small and manageable goals
- ☐ help her recognize things that might get in the way of her success, and make plans to overcome these barriers
- ☐ help her assess her current supports and resources and identify new ones if required
- ☐ remind her of the reasons she wanted to make this change if she is struggling to continue working toward her goal(s)

Stop & Think

What are some things you could say to a client who is in this stage of change?

See page 9 of this module for suggestions

The “My Life is Different Now” Stage

Your client has now successfully made the change(s) she was working toward. She feels comfortable with this change and does not feel like she needs to work so hard to keep acting or thinking in this new way. There may still be stressful times or events, however, that may make her want to go back to her older ways of thinking or doing.

In addition to all of the things you are already doing to help her through the previous 4 stages, you can also:

- ☐ acknowledge her successes
- ☐ provide encouragement for any further goals she would like to make
- ☐ help her practice and use these new behaviours or thoughts
- ☐ help her identify potentially stressful situations that could lead her to go back to the old way she would behave or think
- ☐ continue to help her find her source of strength
- ☐ help her recognize the commitment and hard work that was necessary to meet her goal(s)
- ☐ continue to help her identify the benefits of this change
- ☐ let her know she can continue to access services as required

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Stop & Think

What are some things you could say to a client who is in this stage of change?

See page 9 of this module for suggestions

The Change Spiral

Learning how to do something new does not always happen the way it is presented above. If you are talking about a very minor change, such as cutting back to 2 cups of coffee from 3 cups per day, it is likely someone may skip stages or go through them very quickly. However, the more difficult the change is to make, or the more skills that are required to make a change, the more difficult and slow movement through the stages is likely to be. There may also be many times that a client may return to a previous stage, feel like no progress is being made, and/or lose sight of the reason why they wanted to make this change in the first place. There may even be long periods of time where it seems as though they have completely given up on their goal(s) and have gone back to the first stage. All of this should be considered as being completely normal, and you should find a way to support your client regardless of whether or not she wants your help to work toward any sort of a goal.

Helpful Topics for Clients in Each Stage of Change:

The 'Everything is Fine the Way It Is' Stage

- ✓ What has brought you to the shelter?
- ✓ How can we support you?
- ✓ What do you expect from me? From the other staff?
- ✓ What things do you do to keep yourself safe?
- ✓ Why do you think your partner chooses to behave this way?

The 'Thinking About Doing Something Different' Stage

- ✓ Why would you like to make this change now?
- ✓ Have you tried to do this before? If so, why do you think you were not successful?
- ✓ Where do you find your strength?
- ✓ What kinds of things does your body tell you when you listen?
- ✓ What do you worry about when you think about making this change?
- ✓ What things (people, programs and behaviours) do you think you would find helpful?

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- ✓ Are there times that you can predict that he will abuse you?
- ✓ Think about all the ways you have showed your partner and others that you would not accept the way he (or others) has treated you. How did he (or others) react when you did or said these things? How did it feel to show him (or others) that you would not accept being treated this way?
- ✓ Think about some of the ways your partner has chosen to abuse you. Have there been times that it seemed like he could 'turn off' his abusive behaviour (for instance, if someone knocked at the door)? Does he abuse anyone other than you? What does he do when you try to make the violence stop?

The 'I am Ready to Make a Change' Stage

- ✓ What will be different if you are able to make this change? What will be the same?
- ✓ Have you ever tried to do this in the past? If so, what worked well and what did not?
- ✓ What do you think you need to do first in order to make this change?
- ✓ What is one small step toward making this change? Do you think this is a step you are able to make at this time? Why or why not? What do you need in order to make this step?
- ✓ What is your highest priority right now?
- ✓ Who is supportive of you? How do you know?
- ✓ How will you know if you are successful in making this change?

The 'I am Making Progress Every Day' Stage

- ✓ What is working well for you?
- ✓ What are you struggling with?
- ✓ How do you know when you are successful?
- ✓ What kinds of things do you say to yourself when you are struggling to keep working on your goals?
- ✓ What are your successes?
- ✓ Are you seeing/feeling some of the benefits that you thought about in the beginning?
- ✓ Are you seeing/feeling other benefits?

The 'My Life is Different Now' Stage

- ✓ What has been working well?
- ✓ What are your challenging situations?
- ✓ What strategies do you have for managing your challenging situations?
- ✓ What are the real benefits of making this change? How close do they match what your expectations were?

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Activity: Change Readiness Scale

Most of the time we are all thinking about making some sort of change or another. Common things people want to work on are learning to take better care of themselves, developing better eating habits, finding more time for family and friends ... and the list could go on and on. Think of a change that you have been considering making and work your way through the following activity in order to evaluate where you are in terms of actually changing your thoughts or behaviour. Do you think you have clients who would find this activity helpful?

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Change Readiness Scale

A change I would like to make is:

Right now I am at this stage (mark the stage):

.....

‘Everything is
Fine the Way It
Is’

‘Thinking About
Doing Something
Different’

‘I am Ready to
Make a Change’

‘I am Making
Progress Every
Day’

“My Life is
Different Now”

I put the mark there because...

I could move the mark a little further to the right if I...

The steps I could take to help me make this change are...

What could keep me from making this change?

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Module Resources

Stages of Change (on-line)

Mental Health and Addiction 101 Series (on-line courses)

Centre for Addiction and Mental Health

http://www.camh.net/education/online_courses_webinars/mha101/stagesofchange/Stages_of_Change_.htm

Related Modules

Module 1.1 - The Definition of Family Violence

Module 1.2 - Who is to Blame?

Module 1.3 - Models of Family Violence

Module 3.1 - Shelter Worker Roles and Responsibilities

Module 5.1 - Relationship Building

Module 5.2 - Communication Skills

Module 7.1 - Admission and Eligibility

Module 7.3 - Service Plans and Beyond

Module 7.4 - Risk Assessment and Safety Planning

Module 7.5 - Communal Living

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Module 7.4: Service Plans and Beyond

Module Overview

It can be very difficult to help clients express what their current needs are, especially when they are in crisis, suffering from trauma, and/or don't have any idea what they need other than a safe place to sleep. The purpose of this module is to help you discover some ways that will help you and your clients uncover what will be most helpful to them while they are staying in the shelter and when they leave.

Important Considerations

When working in an environment that can be quite fast paced and focused on meeting the immediate safety needs of clients, you may struggle with the need to take some time and reflect on what the longer term needs of clients may be. If it seems that a client will only be in the shelter for a very short time or if the client has been there many times before, you may be especially likely to overlook the development of a service plan. However, it is important that you work with each and every client to develop an outline of what it is that they need from you, from all the available services provided by the shelter, and from other agencies. Being able to help clients develop a service plan that really does reflect what their needs are can be empowering for clients, especially when they may be coming from a position of being confused and overwhelmed by all the pressures and stresses they are carrying.

A good way to approach this module is to think about something that you would like to work on in your own life. This may be changes you would like to make, things you would like to do, or any sort of goal to work toward. Use this situation to work through some of the activities and worksheets provided in this module to create your own type of 'service plan'. This process might illustrate the benefits of having an accurate and effective service plan to you.

Time Out

Prior to moving on to complete this module, take some time to consider the following:

- Have you ever had trouble helping clients express what it is they need?
- Do all of the service plans you create with clients seem to be similar?
- How much time do you usually take to create a service plan with a client?
- When you have a repeat client, is there anything different about the service plan you both create each time she come to the shelter, or are you always working on the same things with her?

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Development of Service Plans

A properly completed **service plan** is more than just another piece of paperwork that needs to be done in order to complete client's file. Developing a service plan with a client is a great way to communicate that they are truly in control of the services they would like to access and the things they would like to work on while in the shelter and once they leave. Service plans can also be helpful to clients by helping them put into words (and writing) what their needs, goals, and desires are. This can be a very powerful experience for anyone, but especially for clients who may not often have the opportunity to focus on their own needs in a supportive environment.

An important thing to remember about developing service plans is that clients can only ask for what they can put into words and feel like they can explain to you. This means that service plans can be limited by several things, including:

- The amount of trust the client has in the relationship she has formed with you
- The amount of insight the client has into what her needs are
- The awareness the client has about things that are impacting the decisions she is able to make (such as the impact of being abused)
- Whether or not she believes that she can make the changes she would like to make
- Whether or not you believe she can identify what she needs and take appropriate actions to get these things.
- What she believes her options and limitations truly are
- Whether or not she believes the service plan is for her or for you

What all this means is that in order to help a client develop a service plan you must first have developed a positive and trusting relationship with her. Then it is important that you spend some time helping her identify what her needs are. Although it is a great start to pose a question like “what do you need right now?”, the answer to this question is not enough to form a service plan. Instead, there are a number of activities and strategies that you can use to help her express what her needs are and which areas she would like help to work on. The remainder of this module will be devoted to discussing some of these activities and strategies.

You will probably find as you move through each option, that you will be more comfortable using some than you are using others. This is usually what it will be like for clients too - they will find some of these useful as they develop a service plan and others not so helpful. It is

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important that you try a variety of different ways of helping clients express their needs so that an accurate and effective service plan can be developed. If you are able to help her create such a plan, you will find that all of a sudden, the plan becomes much more than another piece of paperwork. Instead, you will both be referring to the service plan on a regular basis to assess what goals have been met and which ones require more work or need to be changed.

As you work your way through this module and learn how to help clients develop service plans it is important that you do not forget about all the skills you learned about in Module 5.2 - Communication Skills. As you work together to develop a service plan, there may be times when you do 'take control' of the discussion so that you can help the client complete the activity or to stop and think about something in a different way. However, for the most part, you still follow the client's lead and respond to exactly what it is she is saying to you. The key is to learn to 'pick up' on the things that she is saying that will help both of you determine what her needs and desires are, while working towards finding solutions and meeting goals. Learning to do this will take a lot of practice and will require that you are listening very carefully to the messages your clients are sending you.

Methods of Questioning

A good way to introduce the concept of developing a service plan to clients is to use some really good open ended questions that will help them think about what their current needs and desires are. The answers to these sorts of questions will usually not be specific enough to develop strong goals, but they will help a client identify what her priorities may be.

- ☐ **The Miracle Question (Solution Focused Approach)**

The miracle question can help the client identify how the future could be different.

Example:

"If you woke up tomorrow and a miracle had happened, what would be different?
How would you know that the miracle had happened?"

- ☐ **Scaling Questions**

Scaling questions are used to help the client put their behaviour, situation or experience into a context.

Examples:

On a scale of 1 - 10, where would you say things are now? (0 = crisis, 10 = no crisis)
What would it take for things to be at (the next number)?

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On a scale of 1 - 10, how confident are you about making this change?
What would it take to make you more confident?

☐ **Exception Finding Questions**

This question assumes that there has been a time when the problem (whether it is being abused or some other problem the client has identified) has not occurred. You can have the client describe this “exception” time - a time when things were better or when they were not struggling with this problem. Then you ask questions that try to help the client describe what was different or why things were different.

Example:

Do you remember a time when this was not happening?
What was different about this time? What was the same?
Do you know when or why things changed?

☐ **Coping Questions**

Everyone has strengths and times when they manage challenges well. Remember, that we believe resistance is always present when a person is being abused. This resistance can also be thought of as a way of coping with the abuse, regardless of how others might view the resistance or how effective it might be in stopping the abuse. Helping a client identify their coping strategies can help clients put their needs in perspective.

Example:

I can see that things have been really difficult for you. I think it is amazing that you manage to get up each morning and do everything necessary to get the kids off to school? How are you able to do that?

Think about a time when your partner was abusive towards you. Now think about all the ways you showed that you did not just submit to with the way he treated you. These may be things that you said to yourself or to him, or what something you did before, during, or after the abuse took place. What did you do? How did it feel to do these things?

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Activity: *My Seven Questions*

An activity that might also be helpful to clients as they are considering their needs and desires is *My Seven Questions*. Take a few moments to go through this activity yourself so you can experience what it might be like for someone to answer these questions. How can the answers to these questions help you get some insight into areas that might be important to work on with clients? How can completing this activity also be helpful for clients?

My Seven Questions

Write or draw the answers to the following:

What is my story?

What is my dream?

What is my nightmare?

Who am I?

If I could change anything about my life, what would it be?

Where do I find the strength to go on?

What do I need?

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You may have found that some of the questions in the previous activity require a lot of thought and even then it may be hard to come up with a clear answer. This is the whole point of an activity like this. The questions that are hard to answer are probably helpful in determining areas that clients might need to, or be interested in, working on. For instance, if you and a client are working on this activity and the client has no idea how to answer the question ‘who am I?’ this may be a clue to you that the client might be interested in learning more about herself and the things that are important to her.

Focus on Solutions

As you are helping clients determine what their needs and desires are, it is important to try to focus on helping her find solutions rather than focusing on all the barriers she faces in moving forward. As you try to do this, do not forget how difficult it can be to think about anything positive when caught up in a crisis or when experiencing ongoing symptoms of trauma. For this reason, it is very important that you also allow your clients the time and space to share their story, and discuss all the difficulties they are facing. However, the key is to not let yourself or her get ‘bogged down’ in all of the negative. It will be an empowering experience for her to talk about any of her past successes and triumphs, and to find a way to bring these into the future.

There is not really a specific activity you can use to focus on solutions. This is more of a general approach to how you work and interact with your clients rather than a ‘one-time’ thing to do. You can help clients focus on solutions by:

- ☐ Helping her discover her past successes and future goals
- ☐ Working to understand what the clients views as needing to change
- ☐ Being focused on developing appropriate and useful goals
- ☐ Helping her prioritize so she can work on one problem at a time
- ☐ Focusing on what works for her
- ☐ Focusing on small steps towards success rather than success versus failure
- ☐ Encouraging her to try new things or to think about things differently
- ☐ Helping her focus on the future

Focus on Strengths and Inner Resources

In order to focus on solutions, a person must first believe that they are capable of finding solutions and making positive things happen in their lives. You can do a lot to boost a client’s confidence in her ability to do these things just by the way you interact with her and show

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her that you believe in her. Again, this means that you need to use all of the skills you have already learned about in previous modules. In addition to these basic interaction skills, there are many activities you can do with clients to help them uncover their inner strengths and resources. You will find some of these activities in workbooks that are designed to help people improve their self esteem or in self-help type books that help people move past the violence they have experienced. See a list of additional resources that should be easy for you to find at the end of this module.

Two possible activities to use with clients are provided here for you to consider using. Take a few moments to complete the activities so you can experience what it might be like for a client to complete them. The goal of each activity is to help the client realize that do have many strengths that they may lose sight of during difficult times. Being able to reconnect with these strengths and inner resources can be both empowering and validating to people.

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Good Day/Bad Day

On a good day, I.....

- ☐ go to _____
- ☐ do activities including _____
- ☐ spend time with _____
- ☐ take care of myself by _____
- ☐ take care of others by _____
- ☐ have these routines that help me have a good day _____
- ☐ feel _____

On a bad day, I.....

- ☐ go to _____
- ☐ do activities including _____
- ☐ spend time with _____
- ☐ not take care of myself by _____
- ☐ not take care of others by _____
- ☐ may miss or avoid these routines _____
- ☐ feel _____

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My Gifts

Write or draw the following:

My Gifts of the Head

My Gifts of the Hand

My Gifts of the Heart

My Gifts of History and Culture

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Activity: Finding Your Strength

Go to the end of this module to view the list of additional resources that should be easily found in your shelter. Pick one or two of these books and find at least 2 activities that you could use with clients to help them get in touch with their strengths and inner resources. Why do you think these would be helpful? When would you use them? Are there times that these activities would not be appropriate? How will you know if clients find these activities helpful?

Brainstorm

Another strategy you can use to help clients figure out what their needs and desires are is to do some brainstorming with them. The whole point of brainstorming is to consider each and every option that comes to mind. This could be used to find possible solutions, possible areas they would like to focus on, or even what areas they might need more information about. When you are brainstorming it is important to write down each and every idea that comes up - no idea is silly or inappropriate. By writing down even things that don't really seem to fit, you may end up getting something that will work really well because you are not limiting yourself to any possibilities. When you are brainstorming with a client, it is also appropriate for you to give some ideas. Sometimes having more than one brain approach a problem can help people 'think outside the box' and come up with things they would have never thought of on their own. However, you need to make sure that the client is not looking to you for answers or seems to think that your suggestions are 'better than hers'. If this is the case, it might be better to limit your suggestions and focus on what she sees as options.

Some topics that might be helpful to brainstorm with a client in order to create a service plan are:

- List everything that you have ever worried about when it comes to your relationship, your safety, and/or your children.
- List all the reasons that you think you keep returning to this relationship.
- Tell me all the things you do when he hurts you.
- List all the ways this abuse has affected you and your children.
- List all the supportive people or services that you have been in contact with over the past year.
- What do you think are your true options when it is time for you to leave the shelter?
- What are all the things you have tried in the past to 'stop' the violence?

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Once you have a list of answers for the topic you are discussing, you can use it in a number of ways. How you choose to use it will depend on what your purpose was in doing the brainstorming exercise in the first place. Some common options are to ask the client to prioritize the list in order of what is most important to her or to offer her more information about a particular area that might be helpful to her. If you are using a brainstorming exercise to help her figure out which is the best option to pursue in a certain situation, it would be appropriate to review each of the options and come up with the pros and cons for each one.

Find Alternative Explanations

Sometimes people can feel trapped and hopeless because it seems like things never change or get better, no matter what they try. This leads them to give up trying. However, in order for things to improve or change, it is necessary that people know what the issue is and find an effective way to work on it. When it comes to being abused, it is usually the case that women have been taught to view their situation in a certain way that reflects societal attitudes and beliefs instead of what her reality is (consider all the negative social responses that were discussed in Module 1.2). As a result, they may not have the tools, skills, strategies or insights that would actually help them make positive changes in their lives.

A big part of helping your clients find alternative explanations for the abuse they are experiencing is to help them view the violence and their reactions to the violence in a way that accurately captures their true experiences. In order to do this you should find ways to help her understand family violence in the same way that we have defined it for the purpose of this training (review Module 1.1), help her re-evaluate her behaviour as strategies that she uses to resist the violence, and help her re-evaluate the abusive behaviour as being very controlled and purposeful. It is quite likely that she does many things to show her partner and others that she does not accept the violence perpetrated against her. It is also quite likely that these things are interpreted negatively by others, which also results in her also thinking negatively about the things that she does.

For instance, if she spends a lot of time at Bingo rather than at home, she might be doing this to avoid being alone with her partner, even if she knows that whenever she does go home she will have to 'pay for' being out. People who know about the abuse may look at the fact that she is at Bingo and say that she is neglecting her children or even that she is to blame for the violence because she should be spending less money and more time at home. If only she would stay home to keep her partner happy, he would not be abusive. Even though she probably knows, on some level, that she goes to Bingo just to prove to herself and to him that

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he can't control everything she does, she has likely pushed this knowledge away and accepted the belief that others have - the abuse is her fault. Helping her put her own behaviours into context is a big step towards helping her understand the violence she is experiencing and to form appropriate goals and plans for herself - whatever they may be.

Stop & Think

Think about the above scenario where the woman is spending a lot of time at Bingo as a way of showing resistance to the violence. What could you say or do to help her re-evaluate her behaviour so that she is able to identify it as resistance instead of something negative that she is doing?

A good way to know whether or not it would be appropriate to help clients find alternative explanations is to listen for the following clues when they are talking to you:

- She talks like she is to blame for the violence
- She talks about the abuse like it is something that just happens
- The goals she wants to make focus on things that are out of her control
- She is frustrated by being unable to 'make things better'

Develop Goals

Developing goals is a necessary part of making any sort of plan. Good goals will help clients achieve the desired outcome of their service plan and provide a way to monitor progress. Goals should be reviewed continually throughout her stay at the shelter to ensure that they still reflect her needs and desires, while also allowing her to feel some measure of success.

Most people do not know how to develop good goals. Instead, people tend to create goals that are too broad and unfocused to be useful in any way. While goals should answer questions like: "What do I truly want? What is really important to me?", they should answer these questions in a way that is concrete and practical. Specifically, goals should:

- ☐ focus on the positive outcome they are seeking rather than the problem
- ☐ be important to her - she should be interested and excited about being able to meet the goal
- ☐ be consistent with her views and desires
- ☐ be identified by the woman
- ☐ have a series of manageable steps

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- ☐ be simple and achievable
- ☐ be specific about what is being changed
- ☐ identify how success will be identified and measured
- ☐ focus on the presence of something rather than the absence of something. For instance, a goal should describe the beginning of a new behaviour, situation or experience rather than the end of an old behaviour, situation or experience
- ☐ only focus on what is within her control

A formula for making good goals is SMART. According to this formula, each and every goal should be Specific, Measurable, Attainable, Relevant, and Time sensitive.

- ☐ **Specific:** What exactly do I want to accomplish?
When goals are specific, they should answer a number of questions - who, what, when, why, how, and where. Specific goals should also focus on the presence of something rather than the absence of something (wanting to do something differently rather than stopping doing something)
- ☐ **Measurable:** How will I know I am making progress?
Goals must be measurable so that the progress can be monitored. Often goals have more than one step that you must meet in order to reach your overall goal. Being able to track your progress will help you feel some success and stay interested in reaching the goal. On the other hand, if you are not able to track your progress, you will not be able to determine what exactly might be interfering with your ability to reach your goal.
- ☐ **Achievable:** Is it possible to reach this goal within my current behaviour, situation or experience?
Goals must be realistic and achievable by the person making them. The best goals require some growth or development but are not extreme. In other words, they must be 'doable' but not too easy. Goals that are set too high or too low become meaningless because they do not support progress or change.
- ☐ **Relevant:** Is this goal about something that I really want to change in my life?
This ties into the importance of creating goals that are meaningful in some way in order for the person to be motivated to reach the goal. Not only must a person be interested in meeting the goal, she must also believe that meeting the goal will result in a positive change in her life.

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- **Time-Sensitive:** What is my deadline for completing this goal?
Goals must have starting points, ending points, and fixed timelines. Commitment to a timeline helps to focus the efforts, resources and supports that are needed to reach the goal. Goals without schedules and timelines for completion tend to be left behind as people get caught up in their day to day commitments and struggles.

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Activity: Being SMART

1. In the table below, assess which goals are SMART, by determining which parts of the SMART formula are present.

	S Specific	M Measurable	A Achievable	R Relevant	T Time sensitive	SMART T
I will say one nice thing about myself everyday for the next week.	Yes - focus is on doing something once a day for a week	Yes - could also have a tracking sheet to use	Yes - should be, but might be too easy for some people	Yes - if you want to feel better about yourself	Yes - every day for one week	Yes
I will stop spanking my children.						
I want the abuse to stop.						
I want to have time to think so I will not return calls from my partner for the next 48 hours.						
I want to stop spending so much of my time taking care of others while I am in the shelter.						

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	S Specific	M Measurable	A Achievable	R Relevant	T Time sensitive	SMART T
I want to have my own apartment by tomorrow.						
I will get my children enrolled in school by the end of the week.						
I want to stop drinking or smoking.						
I want to start liking myself more.						
I want to leave my partner for good.						
I want my children to have good grades in school.						

2. Now fix the goals that are not SMART.
3. Now make your own SMART goals using the chart below. You can use the same goal or situation that you used in the previous module to complete the Change Readiness Scale or you can use a different behaviour you would like to change. This chart can also be helpful as you work with clients to help them develop goals for their Service Plan.

(see page 26 of this module for answers)

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My SMART Goals

The thing or things that I want to change are: _____

Goal	S	M	A	R	T
Short term					
Medium term					
Long term					

People who could support me with this are:

One challenge or barrier will be:

A strategy I can use to manage this challenge or barrier is:

When I accomplish one of my goals I will:

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Develop a System of Support

No matter what a person is trying to accomplish, they will be more successful if they have a system of support to help them. One of your roles as a shelter staff is to help women identify the supports they have or need in their lives. One way to do this is to help each client develop a support map. Mapping is a way of identifying the services, resources and supports being used, those that are available and those that could be added to improve the support system for women experiencing family violence. Once the current supports are identified you will be able to help your client identify any areas where she may be able to access additional supportive services or people.

The supports that are generally available to people fall into the following categories:

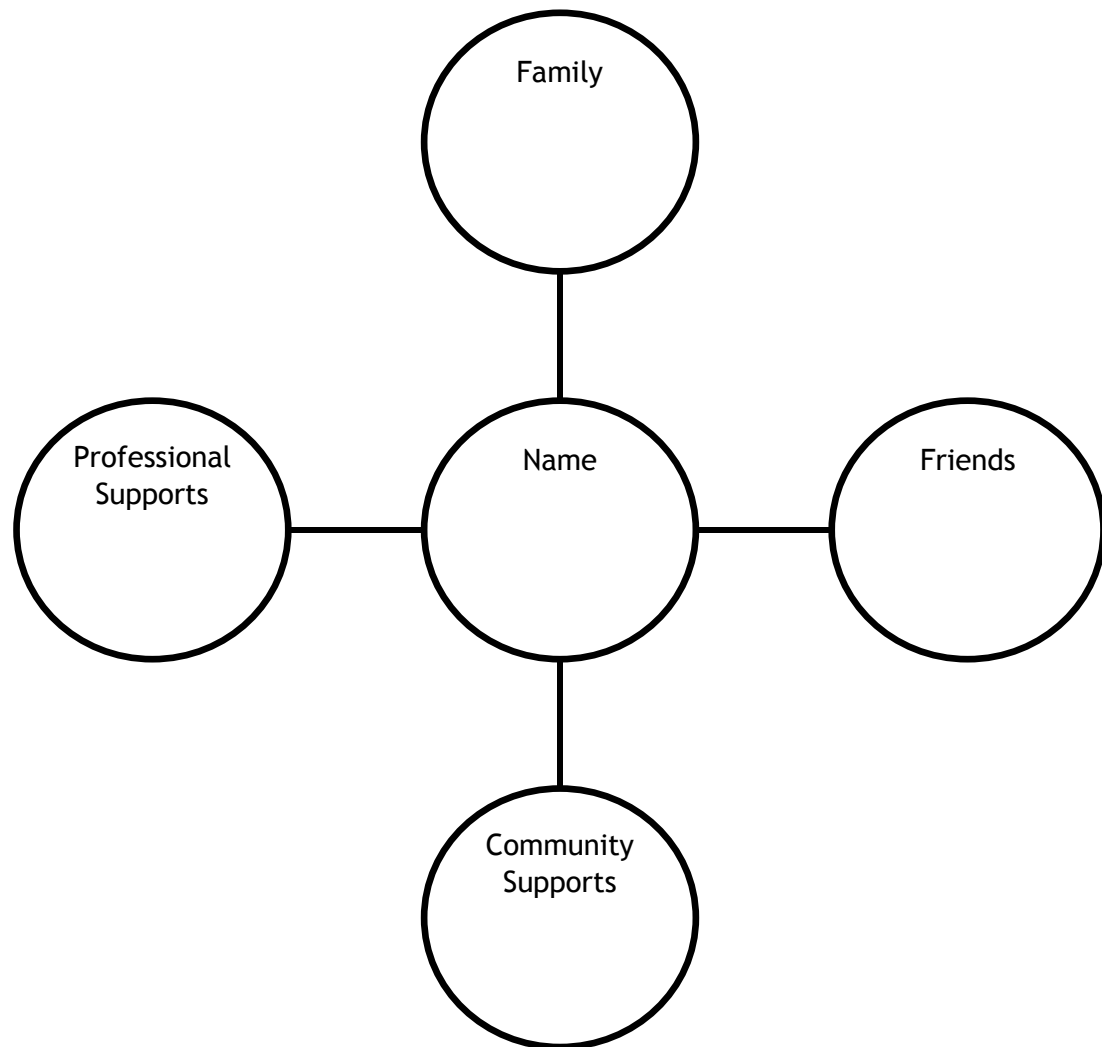
- ☐ Family: this could include anyone in the immediate or extended family - as well as people that have 'married' into the family.
- ☐ Friends: this could include friends, co-workers and other social contacts
- ☐ Community Programs and Supports: programs available in the community that support day-to-day life and could include recreation programs and facilities, schools, cultural programs, libraries, churches, food banks, healthy baby or family programs, parenting workshops, clothing exchanges and/or internet sites.
- ☐ Professional Supports: support that is available from professionals in the community such as health centres, public health nurses, social workers, counsellors, alcohol and drug counsellors, and/or spiritual or religious leaders.

Sometimes it is useful to list the available supports in a diagram form to help people see how all the supports fit together:

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My Support Map

Situation:



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Note that on the above diagram there is a space to write down a 'situation'. This is because there will be times that a person's support map could look very different depending on what it is they are seeking support for. This difference could be due to the different types of supports that people are able to provide and because some people may only be supportive of certain things that a person is trying to do. It will be important to help clients determine what supports are most appropriate for them to access in any given situation.

Stop & Think

Do you have people who are supportive of you in different ways? For instance, who are the supportive people in your personal life? Are these the same people who are supportive of your work life? If not, who supports you at work? How do you know if someone is supportive of you and your goals? Did you ever have a situation where you thought someone was supportive of you and your goals, but then you realized that they were not? What happened?

Sometimes people can be confused by what it means for someone to be supportive. Often, we may look to our family members, elders, or people we have been friends with for support. But, knowing someone for a long time does not necessarily qualify them for being supportive. In reality, it is often these people who are not able to be supportive because they can be too close to the situation to be objective or they may have other motives that are not in line with what is best for us to do. For instance, it is entirely possible that the family members of a woman who is being abused by her partner really like the abusive person. If this woman goes to her mother or sister for help, they may talk to her about having to work harder to make the relationship work - after all, he is such a nice guy to everyone else. This may be very confusing for the woman because she has always gone to her mother and sister for help in the past and they have always been able to help her do 'the right thing'. The lack of appropriate supports in her life can result in an increased sense of being isolated, even though there may be many people that she is actually able to connect with and talk to.

You should always help your clients determine whether or not each of their supports is really supportive in the way that they need whenever you do a support map with them. Some of things to consider are:

- How close is this person to the problem or situation? Is it possible that they would have any ulterior motives?
- Does this person listen closely to what I am trying to tell them?
- Does this person try to tell me what to do, instead of helping me figure out what all my options are?
- How do I feel after I go to this person or service for support?

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- What type of support is this person or service able to offer me?

Referrals

Stop & Think

How do you currently refer and client to another service? Do clients often follow through and go connect with that other service? Or do they simply seem to think it is a good idea and then never seem to get to the other person or service?

Whenever you refer a client to another service or person it is important to make sure you are doing an **active referral**. If what you currently do is provide your client with telephone numbers and contact names of other agencies, you are not making this type of referral. An active referral means that you must do some work to make it as easy as possible for the client to connect with this other service and for the other service to meet the needs of the client. In order to do this, you must talk to your client about the types of services available from the other agency and the type of response she can expect if she goes there. You can offer to connect with the service on her behalf to explain a little bit about her situation and the services that she thinks she might be interested in and get her consent to do this. If she does not want you to talk to someone at the other service place, you can offer to support her in other ways if she is interested in seeking their services (such as helping her find child care and transportation to the other service provider; going with her to her first appointment; and/or finding out exactly who is available at the other agency to talk with her).

Whenever you are referring a client to another service it is important to realize that in order for the client to follow through with this referral and connect with the other service they must trust that the service will respond to their needs and provide appropriate services. Much of the time, in order for your client to have this trust, she will look to you to see if you seem to have a positive attitude about the other service and their ability to help. If you do not communicate (both verbally and non-verbally) to your clients that you trust this service, it is not likely that they will trust the service.

Other key points to making an active referral are that you need to:

- Recognize the range of services and agencies available to respond to the needs of your clients
- Know about the policies and procedures of other agencies including any interagency protocols.

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- Recognize the willingness and capacity of other agencies to respond quickly and in an appropriate manner to any victim request for help.
- Know who to contact in the other agencies for information and assurance that they can and will help your client as best they can.
- If an appointment is made, provide your client with a referral slip that indicates contact name, directions to the receiving agency, and appointment date and time. For example:

Referral Slip

Referral from: _____

Referral to: _____

Location of meeting: _____

Person to meet with: _____

Date/time: _____

How to get there: _____

Phone number to call if this meeting needs to be changed: _____

Discharge Planning

Whether a woman is intending to return to her partner, leave her partner, or is undecided, it is a sure thing that she will need to make plans for when she eventually leaves the shelter. You and her both know upon her arrival that she will not be staying forever, so it does not make sense to only start thinking about a discharge plan a day or two before she actually leaves. Instead, everything you do to support her should be done with the overall goal of helping her leave the shelter in a better position than when she arrived.

The discharge plan should be a part of the service plan. What is meant by this is that when you and your client are working on a service plan, goals and plans should be discussed and developed in the context of what she would like to work on while in the shelter and what she

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would like to work on when she leaves. Prioritizing her goals for things to work on while in the shelter will help make sure she is able to take full advantage of the services that are available to her during her stay. Focusing on the fact that she will eventually leave will also help to add a certain sense of urgency and motivation to meet goals.

At a minimum, a discharge plan should include the development of an appropriate safety plan that is tailored to meet the needs of each client (see Module 7.2 for more information). But it could also include things like:

- Where and with whom she will live
- Where her children will go to school (if it has or will change)
- What services she will continue to connect with
- Whether or not she would like the shelter to follow up with her
- What she will do to ensure she has enough money to support herself (if she does not return to the relationship)
- Any legal options she would like to pursue
- Any ongoing personal goals she will continue to work on

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Module Resources

Brammer, L.M. & MacDonald, G. (2003). *The Helping Relationship: Process and Skills* (8th Ed.). Allyn & Bacon, Boston, MA.

Young, M.E. (2005). *Learning the Art of Helping: Building Blocks and Techniques* (3rd Ed.). Pearson Merrill Prentice Hall, Upper Saddle River, NJ.

Additional Resources

Davis, M., Robbins Eshelman, E., & McKay, M. (2000). *The relaxation and stress reduction workbook* (5th edition). New Harbinger Publications Inc.: Oakland, CA.

Fischer, K.L. & McGrane, M.F. (1997). *Journey Beyond Abuse: A step-by-step guide to facilitating women's domestic abuse groups*. Amherst H. Wilder Foundation: St. Paul, MN.

Fischer, K.L., McGrane, M.F. (1997). *Moving beyond: Stories and questions for women who have lived with abuse*. Amherst H. Wilder Foundation: Saint Paul, MN

Kennedy Dugan, M., & Hock, R. (2006) *It's my life now: Starting over after an abusive relationship or dating violence*. Routledge: New York, NY.

Kowalski, Reinhard. (1999). *Anxiety and stress management toolkit*. Speechmark Publishing Ltd.:Bicester, Oxon UK (Audio Video Resource)

Kubany, E.S., McCaig, M.A., & Laconsay, J.R. (2003). *Healing the Trauma of Domestic Violence: A workbook for women*. New Harbinger Publications, Inc.: Oakland, CA.

Leutenberg, E.A., & Korb-Khalsa, K. (2002). *Self-esteem bingo*. Wellness Reproductions Publishing Inc.

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McKay, M., Fanning, P., Honeychurch, C., & Sutker, C. (2005) The self esteem companion: Simple exercises to help you challenge your inner critic & celebrate your personal strengths. New Harbinger Publications, Inc.: Oakland, CA.

Nicarthy, G. (2004). Getting free: You can end abuse and take back your life. Seal Press: Emeryville, CA.

Related Modules

Module 1.1 - The Definition of Family Violence
Module 1.2 - Who is to Blame?
Module 1.3 - Models of Family Violence
Module 2.2 - The Impact of Oppression
Module 3.1 - Roles and Responsibilities
Module 3.2 - Ethical Practice
Module 3.3 - Personal Beliefs
Module 5.1 - Relationship Building
Module 5.2 - Communication Skills
Module 5.3 - Files and Documentation
Module 6.1 - The Impact of Crisis and Trauma
Module 6.2 - Crisis Intervention
Module 7.1 - Eligibility and Admission
Module 7.2 - Risk Assessment and Safety Planning
Module 7.5 - Communal Living
Module 9.1 - Advocacy
Module 9.2 - Collaboration

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Activity: Being SMART (Answers)

	S Specific	M Measurable	A Achievable	R Relevant	T Time sensitive	SMART
I will say one nice thing about myself everyday for the next week.	Yes - focus is on doing something once a day for a week	Yes - could also have a tracking sheet to use	Yes - should be, but might be too easy for some people	Yes - if you want to feel better about yourself	Yes - every day for one week	Yes
I will stop spanking my children.	No - focus is on stopping something	Yes	? - may need to work on some new skills	Yes - safety of children	No	No
A better goal would be: I will take the 10 week parenting course that is being offered on Wednesday nights to learn about appropriate ways to discipline my children.						
I want the abuse to stop.	No - too vague; focused on stopping something	Yes - if she knows about all the types of abuse	No - she is not in control of the abusive behaviour	Yes - will improve her safety	No	No
A better goal would be: I want to spend the next five sessions with shelter staff talking about things I need to do if I decide that I want to leave this relationship.						
I want to have time to think so I will not return calls from my partner for the next 48 hours.	Yes - the goal addresses what she wants to do and how she will do it.	Yes	Yes	Yes - she wants time to think	Yes - 48 hours	Yes
I want to stop spending so much of my time taking care of others while I am in the shelter	No - too vague and focus is on stopping something	Yes - could have a tracking sheet	? - would depend on how much support she has	Yes - will be spending more time on her own needs	Yes - while in the shelter	No
A better goal would be: I will spend one hour a day for the next month doing something just for me.						

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	S Specific	M Measurable	A Achievable	R Relevant	T Time sensitive	SMART
I want to have my own apartment by tomorrow.	No - does not say how to do this	Yes	?- depends on availability of apartment, finances, move in dates, etc	?- may be other and/or safer options	Yes - but probably not a realistic timeline	No
A better goal would be: I will spend the next week finding out what types of housing is available and filling out the appropriate application forms.						
I will get my children enrolled in school by the end of the week.	Yes - but could also say which school	Yes	Yes - should be unless the school does not accept the children for some reason	Yes - children should be in school	Yes	Yes
I want to stop drinking or smoking	No - focus is on stopping something; very vague - a goal like this should have a number of smaller goals first	Yes	? - depends on many things - need smaller steps	Yes - seems to want to learn better coping skills	No	No
A better goal would be: Until I can go away for treatment I will call _____ for support each time I feel like having a drink, because I know this person is supportive of my goal.						
I will start liking myself more.	No - too vague	Not really	? - depends on many things - need smaller steps	Yes - wants to feel better about self	No	No
A better goal would be: For 2 weeks - at the end of each day I will find at least one positive thing that I did that day.						

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	S Specific	M Measurable	A Achievable	R Relevant	T Time sensitive	SMART
I want to leave my partner for good.	No - too vague; what is it she will actually do	Yes	? - depends on many things - need smaller steps	Probably - wants to be in a better relationship	No	No
A better goal would be: I want to spend the next week making a list of all the things I will need to do in order to leave my abusive partner.						
I want my children to have good grades in school.	No - too vague	Yes	No - she cannot control how her children do in school	Yes - want the children to be successful	No	No
A better goal would be: I will spend one hour a day after school helping my children focus on their homework to see if their grades have improved by the end of this term.						

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Module 7.5 Communal Living

Module Overview

The purpose of this module is to provide you with some tools to help you make it as easy as possible for women to live in the communal living environment that your shelter provides. In this sort of environment the rules, common expectations, and scheduled routines can limit the problems that arise between clients. When problems do arise it is important to have a way to help clients find solutions that can be supported by the shelter.

Important Considerations

Living in shelter with other families can be very difficult for anyone, but especially for clients who are in crisis. As a shelter worker you need to always remember that your work environment is actually someone else's temporary home. You have to work hard to respect their space, while also helping them respect the space and privacy of all the other women staying in the shelter. It can be hard to balance respecting their space, with also making sure you spend time out in the main parts of the shelter so that you can be available to clients when they need you and to model appropriate behaviour in the shelter for them.

One of the biggest mistakes a shelter staff can make is to spend too much time in the staff office. Spending a lot of time here makes clients feel like you are not accessible to them and that you view yourself as being very different and separate from them. While you should not spend *all* your time out in the main parts of the shelter, you should probably make efforts to spend at least equal amounts of time in both places.

Time Out

Prior to moving on to complete this module, take some time to consider the following:

- How much time do you spend out in the common living areas of the shelter?
- Do you feel like you are imposing on your clients when you are spending time out in the shelter? What do you think you can do to get more comfortable with this?
- Do you have situations when certain clients do not seem to get along with each other? What do you do if/when this happens?
- What things do you do to make sure clients know what is expected of them while they are staying at the shelter?
- How do you feel about having to enforce rules and routines in the shelter? Do you find this easy to do or would you rather just let the clients do whatever they want?

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Living in a Shelter

One of the most difficult things about coming to a shelter can be the complete loss of privacy that a woman experiences. Not only must she share her story of abuse in order to be admitted, she must now share her living space with other women and their children. Whenever people are living in a way that requires they share their living space with others, they can be considered to be in a communal living arrangement. Even though your clients are granted the sole use of a bedroom, they usually have to share bathrooms, the kitchen, living room, and play areas with other families.

This sort of living can be very difficult for a number of reasons. First of all, just by the nature of being in a shelter, the majority of women are probably in some level of crisis and may be traumatized as a result of their abuse. This may have an impact on how they interact with others which means they may be less patient or easily angered or frustrated. Everyone reacts very differently to the experience of being in a shelter. The different reactions of other clients may be difficult for women who are living in the shelter to cope with.

It is also the case that your clients will all have different histories, backgrounds, family dynamics and rules, and expectations around how to live in and maintain a household. They will have different ideas and expectations around what meals they would like to eat, how clean the common living areas should be, and who is responsible for things like cooking, cleaning and child care. Many of your clients would probably not even choose to be friends outside of the shelter, let alone choose to live together. Even when you have clients in the shelter who know each other, it is not necessarily the case that they would like to live together. Choosing to live with other people who are similar to you can be difficult at the best of times - feeling trapped into living with people who are completely different from you can be unbearable. For a client who is staying in your shelter, she must cope with not only her own issues around the abuse she has suffered, but she must also figure out a way to peacefully live in a relatively small space with other women and children.

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Stop & Think

Have you ever had company come and live with you for a while? Perhaps they were on vacation? Or perhaps you have stayed at someone else's house for a while, when you were on vacation? Even though you may have chose this living arrangement, what are some of issues that came up during this time? Did everyone always get along? Or were there some differences of opinion on how things should be done? Were there any children involved? Did they always get along with each other? What was it like for you to have to live with children that were not your own?

Another difficulty that women may struggle with as they come to a shelter is the many rules they need to follow. These rules are probably very different from the way things are in their own homes and clients may find them difficult to understand and follow. They may also struggle to get their children to follow these rules. However, the purpose of every rule in your shelter is to help provide a safe, healthy, and fair environment for each client and child staying in the shelter at any given time. With all the different expectations your clients will have about how things 'should' be done, you and your co-workers will need to take on the responsibility of providing and implementing a common set of rules, responsibilities, schedules and expectations in order to decrease the likelihood of serious conflict between clients. If everyone knows what is expected of them and they know that these expectations are set by the shelter, their individual differences are less likely to be an issue as long as you are able to make all the expectations very clear and enforceable.

In order to establish these common expectations that will include rules, routines, and responsibilities, you have a number of tools that you can use:

- Yourself
- The Guidelines for Living Together
- Resident meetings
- Methods for problem solving

Using 'Yourself' to Set Common Expectations

It is your responsibility to develop and maintain routines and expectations in the shelter, and to ensure that each woman is respectful of the routines. Your clients will naturally look to you for information and clarification about what is expected from them during their stay because they will consider you to be 'the expert' about the shelter. Given that they will naturally look to you for indicators and information about what they should do, it is critical

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that you model the very same behavior that you expect from them. For instance, if your shelter has the expectation that all clients treat each other with respect, you must also always treat every client and co-worker with respect - even when you need to impose consequences for behavior that is unacceptable in the shelter. This respect must also extend to times when you are talking about clients with other staff members and there are no clients to hear what you are saying. If your shelter has a rule that the television must be turned off at 10 pm so that the shelter can be quiet for anyone who is trying to get a good night's sleep, you must also not watch television after this time (even if all the clients are already in bed and it is not likely that anyone will know that you are doing this).

Basically, in order for other people to take the rules and expectations of the shelter seriously, you must also take these things seriously. All rules and expectations should match with the views, philosophies, and values of the shelter organization (see also your policy and procedures manual). If you think your shelter has rules or expectations that do not match with the views, philosophies and values of the shelter it is important that you talk to your supervisor about this. It may mean that some of the rules or expectations need to be changed or it may just mean that you need more information about the reason behind that particular rule or expectation.

The Guidelines for Living Together

Another part of modeling that the rules and expectations are very important is to make sure you take the time to talk about all the rules and expectations during the intake process. In addition to just telling a client what the expectations are, it is important that you also explain a little about how each rule or expectation is in place so that people can be safe, and treated fairly and respectfully while living in the shelter. You should also let client know that they can ask any shelter staff at any time about what a rule means for them in any given situation. Make sure you use your rule book (which is commonly called the *Guidelines for Living Together* in many shelters) to guide this discussion with your client so that you do not leave out anything important. See Module 7.1, which outlines an appropriate point in the admissions process to discuss these guidelines, for more information.

If you have a client who does not agree with something that is expected of them while they are in the shelter they do have the right to bring their issue to the shelter director or clinical supervisor. They also have the right to refuse to follow that particular rule or expectation. Whenever you are in a situation like this it is important that both you and the client understand that with any right comes responsibilities. This understanding can help both of

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you make decisions and understand the consequences that may follow. For instance, any client who comes into the shelter has the right to stay in a safe environment and be treated with respect. However, this means that they also have the responsibility to make the shelter safe for others and to treat others with respect. If they do not do this, they may be asked to leave the shelter.

Sometimes it might seem like a rule or expectation that your shelter has actually interferes with a client's rights. For instance, another right that clients have is the right to come and go as they please. However, your shelter may require that she lets you know if she will be away for more than 24 hours so that you will not give her room to someone else or report her missing. Or your shelter may have a rule that if she does not return to stay at night, then you will consider her as having found another safe place to stay and will give her room away. This sort of rule is in place to make sure that your shelter is able to meet the needs of the clients who need your services the most. What this means, is that this rule is in place to protect the rights of other clients who should be able to access safe shelter in an emergency situation. For the individual client, this rule means that if she wants to continue to stay at the shelter, she has the responsibility of letting staff know whenever she will be out of the shelter for an extended period of time and discussing what options are available to her.

Activity: Rules, Rights, and Responsibilities

Take a close look at your Guidelines for Living Together. Based on this document, fill out the table below with as many rules or expectations that you can and come up with the rights and responsibilities that go along with each rule or expectation. If you come across rules or expectations that seem to interfere with a client's rights, take some time to figure out why they are in place. If it seems like they do not really protect anyone's rights, then these may be rules or expectations that need to be changed in some way. You should talk to your supervisor about these.

Use the chart below and/or separate pieces of paper as needed.

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Rule	Rights	Responsibilities
Treat everyone with respect. No violence allowed	To live in a safe and respectful environment	To treat others with respect and not use violence
You must do your chores in a timely manner	To live in an environment where each person shares the tasks to make it a clean and safe place to live.	To try my best to do my chore. If there is some reason I cannot do it, I need to talk to a staff person to let them know and make other arrangements

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Resident Meetings

Another opportunity you have to help clients live together is the use of regular (usually weekly) resident meetings. Although it is important to talk to clients about the current schedules, activities, special events, and assigned chores during the intake process, this discussion will mostly serve as a way of *informing* them about what is happening and what is expected of them. Having regular resident meetings is a way of *involving* them in the events and expectations of the shelter. This involvement provides your clients with a way of actively participating in some of the decisions being made and in choosing how they want to be involved in the day-to-day tasks involved in making the shelter a safe, healthy place for everyone to stay.

This type of meeting is not a sharing circle or group support session because not everyone who is staying at the shelter would be interested in participating in that sort of support. Instead these meeting should focus only on things related to the ‘technical’ things about staying in the shelter.

For instance, these meetings should be an opportunity for women to:

- ☐ Talk about any concerns or questions they have about staying in the shelter
- ☐ Make requests for groceries or items they would like to have (sometimes these items will be able to be accommodated by the shelter’s budget and sometimes they will not)
- ☐ Choose the chores that they will be responsible for during the week
- ☐ Schedule appointments with shelter staff
- ☐ Get information about any events or information sessions being held by the shelter
- ☐ Get information about any community events that might interest them
- ☐ Participate in planning any special events the shelter is holding for residents
- ☐ Give shelter staff feedback on things they would like to see done differently in the shelter

It is important to talk to your clients about when and where the resident meetings take place during the intake process. However, you need to remember that you are also giving them a lot of other information at this time, so you should also have information about the meetings posted in a visible place in the shelter and you should remind all your clients about the meetings a day or two before they take place. You may also try to make this meeting something they would look forward to coming to, instead of yet another demand on their time. You could do this by making special snacks or having little prizes for clients who attend.

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Although women should never be punished for not attending this meeting, you have a responsibility to let them know that there may be natural consequences for not attending. For instance, if all the other women attend and pick their chores for the week, it is likely that she will be assigned whatever chore is left - which may not be something that she would like.

Activity: How Do Things Happen in Our Shelter

Answer the questions in the following table to figure out the types of things that would be important to communicate to clients about routines and expectations. What are the things that clients do have a voice in? What are the things that are expected regardless of their wishes? Are all of these things covered in our “Guidelines for Living Together”? If not, how do you make sure clients are aware?

Task	When?	Who does it? Why?
Meals	Meal times are at:	- Does everyone eat together or does everyone eat on their own schedule? - What happens if a family is not able to make a meal time?
	Preparation starts at:	Who usually prepares the meals?
	Clean up starts at:	Who usually cleans up from meals?
Chores	Daily chores:	How are daily chores assigned? What happens when they are not done?
	Weekly chores:	How are weekly chores assigned? What happens when they are not done?
	Chores when clients leave:	Who is responsible for cleaning client rooms for the next client?
School	School starts at:	Who gets children up and ready for school?
	Children leave the shelter at:	- Who takes them? - What happens if they refuse to go?
	School is over at:	Who is responsible for getting children

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Task	When?	Who does it? Why?
		back from school?
Curfew and Bedtimes	Curfew for children is:	- Are there different curfews for different children? - What happens if they are late?
	Bedtime for children is:	- Who is responsible for making sure children are in bed on time? - What happens if they refuse to go to bed? - What happens if they are sick?
	Curfew for women is:	- Why is there a curfew for women? - What happens if they are late?
	Bedtime or quiet time for women is:	- Why is there a bedtime or quiet time for women? - What happens if they don't want to go to their rooms?
Shelter support services	How often do you meet with clients individually?	- Who is responsible for setting up support meetings? - What happens if you need to cancel? - What happens if the client does not come to the meeting?
	How often do you have group support sessions?	- Who is responsible for holding and organizing these sessions? - What happens if clients do not come to the sessions?
	When do resident meetings take place?	- Who is responsible for holding and organizing these meetings? - What happens if clients do not come to this meeting?
Stocking groceries and supplies	How often are groceries and supplies ordered or picked up?	- Who is responsible for making sure the shelter has enough food and supplies? - How do women make requests for things they may need? - What happens if the shelter cannot accommodate their request(s)? - Who puts away the groceries and supplies?

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Task	When?	Who does it? Why?
Special activities or celebrations in the shelter	What sort of things would the shelter schedule as an activity or celebration for clients/children?	▪ Who is responsible for planning these things? ▪ How are clients involved in these plans?
Scheduling	What schedules are posted throughout the shelter (daily/weekly/monthly)? Where? How often are they updated?	▪ Who is responsible for adding things/events to the schedules? ▪ Do you have different schedules posted for staff routines and for client routines?

A Method for Problem Solving

There will be times when women and children living in the shelter will have problems within their families, problems between families, problems with and among co-workers and/or problems with meeting the routines and expectations of the shelter. Problems arise at different times for different reasons, and solutions that work for one problem at a certain time may not work again or in a different situation. The best solutions are designed to address the problem that is occurring right now. However, there will be many times that you and your clients will have to work hard to find and implement an appropriate solution. You may have to help clients learn how to solve problems because they may not be used to doing so in a way that is healthy and appropriate for living in a shelter environment.

The most important part of problem solving is encouraging everyone to identify problems before they become situations of anger and frustration. You can model this by using a problem-solving model amongst yourselves and with women and children as small problems arise. By doing this you are explaining that the use of appropriate problem solving methods is an integral part of living in the shelter. As clients become comfortable with using a problem solving method in the shelter, they will be able to apply this method to other problems they may encounter outside of the shelter.

It is important to note that problem solving is similar to goal setting in that the only behaviour anyone can control is their own. Whenever a client is approaching the solution to a problem that involves others, it is important that they assess whether or not the other person or people are interested in working toward a solution with them. For instance, there is no problem solving method that can be used by women that will be effective in stopping the

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violence that is used against them by their intimate partner. Problem solving is also not likely to be effective when people are upset or angry. Instead, problem solving is best done with people who are motivated to find solutions and can talk about the problem rationally and calmly.

The following problem solving approach can be used with individuals to solve problems as they try to make difficult decisions about their own lives. You can use it to try to solve some of your own problems both within and outside the shelter. You can also teach clients to use this approach in their own lives. It can also be used with groups of clients if there is a problem in the shelter that affects more than one person.

However, this approach should never be used in a group setting if the problem lies in the actions of one specific client. For example, let's say you have a client who never does the chores that are assigned to her and the rest of the clients are starting to get upset and complain. You would not bring this sort of issue up in a group setting for problem solving because what would probably happen is that the client in question would feel like she was being ganged up on. Instead, it would be much better to pull that client aside and talk to her about the issue. You may even use the following problem solving approach with her to help her figure out what her options are in terms of whether or not she can meet the expectations of the shelter and living in a communal environment.

Step 1: Define the problem

The first step in solving any problem is to realize that there is actually a problem that can be solved and to then define what that problem is. The key to defining a problem is to think about how you got to this point. That is, what led up to the situation, and how did things get to the point of needing to be repaired in some way.

Key things to ask about the problem are:

- ☐ When and where does the problem happen?
- ☐ What exactly seems to be the problem?
- ☐ Who is there when it is happening?
- ☐ How do I think this happens?
- ☐ Why do I think this happens?
- ☐ Is this one problem or a series of problems?
- ☐ What will happen if I do not try to find a solution?
- ☐ Is this my problem or someone else's?
- ☐ Who needs to be involved in order to find a solution?
- ☐ What is my piece of the problem? What parts of the problem belong to others?

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Regardless of what the problem is, it can usually be examined in a way that will help the person find something constructive to do that might help to improve the situation - as long as the person is able to figure out what is and is not within their control. For instance, we have already said that a victim of family violence cannot 'solve' the problem of the abuse they suffer because the abusive behaviour is not within their control. However, they can find solutions and strategies that might improve their ability to stay safe. Or, if they want to leave the relationship they can use a problem solving approach to help them figure out what the alternative living options might be for them.

In order to help clients determine exactly what the problem is, you can help them focus on what is within their control by encouraging the use of 'I' statements. This will prevent them from blaming other people for the problem and help them see whether or not this is a problem that is appropriate for them to try to solve. Focusing on the use of 'I' statements is particularly important when there is a problem or conflict between people working or living in the shelter. If more than one person is contributing to the problem, things can get very messy as they point fingers at others rather than just take responsibility for their own piece of the issue.

Step 2: Identify possible solutions

There are often many ways to approach a problem - with some approaches being more effective than others. Once you have identified what the problem is, you want to collect as many solutions as possible. This step is much like a brainstorming activity. Each and every possible solution should be written down and people should be discouraged from thinking about whether or not any of the options will be effective. If people start trying to figure out which is the best option at this point, they will end up limiting their suggestions because they will think that only the 'good' options should be discussed. The intent of this step is to gather as many ideas as possible.

In order to come up with as many ideas as possible you can ask the following types of questions:

- ☐ What ideas do you have for solving this problem?
- ☐ What are all the things that might result in this situation changing in some way?
- ☐ What could we do right now?
- ☐ Is there any way to make sure this problem goes away forever?
- ☐ Who needs to be involved in order for this to change?

Step 3: Select a solution

When you can't think of any more options, it is time to start looking at the list and eliminating the things that will absolutely not work. If the option might be possible, leave it

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on the list for now, because you will use a process in the next step to figure out which is the best possibility.

In order to determine which options will absolutely not work you can ask the following sort of questions:

- ☐ Does this option fit with our routines and expectations?
- ☐ Can we afford this option?
- ☐ Is everyone in agreement to do this?
- ☐ Do we have all the resources we need to be able to make this work?
- ☐ Is this something we can do right away?
- ☐ Will doing this cause a problem for someone else?

Step 4: Plus/Minus/Interesting

Plus/Minus/Interesting is a way to consider each solution to find the best one for this problem at this time.

In order to do this part of the process you create a table that has three columns so that you are able to think about all the pros and cons of each possible solution. In the Plus column, you would list all the benefits of this solution; in the Minus column, list all of the challenges of this solution; and in the Interesting column, list any additional thoughts, ideas, questions or reasons to try or not try this solution.

For problems that only have 2 options (to do something or not do something), you would only need one table in order to make your decision. An example would be: “Should I stay at the shelter for one more night?”

Plus	Minus	Interesting
Will be safe	Children really want to go home right now ***	Mary is making muffins that I would like to try
More time to pack up and make sure I have everything	I miss my own bed a lot	
More time to think to make sure I want to go home	I was hoping to be able to talk to staff for one more session before leaving	

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By looking at this table, you should be able to clearly see all the things that you have to consider in order to make your decision. As you can see in the minus column, the fact that the children really want to go home right now has some stars next to it to indicate that this issue is being given a lot of weight by the client who is considering going home tonight. Even if the person is able to come up with 10 more positive things about staying at the shelter for one more night, it may be the case that this is the most important thing that impacts her decision and she may go home anyway. The key to going through this process is not to come up with more positives or negatives in order to make the 'right' decision. Instead, the key is to become aware of all the things that are influencing your decision and whether or not there are consequences associated with the decision you are making.

If you have a problem that has more than one potential option for what you can do, you would probably need to do a plus/minus/interesting table for each option in order to figure out which one would be best to pursue. For instance, consider the following problem:

"I hate waking up in the morning to see that the mess from supper is still not cleaned up."

Some of the possible options for solving this problem are:

- 1) Do nothing
- 2) Talk to the person who has this chore
- 3) Talk to staff about the problem
- 4) Leave the shelter and go home

Then you would do a plus/minus/interesting table for each of the 4 options to try to figure out which is the best thing to do:

- 1) Do nothing

Plus	Minus	Interesting
Nobody will be upset	Nothing will change	I don't clean up right away when I am in my own home
I won't need to get involved	I will feel irritated and angry whenever I see the mess	Shouldn't the staff be making sure this stuff gets done
I don't like conflict, so if I don't do anything I can pretend that everything is fine.	If I make an issue of it people might ask me to do my chore too.	

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2) Talk to the person who has this chore

Plus	Minus	Interesting
She might apologize and just start cleaning up	I don't really want to get involved	We come from the same community
She might appreciate that I talked to her instead of involving staff	She might get mad and tell me to mind my own business	
Other people are probably fed up with this mess too.	It is not my job to make sure this stuff gets done - why should I do it?	

... and so on for each possible solution to the problem.

Step 5: Solutions

Once the best solution is identified, the next step is to develop a plan to implement this solution. This plan should follow the same process as the goals that you develop - the steps of the plan should be Specific, Measurable, Achievable, Relevant and Time Sensitive (see Module 7.4 for more information). This will let the person know if the solution they have chosen is really effective and if not, why it is that another solution should be tried.

When this problem solving approach is being used to address a problem within a group, anyone who is involved in or impacted by this solution also needs to be involved and/or informed about what will happen or change. When it comes to changes that are taking place in a shelter's operations, it is necessary to inform all current residents about the implementation of changes and why these changes are taking place.

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Activity: Find a Solution

Pretend you are a staff person who is helping clients with at least 3 of the following situations. Apply the problem solving approach described above to practice coming up with potential solutions. Once you have completed tables for a few different options, pick the solution that you think would be best and come up with a plan for implementing this solution. Have fun with this and be creative! This is your chance to pretend that clients will do what you think is best.

Use the tables on the following pages to help you. You will need to photocopy more or use additional paper to work on all 3 situations that you choose.

- 1) She doesn't clean up after supper. I hate waking up in the morning to see that the mess is still there.
- 2) I need a new place to live.
- 3) I don't like the way she talks to my kids.
- 4) I need money to get some new school clothes for the kids.
- 5) My partner used my VISA. Now I owe \$5000 that I don't have.
- 6) I got drunk last night and couldn't come back to the shelter. Now my room has been given to someone else.
- 7) She told my partner that she saw me at the shelter! Now he knows I am here.
- 8) I really don't want to stay at the shelter anymore. It's too hard to follow all the rules.

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The problem:

Possible Solutions:

- 1.
- 2.
- 3.
- 4.

Possible Solution 1:

Plus	Minus	Interesting

Possible Solution 2:

Plus	Minus	Interesting

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Possible Solution 3:

Plus	Minus	Interesting

Possible Solution 4:

Plus	Minus	Interesting

The most effective solution to this problem right now is:

The first step in this solution is to:

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A Note about Consequences ...

Unfortunately, a part of your job as a shelter staff is to impose consequences for behavior that is not acceptable in a shelter. Living in a shelter environment can be difficult, which ultimately means there will be times that your clients will not be able to comply with the expectations that you must have in place to ensure that the shelter is a safe, secure, and healthy environment for everyone.

The best way to provide consequences is to ensure that each and every client is aware of what the consequences for unacceptable behavior are. You will probably cover a lot of this information during the intake process as you discuss things like confidentiality and the Guidelines for Living Together. However, it is also a good idea to review the expectations with clients on a regular basis so that they can make informed decisions about their behavior. This does not mean that you are always talking to clients about the rules, but it does mean that you take a moment to talk to a client about the rules whenever you see any sort of indication that she is about to break a one.

You should also very clearly discuss what all the consequences are for doing things that are unacceptable in a shelter. Generally, these consequences should be progressive in nature. This means that the client should be given more than one opportunity to improve or modify her behavior before being asked to leave the shelter. Unless she does something that really poses a huge risk to the physical safety of other shelter staff and clients, it is not fair to jump from a verbal warning to telling a client that she must leave the shelter. For instance, some shelters have a 3 strikes policy where clients are given 3 opportunities to improve any unacceptable behavior:

- First offence - verbal reminder about the rules and invite any questions she might have about staying in the shelter
- Second offence - verbal discussion and problem solving about the issue. Warning that further behaviour such as this might result in her being asked to leave
- Third offence - written letter (from the shelter supervisor) indicating that she will be asked to leave if she does 'this' again. She must be given a copy of this letter and sign another copy that will be kept in her file.
- Fourth offence - client is asked to leave the shelter.

Each of these 'offences' and the action taken by staff must be clearly documented in the file. If not, then it is not possible for you (or any other staff) to move through each of these steps that are meant to enforce consequences and keep the shelter a safe place for all the women

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and children staying there. Clear documentation of issues around following the rules will also protect you and the shelter in the event that this client is eventually asked to leave the shelter due to her unacceptable behaviour. More than one shelter in Canada has been brought to court or to the Human Rights Commission by upset clients who claim that they were treated unfairly or discriminated against when they were asked to leave.

This documentation must include both what the issue (meaning which rule or expectation the client is having difficulty with) and what you have done about it. This does not mean that you need to go into lengthy detail about exactly what you said ... and then what she said ... and then what you said. Instead you need to clearly state the rule that was broken, and whether or not you addressed it with the client. If you were able to speak to the client about the issue, you need to clearly document:

- Whether or not you told her what would happen if she does this again
- What her reaction was to discussing this issue
- What reasons she stated for breaking this rule or expectation
- The type of problem solving that took place
- What other staff can do that might support her during her stay at the shelter.
- All attempts to provide her with written notice of being asked to leave the shelter, and whether or not these attempts were successful (in the case of clients who have repeatedly broken rules)

You may also want to somehow highlight or draw attention to this file entry so that other staff will be able to quickly find the number of times this client was unable to comply with the rules and expectations of the shelter. This will help make sure that each client is treated fairly and given opportunities to change their behaviour and stay in the shelter.

Whenever you have to apply any sort of consequence you must do so in as supportively as you can. You might wonder how this is possible because usually enforcing consequences can lead to conflict. However, if you follow the steps below you should be able to support your clients while also holding them accountable for their actions:

Step 1:

Make sure each and every client is aware of the rules and the consequences of not following the rules.

Step 2:

Whenever you have to talk to a client about unacceptable behavior, ask to speak with her privately as soon as possible after the behavior has happened. Do not wait for some other staff person to talk to her about the issue unless you feel unsafe talking to her. If you do feel

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unsafe due to the nature of the unacceptable behavior (such as the use of violence), then the issue is serious enough for you to call in the 'on-call' person so that you can both address the issue immediately.

Step 3:

Monitor your voice tone and body language. The purpose of enforcing rules and expectations is *not* to punish clients. You need to be supportive even when they are not complying with the rules. Be kind and non-threatening at all times by using appropriate tone and body language (see Module 5.2 for more information).

Step 4:

If your client is angry or upset that you are talking to her about her behavior it is important to recognize that she may need some time or space before she can 'hear you'. Tell her that you understand she may not want to talk about the issue but that in order to make sure the shelter is a safe and fair place for everyone to stay it is a part of your role to enforce certain rules. You do not have to talk about the issue right now, but you do have to talk about it very soon if she wants to keep staying in the shelter.

Step 5:

Ask the client what her reasons are for not following the rules. Is there any way you can support her or help her follow them?

Step 6:

If the client decides that she does not want to stay at the shelter or if she refuses to talk to you or meet with you, offer to help her find alternative safe accommodation.

Consequences for unacceptable behaviour are only useful if you are able to consistently enforce them. If you are not able to enforce the consequences that are in place in your shelter then there is really no reason to have the rules in the first place. If you wait for other staff to enforce the rules so you can be the 'nice' person at the shelter, you are really not helping anyone. You need to be an equal part of the team, which involves making sure everyone follows the same rules.

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Stop & Think

What is the process for implementing consequences in your shelter? Do you have a 'progressive' approach? Do you agree or disagree with the approach taken by your shelter when it comes to consequences? Why? How do you enforce consequences with clients? Are you comfortable doing this? Why or why not? Do you think you can increase your level of comfort? How?

Module Resources

Shelter Guidelines for Living Together

Related Modules

Module 3.1 - Roles and Responsibilities

Module 5.1 - Relationship Building

Module 5.2 - Communication Skills

Module 7.3 - Understanding Change

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Module 8.1: Children/Teens and Family Violence

Module Overview

You will see many children come into the shelter with their mothers. Some of these children will be very little, whereas others may be on the verge of establishing their own independence. The purpose of this module is to provide you with information about the impact of family violence on children of all ages so you are in a better position to help them and their mothers.

Important Considerations

There are many resources (even Canadian resources) that have been developed to address the impact of family violence on children and teens. The goal of this module is to provide you with an introduction to this topic area and to point you in the right direction of where to find reading material and resources that will be useful in your work. What this means is that in addition to completing this module, it is highly recommended that you take the time to review these resources as you complete this module.

As you move through this module, you may have some reactions to some of the information that is contained here. The sections on fathers and parenting, may cause you to question your beliefs around what it means to be a good parent and role model. If you strongly subscribe to the notion that men can be good fathers regardless of the abuse they impose on their partners, you may struggle to truly understand the impact of being in a violent home on children. It is important to keep an open mind as you move through these sections. It may also be helpful for you to re-visit Module 3.3 - Personal Beliefs, to help you understand where and how you developed your beliefs about parenting and the role of the father in the family.

Time Out

Prior to moving on to complete this module, take some time to consider the following:

- What do you think your role is in supporting children and teens in the shelter?
- List all the ways that you think children are affected by seeing violence in their home.
- What struggles do women who are abused face in their ability to parent?
- What specific skills do you think mothers who are abused need?
- What types of information do you currently share with mothers?
- Do you believe an abusive male can still be a good parent? Why or why not?

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What Children Learn by Seeing Violence

Children are often referred to as having witnessed family violence. However, just like the stereotypes around victims being passive when it comes to being abused (see Module 1.1 - The Definition of Family Violence for more information), the idea of children as witnesses also leads us to believe they are passively standing by. Unfortunately, children are rarely passive. Instead of just standing by, children are always thinking, feeling, and doing something. Specifically, children may worry about causing the abuse or worry about also being harmed; they may feel angry, guilty, or afraid most of the time; and they may be trying to hide to stay safe or even intervene and protect their mother from harm.

Being exposed to violence can impact a child for a long time. This does not necessarily mean that they will become involved in their own abusive relationships as adults. It does mean that seeing abuse in their home changes the way they think about and view the world. Children who see violence again and again develop long lasting beliefs and attitudes about relationships, women, and men that are based directly on what they see. Some of the specific things that children learn from seeing violence in their home are¹:

- Violence and threats get you what you want
- A person has 2 choices - be the victim or be violent
- Victims are to blame for the violence they experience
- When people hurt others, they do not get in trouble
- Women are weak, helpless, incompetent, stupid or violent
- Boys/men should be in control, girls/women should obey
- Anger causes violence
- Alcohol causes violence
- A person can love you and hurt you at the same time
- Anger should be suppressed because it can get out of control
- Unhealthy and unequal relationships are normal and are to be expected
- Women don't have the right to be treated with respect
- Mommy can't keep me safe

¹ Cunningham, A. & Baker, L. (2007). Little Eyes, Little Ears. Centre for Children and Families in the Justice System http://lfcc.on.ca/little_eyes_little_ears.html

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Why Children are Impacted...

Understanding why it is that children are impacted, even if they are not directly physically harmed, is a first step in understanding how to help children so that they do not suffer from long term effects of seeing violence in their homes. Listed below are 10 reasons that children are negatively impacted, as discussed by Cunningham and Baker (2007):

1. Children are denied a good father and positive male role model - many abusive men are self centered and/or very controlling with their children. The abuse they impose on the children's mother encourages disrespect for her and can prevent her from appropriately parenting her children as well.
2. Abuse can harm the mother/child bond - by preventing her from parenting, negatively impacting the child's view of her, and impacting their ability to trust her to keep them safe.
3. Children can develop negative beliefs about themselves due to things they see and hear and the tendency to blame themselves for the abuse.
4. Children can be isolated from helpful sources of support by avoiding contact with people because of a fear that others will find out about what is happening at home.
5. Children can develop unhealthy roles in the family (discussed further later in this module).
6. Abuse prevents the child from seeing the world as a safe and secure place - in addition to the lessons learned that were discussed above, they may also learn that bad things happen no matter how hard they try, and that nobody can protect others from harm.
7. When there is intimate partner violence, there are usually other issues present - children may also be dealing with parental substance abuse, neglect, criminal behaviour, mental health issues, and even being abused themselves.
8. Coping skills may become problematic - children develop many skills to avoid and cope with the violence that actually serve the purpose of protecting them from harm. But as they grow and develop, some of these skills (such as running away and hiding) could become a problem.
9. Children may begin to believe the reasons the abusive partner gives for being abusive - this will lead to the development of beliefs that excuse the abusive behaviour and blame the victim
10. Children can believe that violence and victimization is normal.

The Link between Intimate Partner Violence and Child Abuse

In addition to these reasons, it is important for you to know that there is a strong link between the occurrence of intimate partner violence and child abuse. Although there are

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many people who believe that just because a man will hurt his partner, this abuse does not impact his ability to be a good father - this is actually more of a myth than a reality.

The reality is that research has shown that the more often he chooses to abuse his partner, the more likely it is that the child(ren) will also be directly abused in some way. This may happen when children try to intervene and protect their mother, or the children might be abused as a way to control the woman and lessen her strategies to try to resist the violence. In some instances, his abuse of the children may take the form of neglect because he may frequently choose to have nothing to do with the children and leave the role of parenting to the mother, unless he is having a bad day or is trying to undermine her parenting skills².

Often when a father is abusive to a child's mother he will engage in one or more of the following tactics, all of which harm the child:

- Suggest the child's misbehaviour is the reason for the abuse
- Encourage the child to abuse the mother
- Threaten to use violence against the child or any pets
- Talk inappropriately to the child about their 'mother's behaviour'
- Use long, drawn out court proceedings about child custody and access
- Hold the children hostage, abduct them, and/or keep them for longer than was agreed to by the mother

² Helping Children Thrive: Supporting Woman Abuse Survivors as Mothers: A Resource to Support Parenting. Centre for Children and Families in the Justice System
<http://www.lfcc.on.ca/mothers.html>

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The Children's Domestic Abuse Wheel presents a number of ways that children experience family violence³:



³ Developed by the Domestic Abuse Intervention Project, Duluth, Minnesota

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Activity: Abuse and Parenting

One excellent resource that will help you further understand the impact of violence on children and how to help mothers is *Helping Children Thrive: Supporting women abuse survivors as mothers*. You will be asked to review specific sections of this book throughout this module. There should be a copy in your shelter, but if not, you can find it at the following location: <http://www.lfcc.on.ca/mothers.html>

Locate a copy of this book now and read the sections: *How Abusive Men Parent* and *How Abusive Men Affect Family Dynamics*. Does any of the information in these sections surprise you? If so, what? Does any of this information change how you view parenting or the experiences of children who grow up in homes where there is violence? Do you think your clients are aware of the direct impact on their children as a result of the way the abusive parent chooses to interact with the family?

Now, complete the questionnaire of pages 40-41 of this book. Was this questionnaire helpful in increasing your understanding of where your beliefs and attitudes about parenting have come from?

How Children are Impacted ...

Just as children change and grow, the impact of living with family violence changes depending on their age and developmental level. The impacts start before the child is born and continue through to the end of adolescence.

Pregnancy

The negative impact of family violence on children starts during pregnancy. The effects on a developing fetus can result from the mother having limited or no access to appropriate nutrition and health care, limited financial support, and injuries sustained as a result of the abuse. If the mother copes with being abused by using drugs or alcohol, the fetus will also be impacted by these substances. There is increasing research and evidence that a fetus' development is effected by stress and emotional trauma experienced by the mother. Research has shown that babies that were exposed to stress while in the womb can show symptoms similar to babies exposed to alcohol in the womb. Many of these effects may not be evident until later in life and can range from learning disorders to more severe disabilities that are irreversible.

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Infants and Toddlers

Babies require a safe and secure environment and consistent caregivers to establish trust in their world and themselves. If the home environment is chaotic and dangerous and if the caregivers cannot meet the basic needs of the baby because they are experiencing violence or being abusive, the baby will not develop trust and security in their caregivers or in the larger world. As they grow and need to explore their world, they may be prevented from doing so because they do not trust the world to be a safe place. They may also begin to imitate the aggressive behavior they see.

Pre-school Age

Pre-school age children are still not able to understand the violence that they see in the home. For example, when they see violence they might:

- Have nightmares about being abused
- Think that they caused the abuse because of something they did
- Want a 'superhero' to come save them
- Try and stop the violence
- Tune out the violence by focusing on playing or watching T.V.
- Be upset when Mommy is upset
- Be confused when Daddy is away and worry that Mommy will go away too.

Children at this age are learning to manage their own thoughts, words and actions. They rely on those around them to model appropriate behaviours and problem solving so that they can experience a variety of feelings and responses, and strategies to manage their own feelings and responses. If their role models are unpredictable and/or their responses are inappropriate, pre-school age children will start to learn to act in these ways too.

If you have pre-school age children in the shelter, it is important to realize that this age group tends to get very upset by changes in routine and being separated from important items such as their toys. These children live more 'in the moment' than in the past, so it can be helpful if you are able to help them settle into the shelter by establishing familiar routines and letting them know that the abuse is not their fault.

School Age

School age children are starting to understand more about what is happening in their home. They may assume a lot of responsibility for what is happening in their family and for other family members. They may begin to keep the secret of what happens in their home, and may

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feel that they have to take care of their parents and siblings. This prevents them from participating in age appropriate activities which prevents them from experiencing success at school, sports and hobbies and time with friends.

Children of this age are starting to understand that their mother may be still upset long after the ‘fight’ ended. They may start to equate the violence with the presence of other stressors - such as a lack of money, stress, or alcohol. They might begin to take on the gender roles of the same-sex parent in their house. They are beginning to be highly influenced by friends and media outside of the home and may identify more with messages and actions that confirm attitudes and beliefs associated with family violence.

Activity: How Early Childhood Exposure to Violence Shapes Child and Culture

Read the Perry (2004) article that is attached to this module. How does this article increase your understanding of how violence impacts children? Did you know about the huge impact that exposure to violence has on the developing brain? How does the information in the article help you have a better understanding of the needs of the children who come into your shelter? How can you apply some of the suggestions for prevention and solutions in the shelter?

Teenagers

Being a teenager includes experimentation and growing independence. They are struggling with dramatic physical and emotional changes from going through puberty and are increasingly influenced by things outside the home such as their peer group and media influences. Many teens may be starting to date and wonder about issues related to sexuality, intimacy, and their own relationships. The brains of teenagers are also continuing to develop advanced reasoning skills that allow them to understand the violence they see at home in a different way. While teenagers still require guidance and support from parents, they may try to distance themselves from their family (especially if there is violence in the home) because of worries about how they appear to their peer group.

Teenagers who are experiencing violence at home may:

- Try to intervene in violent incidents and become injured or injure the abusive person
- Be embarrassed and try to show their family as being ‘normal’
- Take on responsibility for younger children and/or protecting their mother

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- Be angry at one or both parents
- Feel the need for revenge on the abusive parent or feel relief if he is gone
- Worry that their mother will take him back (again) or get involved with someone else who is abusive
- Have difficulty forming their own healthy relationships
- Have a distorted body or self image because of their experiences with violence
- Be more influenced by negative images and messages in the media or from friends that are supportive of violent behavior
- Interpret the world in ‘all or nothing’ terms and believe that things are all good or all bad or that all women are victims and all men are abusive
- Have difficulty setting and enforcing appropriate boundaries in their relationships

All teens can benefit from learning about how to form age-appropriate healthy relationships with others because eventually, all teens will experiment with relationships in preparation for adult relationships. This can be a very confusing time for all teens because in addition to the messages about relationships they get from home, they get messages from other teens, from the media and from being out in the community. Often, many of these messages are conflicting which makes it even more difficult to maneuver the new world of friendship, dating, and even sex.

Teens who have experienced family violence may find it more challenging than others to really understand how to incorporate the skills needed to form healthy relationships into their actual experiences. Despite the desire to have healthy relationships, they may also worry about and doubt their ability to form these because of the type of intimate relationship they have been exposed to. Girls may worry about their ability to recognize and leave an abusive boyfriend, whereas boys may worry that they will resort to violence as a way to solve conflict. It is important to communicate to teens that regardless of what their exposure to violence has been, being violent in a relationship is a choice and they can learn the skills needed to avoid making this choice and/or recognize and leave an abusive relationship.

Activity: Resources for Teens and Mothers

Take some time (at least an hour) to find out what is available to help teens develop healthy relationships. Some resources such as the *Teen Relationship Workbook* should be found in your shelter, whereas others are on the internet. Find and review some of the resources in your shelter. Then search the internet using search terms like “dating violence” or “teens and healthy relationships”. If you are overwhelmed by the vast amount of material that is out

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there, you could also start by exploring some of the following sites. Each of these sites also has links to other sites that you might find interesting and useful:

- Kids Help Phone: www.kidshelpphone.ca
- Deal.org: www.deal.org
- PBS Kids: It's My Life: www.pbskids.org/itsmylife
- Mind Your Mind: www.mindyourmind.ca
- Grip on Life Magazine: www.griponlife.ca
- Standing Together:
www.vch.ca/news/docs/2006_08_01_AH_standing.PDF
- See It and Stop It: www.seeitandstopit.org
- Love is not Abuse: www.loveisnotabuse.com
- Action Committee Against Violence: www.acav.org
- Teenwire: www.teenwire.com

Signs that Children may Need Protection

As was discussed in Module 4.2 - The Child and Family Services Act, there will be times that you may worry that a child or children are in need of more protection from violence than a mother can provide on her own. This can be a difficult determination to make, and should involve extensive discussion with your co-workers and your supervisor. Following are some of the signs that children are being extensively negatively impacted by the violence in their home and/or signs that the children are being directly abused themselves. No one indicator provides much information, however, patterns of indicators can provide information about the child's situation, how they understand their situation and how they are managing the effects of their situation. There may be many reasons for a child's appearance or behaviour on a given time or day, but if there is a consistent pattern of behaviour that worries you, there is probably good reason for you to take some sort of action. Depending on the situation, this action may range from discussing your concerns with the mother to making a report to a Child Protection Worker (see Module 4.2 for more information).

Physical Indicators

☐ injuries that are not consistent with the explanation offered	☐ sleep disturbances (too much or too little sleep, nightmares or night terrors)
☐ claims to not be able to remember how	

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- injuries occurred
- ☐ indications of several injuries that are in various stages of healing
- ☐ repeated injuries over a period of time
- ☐ injuries that form the shape or pattern of an object (buckle, hand, iron, teeth, cigarette burns, etc.)
- ☐ facial injuries in infants and preschool children (cuts, bruises, sores, etc.)
- ☐ injuries that are not consistent with the child's age and development
- ☐ may flinch if touched unexpectedly
- ☐ bedwetting and/or diarrhea
- ☐ self harming behaviour
- ☐ de-sensitized to pain
- ☐ abusive behaviour and language in play
- ☐ frequent illness
- ☐ headaches, stomach aches, muscle aches that seem to have no physical cause

Emotional Indicators

- ☐ behaviours inappropriate for age
- ☐ fear of failure or not being perfect
- ☐ fears consequences of actions often leading to lying
- ☐ extreme withdrawal or aggressiveness
- ☐ mood swings
- ☐ depression
- ☐ overly compliant
- ☐ excessive neatness and cleanliness
- ☐ no attempt to seek comfort when hurt or minimizes pain
- ☐ extreme attention-seeking behaviours
- ☐ fear of being left (constantly needs to know where their parent is)
- ☐ reluctant to try new things
- ☐ feelings are easily hurt
- ☐ takes on adult responsibilities
- ☐ reluctant to go home
- ☐ describes self as bad and deserving to be punished
- ☐ poor memory and concentration
- ☐ short attention span

Social Behavioural Indicators

- ☐ no friends of own age
- ☐ reluctance to play
- ☐ has to be the leader
- ☐ follows others even if it will result in consequences (--- told me to)
- ☐ not able to cooperate or work with a group of peers
- ☐ may not be able to stop a behaviour or activity once engaged
- ☐ has difficulties with transitions (moving from one activity to another)
- ☐ poor peer relationships
- ☐ often in conflict
- ☐ manipulates or threatens peers
- ☐ plays roughly
- ☐ has difficulty managing his actions and/or does not understand that it hurts others
- ☐ violence is a subject for art or writing
- ☐ complains of having no friends
- ☐ dramatic behavioural changes, sudden non-participation in activities

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- ☐ inappropriate response to incidents (laughing when others are hurt, etc.)
- ☐ sudden changes in peer groups

Indicators of Child Sexual Abuse

- ☐ Poor self image
- ☐ difficulty in walking or sitting
- ☐ unusual or excessive itching in the genital or anal area due to infection(s)
- ☐ injuries to the mouth, genital or anal areas (e.g. bruising, swelling, sores, infection)
- ☐ nightmares
- ☐ fear of home or a specific place
- ☐ excessive fear of men or women
- ☐ lacks trust in others
- ☐ age-inappropriate sexual play with toys, self, others (e.g. replication of explicit sexual acts)
- ☐ age-inappropriate, sexually explicit drawings and/or descriptions
- ☐ bizarre, sophisticated or unusual sexual knowledge
- ☐ reverts to bedwetting/soiling
- ☐ poor self-image
- ☐ sexually transmitted disease(s)
- ☐ pregnancy
- ☐ sudden weight change
- ☐ poor personal hygiene
- ☐ promiscuity
- ☐ sudden lack of interest in friends or activities
- ☐ fearful or startled response to touching
- ☐ overwhelming interest in sexual activities
- ☐ hostility toward authority figures
- ☐ need for constant companionship
- ☐ regressive communication patterns (e.g. speaking childishly)
- ☐ wears provocative clothing or wears layers of clothing
- ☐ sudden access to money or other desirable items (video games, clothing, treats)

Indicators of Neglect

- ☐ seems to be out of the home (or shelter) for long periods of time
- ☐ unable to contact parent when needed
- ☐ goes to neighbors, friends, school, etc. for meals/help/company
- ☐ unattended medical and dental needs
- ☐ consistent lack of supervision
- ☐ consistent hunger
- ☐ nutritional deficiencies
- ☐ falls asleep during regular activities
- ☐ persistent (untreated) conditions (e.g. scabies, head lice, diaper rash or other skin disorders, coughs, runny noses)
- ☐ older siblings provide necessities
- ☐ irregular or nonattendance at school or child care
- ☐ not registered in school
- ☐ lack of parental participation and interest

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- ☐ inappropriate dress for weather conditions
- ☐ poor hygiene
- ☐ regularly displays fatigue or listlessness

How Children and Teens Cope

Other indicators that both the mother and the child or teen may need additional help and support lay in the examination of how the child or teen is coping with the violence that is happening at home. Children and teens that see violence in their homes may use many different coping strategies that involve feelings, thoughts and/or actions. These same strategies may be used by children or teens who are being directly abused, and those who are coping with parental addiction. Some of these strategies may be healthy in the short term and may serve as ways of protecting themselves and other children in the home. Most of these strategies can also be thought of as ways that the child or teen resists the violence that they see and/or experience. However, if they use these strategies for a long time or if they start to use them in response to other situations, they can begin to have a negative effect on their lives.

Stop & Think

As you read through the list of potential coping strategies below, take a moment to stop and think about how each one can be thought of as a form of resistance to the violence. Which ones can have negative effects if a child or teen uses it to cope repeatedly through time or if the strategy starts to be used in situations other than to cope with violence in the home? Which strategies would always be positive and healthy? Do you think most children are more likely to use these positive strategies, or are they more likely to use others? How do you think you would approach a situation in which a coping strategy was having negative effects for a child? How could you help a mother recognize these coping strategies and their impact on a child's life?

Some common coping strategies used by children and teens are⁴:

- Mentally 'blocking' or disconnecting emotionally
 - Blocking thoughts about what is happening
 - Pretending they are somewhere else
 - Tuning out the noise or pretending they do not hear it

⁴ Cunningham, A. & Baker, L. (2007). Little Eyes, Little Ears. Centre for Children and Families in the Justice System http://lfcc.on.ca/little_eyes_little_ears.html

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- Drinking alcohol or using drugs to feel better
- Using fantasy to make it better
 - Planning revenge on the abuser
 - Fantasizing about a happier life/family
 - Hoping to be rescued
- Physically avoiding the abuse
 - Going into another room or leaving the home when the abuse is happening
 - Avoiding going home
 - Running away from home
- Looking for love and acceptance elsewhere
 - Making friends with a 'rough' group or with gangs
 - Having sex
 - Trying to have a baby so someone will love them
- Reaching out for help
 - Telling a teacher, neighbour or other trusted adult
 - Calling the police
 - Talking to a sibling, counsellor or other support person
- Taking care of others
 - Protecting other children in the home
 - Being a 'parent' to other children
 - Taking care of and trying to protect their mother
- Crying out for help
 - Suicidal behaviours
 - Self harm behaviours
 - Getting into fights with others
- Finding positive things to do to get away from the violence
 - Involvement in sports activities/teams
 - Artistic hobbies
 - Working hard to do well in school
- Trying to predict, explain, control, or prevent the abuse
 - Thinking of reasons for the abuse (someone has been bad)
 - Thinking they can stop the abuse if they do something differently
 - Trying to be perfect

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Activity: The Roles Children Play

All children take on different roles in their family in order to make up a complete set of family dynamics that is indicative of how that family functions as a unit. However, children in families where there is violence tend to take on some very specific roles as a way of coping with what is happening.

- 1) Read pages 26-27 in *Little Eyes, Little Ears* to understand more about the roles of children in violent homes
- 2) Find and watch the video: ***Seen but Not Heard***. If you do not have a copy of this in your shelter you can easily get a copy on loan from the Status of Women Council of the NWT by calling 1-888-234-4485. How does this video expand your understanding of the roles of children in violent homes? Would watching this video be helpful for clients? Why or why not? If a client is watching this video, what support do you think she would need from you?

Supporting Mothers

The best thing you can do for any child or teen that comes into the shelter is to support their mother and help them learn how children are impacted by violence, how to improve their parenting strategies, and how to help their children cope with their experiences with violence in as healthy a way as possible. While it is true that no child who lives with family violence grows up unaffected by their experiences, it is also true that children who have access to effective supports are much more likely to grow and develop into healthy and happy adults. Helping the non-offending parent (usually the mother) become this support for her children is one of the most helpful things you can do to help children.

Activity: The Impact of Abuse on Parenting

Read pages 12 & 13 in *Little Eyes, Little Ears* to learn about the impact of being abused on a mother's ability to parent. Is there anything that surprises you about these impacts or anything that you had not thought of as being an impact? If so, which ones? Which impacts have you personally seen women struggle with while staying in the shelter? Did you realize how much being abused can impact a mother's parenting skills?

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There are a number of things you can do to support mothers who are accessing services from the shelter. The most important is to let them know that you believe that they love their children and want what is best for them. After that, it is important for you to help each mother talk to her children about the violence that is happening at home in an age appropriate way. Many mothers are very hesitant to do this, but it is an important step in acknowledging the experiences of the children and helping them cope and/or heal. Pretending the violence is not happening or that it will never happen again can be very confusing for children and can add to their inability to cope in a healthy way.

Other ways you can support a mother are:

- ☐ Help her identify the impacts of the abuse on her parenting
- ☐ Help her recognize that some of these impacts are also signs of her resistance to the violence
- ☐ Provide resources and supports about effective parenting strategies
- ☐ Provide resources and opportunities for mothers and children to communicate
- ☐ Provide opportunities for children and mothers and children to discuss their family, their feelings and/or their safety
- ☐ Model effective strategies for supporting children and encourage mothers to practice these while in the shelter
- ☐ Identify, provide and encourage family activities that allow mothers and children to have fun together

It is important for you to help mothers realize that the older her children are, the more violence they have probably seen in their homes. If they have had difficulty talking to their children about the violence in the past, it may be difficult for the children to participate in such discussions. Often teenagers find it difficult to communicate with their parents for a variety of reasons that are mostly related to their quest for their own identity and independence. This difficulty can be increased when they perceive that their parents have not been able to meet all their needs. In order to bridge this gap, an immense amount of patience, time, and support may be required. There may be times that you can help mothers bridge this gap if you are able to form a positive relationship with the teen in question. Most often though, the teen will see you as a support person for their mom, and will worry that whatever they say to you will eventually reach her ears. Even when you do form a positive relationship with a teen who is residing in the shelter, your goal should always be to improve or increase the communication between mother and child. You should never relay messages between the two.

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Activity: Helping Children Thrive

If you have not already done so, review the entire book: *Helping Children Thrive*. This is an excellent resource to help you support mothers. By the time you have completed your review, you should have knowledge and activities that will help you help mothers:

- ☐ Identify what their needs are
- ☐ Understand the impact of violence on their parenting
- ☐ Change the behavior of their children
- ☐ Establish rules for their children
- ☐ Understand how their child is coping with the violence
- ☐ Understand the impact of violence on their children at different ages
- ☐ Understand how to talk to their children about the violence in an age appropriate way
- ☐ Understand how to help children of different ages cope and heal
- ☐ Better understand their teenagers and how to parent them
- ☐ Understand how to discipline their children

Safety Planning with Children and Teens

Children who live in homes where there is violence need to understand how they can try to keep themselves safe. Although it is ultimately the parents' responsibility to ensure this safety, there will be times when neither parent is able to uphold this responsibility. There may also be times when the children are somehow targeted by the abusive person (as discussed above) and the victim of violence will not be in a position to protect them. For these reasons, it will be important that you are able to help mothers develop effective safety plans for and with their children. This means that her safety plan will need to include tools and strategies to keep her children safe and she will also need to help her children develop their own safety strategies that complement her plans.

Safety planning with children and teens is much the same as safety planning with women (see Module 7.2 - Risk Assessment and Safety Planning for more information). However, you must consider their developmental level, ability, and understanding of the violence in their home. For instance, toddlers are not at an appropriate age for safety planning, whereas some school age children will understand that they must never try to help Mommy when there is violence and that there are specific people they can call for help. Children should not be involved in knowing the mother's safety plan unless the mother is reasonably sure that the children can keep these plans a complete secret from the abusive parent. Children should also be

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cautioned against talking to anyone other than their mother and the people involved in their safety plan about the ways they plan to keep themselves safe. For instance, consider the case of a school age child who is planning where they can hide in their home if there is violence. During this planning process it would be important to talk to the child about keeping this plan a secret from the person who is violent, because this 'secret place' would no longer be safe if this person found out about it.

It should always be the mother who takes the lead role in developing a safety plan with her children, although you can play a key role in sitting with them and helping during this discussion or activity. Being able to communicate about safety with her children is an important skill for a mother to develop, because these safety plans may need to be changed at any time. These discussions will also serve to help mothers acknowledge their children's feelings and fears related to the violence. It may be difficult for mothers to have these discussions because they may be afraid to hear what their children have to say or they may not want to acknowledge the danger associated with the violence she experiences.

If you have a client who is not willing to help her children develop their own safety plans, this could be viewed as an indicator that she is not in a position to do the best she can to protect them from harm. In these situations it will be important for you to have a very clear discussion with the mother about why it is that she does not want to have these discussions with her children. If you have any reason to suspect that she is not able to keep her children safe, you may need to consider making a report to a child protection worker (as discussed in Module 4.2 - The Child and Family Services Act.)

When you are helping mothers develop safety plans with their children the following important messages should form the basis of the discussion:

- It is not my responsibility to keep my mother safe
- My mother will do whatever she can to keep me safe
- The violence happening in my home can only be 'fixed' by adults
- In addition to staying safe when I am in my home, I also need to try to stay safe in other places

Some things to include in the safety plans are:

- A code word or phrase that tells the child they need to do one of the things that helps keep them safe
- Safe places to 'hide' in the home
- Safe places to go in the community

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- Safe adults to talk to
- Where to find extra keys and/or money (if possible and needed)

The template on the next page is intended to help you and the mothers you work with develop safety plans with children. However, it is important to remember that having things written down like this can be dangerous for women and children if found by the abusive person. If the children you are working with are not old enough to remember things like phone numbers, this should probably not be a part of their safety plan. You can also get more information about safety planning with children from the following websites:

<http://www.shelternet.ca>

<http://www.burstingthebubble.com>

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My Safety Plan

Draw a floor plan of your house: a floor plan is a picture of your house as if you took the roof off and were looking down from the sky.

Draw the walls, the windows and the doors. Draw the furniture and anything else that you have in your house that you would like to put in your picture.

- ☐ Put an orange X on the doors to outside.
- ☐ Put a red X on the windows.
- ☐ Put a green X on the safe places to go in your house if you are afraid



The code word I have with my mom is:

If my mom says our code word, I will go to:

People who can help me are:

In the day I can find them at:	Place	Phone
In the evening I can find them at:	Place	Phone
At night I can find them at:	Place	Phone

RCMP:

Social Worker:

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More Practice

There are many more accessible resources that will help you in your work with mothers and children - whether you are working with them together or separately. Locate at least 3 of the resources below (there should be copies in your shelter - or you can get them on loan from the Status of Women Council of the NWT by calling 1-888-234-4485). You may also do some research to find other resources, if you would like. Review each resource and consider the following:

- How can I use this resource to help women communicate with their children and/or teens?
- What support would a mother probably need if she were going to use the activity or book with her children?
- What do I really like about this resource? What do I really dislike?
- How can I make sure I remember to use this resource when I am working with mothers?

Suggested Resources:

- ☐ A Place for Starr: A Story for Children Experiencing Family Violence
- ☐ A Safe Place to Live: A Story for Children Who Have Experienced Domestic Violence
- ☐ The Secret of the Silver Horse
- ☐ Talking About Domestic Abuse: A Photo Activity Workbook to Develop Communication between Mothers and Young People
- ☐ Why Are You So Sad? A Child's Book About Depression
- ☐ A Volcano in My Tummy
- ☐ The Teen Relationship Workbook

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Module Resources

Cunningham, A., & Baker, I. (2007). Little Eyes, Little Ears. Centre for Children and Families in the Justice System. Available at: http://lfcc.on.ca/little_eyes_little_ears.html

Cunningham, A., & Baker, L. (2004). Helping Children Thrive: Supporting Woman Abuse Survivors as Mothers: A Resource to Support Parenting. Centre for Children and Families in the Justice System. Available at: <http://www.lfcc.on.ca/mothers.html>

Dealing with Child Abuse: A Handbook for School Personnel. GNWT Education, Culture and Employment. Available at:
http://www.ece.gov.nt.ca/Divisions/kindergarten_g12/Child%20Abuse%20Folder/child%20abuse%20handbook.pdf

Perry, B.D. (2004). Maltreatment and the Developing Child: How early childhood experience shapes child and culture. Available at: <http://www.lfcc.on.ca/mccain/perry.pdf>

Video - Seen but Not Heard

(If you do not have a copy of this in your shelter you can easily get a copy on loan from the Status of Women Council of the NWT by calling 1-888-234-4485)

Related Modules

Module 1.1 - The Definition of Family Violence

Module 3.1 - Roles and Responsibilities

Module 4.2 - The Child and Family Services Act

Module 7.4 - Safety Plans and Beyond

Module 7.5 - Communal Living

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Module 8.2: The Older Person and Family Violence

Module Overview

The purpose of this module is to provide you with information that will help you make services more accessible and relevant to the needs of the older person being abused. Although the issue of being abused by other family members will be discussed, the main focus of this module will remain on the population of older women who are abused by their intimate male partners.

Important Considerations

While there may be many different types of women who come through the doors of your shelter, if you are like the majority of other shelters across Canada, very few of those women are over the age of 50. Even fewer are over the age of 60. And you may not have had any clients over the past year who are over the age of 70. Does this mean that these women are not suffering from abuse? Probably not. It is your responsibility as a shelter worker to become aware of the reasons why older women are not accessing your services so that you can begin to work in a way that will increase the likelihood that you can meet the needs of this diverse group. As you move through this module you will come to understand that in order to meet these needs, you cannot simply take a 'sit back and wait' approach. Instead, you and your co-workers need to find a way to reach out into the community to find the older women that may need your help, and then provide services in a way that meets their needs.

Time Out

Prior to moving on to complete this module, take some time to consider the following:

- Why do you think that older women are not accessing the services of the shelter?
- When an older woman does come into the shelter, do you and/or your co-workers do anything different in order to meet her needs? If so, what?
- Do you think that older women should just be treated the same as everyone else who comes into the shelter?
- How do you think the needs of older women might be different from those of younger women?
- What age group are you most comfortable working with? Why do you think this is?

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The Older Person and Family Violence

For the purposes of this module, we are not defining the older person according to any sort of age category, because we believe that ‘being older’ is more of a social and internalized construct than something that can be captured by an exact age range. For instance, depending on the lifestyle, abilities, and experiences they have had, a woman who is 45 years old may identify more with being an ‘older person’ than a woman who is 60 years old. It is also for this reason that terms like ‘senior’ and ‘elder’ will not be used, because there may be many ‘older women’ who do not identify with these terms. So instead, when the term **older woman** is used, it will refer to the internalized notion that a woman has reached a part of her life where she is older, more experienced, and views herself as somehow different from other women who are biologically younger than she is.

Older women experience all forms of family violence. This makes sense if we think about the number of younger women who stay with their abusive partner for any number of reasons. It is not as if these abusive partners magically choose to stop being violent once the women reach a certain age or point in her life. In fact, as women age, they may become even more vulnerable to certain types of abuse, and the range of possible perpetrators may increase. What this means is that due to the aging process, some women may become more dependent on others for taking care of their needs and thus become more vulnerable to being abused. As a result of this dependency, other people such as children, other family members, and even professional caretakers, may be in a position to abuse the older woman. Research still indicates though, that the vast majority of older women who are physically, verbally and/or sexually abused are abused by their intimate partners¹. Research also indicates that although older men may be more likely than younger men to experience abuse at the hands of a family member, the majority of older persons who are victims of family violence continue to be women.

At this point it is important to caution you against subscribing to the belief that all older persons are at an increased risk of violence due to becoming increasingly dependent on others to meet their needs. Most older women are very active and independent, and may or may not ever experience things like declining health, memory, and ability to function on their own.

¹ Health Canada (1998). Abuse and Neglect of Older Adults: Fact Sheet. Available at: <http://www.phac-aspc.gc.ca/ncfv-cnivf/pdfs/abuseneg98en.pdf>

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Stop & Think

What have your experiences with older women been - both in the shelter and in your personal life? Have you been exposed to a wide range of older women or do older women all 'seem the same' to you? How are older women treated in your community - make sure you consider what people say as well as what they do when it comes to the treatment of older women.

Ageism and the Role of Personal Beliefs

Ageism is the discrimination or differential treatment of someone due to their biological age - or due to an assumption of their biological age. Ageism is another layer of oppression that is faced by older women who are being abused or mistreated in some way (see Module 2.2 - The Impact of Oppression for more information). In addition to struggling to conquer beliefs and discriminations related to being a woman, and being abused, the older woman must also face the beliefs and discriminations related to aging.

Included in this discrimination are stereotypes that all older people are not as 'able' as younger people to meet their own needs; and older people are more vulnerable to abuse just because of the fact that they are older. Some of the specific beliefs held by people that support ageist practices and policies are:

- It is hard work to take care of an aging person
- Older people can be stubborn and set in their ways - this leads to conflict
- Older people have a lot of friends and other support people they could go to for help
- Older people tend to be sick, frail, and unable to meet all their own needs
- Older people do not want to change
- Older people like the way things are in their lives - if they didn't they would have tried to change these things a long time ago
- Older people are respected - they cannot be abused if we 'respect' them
- Older women can access any service that younger women can
- Older women are 'asexual' (meaning they are no longer sexual beings and therefore are not interested in sex and/or cannot be sexually abused)

Some of these beliefs and attitudes not only support ageist practices and policies, but they also blame the victim for any abuse she suffers. For instance, let's take a closer look at the first belief listed - 'it is hard work to take care of an aging person'. This is very similar to saying something like, 'Poor John. He tries so hard to take care of his family, but Susan just doesn't seem to appreciate all he does' in the case of a man who chooses to abuse his partner but is perceived as being a hard worker. Someone who makes a comment like this clearly

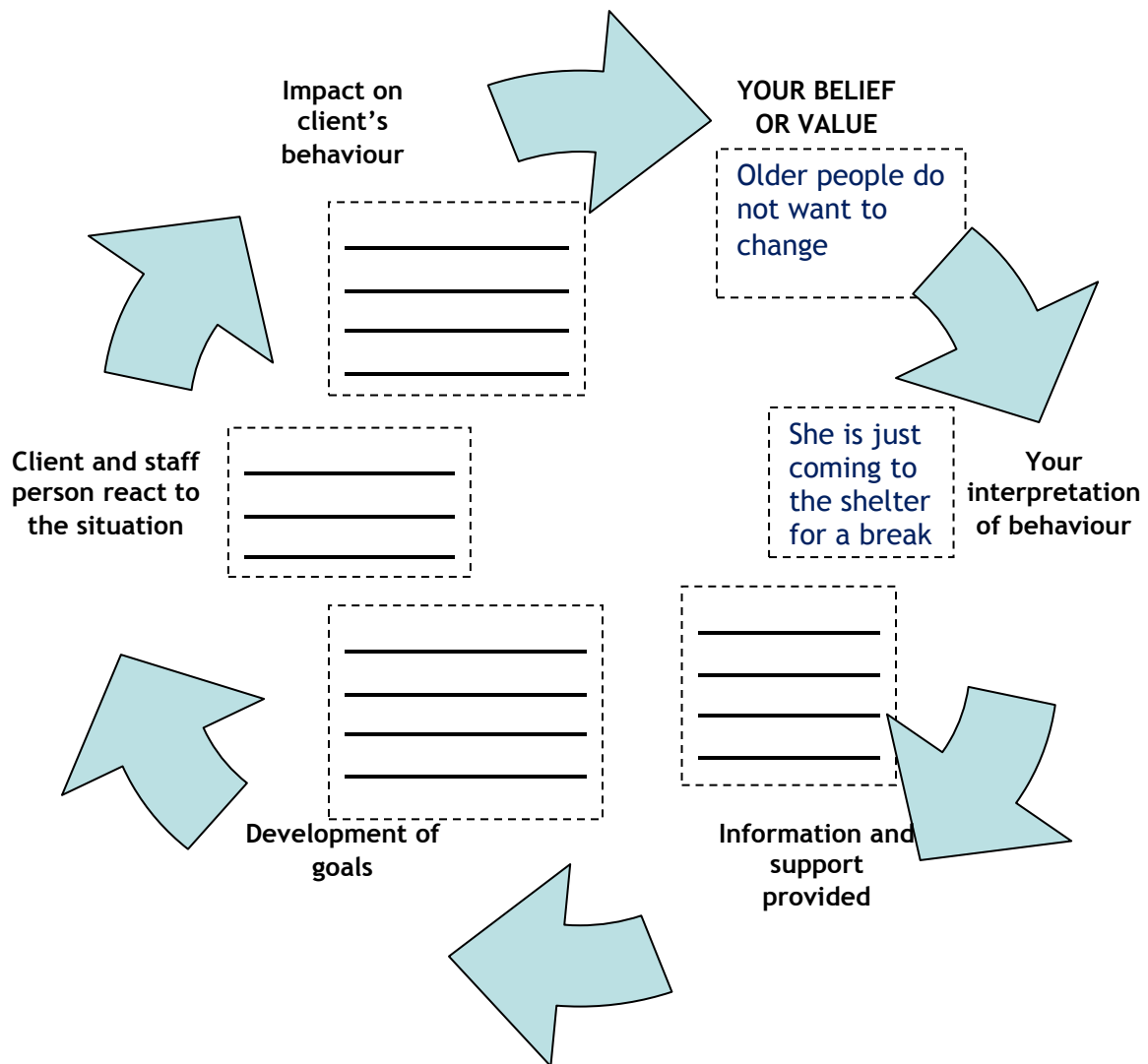
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believes that it is the fact that Susan does not appreciate John that is the 'cause' of the abuse. Similarly, talking about the amount of stress and work that may be involved in taking care of an older person who needs support to meet their needs is a way of excusing the abuse and blaming the victim (see also Module 1.2 - Who is to Blame?).

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Activity: The Role of Personal Beliefs

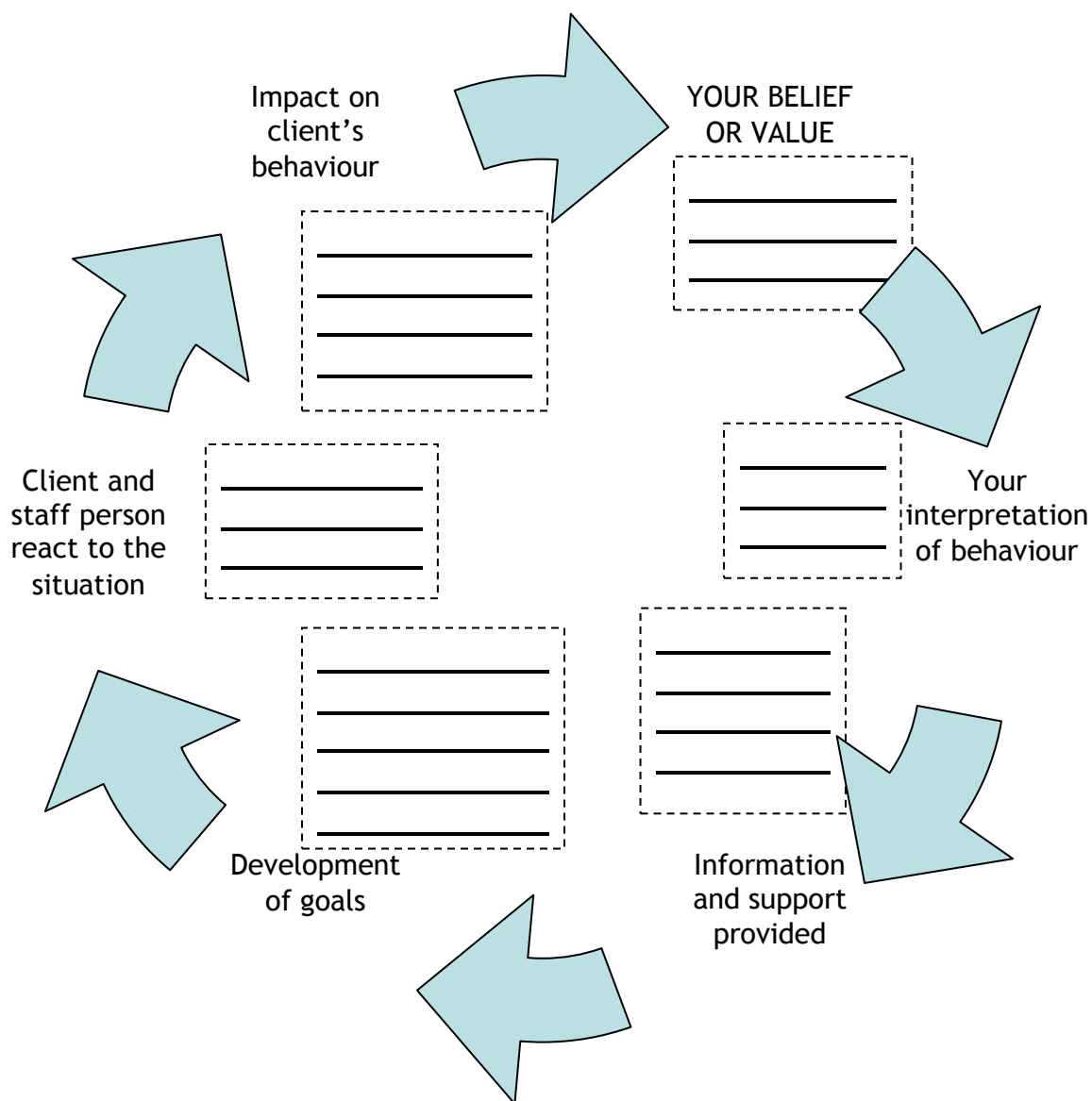
Remember the discussion in Module 3.3 about the impact of our personal values and beliefs on what we think, say, and do? If not, you should take the time to review that module before going any further. Finish filling out the chart below which will show how holding the belief that 'older people do not want to change' can impact the way a staff person responds to her.



See page 16 of this module for suggested answers

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Now pick a different belief and apply the same model on your own by filling out the blank chart below:



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Abuse is Both Different ... Yet the Same

An older woman can experience any of the types of violence discussed early in this training curriculum (see Module 1.1 - The Definition of Family Violence) and the theories of why they are abused are the same as for other women (see Module 1.3 - Models of Family Violence). However, there are also some specific methods used to abuse the older woman that you should be aware of. Specifically, older women may be:

☐ 'tricked' or manipulated into giving away their money or personal possessions	☐ not provided with or having limited access to required equipment (glasses, walkers, rides, etc)
☐ over or under medicated	☐ denied the right to privacy
☐ not provided with day-to-day care or basic necessities	☐ treated as a child who 'does not understand'
☐ denied access to health and mental health services	☐ denied opportunities to make decisions and choices
☐ denied access to spiritual or cultural practices and traditions	☐ restrained or confined to minimize the care required
☐ denied access to information about and access to resources that would help them stay safe or that would encourage them to disclose the abuse	☐ forced or manipulated into setting up a joint bank account with someone who intends to take their money
	☐ denied access to their finances

Women who rely on someone else to attend to their needs in the area of personal hygiene may also be at increased risk of sexual abuse due to their dependence on someone to provide intimate daily care including help with toileting, baths, dressing, special equipment and/or medication.

It is also important to note that the majority of women who experience financial abuse are victimized by people other than their intimate partner. The little research in Canada that has been done on this topic indicates that the perpetrators of financial abuse are most likely to be known to the older women, but are distant relatives or family friends rather than immediate family members or spouses. Older women who are most at risk of experiencing this type of abuse are widowed and living alone²

² Health Canada (1998). Abuse and Neglect of Older Adults: Fact Sheet. Available at: <http://www.phac-aspc.gc.ca/ncfv-cnivf/pdfs/abuseneg98en.pdf>

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Indicators of Abuse

If an older woman comes to your shelter, you are not likely to see many of these indicators. Instead, you would rely on her report of what her experience has been. However, as you go out in the community and find opportunities to work with older women (as will be discussed in the *Improving Accessibility and Responsiveness* section of this module) you may interact with women who have some of these indicators. It is also useful for you be aware of these indicators so you can communicate them to other community members or family members who may be concerned about the older women in their lives.

It is important to remember that the presence of one or two indicators may not mean anything. Instead, when you are looking for indicators of abuse you are looking for prolonged patterns of behaviour or ongoing symptoms. Some indicators to look for when working with older women are:

- ☐ Unexplained injuries and bruises
- ☐ Explanations for injuries that do not seem to match with the actual injury
- ☐ Delays in seeking medical attention for injuries
- ☐ Unexplained or seemingly irrational fear
- ☐ Withdrawal from regular activities or social events
- ☐ Apparent nervousness or fear around caregivers or family members
- ☐ Discrepancy between income and standard of living
- ☐ Signed documentation that the person does not understand
- ☐ Disappearance of possessions
- ☐ Lack of awareness of financial standing
- ☐ Depression
- ☐ Difficulty being able to contact the woman
- ☐ Appears malnourished or dehydrated
- ☐ Missing dentures, hearing aid, walkers, glasses, etc
- ☐ Unkempt appearance
- ☐ Apparent decline in personal hygiene
- ☐ Apparent confusion, disorientation and/or lack of knowledge about medications
- ☐ Lack of appetite
- ☐ Increased isolation

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Barriers to Service

There are many reasons why older women do not come forth and seek help for the violence or neglect they are suffering. Many of these barriers are the same as the barriers faced by all women who are abused, and lie in the experience or fear of negative social responses to their situation (see Module 1.2 - Who is to Blame? for more information). However, there are also some barriers to seeking service that are related to the additional layer of oppression experienced by older women. These barriers tend to fall into one of three categories: Individual Fears and Barriers; Families and Communities; and Lack of Specialized Services.

Individual Fears and Barriers

Older women may have to face many fears and other barriers that are unique to their personal situation in order to seek service. In particular, they may struggle with:

- ☐ Increased isolation due to being frail, ill, or lacking a support system due to being widowed, divorced, and/or living alone. This increased isolation can both make it difficult for them to access service and make them more vulnerable to ongoing abuse.
- ☐ Internalized beliefs about traditional gender roles and the acceptability of abuse in 'certain' circumstances. Do not forget that the women's equality movement and services for women who are abused are fairly new in our society (see Module 2.1 - The History of the Shelter Movement for more information).
- ☐ Thoughts that they are at fault for the abuse or that people will think they are 'stupid' for falling for manipulation tactics - especially in the case of financial abuse.
- ☐ Identifying themselves as being abused - especially if they have limited or no access to information about abuse; if the abuse has just recently started; or if it has been happening for so long it has just become a way of life.
- ☐ Fears that their rights to choose and make decisions will be taken away
- ☐ Fears around financial insecurity - if they are past the age where working to achieve financial independence is no longer an option, they may be even more financially dependent on an abusive partner than a younger woman might be
- ☐ An actual decline in health, cognitive, and/or functional ability that causes them to question their instincts about what is really happening to them or that causes them to worry about being believed if they report the abuse
- ☐ Hopelessness about being able to find solutions
- ☐ Language or cultural differences that make it hard to explain what is happening to them

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- ☐ Fear of being put in a nursing home if they tell someone what is happening, the abusive person is taken away, and there is nobody left to help meet their needs

Families and Communities

The response (either actual or feared) of families and communities can also be a huge barrier to connecting with services for the older women. In particular, they may struggle with:

- ☐ Fear that people will not take their complaints seriously due to their age - especially when it comes to sexual abuse
- ☐ Guilt and fear about what will happen to spouse or other family member if they report the abuse
- ☐ Fear that they may have done something wrong to cause the abuse - especially when it is the woman's child who is abusing her
- ☐ The negative response of adult children if she tries to leave their father or makes a report about the abuse
- ☐ Fear that the abusive person will be considered more 'credible' than they are
- ☐ The expectation that they should just 'go along with' decisions that are made in efforts to 'protect' them
- ☐ Fears that their family will no longer love and support them if they report the abuse
- ☐ Fears about ruining the reputation of the rest of the family
- ☐ Fears about having ugly scenes or confrontations with the abusive person and/or with the authorities if they make a report

Lack of Specialized Services

As is generally the case across most of Canada, there are very few specialized services for older women who are abused. In the North, this is particularly true because of vast geography, a relatively small population spread throughout that geography, and limited resources dedicated to addressing family violence to start with. The lack of specialized services is a barrier for older women for the following reasons:

- ☐ Current family violence programming has been developed to meet the needs of younger women - especially those with children. This is indicated in the way common living areas are arranged; the fact that the majority of bedrooms have more than one bed; and the tendency to have information about finding jobs, childcare, etc. readily accessible.
- ☐ The majority of staff at shelters tends to be younger women - this may make it more difficult for older clients to connect with staff and for staff to know what the needs of

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older women are. Even the lack of a presence of older staff members can lead to the perception that the services available do not apply to them.

- ☐ Shelters are based on a self-help model of service, which generally requires women to come to them seeking service. Many older women may not be comfortable with this model and/or may not know how to approach the shelter or access services.
- ☐ The lack of specialized equipment or ability for shelter staff to take on a more involved 'care giving' role that the woman may require can make it difficult for the older woman to leave her home.

Activity: What's Age Got to Do with It?

Track down and view the video: What's Age Got to Do with It? There should be a copy in your shelter, but if not, you can get a copy on loan from the Status of Women Council of the NWT by calling 1-888-234-4485. Also read the study guide that accompanies this video.

Then consider the following:

- How does this video increase your understanding of the issues faced by older persons who are abused?
- Consider the discussion about caregiver abuse. Does this video inadvertently blame the victim for the abuse?
- Would you use this video with clients? Why or why not?
- If you would use it with clients, how would you use it? What support would your client need when viewing it?

Improving Accessibility and Responsiveness

With an increased awareness of barriers experienced by older women who are abused, comes a responsibility to improve access to and responsiveness of services. Areas for improvement include changes you can make to the services you provide both within and outside of the shelter.

Service Provision in the Shelter

- Ensure women who are abused by other people (such as other family members) are not refused service from the shelter

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- Expand the resource library at the shelter to make sure materials about aging and abuse later in life are available
- Make sure any promotional material developed for the shelter specifies that services are available to all women over the age of 18
- Make sure you include images of older women in your information displays within the shelter and on promotional materials that go out into the community
- Offer a room in the shelter that is accessible only to adult women - so that women in the shelter who are not accompanied by children have a quiet place to go
- Consider ways in which your shelter policies/procedures and routines could be adapted to meet the needs of older women - for instance, what would you do if a client was unable to do certain chores? What if they needed home care services?
- Provide recreational activities, outings, and programs that older persons would enjoy
- Know what other services are available in your community and region to meet the needs of older people so you can make appropriate referrals
- Help older women recognize their resistance to the violence - this will help instil confidence and hope
- Recognize the wide diversity among older women when it comes to personality, ability, etc - work to become aware of your own stereotypes and resist ageist beliefs
- Offer assistance in the areas where assistance is needed - needing help with financial affairs does not mean that she needs help making decisions in other areas of her life
- Make sure older women in your shelter are not expected to help younger women or take care of them in any way
- Acknowledge her strengths and resources, but not in relation to other women her age - this is a subtle way of insulting people who are the same age as her

Service Provision Outside of the Shelter

- Go to places where you can talk with older women and provide information about abuse - this could include senior centres, hospitals, or other organizations
- Consider the feasibility of doing formal outreach in the form of visits to institutions or home visits for older women in your community who are at risk of being abused - if older women will not come to you for support, you could go to them
- Regularly visit local senior societies/groups to discuss their concerns and issues related to abuse

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- Maintain a connection with the NWT Senior's Society so you can be aware of current issues affecting older women and be a part of finding solutions. They have a toll free help number that you can access and refer your clients to (1-800-661-0878)
- Talk about family violence in later life in any presentations you give to community members - this could be as simple as including violence at this age in any examples and case studies you use during the presentation

Special Considerations for Safety Planning

When it comes to safety planning with older women, it is important that you follow the same process that you would for any client (see Module 7.2 -Risk Assessment and Safety Planning for more information). Just like any other safety plan, it is important that you take the time to fully assess the risks for your clients who are older women so that you are able to develop a safety plan that is tailored to fit her unique needs. This may involve making some very specific plans and putting things in place to keep unwanted visitors (which may include family members) outside of her home. This could range from helping her find someone to change her locks to enlisting the help of neighbours to help her enforce an Emergency Protection Order.

Her safety plan may also require you to help her improve her safety by helping her access some basic resources. For instance, if she is not working and lives on a very limited, fixed income, she may not be able to afford to have telephone service. In cases like this, you would advocate for her needs and hopefully find the support of a social service agency to pay for basic telephone access as a way to improve her safety. Or you may help her enlist the help of her neighbours to check in on her at regular intervals or when they notice someone visiting to see if she needs help.

Safety planning with older women may also involve some specific and tangible plans around the protection of her personal property and financial resources. This could include helping her set up her own personal banking accounts and transferring money from joint accounts to it. Or, it might mean helping her find someone that she does trust to help her oversee her financial affairs. It may also mean helping her find hiding places for her valuables and prized possessions - such in a safety deposit box or even under her mattress.

Activity: How Can You Improve Services?

Do one of the following (if you have co-workers who are also completing this training, you can work together on this activity):

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1. Find an older woman in your community to talk to about abuse and her perceived barriers in coming to the shelter. This woman does not need to be or have been a victim - this conversation can be based in theory or a hypothetical situation such as “if you were ever hurt by someone you were in a relationship with, would you come to the shelter? Why or why not? OR
2. Go to a local senior’s organization to discuss what might prevent older women from coming to the shelter. Be prepared to share information about the services you provide and to dispel myths about those services. OR
3. Develop a survey to get information from older women about their awareness of the services provided by the shelter. Your questions should also cover why they would or would not go to or call the shelter for help and what services they would access if they were ever abused or neglected. Now ask for help from your local service organizations to distribute and collect these anonymous from older women.

When you have completed one (or more if you wish) of these activities, reflect on what you have learned. How does this information help you understand what you and your shelter need to do to meet the needs of this population? How can this information become a sort of ‘action plan’ for your shelter to work on in order to improve services?

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Module Resources

Health Canada (1998). Abuse and Neglect of Older Adults: Fact Sheet. Available at:
<http://www.phac-aspc.gc.ca/ncfv-cnivf/pdfs/abuseneg98en.pdf>

Murphy, N. (1994). Resource and Training Kit for Service Providers: Abuse and neglect of Older Adults. Available at: <http://www.phac-aspc.gc.ca/ncfv-cnivf/publications/agekit-eng.php>

Wisconsin Coalition against Domestic Violence (1997). Developing Services for Older Abused Women: A guide for domestic abuse programs. Available at:
<http://www.ncall.us/docs/DevServOlder97.pdf>

Video - What's Age Got to Do with It?

To borrow a copy of this video contact the Status of Women Council of the NWT by calling 1-888-234-4485

Related Modules

Module 1.1 - The Definition of Family Violence

Module 1.2 - Who is to Blame?

Module 1.3 - Models of Family Violence

Module 2.1 - The History of the Shelter Movement

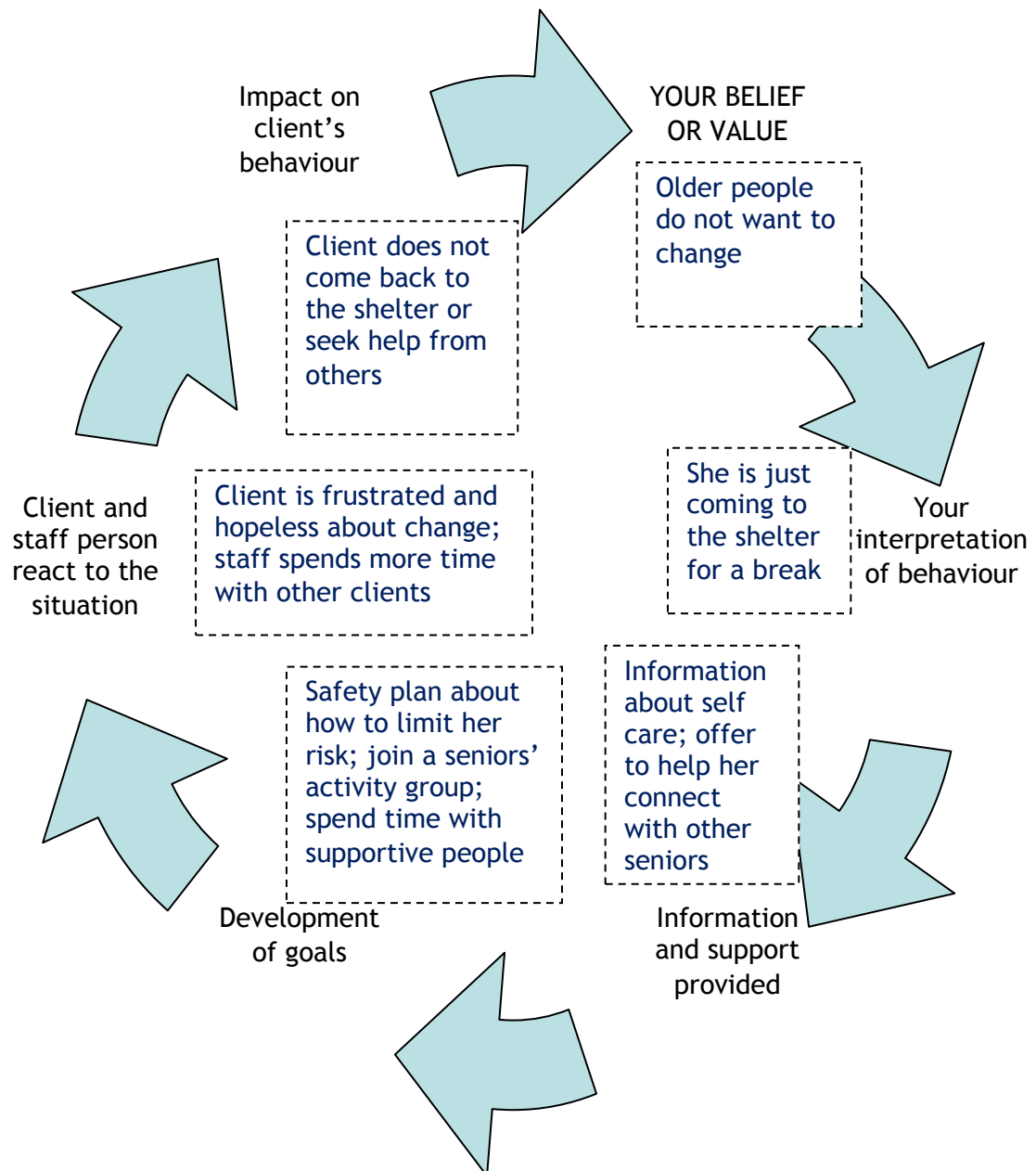
Module 2.2 - The Impact of Oppression

Module 3.3 - Personal Values and Beliefs

Module 7.2 - Risk Assessment and Safety Planning

Supporting Northern Women - A Northwest Territories Family Violence Shelter Worker Training Program

Activity: The Role of Personal Beliefs (POTENTIAL ANSWER)



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Module 8.3: Persons with Disabilities and Family Violence

Module Overview

The purpose of this module is to provide you with information that will help you make services more accessible and relevant to the needs of persons with disabilities who are being abused. Although the issue of being abused by other family members and caretakers will be briefly discussed, the main focus of this module will remain on the population of women with disabilities who are abused by their intimate partners.

Important Considerations

It is very common for people, even helping professionals, to be unsure about how to best help someone who has a disability. It is important to realize that this statement tends to refer to people who have disabilities that you can easily identify by looking at them. However, there are many types of disabilities that cannot be ‘seen’.

As you move through this module you will be provided with some broad based definitions and information about working with women who have disabilities. You may, at some point, realize that there are many more types of disabilities than you have ever thought about and that many women who access your services have special needs. This module should be considered an overview of the topic of working with women who have disabilities. You are strongly encouraged to talk to your supervisor about the need for additional training that will better allow you to meet the needs of women with specific types of disabilities who commonly seek support from the shelter.

Time Out

Prior to moving on to complete this module, take some time to consider the following:

- What is your understanding of the term ‘disability’?
- How is your shelter set up to accommodate women with special needs? What sort of special needs can you accommodate?
- How comfortable are you when it comes to working with women who have some sort of disability? Why do you think this is?
- Do you think that woman with a disability should be treated the same as everyone else who comes into the shelter?

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- Do you have a practice of asking each and every client who comes into the shelter if she has any special needs that staff should be aware of?

Women with Disabilities and Family Violence

It is difficult to give an accurate definition of the term disability, because there are such a broad range of conditions that are considered to be disabilities by society. In its simplest form, a **disability** can be considered a limitation or inability to do something that the majority of other people in society would be able to do without any undue hardship or struggle. The term can then be further broken down into the categories of visible and invisible. A **visible disability** is a disability that can be visually seen by others because of some sort of physical manifestation of the disability. This could range from requiring the use of a wheelchair in order to be mobile, to limping, to facial characteristics such as those that tend to be seen in persons with severe FASD or Down's syndrome. An **invisible disability** is a disability that cannot be visually seen, and might even be kept hidden by the person who has it - at least in certain circumstances. These could range from learning disorders, issues related to suffering from brain damage, or chronic illnesses such as epilepsy. Even being deaf or hard of hearing can be considered an invisible disability if the person does not wear a device to assist hearing and simply does not try to communicate with you.

Some women may have been born with a disability or developed a disability due to an accident of some kind. Others may have developed a disability as a result of being victimized at some point in their lives. Women who have disabilities can experience all forms of family violence, at any point in their lives. The research that has examined women with disabilities and family violence indicates that this group of women is at even more risk than the average women. Some research indicates that up to 85% of women who have disabilities are abused by their intimate partner at some point in their lives¹. This number does not even reflect the numerous other women who are abused by other family members and/or caretakers. Research also indicates that the abuse suffered by this population of women is more diverse

¹ Brodwin, M.G., & Siu, F.W. (2006). Domestic Violence Against Women who Have Disabilities: What educators need to know. *Journal of Education*, 127(4), 548-551.

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(meaning that more methods are used to abuse her) and more severe than the abuse suffered by other women².

Stop & Think

What has been your experience been with women who have disabilities - both in the shelter and in your personal life? Have you been exposed to a wide range of disabilities? How would you know whether or not a woman has an invisible disability? How are women who have disabilities treated in your community - make sure you consider what people say as well as what they do and how accessible your community is.

Ableism and the Role of Personal Beliefs

The whole notion of having a disability is a socially developed notion. Deciding whether or not a woman has a disability, requires that her abilities are compared to those of women in the majority of society. If you remember the discussion in Module 2.2 - The Impact of Oppression, this concept will sound familiar to you. The whole basis for social oppression is the comparison of the traits of a minority group to that of a majority group, and making the judgment that the minority traits are less desirable, and worthy of respect than the majority traits. This means that our society has at some point along the way, chosen to socially exclude and marginalize persons who have disabilities because they are viewed as being 'abnormal'.

Ableism is the discrimination against persons who have some sort of disability, whether or not this disability is real or perceived. This discrimination is based on beliefs that the experience of having a disability is negative, abnormal and something to be feared. These beliefs assume that persons with disabilities want to be cured because their lives are undesirable. Organizations that do not make accommodations for persons with disabilities because of a belief that they do not need those services can be considered to have policies and procedures that support the existence of ableism³.

² National Coalition Against Domestic Violence (1996). Open Minds, Open Doors: Assisting domestic violence service providers to become physically and attitudinally accessible to women with disabilities. Denver: CO.

³ National Coalition Against Domestic Violence (1996). Open Minds, Open Doors: Assisting domestic violence service providers to become physically and attitudinally accessible to women with disabilities. Denver: CO.

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While there are many risk factors that contribute to women who have disabilities being at a higher risk of being abused, one of the main factors that increase this risk is the *perception* that someone who has a disability is more vulnerable to abuse. This means that it is not the actual disability that necessarily increases her risk of being abused. Instead, the increased risk is due the widespread societal belief that a woman with a disability is easier to abuse and take advantage of, and is less able to protect herself. As a result, these women are actually

targeted more often by abusive people (particularly men). Other beliefs and attitudes that support discrimination against and an increased risk for women who have disabilities are:

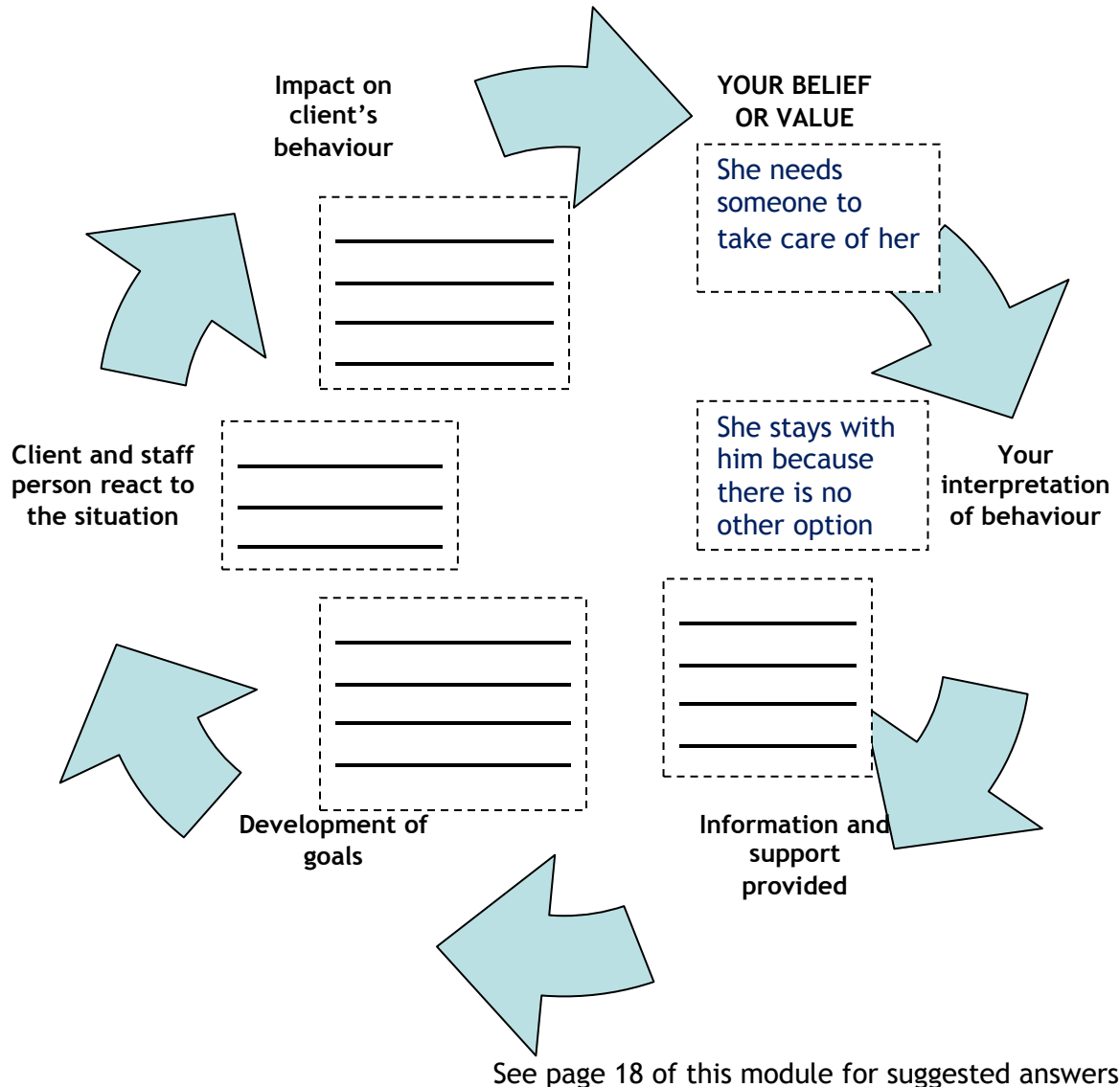
- It is hard work to take care of a person with a disability
- Persons without disabilities are needed to ‘take care of’ women who have disabilities
- Women who have disabilities are not really hurt by the abuse because they can’t feel it (for instance - if she is hit or restrained in an area of her body that she has lost feeling in) or don’t understand what is happening to them (in the case of intellectual disabilities)
- Women who have disabilities do not really need privacy
- Women who have disabilities need help making choices about their lives
- Women who have disabilities are ‘asexual’ (meaning they are no longer sexual beings and therefore are not interested in sex and/or cannot be sexually abused)
- Women who have disabilities are weak and passive
- Women who have disabilities are damaged
- Women who have disabilities are easy to manipulate
- Women who have disabilities do not need to be educated about abuse and the preventative resources that are available to them

Similar to the beliefs and attitudes that support ageist practices (discussed in Module 8.2 - The Older Person and Family Violence), some of these beliefs and attitudes supportive of ableist practices also serve to directly excuse the actions of the abuser. One such belief that serves this role is the 3rd in the list - ‘women who have disabilities are not really hurt by the abuse because they can’t feel it or don’t know what is happening to them’. This belief completely strips the woman of having any sort of right to being respected and treated well and gives the abusive person ‘permission’ to do whatever he wishes.

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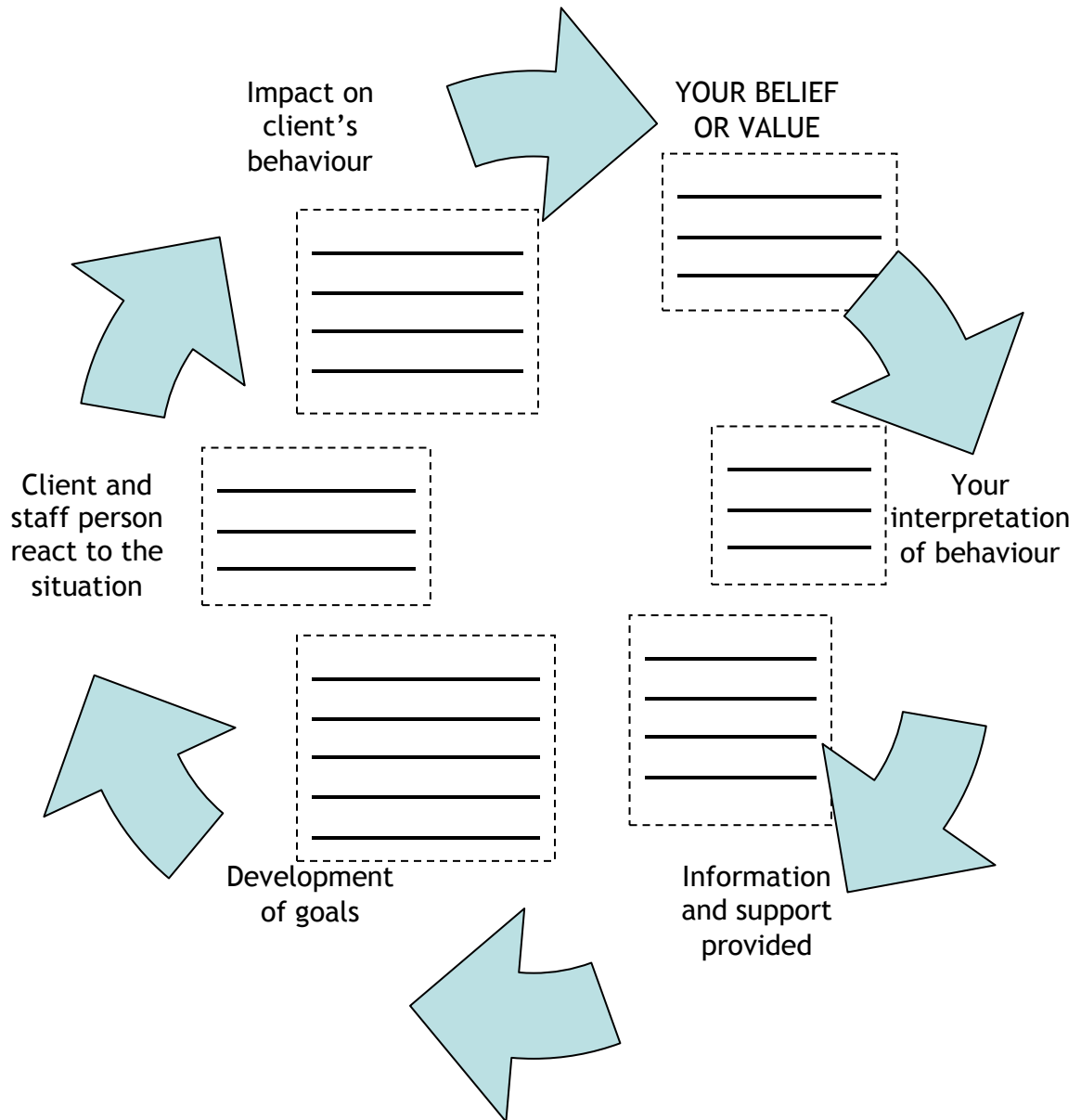
Activity: The Role of Personal Beliefs

Remember the discussion in Module 3.3 about the impact of our personal values and beliefs on what we think, say, and do? If not, you should take the time to review that module before going any further. Finish filling out the chart below which will show how holding the belief that ‘she needs someone to take care of her’ can impact the way a staff person responds to her.



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Now pick a different belief and apply the same model on your own by filling out the blank chart below:



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Abuse is Both Different ... Yet the Same

A woman who has a disability (or disabilities) can experience any of the types of violence discussed early in this training curriculum (see Module 1.1 - The Definition of Family Violence) and the theories of why they are abused are the same as for other women (see Module 1.3 - Models of Family Violence). It is also true that the progression of violence in the relationship follows a similar path to that of other women who are abused by their partners. That is, it is highly unlikely that a male who is abusive to his partner who has a disability was abusive from the very beginning of the relationship. Instead, he waited to make the choice to abuse her until she was somehow dependent on him or unlikely to leave for other reasons.

However, there are some characteristics that do increase the level of risk for this group. For instance, women who have disabilities tend to experience higher levels of poverty and are more likely to be unemployed, which increases the likelihood that they are or will become financially dependent on their partner. This will make it 'easier' for the partner to abuse her, and less likely that she will be able to leave. Likewise, women who rely on someone else to attend to their needs in the area of personal hygiene may also be at increased risk of sexual abuse due to their dependence on someone to provide intimate daily care including help with toileting, baths, dressing, special equipment and/or medication. They may also be less likely to be able to defend themselves from abuse if they have a physical disability or less likely to understand what is happening to them if they have some sort of intellectual disability.

There are also some specific methods could be used to abuse a woman who has a disability that you should be aware of. Specifically, women who have disabilities may be:

☐ Purposely uneducated about issues related to abuse and their rights in a relationship	☐ Unable to be mobile due to intentional breakage or tampering with required equipment
☐ Over or under medicated	☐ Denied the right to privacy
☐ Not provided with day-to-day care or basic necessities	☐ Treated as a child who 'does not understand'
☐ Denied access to health and mental health services	☐ Denied opportunities to make decisions and choices
☐ Denied access to spiritual or cultural practices and traditions	☐ Restrained or confined to minimize the care required
☐ Denied access to information about and access to resources that would help	☐ Forced or manipulated into setting up a joint bank account with someone who

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them stay safe or that would encourage them to disclose the abuse	☐ intends to take their money
☐ Denied opportunities to go out into the community	☐ Denied access to their finances
☐ Forced to do things she does not want to in order to get what she needs	☐ Placed in situations where her disability causes her to fail or is used against her
	☐ Denied access to technology that might allow her to be more independent

Indicators of Abuse

If a woman who has a disability comes to your shelter, you are not likely to see many of these indicators. Instead, you would rely on her report of what her experience has been. However, as you go out in the community and find opportunities to work with these women and other service providers (as will be discussed in the *Improving Accessibility and Responsiveness* section of this module) you may have the opportunity to discuss these indicators to increase the level of awareness in your community.

It is important to remember that the presence of one or two indicators may not mean anything. Instead, when you are looking for indicators of abuse you are looking for prolonged patterns of behaviour or ongoing symptoms. Some indicators to look for when working with women who have disabilities are:

- ☐ An increase in the severity of symptoms related to the disability
- ☐ Unexplained injuries and bruises
- ☐ Explanations for injuries that do not seem to match with the actual injury - or multiple injuries that are explained away as being due to the disability
- ☐ Delays in seeking medical attention for injuries
- ☐ Withdrawal from regular activities or social events - or increased social isolation
- ☐ Apparent nervousness or fear around caregivers or family members
- ☐ Discrepancy between income and standard of living
- ☐ Signed documentation that the person does not understand
- ☐ Lack of awareness of financial standing
- ☐ Fear of being independent or alone (especially if this fear is new)
- ☐ Difficulty being able to contact the woman
- ☐ Appears malnourished or dehydrated
- ☐ Broken equipment that is related to being independent
- ☐ unkempt appearance
- ☐ Decline in personal hygiene

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- ☐ Apparent confusion, disorientation and/or lack of knowledge about medications
- ☐ Bedsores and/or rashes

Barriers to Service

There are many reasons why women who have disabilities do not come forth and seek help for the violence or neglect they are suffering. Many of these barriers are the same as the barriers faced by all women who are abused, and lie in the experience or fear of negative social responses to their situation (see Module 1.2 - Who is to Blame? for more information). However, there are also some barriers to seeking service that are related to the additional layer of oppression experienced by these women due to having a disability. Remember, if the woman is also older and/or an immigrant or aboriginal, these layers of oppression are multiplied which makes it increasingly difficult to reach out and get an appropriate, supportive response to their needs. These barriers tend to fall into one of three categories: Individual Fears and Barriers; Families and Communities; and Lack of Specialized Services.

Individual Fears and Barriers

Women who have disabilities may have to face many fears and other barriers that are unique to their personal situation in order to seek service. In particular, they may struggle with:

- ☐ Lack of ability to communicate what is happening to them
- ☐ Thoughts that they are at fault for the abuse or that people will think they are 'stupid' for falling for manipulation tactics.
- ☐ Identifying themselves as being abused - especially if they have limited or no access to information about abuse; if the abuse has just recently started; or if it has been happening for so long it has just become a way of life.
- ☐ Fears that their rights to choose and make decisions will be taken away
- ☐ Fears around financial insecurity - especially if their disability limits their ability to work outside the home
- ☐ An increase in symptoms related to the disability which requires all their time and energy to cope with
- ☐ Hopelessness about being able to find solutions
- ☐ Fear of being put in an institution if they tell someone what is happening, the abusive person is taken away, and there is nobody left to help meet their needs
- ☐ Difficulty telling the difference between abuse and appropriate behavior (in the case of developmental or intellectual delays or disabilities)
- ☐ Past socialization to be passive and compliant

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- ☐ Internalization of societal views that they are ‘broken’, undesirable, and unable to make their own choices

Families and Communities

The response (either actual or feared) of families and communities can also be a huge barrier to connecting with services for women who have disabilities. In particular, they may struggle with:

- ☐ Fear that people will not take their complaints seriously due to having a disability
- ☐ Abusers explaining away allegations of abuse as being a ‘symptom’ of the disability
- ☐ Guilt and fear about what will happen to spouse or other family member if they report the abuse
- ☐ Guilt about requiring someone to care for their needs - this may make them more likely to rationalize or accept the abuse they are suffering
- ☐ The abusive person being seen as more ‘credible’ than they are
- ☐ The expectation that they should just ‘go along with’ decisions that are made because they are not able to make ‘good’ decisions on their own
- ☐ Fears about ruining the reputation of the rest of the family
- ☐ Fears about having ugly scenes or confrontations with the abusive person and/or with the authorities if they make a report
- ☐ Being regularly isolated from community events and services which limits the opportunity to report the abuse
- ☐ Lack of privacy - the abuser has the ‘right’ to check on her whenever he wants to make sure she is ok
- ☐ Lack of understanding among families and communities about specific disabilities and how to support/protect people who have them

Lack of Specialized Services

There are very few specialized services for women who have disabilities who are also experiencing abuse. In the North, this is particularly true because of vast geography, a relatively small population spread throughout that geography, and limited resources dedicated to addressing family violence to start with. The lack of specialized services is a barrier for women who have disabilities for the following reasons:

- ☐ They may not be able to physically access shelters and/or certain rooms within the shelter.

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- ☐ They do not have 24 hour access to reliable, accessible transportation (public or otherwise) that will bring them to the shelter
- ☐ Public information materials about abuse and available services may not be in a format that they can use or understand
- ☐ If deaf, they may not have the required equipment that would allow them to make a call for help or communicate their needs once in the shelter due to a lack of interpreters.
- ☐ If the abusive person is the primary caregiver (and she does actually need substantial care to meet her needs), institutionalization is not a fear but a reality if she wants to leave the relationship
- ☐ In general, shelters are not set up to accommodate the varied needs of women who have disabilities.
- ☐ Lack of knowledge and negative attitudes that may be found in a shelter (from staff and other clients) can make going to a shelter an unwelcoming or at least unhelpful option
- ☐ Lack of accessible housing can mean a client has nowhere else to go after leaving the shelter
- ☐ Shelters are based on a self-help model of service, which generally requires women to come to them seeking service. Women who have disabilities may be physically unable to do this or might not understand how.
- ☐ The lack of specialized equipment or ability for shelter staff to take on a more involved 'care giving' role that the woman may require can make it difficult for her to leave her home.

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Activity: How Accessible is Your Shelter?

Go through the following checklist of things to consider to determine how accessible your services are to a woman with special needs.

Area to consider	Yes	No
Does your shelter regularly provide service to women who have disabilities?		
Do you ask if a potential client has special needs during the screening and/or intake process?		
Is there accessible parking at your shelter?		
Is there a bus stop near your shelter?		
Would potential clients have access to accessible transportation if they needed it in order to come to your shelter?		
Do you have any resource information about your services or any pieces of the intake information in Braille format?		
Or recorded on audio-tape?		
Do your smoke alarms have flashing lights in case people can't hear?		
Does your building have a ramp or a flat entrance?		
Is this the same entrance all other clients use?		
Are your doorways 32 inches wide?		
Are door knobs 'lever style' (able to be opened with a closed fist)?		
Are door frames painted in a brighter colour than the rest of the wall?		
Is access needed to floors other than the main floor (in order to do laundry, go to the bathroom, meet with staff in a private location, or socialize with other clients, for instance)?		
Do you have a bathroom with a shower stall that is at least 32 inches wide on your main floor?		
Are there handrails or grab bars in the shower/bath and near the toilet?		
Is the toilet raised?		
Are the faucets 'lever style'?		
Is the washing machine front loading?		
With the buttons/controls on the front?		
Are kitchen counters and sinks low enough to be used by someone in a wheelchair?		
Are the dials/controls on the stove/oven on the front?		
Are telephones in a location low enough for someone in a wheelchair to		

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Area to consider	Yes	No
comfortably use?		
Do you have (or do you have access to) TTY equipment?		
Is most of your furniture along the walls of a room?		
Is it clear to you in the policy and procedure manual what types of personal care you can provide to accommodate a woman's special needs?		
Do you have any staff members who have disabilities?		
Do you receive regular training about working with women who have various disabilities?		
Do you know where to refer a client if you are unable to meet her special needs?		
Do you have a strong working relationship with services such as home care and others who work with women who have disabilities?		
Do clients have access to their medications at all times?		

Has completing this checklist improved your understanding of how your shelter can improve its accessibility? Why or why not? What things you can do (even if you have a very limited or no budget) to improve accessibility?

Improving Accessibility and Responsiveness

With an increased awareness of barriers and oppressions experienced by women who have disabilities and who are abused, comes a responsibility to improve access to and responsiveness of services. Areas for improvement include changes you can make to the services you provide both within and outside of the shelter.

Service Provision in the Shelter

- Ensure women who are abused by other people (such as other family members) are not refused service from the shelter
- Expand the resource library at the shelter to make sure materials about different types of disabilities are available
- Make sure any promotional material developed for the shelter specifies that services are available to all women, regardless of ability

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- Make sure you include images of women who have visible disabilities in your information displays within the shelter and on promotional materials that go out into the community
- Make as many rooms as possible in your shelter physically accessible to women who have impairments to their ability to move or see - including ramps to access the main door; having wider doorways with door frames that are painted brighter colours than surrounding walls; keeping furniture along walls instead of in the middle of rooms; keeping common areas 'clutter-free' and ensuring toys, etc. are picked up from the floor.
- Consider ways in which your shelter policies/procedures and routines could be adapted to meet the needs of women who have disabilities - for instance, what would you do if a client required assistance sitting and getting up from a toilet? What if they needed home care services or had a service animal? What if they needed constant and immediate access to their medication?
- Provide recreational activities, outings, and programs that everyone would enjoy
- Know what other services are available in your community and region to meet the needs of women who have disabilities so you can make appropriate referrals when the shelter is not able to meet the needs of women who have disabilities
- Help women who have disabilities recognize their resistance to the violence (and to the other oppressions they experience) - this will help instil confidence and hope
- Recognize the wide diversity among women when it comes to personality, ability, etc - work to become aware of your own stereotypes and resist ableist beliefs
- Offer assistance in the areas where assistance is needed and wanted
- If needed, modify how you communicate to make sure you are clear and respectful
- Ask each and every client if she has any special needs that you should be aware of or that you can help her with
- Ensure emergency evacuation procedures are accommodating of different types of disabilities
- Seek out more training about specific types of disabilities

Activity: Improving Your Communication

Track down the Education Wife Assault (2001) article by going to the website indicated under the *Module Resources* section of this module. While you would probably benefit from reading this entire article (and please feel free to do so), read pages 10-16 for the purposes of this activity.

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Do you think these communication tips are helpful and practical? Why or why not? Are there things suggested that you would not have thought of? Do you agree that taking these points into consideration would improve your ability to communicate with women who have these specific disabilities?

Service Provision Outside of the Shelter

- Go to places where you can talk with women who have disabilities and provide information about abuse - this could include group homes, hospitals, or other organizations
- Consider the feasibility of doing formal outreach in the form of visits to group homes or home visits for women who have disabilities in your community who are at risk of being abused - if are not able to come to you for support, you could go to them
- Regularly visit agencies who work regularly with women who have disabilities to discuss their concerns and issues related to abuse
- Maintain a connection with the NWT Council for Persons with Disabilities so you can be aware of current issues and be a part of finding solutions
- Talk about family violence against women who have disabilities in any presentations you give to community members - this could be as simple as including violence targeting these women in any examples and case studies you use during the presentation

Special Considerations for Safety Planning

When it comes to safety planning with women who have disabilities, it is important that you follow the same process that you would for any client (see Module 7.2 -Risk Assessment and Safety Planning for more information). Just like any other safety plan, it is important that you take the time to fully assess the risks for your clients so that you are able to develop a safety plan that is tailored to fit their unique needs. Depending on the specific disability, you may need to take things like developmental delays, issues with memory, and/or limitations on movement into account when you are helping her improve her level of safety.

Her safety plan may also require you to help her improve her safety by helping her access some basic resources. For instance, if she is not working and lives on a very limited, fixed income, she may not be able to afford technologies and equipment that will increase her independence (such as special telephone equipment for someone with a hearing impairment;

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parts for a broken wheelchair; or even making her home more accessible). In cases like this, you would advocate for her needs and hopefully find the support of a social service agency of some sort to pay for the things she needs.

Activity: How Can You Improve Services?

Go to a local organization that focuses on working with persons who have disabilities to discuss what might prevent their clients from coming to the shelter. Be prepared to share information about the services you provide and to dispel myths about those services. Make sure you are open and honest about the limitations on your ability to meet the needs of all women who have disabilities and ask for their suggestions on how you might increase your accessibility.

How did this meeting help you understand what you and your shelter need to do to meet the needs of this population? How can this information become a sort of 'action plan' for your shelter to work on in order to improve services?

Module Resources

Brodwin, M.G., & Siu, F.W. (2006). Domestic Violence Against Women who Have Disabilities: What educators need to know. *Journal of Education*, 127(4), 548-551.

Education Wife Assault (2001). Tips for Women's Service Providers Working with Women with Disabilities. Available at: <http://www.womanabuseprevention.com/Distips.pdf>

Mays, J.M. (2006). Feminist Disability Theory: Domestic violence against women with a disability. *Disability and Society*, 21(2), 147-158.

National Coalition Against Domestic Violence (1996). Open Minds, Open Doors: Assisting domestic violence service providers to become physically and attitudinally accessible to women with disabilities. Denver: CO. <http://shop.ncadv.org/publications>

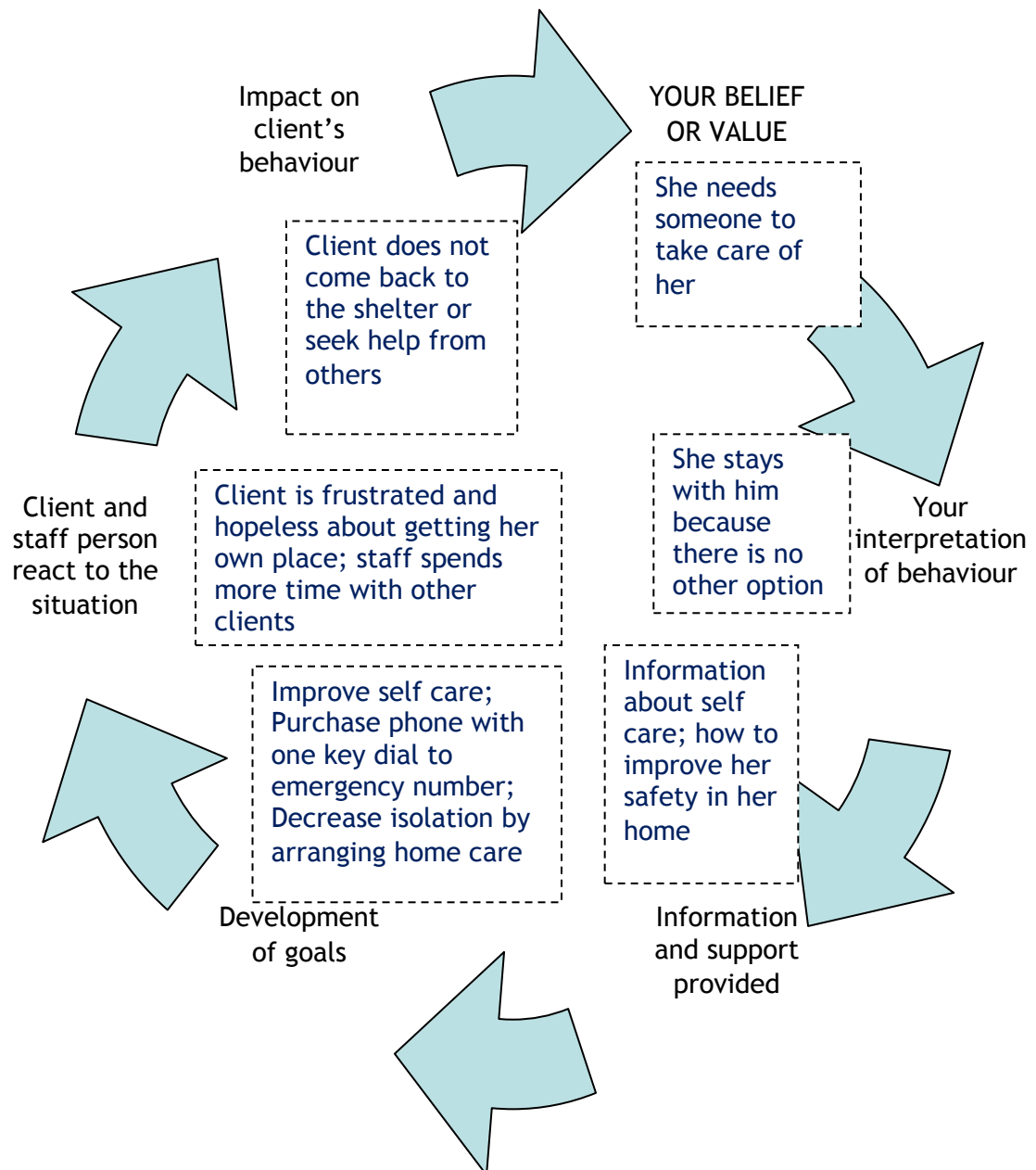
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Related Modules

Module 1.1 - The Definition of Family Violence
Module 1.2 - Who is to Blame?
Module 1.3 - Models of Family Violence
Module 2.1 - The History of the Shelter Movement
Module 2.2 - The Impact of Oppression
Module 3.3 - Personal Values and Beliefs
Module 7.2 - Risk Assessment and Safety Planning

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Activity: The Role of Personal Beliefs (POTENTIAL ANSWER)



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Module 9.1: Advocacy

Module Overview

In order to provide effective services to your clients you must work with many other community or regional service providers. Sometimes you may not agree with how these other service providers approach the issue of family violence. This module will help you learn what advocacy is and how to do it in a way that is most likely to be effective in helping your clients, while also maintaining positive relationships with other service providers.

Important Considerations

You probably spend a lot of time trying to get your clients what they need. There may be times that you find other services are unhelpful and/or inflexible because they do not understand family violence and how these experiences impact the needs of your client. Learning how to effectively advocate for your clients will help you talk to those other services in a way that is more likely to get both you and your client what you need. Advocacy is much more than referring a client to a service. Instead, it is what you do when you are looking for a change in what is available to your client. Some people approach these situations with frustration and anger because the system of services for victims of family violence has many barriers. However, people who take this approach are often not successful in getting any sort of change that is helpful to clients. Instead, the most successful advocates are patient and kind in their interactions while following the method for effective advocacy as described in this module.

In order to get the most out of this section, you must approach it with an open mind so you can assess what your current style is when you are advocating and where you may be able to improve. If you are not sure what your current style is, think about how other people react to you when you are trying to advocate. You can learn a lot about yourself by looking at the responses of others.

Time Out:

Prior to moving on to complete this module, take some time to consider the following:

- How much time do you spend advocating for the needs of your clients?
- How successful are you in getting what you (or your clients) need?

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- How flexible are you when it comes to the services you provide? Do you expect other services to be more or less flexible than you are?

What is Advocacy?

To advocate means to try to influence something that directly impacts a person's current life. Whenever you are advocating for someone, or for an issue of some sort, you are trying to change 'what is' to 'what should be'. This means that you are trying to get someone the services, information, or resources that they need, but are for some reason being withheld from them. As a shelter worker, you are probably advocating for people all the time, even if you do not refer to what you are doing as advocacy.

For instance, every time you make a call to another service provider on behalf of a woman because she has is too afraid to make the call herself, you are probably advocating for her. If you have ever participated in an interagency meeting, you have probably done some sort of advocacy during that meeting if you said anything related to the work that you do. If you have ever sent a form to a social worker in another community that agrees to provide return travel for a client whenever she is ready to go home, you are advocating for her.

Whenever you are advocating you are (or you should be):

- Bringing current policy or practices into question, especially those that serve as barriers to women who are victims of violence
- Participating in meetings and events so that you can raise issues that are important to your clients
- Trying to change political systems that do not respond quickly or effectively to the needs of victims of violence
- Trying to include everyone who has a role to play in the change you want to see
- Suggesting solutions to the issues as you see them
- Opening up space for debate and discussion of the specific issue you are working with, as well as for the general issues and barriers faced by victims of violence
- Empowering women to seek out and obtain their human rights

Stop & Think

Think of the last time you were advocating for a client. Which of the above things were you doing as part of your advocacy? Are there any other things that you were doing that you would add to the list? What was the specific thing you were trying to change? Were you successful? If so, why do you think you were? If not, why not?

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You cannot be all things to all women. The shelter provides a very specific set of services in the community and needs the support of other community services so that all the needs of a client can be met. Once she comes to the shelter you have a responsibility of helping her identify what all her needs are and which ones you can try to meet. For the needs you cannot meet, you have a responsibility to help her ensure she is able to get those needs met by other service providers. Sometimes advocacy will be required on behalf of the client to get those other services in place. Because your goal is to meet the needs of your clients, it is essential that you learn how to advocate appropriately so that you can be successful. Being unsuccessful is a price that is paid by your client more than by you.

Effective Advocacy

In order to be an effective advocate, you need to have the appropriate knowledge, attitudes, and skills.

Knowledge

The first sort of knowledge you need to have is 'self-knowledge'. Specifically, you need to be self aware in the following 3 areas:

- How positive you are able to be as you approach this issue. You are only going to be an effective advocate if you can approach the issue and the people involved in a positive manner. If you struggle with this and are angry, upset, and/or defensive about the situation, you will probably not end up getting what it is that you want for your client.
- When you need to take a break. Much like everything else you do, being an effective advocate is related to your ability to take care of yourself. If you are stressed to a level that it is impacting your work in any way, then you are probably not going to be an effective advocate for your client.
- When you should not advocate at all. There will be times that you should not advocate at all, because doing so will not be helpful to your client and will only lead to poor relationships with other service providers. Examples of these sort of situations are: you are feeling burnt out; you are too emotionally connected to the person you are advocating for; you are angry about the situation.

The second type of knowledge you need in order to be effective is knowledge about exactly what it is that you want. If you are not sure what it is that you are seeking, you are not going

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to know how to ask for it or even who to ask. Nor will you know when it is that your advocacy efforts are successful.

Attitude

Whenever you are approaching another individual and/or service provider to advocate for your client(s) you must do so with the following attitudes in place:

- Confident
- Positive
- Approachable
- Trustworthy
- Cooperative

You must show these attitudes to the person or people you are interacting with through both your verbal and non-verbal communication.

It might help to think about approaching doing advocacy similar to how you would approach asking someone for a favour. You would want this person to listen to you, cooperate with you, and trust that you might be able to someday return the favour. You may even do a little research to find out if that person is even able to do the favour you are requesting so that you can anticipate what their answer will be when you ask. If you think the person is going to say 'no' to you, you might also have a plan for what you could say or do to convince them that doing you this favour is a good idea. You would not go to the person demanding that they do as you ask or threatening them if they do not. This sort of behaviour does not make anyone want to help you - even if it is their job to do so.

Stop & Think

Take some time to think about the power of attitude. Have you ever had a caller (either a potential client or another service provider) demand that you do something? How do you tend to react when someone is demanding of you? How does it make you feel when someone is demanding that you do something that you would normally do anyway?

Skills

You have already been working on building one of the most important skills when it come to advocating effectively - listening. All the active listening skills that you would use with a client, you would also use when you are advocating - especially the skills of being able to

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clarify and summarize what you have heard, and focusing on what is being said instead of what your response will be. Being able to listen closely to what the other person or people are saying will help you look for clues as to what they are able to offer and how this might be helpful to your client even if they are not able to give you exactly what you want. Often, people are willing to compromise with you or give you something that you need under certain circumstances as long as you are flexible and able to try to make what they are offering match what you need. This might sound confusing to you, so let's try to apply this concept to an example:

A woman arrives at the shelter with absolutely no personal belongings. She came in from a very small community and was not able to get to her home to get any belongings because her partner was there and it was not safe. Together, you determine that her mother can go get some of her things and put a box on the next plane out, which is leaving in 2 hours. You both decide that her mother also needs to be safe so you call the RCMP to see if they will escort her into the home. When you do this, the RCMP say that they have no reason to believe that her mother would not be safe if she goes to the home and that they are not able to assist anyone other than your client to go into the home because the mother has no legal right to any belongings in that house. After discussing the situation some more, it seems to you that the RCMP officer is most worried about the mother taking things that do not rightfully 'belong' to your client. You ask if this is one of the concerns and if there is anything they think can be done to lessen this concern. They suggest that if your client makes a very descriptive list of the items that she needs and where these items could most likely be found, they will go into the home give the list to her partner and 'supervise' him gathering those items. They may not be able to do this in time for the next flight, but they will do it today.

While this is not what you wanted to happen, it is an option that will help you meet your client's goal of getting some of her belongings. You may or may not choose to pursue this option, after you talk to your client about it, but at least you now know what the concerns of the RCMP are and what they are willing to offer. If you were not paying close attention to what was being said you may have missed the opportunity to figure this out. If both you and your client are flexible, you can make what they have to offer, meet what you need.

Another important skill to develop for effective advocacy is being assertive. *Assertiveness* is more than just saying things in a certain way - it is a whole way of thinking and behaving in order to ask for what you want (or to say no) in a simple and direct way that does not work against, attack, or manipulate anyone else. Thinking and behaving in this way allows you to

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stand up for the rights of yourself and your clients while also respecting the rights of others. The following list is of key things to do when you are being assertive:

- Know exactly what it is that you want
- Know what your rights are, and what the rights of your client are
- Be clear and direct in your communication - while also being kind and positive
- Use 'I statements' to express what you want or how it is that you see the problem
- Avoid trying to make the other person or service feel guilty for not doing what you want or feel sorry for you or your client - this will not help you in the long term even if it might get you exactly what you want in the short term.

Stop & Think

How assertive are you when you are communicating with others? Do you find it hard to say 'no' to people? What do you do when people say 'no' to you? Do you find that you get angry when you think of things you 'should have said' to someone? If you struggle in any of these areas, it is likely that you need some help being more assertive in your communication.

Negotiation

You must approach all advocacies as an assertive and cooperative process. You must be assertive, while also recognizing and appreciating the assertiveness in others. You must also be ready to cooperate while encouraging cooperation from others, especially when they have said 'no' what you are asking. In other words, advocacy can be a process of negotiation.

The first thing to realize about negotiation is that people may have very different approaches to working together to find a solution that will work for everyone. Sometimes, you may have to negotiate with people who actually have no intention of working toward a mutually favourable solution - even if they are pretending to be interested in working with you. You may even be negotiating with someone who is aggressive, threatening, insulting, or who may stretch the facts in attempts to prevent you from getting what you want. You may even get the sense from people that they just do not want to make any changes in what they are doing because they do not have to.

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Regardless of the approach taken by others, your goal is to be as successful as you can be in getting your client the services she needs. To do this you should use the knowledge, attitudes and skills discussed in this module, as well as the following steps to negotiation:

Step 1:

Always stick to the problem being discussed and the facts of *this* situation.

Step 2:

Ask why the person/service has said 'no'.

Step 3:

Ask the person for advice on how you should proceed in order to get what you want

Step 4:

Ask if there is an alternative solution that they can recommend that might get you to the same goal. If so, when can this solution be implemented?

Step 5:

If you do not think this alternative solution will work, give your ideas on what a different solution might be.

Step 6:

If you still cannot find a solution that works for both of you, ask if there is someone else you can talk to about this situation.

Step 7:

Document all meetings and conversations that have taken place including dates, times, and who you were speaking to.

Tips for Success

In addition to all the things discussed above regarding effective advocacy, the following tips should also help you succeed:

1. Be prepared and plan ahead
2. Know what resources are available to you and your client

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3. Write down the important issues and questions that you have, as well as your goal and points you want to make
4. Keep all meetings short and focused on the issue
5. Be clear about what you are requesting
6. Talk to the appropriate person - talking to someone who does not have the authority to make the change you want will only be frustrating for everyone involved. You might need to do a little research to find out who this is.
7. Make appointments to have these discussions to ensure you have the time for a thorough discussion.
8. Never be aggressive - if you find yourself getting upset or angry you should ask to continue the meeting at a different time. You could say something as simple as “I think I need some time to consider what you are able to offer me/my client before we talk any further about the options”.
9. Have realistic expectations
10. Be flexible while continuing to focus on the goal or outcome you want to see

Recording the following information may help you in your advocacy effort because it will help you think through the process:

Advocacy Planning List

Type of Service Required?	Barriers being experienced?	Service provider?	Informed Consent for release of information in client file?	Contact made by:	Exact request being made or change that is sought?	Appointment made for:
Current needs of the client	Things, people or events preventing a client from getting what she needs.	The exact person who needs to be contacted	You must go through an informed consent process before releasing any of her information	You, your client, your supervisor or someone else will make the contact. Record who and when.	Your goal. What are you willing to settle for?	Record when and where the meeting will take place as well as should be at this meeting.

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Activity: Advocating for Change

Read each of the following scenarios and answer the following questions to determine what you might do in each situation:

- State the problem in one sentence
 - What would your goal be in this situation?
 - What barriers do you think you would face?
 - How could you decrease these barriers?
 - What strategies or resources might help you reach your goal?
 - What could you do if your advocacy does not get you exactly what you want?
1. During the intake process you discover that a client from a small community has prescription medications that she had to leave in her home when she left. When you call the Health Center to find out how to replace the medication you are told that she must make an appointment to see the doctor and get a new prescription. Unfortunately she must wait a week to get an appointment.
 2. When you are talking to a client in the kitchen one day, she reveals that she really wants to get her own place but that the only way she would be able to afford it is to get a Housing Unit. Unfortunately, she can't get one of her own because of all the damage her partner did to her last unit. She thinks she will never be able to pay all the money owed for damages.
 3. You have spoken with a client over the phone who really wants to come to the shelter. She has been to the shelter before and scored a 10 on the Ontario Domestic Assault Risk Assessment (ODARA) the last time she was there. She tells you that her social worker has told her that she is not eligible to go to the shelter anymore because she has already gone in the past.
 4. You have a client who has applied and been granted an emergency protection order. However, you are both frustrated because the order was granted 48 hours ago and the RCMP cannot find him to serve the order. You have heard through the 'grapevine' that he is staying at his brother's house.
 5. Your client is originally from Toronto. She ended up in your shelter after being abused by her boyfriend. It turns out that she did not even want to come to the North. Her boyfriend took her for 'a drive' one day and the next thing she knows he doesn't seem to have any intention of turning around and going home. She wants to return to Toronto but doesn't

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have any money. She does not feel safe working in the community because she knows her partner is looking for her.

See page 13 of this module for suggested points to consider

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Advocacy Planning List

A complete table for recording information about your advocacy efforts for your client is provided here to help you in your work. This might be an appropriate record to keep in your clients file when you are advocating for her needs to more than one service agency.

Type of Service Required?	Barriers being experienced?	Service provider?	Informed Consent for release of information in client file?	Contact made by:	Exact request being made or change that is sought?	Appointment made for:

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Module Resources

B.C. Centre for Disease Control. Advocacy for Hepatitis Care and Support: Basic advocacy skills. Retrieved from: <http://www.bccdc.org/downloads/pdf/Advocacy-Participant-Handbook-read-only9.pdf>

Related Modules

Module 1.1 - The Definition of Family Violence
Module 1.2 - Who is to Blame?
Module 3.1 - Roles and Responsibilities
Module 3.3 - Personal Beliefs
Module 3.4 - Self Care and Balance
Module 4.1 - Legal Protection from Family Violence
Module 4.2 - Child and Family Services Act
Module 5.1 - Relationship Building
Module 5.2 - Communication Skills
Module 7.4 - Service Plans and Beyond

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Activity: Advocating for Change (POINTS TO CONSIDER)

- 1) State the problem in one sentence
 - a. Your client needs her medication and can't wait a week to get it.
 - What would your goal be in this situation?
 - a. To help your client get the medication she needs.
 - What barriers do you think you would face?
 - a. The long wait for an appointment.
 - b. Possible understaffing at the health center.
 - c. Attitude of the person you are speaking with - it is not her fault that your client left her prescription home.
 - d. Policy and procedures in place at the health center - each patient must see a doctor in person prior to getting any sort of a prescription.
 - How could you decrease these barriers?
 - a. Ensure the person you are talking to knows that your client left her home in an emergency situation and really needs her medication.
 - b. Ask that your client to be put on a wait list for an appointment in case someone cancels their appointment and she can get in sooner.
 - What strategies or resources might help you reach your goal?
 - a. Ask if there is ever a situation when this particular policy is flexible.
 - b. Ask if there is any way your client could see the doctor today if she is willing to wait in the waiting room to squeeze in between appointments.
 - c. Call her local nursing station or health center to see if they can help you get the medication.
 - d. Ask to leave a message directly for the doctor, asking him or her to call you back.
 - e. Ask if it is possible to get enough dosage of the medication to get the client through until her appointment.
 - What could you do if your advocacy does not get you exactly what you want?
 - a. You could help her contact someone else to go to her home and put the medication on the next plane.
 - b. You could ask your supervisor to call the health center or to talk to someone else at the Health and Social Services Authority who might be in a position to by-pass the policy to get your client access to the medication that she needs.
- 2) State the problem in one sentence
 - a. Your client wants to access a housing unit but can't because *she* owes money for the damages done by her abusive partner.
 - What would your goal be in this situation?

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- a. To help your client access affordable, safe housing
 - What barriers do you think you would face?
 - a. Lack of understanding about the dynamics of family violence - she is being punished for behaviour that she cannot control.
 - b. Limited number of housing units available.
 - c. No other affordable housing options.
 - d. Her lack of income.
 - How could you decrease these barriers?
 - a. Try to educate the other service provider.
 - b. Find a way for her to access the needed funds to pay the bill (possibly through yet another service provider).
 - c. See if getting a job is an option she could pursue.
 - What strategies or resources might help you reach your goal?
 - a. Meet with Housing to discuss the issues faced by this client (client should be with you) and to try to find a solution.
 - b. Invite housing to a workshop or training session about dynamics of family violence (a longer term goal, when a training session is available).
 - c. Meet with any other service providers that may be able to help her pay the bill.
 - d. Ask Housing if there is an option of paying a portion of the bill in order to access another unit.
 - e. Help her complete her resume and support her as she looks for viable income and child care (if needed).
 - What could you do if your advocacy does not get you exactly what you want?
 - a. Help your client try to find other affordable housing.
 - b. Ask your supervisor to meet with someone else in the Housing Authority (someone in a higher position) to see if a solution can be found.
- 3) State the problem in one sentence
- a. A past client needs to access travel so she can come to the shelter and be safe.
 - What would your goal be in this situation?
 - a. To ensure she is able to find a safe place to stay.
 - What barriers do you think you would face?
 - a. Health and Social Service Authority policy and procedures around authorizing travel.
 - b. Possible lack of funds for travel.
 - c. Lack of understanding of dynamics of family violence.
 - d. Possible discrimination against client because she has returned to her partner in the past.

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- e. Possible view that the shelter should have 'fixed' the client in the past - there is no need for her to return because going to the shelter does not seem to make any difference.
 - How could you decrease these barriers?
 - a. Directly contact social worker to discuss the situation rather than only having the client's perspective.
 - b. Try to educate the social worker.
 - What strategies or resources might help you reach your goal?
 - a. Share the results of the ODARA and what this means for your client
 - b. Discuss the dynamics of family violence and the direct impact on the client.
 - c. Discuss the role of the shelter.
 - What could you do if your advocacy does not get you exactly what you want?
 - a. Work with the social worker and the client to find an alternative safe place to stay that does not require travel funds.
 - b. Work with the social worker and client to find possible legal protection from family violence that might increase her safety.
 - c. Ask your supervisor to speak with the social workers supervisor to discuss the issue and possible solutions.
- 4) State the problem in one sentence
- a. Your client needs to be able to assess her level of safety by knowing whether or not her partner has been served with the EPO.
 - What would your goal be in this situation?
 - a. To get the EPO in place as quickly as possible and ensure she is informed.
 - What barriers do you think you would face?
 - a. The RCMP are in control of serving the EPO - not the shelter.
 - b. Serving the EPO may or may not be a priority for the RCMP, depending on what other issues they are dealing with at the time.
 - c. The RCMP may not believe that the partner is hiding at his brother's place. They may need additional evidence before they can go there.
 - How could you decrease these barriers?
 - a. These barriers are mostly systemic barriers that require a long time to influence.
 - b. Record any concerns about the process related to this case so that you can influence any needed changes at a higher level.
 - What strategies or resources might help you reach your goal?
 - a. Make sure you have the correct information about this legislation and what it can and cannot do.
-

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- b. To meet the immediate needs of the client you can stay in contact with the RCMP to get the latest updates.
 - c. Tell the RCMP all the information you have relating to the whereabouts of her partner.
 - d. Keep your supervisor informed about any issues as they come up.
 - e. Make sure your client is as informed as you are.
 - f. Help your client safety plan and modify these plans as the situation changes.
 - What could you do if your advocacy does not get you exactly what you want?
 - a. Report your concerns to your supervisor so that she can take any concerns about the process to the appropriate person in the RCMP.
 - b. Contact the Family Violence Legislation Coordinator at the Department of Justice to discuss any concerns you have related to the implementation of the EPO.
- 5) State the problem in one sentence
- a. Your client wants to return to her home community but doesn't have any money for travel expenses.
 - What would your goal be in this situation?
 - a. Help your client find the financial resources to get home.
 - What barriers do you think you would face?
 - a. Lack of financial support for clients traveling so far away.
 - b. Difficulty finding the right social service agency or jurisdiction to help this client.
 - c. Uninformed attitudes and beliefs about the client from others - "she should not have come here with him".
 - How could you decrease these barriers?
 - a. Research the appropriate agencies to help this client.
 - b. Ensure that you use language that makes it clear that being brought to the North was part of the abuse this client has experienced.
 - What strategies or resources might help you reach your goal?
 - a. Contact your local or regional Health and Social Service office to see what suggestions they have.
 - b. Contact agencies in her home community to see what support they may be able to offer.
 - c. See if it is possible to transfer her to another shelter closer to her home community - find out who could pay for this sort of travel.
 - What could you do if your advocacy does not get you exactly what you want?
 - a. Keep trying to find the appropriate person or agency to help this client.

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- b. Keep in mind that more than one agency may be able to offer pieces of support that would end up getting her home when put together. Listen carefully so that you know exactly what each service can offer.

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Module 9.2: Collaboration

Module Overview

The purpose of this module is to provide you with knowledge about the importance of collaboration with other agencies while also providing you with some tools that will help you understand the process of collaboration and what you can bring to the table as a shelter worker. An NWT example of collaboration on issues related to family violence is the Yellowknife Family Violence and Abuse protocol. This protocol will be discussed to help demonstrate the concept of collaboration.

Important Considerations

Working with other organizations is a critical part of what you do in order to meet the needs of your clients. Although being a good advocate is important, it is equally important to be able to collaborate with other organizations and people. Being a good collaborator requires all the same skills as being an advocate that we discussed in Module 9.1. However, collaboration takes your results one step further because when you are collaborating you are trying to prevent the existence of barriers for all clients.

Although we will not review all the information you learned about advocacy in this module, it is important that you know how to apply all the information in the previous module to situations when you are collaborating with others. It might help you to think about collaboration like a big negotiation between 2 or more organizations. The more people who are involved the longer it can take and messier it can be to find solutions to problems. However, understanding the collaborative process and the ‘ingredients’ that are needed for success will really help you as you work with other agencies.

Time Out

Before moving on to complete this module, take some time to consider the following:

- What does collaboration mean to you?
- Have the community agencies in your community ever worked together to try to solve a problem of some sort? If so, was the group successful? Why or why not?
- Do you like to work with other people on a common goal or project? Why or why not?
- What have been your experiences when working with other community agencies?
- What sorts of community groups and community-led strategies is your shelter a part of? Are you a part of any of these? Why or why not?

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- What events or activities happen in your community that have the goal of improving services for victims of violence? How are you involved with these? If there are not any, can you think of some reasons for this?

What is Collaboration?

Victims of family violence and abuse need different kinds of help and support. And they need help and support at different times. For example, they may need:

- √ Emergency or immediate safety, shelter or medical care.
- √ Emergency or immediate emotional support or financial help.
- √ Help disclosing family violence and abuse.
- √ Information and advocacy support.
- √ Help for their children.
- √ Help to proceed with criminal charges.
- √ Legal services.
- √ Longer-term housing.
- √ Ongoing counselling and personal support.

Your shelter is able to provide some of these services, some of the time. In order to ensure clients get the other services they need your shelter will need to collaborate, or work together with other organizations and services. Collaboration and advocacy are two processes that work together to get the same outcome - the best services to meet your clients' needs. The difference is that advocacy usually focuses on situation specific and/or client specific and/or agency specific issues or barriers that are in the way of the client getting what she needs. Collaboration can be thought of as a process to prevent these barriers from existing at all, for all your clients. Usually, the more collaboration your shelter is able to participate in, the less advocacy you will have to do for your individual clients because collaboration results in fewer barriers to service and stronger, healthier working relationships with other organizations.

Collaboration is an opportunity for individuals and/or groups to work together to provide more effective supports as all the people involved work toward a common goal. A collaborative process (a time when people are trying to work together to solve a problem) usually starts when there is a crisis or situation that one organization would never be able to deal with or solve on their own. It is during these times of crisis that organizations and

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individuals can clearly see that there is an issue that requires attention, and they are motivated to try to solve whatever the problem is.

In the helping profession, any of the following could be considered a 'crisis' that could lead to collaboration:

- There are not enough services to meet the needs of the people
- A person or people are seriously harmed because of some sort of barrier in accessing services that may have helped them
- Services are too difficult to access, which means people are not even reaching out for the help they may need
- There is some sort of death in the community that may have been prevented

Stop & Think

Using the above examples of crises, think about some of the issues facing your shelter, community, and victims of violence. Do you think any of these issues would be positively impacted by collaborating with other agencies? Why or why not? Who would you involve in the collaboration about each issue?

As you will learn by moving through this module, a collaborative process is not a one-time event or something that happens quickly. Although a collaborative process may start from any sort of informal discussion with others over coffee, at a workshop, or an interagency group, seeing the results of tangible change will sometimes take a long time and a lot of commitment.

The 3 C's of Collaboration

If you take the time to examine any successful collaborative process, you will find that there is a focus on the following 3 areas:

1. Communication
2. Cooperation
3. Commitment

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Any sort of collaboration needs the participants in the process to be able to clearly communicate. When it comes to issues related to family violence, they need to be able to specifically communicate about:

- What their agency does and does not do
- The internal policies and procedures of their agency, especially those related to victims of violence
- The barriers to changing the way their agency does things
- The concerns they have about the issue or goal being discussed by the group

People with poor communication skills should probably not be the only person representing their agency. Not being able to clearly express oneself or not understanding others can really make it difficult for strong relationships to form - especially early in the collaborative process when people do not yet trust each other. Misunderstandings can have a serious impact on the ability of the group to find solutions.

Cooperation is also a key element of a successful collaborative process. In order for group problem solving to happen and change to happen, each and every person in the group must be motivated to work together. Usually, they must also be motivated to work in a different way than they have in the past because most people and organizations are used to working on issues by themselves. This is part of the reason that it seems like certain problems never get better - if the same people are working by themselves and trying to solve issues in the same way they always have it is not possible for change to happen. Instead, people need to be able to work in a different way, with many other people, who may have many different ideas about what might solve the problem. It can take a lot of time and practice for people to learn to work cooperatively with each other because it can often mean leaving the restrictions of their own organization at the door and trying to figure out how to change these restrictions to better meet the needs of the client.

Commitment to the process is very important. You may find that you have been in groups before where people do not show up for the meetings, or can never seem to find the time to do the tasks they agreed to do. You may even have been in meetings where you have one or two participants that do not even seem like they are 'really there' because they never have anything to say or contribute. These are all signs that these people are not committed to the group, the meeting, and/or the issue being discussed. These people are often at the meeting because they feel that they 'need' to be for some reason. Whenever you have people like this involved in your collaborative process, it will be difficult to move forward with any sort of solution or change. Commitment to the group, the process, and the clients is required in order to find a solution. Otherwise, you will find that you are discussing the same issues over

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and over without any real movement forward. When this happens, you risk the commitment of others because people will start believing that nothing will ever change. If certain people or agencies are not committed to the collaborative process it is usually better to move forward without their participation and invite them back into the process later when they might be more likely to increase their commitment if they can see the success of the group.

Whenever you have all three C's present (either in a group or even when you are just working with one person) you will be able to build relationships that are based on trust and mutual respect. Even if you find yourself working with someone that you do not really like or you have some sort of 'personality conflict' with, if you both have strong communication skills, are motivated to cooperate, and are committed to the work you will be able to learn to trust and respect that person or agency if you continue to work together. It is these strong relationships on which real change is built.

Stop & Think

Think about the last time you tried to work with someone that you really did not like or respect. This might be a co-worker, someone from a different agency, or even someone in your personal life such as a family member. How successful were you in meeting your goal or objective that was the reason you were trying to work together? Which of the 3 C's were missing? Were these missing for both of you or for only one of you? Were you able to overcome your differences in order to work toward a common goal? Why or why not?

Problem Solving Skills

The type of problem solving skills that we first discussed in Module 7.5 are very similar to the type of problem solving that takes place in group settings when people are trying to collaborate. If you are able to help clients apply a problem solving approach to their own problems, and you think you are pretty good at finding solutions to your own issues, then you are well on your way to being prepared to solve problems that will arise in a collaborative process. This type of problem solving requires the following steps:

- 1) **Identify and define the problem** - Sometimes a collaborative effort will try to tackle very large problems that are made up of a lot of little problems. In order for problem solving to be successful, a large problem may need to be broken down into a lot of

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smaller problems. There may also be a number of other problems that come up along the way.

In order for everyone involved with the collaboration to be an active part of the problem solving process, everyone must first be aware that a problem exists and what exactly is the current problem is that the group is working on. Sometimes it will be the leader of the group that brings forth problems, but everyone else should also make efforts to identify and bring them forward. It is also important to ensure that all the individuals or agencies agree with the definition of the problem. If there is someone in the group who does not agree with how the rest of the group sees the problem, it will be difficult to reach a solution that will allow the entire group to move forward.

- 2) **Discuss why the problem exists** - Once the problem has been identified and defined it is fairly common to skip this step. However, it is a mistake to assume that identification and definition means that people will understand the reason behind the problem. Having this discussion is important in order to find a solution that will address the root cause of the problem, instead of just addressing the symptoms.
- 3) **Brainstorm possible solutions with all members of the group** - This is something that might happen over several emails, or one or more meetings. It could be done through a formal brainstorming session, like the kind you might have with a client or in a training session or it might happen through a less formal discussion.
- 4) **Discuss the pros and cons of each possible solution** - Rather than just accept the easiest or first solution, the entire group must take some time to discuss the pros and cons of each possible solutions. This discussion should focus on trying to uncover any unintended consequences that might happen as a result of implementing the solution so that the group can make sure the possible solutions are in-line with their overall goals.
- 5) **Select a solution to implement** - Unfortunately, it is very difficult to make everyone happy with the solution that is chosen by the group. Problem solving during collaboration is often a process of negotiation between several people or organizations. Each group who is collaborating should have a clearly defined way for making decisions - whether it is a vote by majority or finding something that everyone can 'live with'. Someone in the group should clearly document the discussion that led to the choice to implement this specific solution, so that each and every group member can refer to this documentation if they ever question how the decision was made.

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- 6) **Assign tasks to people involved in implementing the solution** - This part of the process needs to be clearly discussed and documented as a way of being able to hold people accountable to what they have agreed to do. Tasks should never be assigned to someone who is not directly involved in the collaboration. Nor should they be assigned to someone who is not present for this discussion.
- 7) **Make sure everyone understands what will happen next** - If it is not clear to you what will happen next, it is likely that it is not clear to others. Each and every group member has the responsibility of making sure that everyone understands what will happen next in order to try to solve the problem.
- 8) **Make sure everyone has contributed to the discussion** - The only way to know that everyone in the group accepts the decisions that have been made, is to make sure each person is heard from in some way. A person who does not say anything does not necessarily agree with the rest of the group. There may be many reasons they do not speak out.
- 9) **Ensure the solution that was implemented is discussed in future meetings so that everyone will know how successful it was and whether or not the problem still exists** - This is a great way for the group to continue to move forward in its work and learn from what they have done.

Activity: What Do You Have to Offer?

Score yourself on the following items to learn about how you contribute to a group problem solving process. What do your answers say about the things you have to contribute to a problem solving approach to issues? What things do you do that you think would be helpful when a group is collaborating on solving an issue? What things do you do that you realize are not helpful? How can you improve on these things?

1. When a problem comes up in a meeting, I try to make sure it is talked about until everyone understands what the problem is:

NEVER

ALWAYS

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2. I ask why a problem exists and what the causes are:

NEVER

ALWAYS

3. I usually accept the first solution that is suggested by a group member.

NEVER

ALWAYS

4. When a group decides which solution should work, I make sure I understand exactly what the decision is, and who has to do each task related to the solution.

NEVER

ALWAYS

5. I don't take time to really understand the problems that the group is working on.

NEVER

ALWAYS

6. I usually suggest answers without really understanding the problem and what has caused it.

NEVER

ALWAYS

7. I make sure the group discusses the pros and cons of more than one possible solution to a problem before deciding what to do.

NEVER

ALWAYS

8. I don't really worry about all the details of the solution - someone in the group will figure out exactly what needs to be done.

NEVER

ALWAYS

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9. I make sure we talk about how the things we decide to do actually work out so the group can learn from any issues that come up.

NEVER

ALWAYS

10. It is clear to me when the work of the group has meaningful results.

NEVER

ALWAYS

The Process of Change

Like the stages of change that people go through when they are trying to change something about themselves (see Module 7.3 for more information) there are also stages of change for whenever people are working to change the way they work together on common issues. Being aware of these stages will help you understand that change does not happen overnight, because people need to move back and forth between each stage before fully accepting any new way of doing something. These stages of change are discussed briefly here:

Awareness - In order for any sort of change to even be considered, each person involved in the collaboration first needs to be aware that there is a problem requiring that something different be done.

Interest - Then the collaborative partners begin to start accepting the idea of changing something and what this change might look like. They begin to question and think about ‘how will this affect me and my organization?’

Evaluation - Once there is interest in the possibility of change, people then consider accepting the changes that are proposed. A part of this evaluation is to think about other possibilities for change or things that might be a solution.

Trial - This is when people start involving others in their organization or community to see how the change(s) work in reality. They research how others have implemented the change so they are prepared to deal with any problems that might come up as they start working in this different way.

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Acceptance - Finally, the new idea or change is accepted and people start doing things differently. However, even at this stage, some of the collaborative partners may move back to an earlier stage whenever they have some difficulties working in the new way.

When you are working with people and/or organizations that are resistant to change, it can take a long time to move through these stages. The more realistic people are about the commitment needed to change the way things are done, and the more open they are to change, the more quickly they will move through these stages and be able to implement the change they are seeking. However, for the most part, any group that is collaborating together will have people who view change very differently. These differences can sometimes lead to conflict. Or at other times, these differences can help motivate people to accept the change more quickly.

Activity: How Do You Feel about Change?

Knowing how you feel about change can help you be a better collaborative partner. Being aware of your own views can make it easier for you to become more accepting of working in a different way and contributing to any sort of collaboration you may be involved in. Think about each of the following statements and indicate whether you believe the statement, think it is false, or think that it is sometimes true. Then see below to figure out what your answers tell you about how you feel about change.

	True	Sometimes	False
1. People tend to resist change			
2. Only big changes are worth working on			
3. Nothing can be changed overnight			
4. Change means improvement			
5. Change makes things more difficult for some people			
6. There are rewards for people who try to change things			
7. Changes in technology should be slowed down			
8. Changes usually happen by chance			
9. People cannot usually get used to any sort of change			

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If you answered 'TRUE' to numbers 2, 4 and 6, you may need to be more realistic about change.

If you answered 'TRUE' to numbers 7 and 9, you may have a negative attitude about change that may keep you from really working hard to make any changes

If you answered 'TRUE' to numbers 1, 3 and 5, it seems that you have a realistic view of the real problems that are involved whenever trying to make some sort of change.

The Yellowknife Family Violence and Abuse Protocol

You may be interested in knowing that there are some very interesting and successful collaborative processes happening in the NWT that directly involve the type of work that you are doing. One of these is the development of the Yellowknife Family Violence and Abuse Protocol, which is an ongoing project that started in 2004. The development of this protocol involved a collaborative process between 8 of the key agencies involved in responding to the needs of victims of family violence. In the beginning, these agencies thought that they would be able to develop a protocol that would decrease the barriers for victims of violence who are trying to access the services they need and have this protocol implemented within 2 years. The group quickly learned that collaboration is a process that cannot be rushed and are still working on the implementation of this protocol as of 2009.

Activity: The Yellowknife Family Violence and Abuse Protocol

Track down the toolkit that was developed in the NWT to help you learn how to work with other organizations to develop protocols between service providers that work with issues related to family violence. (To request copies please contact the Department of Health and Social Services Family and Child Violence Protection Consultant in Yellowknife at 873-7918)

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Required Inputs

Although there are many types of collaboration that you might be involved in, all successful collaborations rely on the same ‘inputs’. These ‘inputs’ are based on the experiences of the Yellowknife Family Violence and Abuse Protocol Steering Committee:

- ✓ **Relationships** - Each and every person working on the collaboration must be interested in building positive working relationships with each and every other person around the table. Change required relationships. These relationships can take a long time to build.
- ✓ **Knowledge** - Each and every person must understand what it is that each and every other person or agency around the table does. This needs to be factual information, rather than ‘knowledge’ that is based on rumors or poor experiences with this service. A good way to think about this is that everyone should change the way they think about other services. Instead of assuming they know what everyone else does and how they do it, they need to assume that they actually know *nothing* about what others do. If they are able to approach other organizations in this way, they are more likely to ask questions (and listen to the answers) that will really uncover how others approach the problem that they are working to change.
- ✓ **Motivation** - Each and every person must be prepared to work with each and every other person sitting around the table and must be prepared to work in a different way. They must realize that continuing to work in the same way will not lead to new solutions.
- ✓ **Common language** - the people around the table need to all be talking about the same things in a way that is understood by others around the table. This means that key words and concepts must be defined rather than assuming that everyone understands what is being discussed. For instance, when working on issues related to family violence, it is important to take the time to see how everyone defines ‘family violence’. If there are differences in people’s definitions, the group must come up with a common definition that will be used for the purposes of the collaboration so that when someone says ‘family violence’ everyone will know what they mean.
- ✓ **Common vision, goals and principles** - it is important that everyone involved in the collaboration has a shared vision, goals and principles, which cannot be assumed just because everyone agrees that there is a problem that requires change. The vision,

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goals, and principles must be openly discussed and recorded somewhere to make sure the work of the group stays on track.

- ✓ **Leadership** - While each and every individual member of the collaboration needs to take a leadership role in his or her organization when it comes to making any sort of change in the way things are done, the process of change itself also requires a leader. Someone must take the lead role in making sure the group meets regularly, discusses problems and issues in a constructive way, and stays on track and moving forward toward goals that have been set.
- ✓ **Creativity** - Trying to work together to solve problems requires that the people involved work in a very different way. Often, ideas and potential solutions are smothered because people are not willing to think ‘outside the box’ because they are stuck in their own habitual ways of working. Instead of being driven to solve problems, people need to be able to work toward visions.

Stop & Think

Think about the teams that you have been a part of. This could be a sports team, a group working on some sort of project, a planning committee, or even your family. Have some of the teams you have been a part of been really successful in what they were doing, but others were not? Why do you think this is? What were the qualities of the successful team(s)? What were the qualities of the unsuccessful team(s)? Did either of the teams have any of the ‘inputs’ discussed above? If so, which ones?

Starting a Collaborative Effort

In order to start any sort of collaboration with others, you must first look for opportunities to collaborate. In order to do this what you are really looking for is people, groups, or agencies that are aware of the existence of some sort of problem and that they may be able to do something to improve the situation. This does not necessarily mean that those who are willing to work on the problem are aware of or able to take full responsibility for any of their actions that may be contributing to the problem. This will come later as people become more comfortable with the idea of changing the way they do things and the group is working well together on the problem. In the beginning all that is needed is people who are willing to work on the problem.

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You may find that these opportunities for collaboration arise in any of the following situations:

- ☐ Meetings: a small group with a common interest meets for a specific purpose which may or may not be the issue that requires collaboration
- ☐ Interagency groups: regularly scheduled meetings with representatives from other community organizations interested in working on one or more common issues. If an interagency group is working well, then all of the work done at these meetings can be considered collaborative in nature.
- ☐ Formal presentation or information session: providing information or training to a group about a specific topic. This may be about the issue that requires collaboration or it could be about something entirely different. Often, once people start talking about things they struggle within their work they find that others have common issues. These common issues are often problems that require collaboration in order to find solutions.
- ☐ Crisis situations: whenever there is a crisis that is difficult for service providers to deal with, it becomes obvious that there are gaps in the system that require some sort of change or solution to be found.

For instance, in the case of the Yellowknife Family Violence and Abuse Protocol, there were a number of different meetings, training sessions, and crisis situations that led up to its development. There was also an interagency group, the Coalition Against Family Violence, that was working on many issues related to family violence that included the need to improve the services available to victims of family violence.

Despite a recognized need to improve the many gaps in service for victims of family violence, and a high level of interest in making these improvements a reality, it still took a long time for any progress to be made on this goal. The first step in getting this collaborative effort started was the formation of a formal group that met regularly to specifically work on the task of developing a protocol that would improve the services provided to victims.

A big part of forming any group to work on some sort of collaboration is to identify exactly who needs to be involved in the collaboration in order for it to be successful. For instance, it would not make any sense to work on a protocol for victims of family violence without the involving the local shelter. However, there are many collaborative efforts that struggle to get all the necessary people interested and involved in the collaboration. This might happen if people are too busy to take on another project, or they might not agree that there is a problem that needs to be worked on, or they do not see themselves as being able to do anything differently that might help solve the problem. In order to get all the necessary

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people interested in forming a group to work on the collaboration, it is important to do the following:

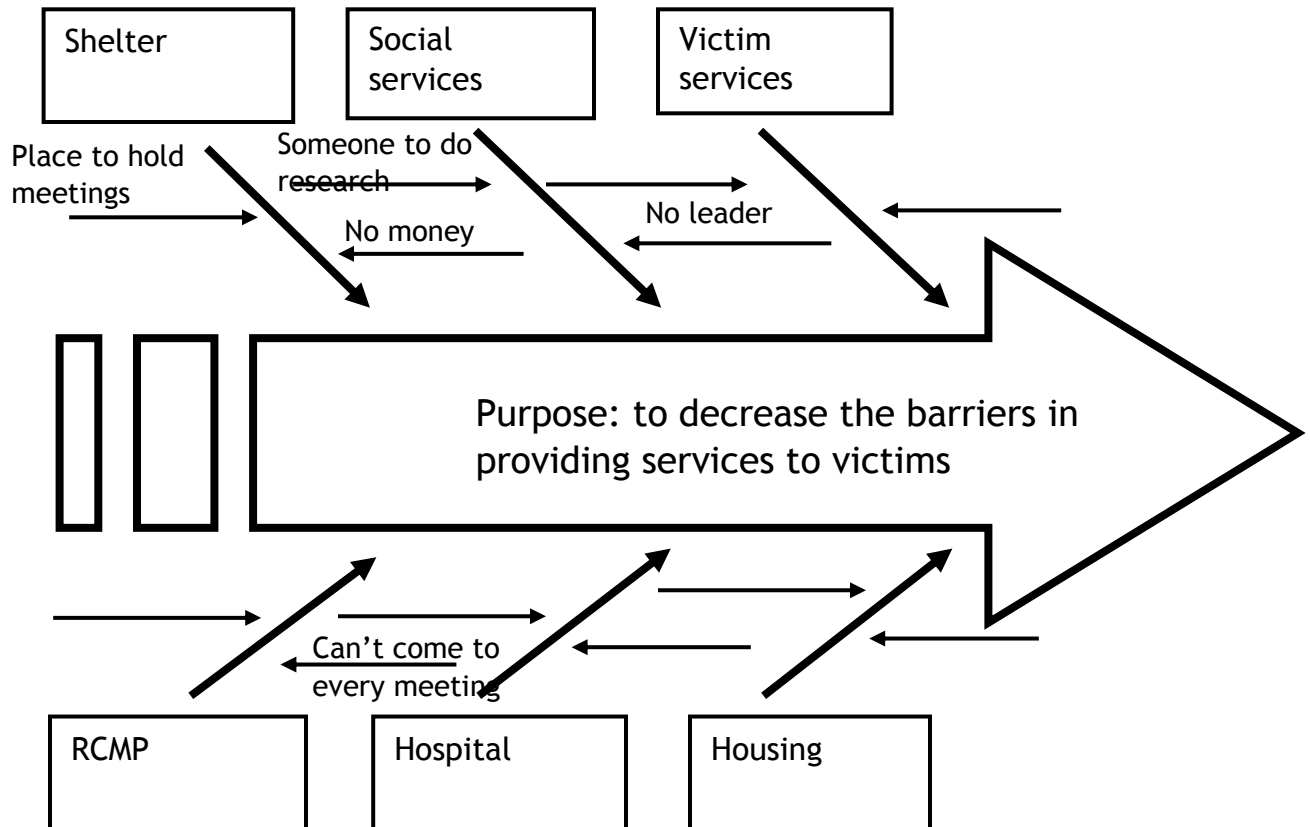
1. Identify all the necessary individuals/agencies who need to be involved - The most effective group size for accomplishing any sort of task is 6 to 10 people. For this reason, you should make sure to form a group that has approximately this number of people or agency representatives involved. If the problem or issue that is being worked on requires more people than this to be involved, it is probably a good idea to really look at the problem and see if it can be broken down into a series of smaller problems that might require less people to work on. Forming a smaller group that is successful in solving a piece of the problem will be more useful in the long term goal of solving the larger problem than it would be to have more people working on the larger problem from the very beginning. Having too many people involved can make it hard to get the group to agree to any sort of a solution and move forward toward goals.
2. Set a time for a meeting to discuss the issue and the need for collaboration - If people cannot come to the meeting, someone from the group should take on the task of meeting with someone from that agency individually to see if they can interest them in joining the group.
3. Discuss what each person or agency can contribute and what their limitations are - This discussion must include the current priorities and capacity of each agency to be involved with the collaboration. Any ability to budget money to the collaborative effort must be identified, as well as the amount of time that can be dedicated to the effort. When working on family violence related issues it may be important for people to answer the following questions:
 - Are issues related to family violence a priority for our agency? If not, should it be a priority?
 - What are our personal and organizational limitations, in terms of our participation?
 - Can we invest the time it will take?
 - Other than time, what else can we commit to the collaborative effort?
 - Who exactly can commit the time to represent our agency? How will this person communicate with the rest of our staff about the results of the collaboration?
 - How will our involvement benefit our agency, staff, and clients?

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4. Develop group goals and a work plan - Take at least one meeting to discuss what the goals of the collaboration are and how the group will know when the goals have been reached. A work plan should also be developed so that everyone will be involved in the completion of tasks related to the overall goals. This work plan will help keep the group focused and moving forward and should be discussed during every meeting. If there are tasks that the group cannot complete, the work plan should be changed or problem solving should take place so that the group can continue to move forward in meeting the overall goal(s) it has developed. A group that is not focused and does not seem to have a purpose can cause a lot of frustration because people can feel like they are wasting their time.
5. Work through issues and challenges encountered by the group - In the beginning people are usually very interested, committed and cooperative in the collaborative process. However, it is very common for groups to run into challenges and difficulties along the way. A common challenge is that changes can take a long time to be put into place in a way that actually improves the services provided to clients. When things like this happens people become less interested in being involved in the meetings or they may find themselves in conflict with other members of the group. This is where having a strong leader for the collaboration can be really helpful, because a strong leader can help the group members manage these conflicts and stay interested in being involved. A strong leader does this by keeping the group focused on its successes and progress made on goals, while also encouraging ongoing commitment by reminding the group about the benefits of collaborating.

One activity that can help people when they are starting to collaborate together is a fishbone or cause and effect diagram. This diagram helps people identify the purpose of the group, the resources that each individual and/or group can contribute and the possible challenges they might encounter along the way. In this diagram, the purpose or what the group hopes to accomplish goes at the end of the large arrow. Each individual and/or organization will list the resources and challenges that they expect to have in this collaboration. An example of the sorts of things to record in this type of diagram follows:

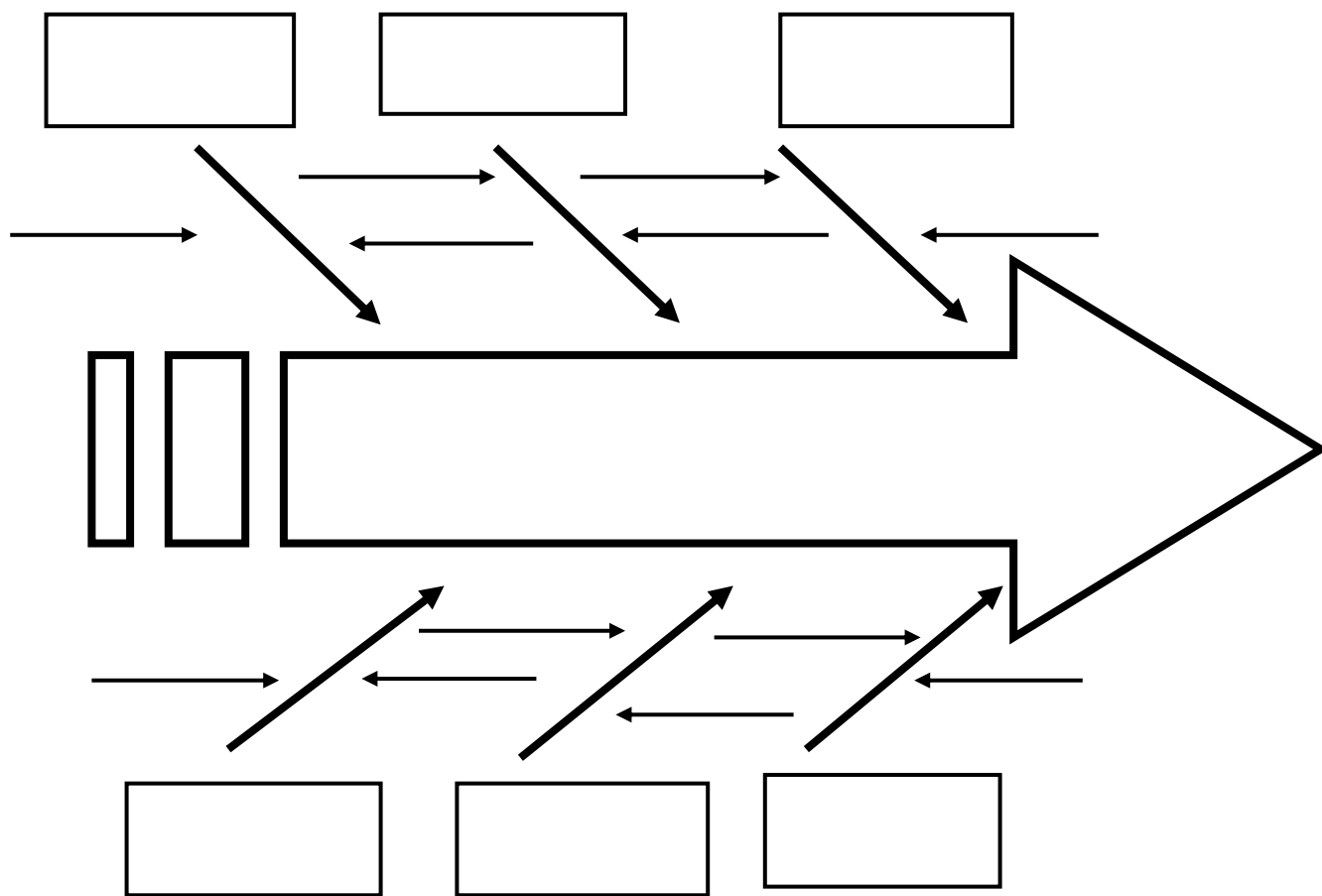
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Activity: Your Fishbone

Pretend you are collaborating with other organizations on one of the issues that you identified in the first 'Stop & Think' exercise in this module. Indicate what your purpose would be, what other organizations would need to be involved, what resources you (or your shelter) could contribute, and what challenges you (or your shelter) would face.



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Module Resources

Borden, L., Perkins, D., Haas, B.E. (1998). National Network for Collaboration Training Manual. Located at: <http://crs.uvm.edu/ncco/cd/train2.htm>

Improving Responses: A toolkit for developing and interagency protocol on family violence. (To request copies please contact the Department of Health and Social Services Family and Child Violence Protection Consultant in Yellowknife at 873-7918)

Status of Women Council of the NWT. From Dark to Light: Facilitator Handbook (To request copies please contact the Status of Women Council of the NWT by calling 1-888-234-4485)

The Yellowknife Interagency Family Violence and Abuse Protocol. (To request copies please contact the Department of Health and Social Services Family and Child Violence Protection Consultant in Yellowknife at 873-7918)

Related Modules

Module 3.1 - Roles And Responsibilities

Module 3.2 - Ethical Practice

Module 3.3 - Personal Beliefs

Module 3.4 - Self-Care and Balance

Module 5.1 - Relationship Building

Module 5.2 - Communications Skills

Module 9.1 - Advocacy

Module 9.3 - Community Awareness and Education

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Module 9.3: Community Awareness and Education

Module Overview

The purpose of this module is to help you become more comfortable with providing awareness and education about family violence to your community. Now that you are trained in the basics of family violence and how to best work with victims, you may have the opportunity to share this information with others in your community. When such opportunities arise, it is important you are able provide this education and awareness in a professional way that meets the needs of the people you are working with.

Important Considerations

You probably have so many things to do that providing community awareness and education is something that falls to the bottom of your list of priorities. While it is true that you need to meet the needs of the shelter and your clients first, it is also true that professional helpers such as yourself need to do some outreach into the community so people will be supportive of and knowledgeable about the work you do. If all the work that you do is inside the walls of your shelter building, you are missing out on great opportunities to connect with people in the community and to increase discussion and awareness about the important social issue of family violence.

You may have some fears that you need to face as you work through this module. It could be that you do not do any outreach out into the community because you are afraid of speaking publicly or you might just prefer to ‘work behind the scenes’ and let others work out in the community. However, it is important to realize that you hold an important role in the community by working in the shelter. Part of this role is to educate others about family violence. This does not mean that you need to do formal presentations or workshops. But it does mean that you need to be able to effectively advocate for your clients and collaborate with others (as discussed in Modules 9.1 and 9.2), as well as promote the services that you offer the community. Often, when you are doing this, you will find that the people from other organizations do not understand the dynamics of family violence. It is within your role to provide the sort of information that will increase their understanding, so your client’s needs are more likely to be met.

Time Out:

Prior to moving on to complete this module, take some time to consider the following:

- How much time do you spend trying to educate others about family violence?

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- Does it frustrate you when it seems like others do not understand the barriers faced by your clients?
- Do you think other organizations really understand the services you provide?
- How do you feel about the idea of facilitating an information session about family violence? Do you think this is something you would ever be comfortable with doing?
- How do people react when you try to educate them about family violence?
- List all the reasons you have used for avoiding opportunities to be involved in community awareness and education.

The Role of the Shelter in Community Awareness

As was discussed in Module 2.1 - History of the Shelter Movement, family violence shelters were founded in a grass roots movement to end the inequity between men and women. In order to attract funding, community support, and clients, women had to tirelessly work in their communities educating others about the value of having shelter programs and the reasons why they were needed to protect women from serious harm. Just because most shelters are now fairly well established, it does not mean that this community education is no longer needed. In fact, community education is probably needed now more than ever because some people are starting to think that the issue of family violence is 'going away' and that women now have many options so they may not even need to go to a shelter for protection anymore.

Often the only service in the community that focuses on the needs of women who are victims of violence is the family violence shelter. Most other services focus on the needs of many other groups of people, and as such, do not have the same level of experience or insight as shelter staff should have. It is because of this focus that the shelter is in the best position to educate the community in the area of family violence. However, this does not necessarily mean that the shelter should take a role in educating the community about all aspects of family violence (for instance, a shelter should probably not take a lead role in educating the community about working with perpetrators of family violence). Nor, does it mean that the shelter should be the only organization doing this type of education. What it does mean is that the shelter needs to be visible in the community when it comes to educating others about and promoting the needs of their clients, in partnership with other social service organizations that work with similar clientele.

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Stop & Think

Take a moment to think about all the other service providers in your community and region. What organizations do you think your shelter should be working with to provide community awareness and education about family violence? What do you think you and your shelter can offer in terms of doing this sort of community outreach? What do you think other organizations can offer? What are the barriers to working together in this way? What are some ways you can help overcome these barriers?

Types of Awareness and Education

It is important to recognize that community awareness and education can mean many different things. Not everybody has the ability to stand in front of a group of people and facilitate an hour long workshop. However, everybody can take an active role in educating others. For instance, all of the following are ways to increase community awareness and to educate others about family violence:

- Formal training with staff of other organizations (such as holding a workshop)
- Participating in meetings/collaboration/advocacy with other organizations
- School presentations - in classrooms or with small groups of students
- Participating in community awareness events - such as Family Violence Awareness Week
- Having interviews with television, newspaper, or radio interviewers
- Writing 'to the editor' about important issues
- Creating posters, flyers, or other materials that are distributed through the community
- Talking to other professionals
- Having an 'open house' at the shelter

Stop & Think

What types of things have you done to educate community members? How successful were you? What things do you think you could do to improve your attempts to educate others? When do you plan to do some more community awareness?

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Planning and Preparation

No matter what method you are using to try to educate others, you should always do some planning and preparing ahead of time. This planning and preparation should cover the following areas:

- Know Your Audience
- Have a key message
- Develop goal(s)
- Have supporting materials

Know Your Audience

Perhaps the most important thing about having any sort of community awareness or educational interaction is to know your audience. Basically, your **audience** is the group of people you are trying to target or influence with the information you are sharing with them. In order to plan your presentation, the discussion points you will use, and/or how to develop your promotional material, you will need to know who it is that you will be ‘targeting’ with the material. If you do not have this information, you will not likely be successful in reaching your audience and they will not learn anything you are trying to communicate to them.

In general, all attempts to create awareness and to educate others must be age appropriate, use an appropriate literacy level, and be interesting to the people you are targeting. For instance, you would never use the same material to educate 50 and 60 year old women about family violence as you would to educate children who are in grade school. Even in meetings when you are advocating for your clients, you need to know how much the other people in the room understand about family violence. You will not be able to convince people that you need their help to meet the needs of your clients if they do not first understand what those needs are and why your clients are having difficulty getting those needs met.

A good rule of thumb is to always assume that people know nothing about family violence and working with victims, until you have assessed otherwise. You can make this assessment about their level of knowledge by asking some fairly neutral questions such as:

- What have been your experiences with victims of violence?
- What barriers do you think victims struggle with on a regular basis?
- What do you think causes family violence?
- What sorts of things have you ever wondered about family violence and/or victims?

If you are making arrangements to do a formal presentation with a group of some sort, it is a good idea to meet with the people who are organizing the event to also assess what they want from the presentation. You could ask the following types of questions:

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- Why is it that you think it is important to have this presentation?
- What are the needs of the group?
- What types of interactions are you (your group) likely to have with victims of family violence?
- Has this group had similar training in the past? If so, what topics did that training cover?
- What do you hope I can cover with your group?

It can be difficult to assess the literacy level of a group of people, unless you have already done some work with them or you are working with a group of students whose teacher can tell you what level they are at. A good rule of thumb if you are not sure about literacy levels is to not require the group to read any material on their own. Instead, you would use tactics such as discussion, brainstorming, and experiential activities to communicate with the group. All handouts should be at a reading level that is no higher than grade 6, and should not contain any information that is not verbally covered by you during the presentation.

Have a Key Message

Whenever you are trying to educate someone (including when you are collaborating or advocating with other agencies), it is important that you have a key message that you are trying to communicate. This will be the message that you focus on throughout your discussion. Although there may be many topics that you might discuss, all of those discussion topics should be related to making sure others understand your key message. Key messages are important because they will help you stay focused as you communicate with others. Trying to communicate more than one key message at a time can be confusing for the people you are meeting with and can result in those people not understanding what you are trying to say. Knowing your audience should help you develop this key message because any information you have about them will help make your key message relevant to their needs. For instance, if you know you are meeting with a group of victim service workers who have had previous training in working with victims of family violence, you would probably not focus a key message about the types of family violence victims may experience. Instead, your key message might be ‘their roles in helping victims access other services’ or ‘in order to be effective, they should help victims recognize their resistance to violence’.

Prior to entering any meeting, training session, interview with media, and/or developing posters etc., you need to stop and take some time to think about what your key message is. If you were facilitating a training session with other professionals, you would need to take some time to think about exactly what information you want them to walk out of the room with. A key message like ‘you all have a part to play in helping victims’ might be a good message that

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you can focus on in a training session with other professionals. Likewise, when going to a meeting with other professionals (such as for a work group or a collaborative meeting), you might select a key message such as ‘the barriers experienced by my client(s) are ...’. And, a good key message for promotional material might be ‘the shelter can provide service to you and your children 24 hours a day’.

Develop Goal(s)

Once you have a key message, it will be important to have some goals for your community awareness or educational event. As much as possible, the goals that you develop should be SMART as discussed in Module 7.4. Sometimes, your goal may be as simple as wanting your audience to understand what you are trying to communicate to them. You might measure this goal by asking them to complete a survey or feedback page at the end of a presentation or information session. Other times, your goal might be to make sure every public building in your town has information about the shelter and its services. You would measure this by keeping track of where you bring your promotional material and developing a system to make sure you replenish their supplies on a regular basis.

Just like in your daily work, well developed goals help you stay focused while also helping you feel a measure of success in what you are doing. When it comes to public education and awareness, goals also help you measure whether or not you were successful in delivering your key message. If you get stuck when it comes to developing goals, you can always enlist the help of your audience to ask them what types of information they need from you. You could do this by asking people to complete a survey, having a discussion at the beginning of a presentation or meeting, or even by holding a focus group with a sample of community members that you are trying to reach with your message.

The one caution about asking for this feedback to help you develop your goals is to make sure you can deliver the types of information that is being sought. For instance, if you are not sure about your goals at the beginning of a presentation you are doing, and you have not yet developed the skill of thinking very quickly on your feet to develop an entire presentation - you might not want to ask the group what information they need from you. It is entirely possible that if you do this, you might find that they want information that you are not qualified or able to provide. This would be a frustrating process for both you and your participants.

Activities and Materials

Whenever you are trying to make some sort of point to others, it is usually useful to try to illustrate your concept with activities or materials such as handouts. Normally you would

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probably not bring activities or materials to a collaborative meeting or to a meeting with one or two other organizations when you are advocating for a client. However, if you are out in the community doing presentations, trainings, or information sessions you will probably want to have activities to use, similar to how this training curriculum has tried to teach you concepts by asking you to complete 'Activities'. Depending on your topic, you may even find some appropriate activities to use in the Optional Facilitated Exercises section that accompanies this Self Study Training Curriculum. Knowing your audience, having a key message, and having some goals will help you select appropriate activities and materials for your presentation. Remember, it does not matter how great the activity is - if it does not have a purpose in communicating your messages, it will not be useful. Similarly, if your participants are not able to participate in the activity (because they are not comfortable or do not have the skills that they would need to do it), the activity will not be useful either.

Sometimes when you have activities planned, they just do not work out. This could be because your group really does not know each other well and are uncomfortable working together, or because they are not interested in the topic, or because they do not understand what you want them to do. It is for this reason that you should always have more activities planned than you ever intended to do with the group. If you sense that a group does not want to do an activity for some reason or another, you can always switch to a different one that might be more effective.

The other thing to remember for activities is to make sure you plan lots of time to complete each one. Activities always tend to take more time than you think they would to complete with your group. Also, if you are doing more than one activity, they should probably be different types of activities because everyone learns differently. For instance, if you have time for two activities with a group of people, you should not do 2 brainstorming sessions. Instead you might want to do 1 brainstorming session and 1 small group discussion where they report back to the larger group about their discussions. Or you could have 1 'active' activity that requires the participants to move around the room a little more to complete a task and 1 video to show and discuss. The important thing is that you mix it up a little to keep the energy and interest in your presentation high.

Any handouts that you use should be simple and easy to read. One handout that is commonly used in meetings and training sessions of all types is an **agenda**. An agenda is meant to be a list of the topics that will be covered and activities that will be completed during the session. Usually, agendas also have a certain amount of time dedicated to each topic and/or activity. Using an agenda will help you stick to your key messages and meet your goals, while also serving as a gentle way to remind your participants to stay on task and move along to the

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next item on the agenda. If you have ever had the opportunity to experience meetings with an agenda, you have probably found that those meetings are more organized and efficient than meetings without an agenda.

Activity: Plan Your Event

Pick some sort of community awareness or information sharing event that you would like to do. Or you may want to think about how you will approach an issue that you are bringing to a meeting with other community agencies. Take the time to apply the information that was just discussed to prepare for your event or meeting. Make sure you fully develop the following areas:

- The type of event or meeting or promotional material you are developing
- Time and location of the event or meeting
- The people you are trying to target (your audience)
- The key characteristics about your audience that will help you plan for your session
- Your key message or topic
- Your goals (include an assessment of how SMART the goals are and how you will measure success)
- The activities you will use (include back-up activities)
- Any handouts or other materials that you will need - such as feedback forms, pamphlets, fact sheets, videos, etc. (at a minimum, make sure you develop an agenda)

When you have completed this activity you should be at a point where you are fully prepared for your meeting or event - even if you are not sure exactly when it will take place. If you have developed any written material (such as agendas, fact sheets, feedback forms) you should probably ask a co-worker to review your material to help you find any errors or omissions.

During the Presentation/Meeting

Now that you are prepared for whatever type of meeting or presentation you are involved in, you might want some additional information about what to do during the event. The first thing to realize is that participating in information sharing during a meeting, facilitating a presentation or hosting any other sort of community awareness or education event requires that you use all the basic communication skills that you learned to use when working with clients (see Module 5.2 - Communication Skills). Specifically, you need to monitor your non-

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verbal communication, speak clearly, and use all the skills associated with active listening (especially focusing on what is happening at any given moment as opposed to what you are going to do or say next).

The next thing to recognize is that it is probably useful to take the stance of being a facilitator instead being an expert. A **facilitator** is a person who provides a safe and open environment where people can discuss issues and bring forth concerns about the topic at hand. On the other hand, an **expert** is a person who provides their information and knowledge about the topic at hand, but leaves less room for discussion because their information is considered correct. The expert will take more of a ‘lecturing’ approach, whereas a facilitator will take more of a ‘let’s discuss’ approach. Taking a facilitated approach is useful whenever you are trying to share information with others in meetings, presentations, or even during discussions with co-workers.

Perhaps an example will make the difference between facilitator and expert clearer. Let’s say you are doing a presentation for the public and you are discussing ‘the reasons women may stay with their abusive partner’. You have a participant who makes the comment that she thinks women stay because they ‘like’ to be abused. The participant goes on to say that she knows many women who go from one abusive partner to another, which ‘proves’ these women must like being abused. If you took an expert approach, you may say something like:

Well, actually nobody likes to be hurt by the person they love. There are many reasons women stay, such as When you see women who have been in more than one abusive relationship, it is because the abusive person is very nice in the beginning and then chooses to be abusive once she is committed to him. It can be very hard to tell if your partner is going to abuse you until it is too late.

On the other hand, if you took a facilitated approach, you may say something like:

It can be very difficult to understand why any woman would stay in an abusive relationship and even more difficult to understand how they might find themselves in more than one relationship like this. Sometimes, on the outside looking in, it is easy to think to ourselves ‘well gee, she must like it or this wouldn’t keep happening to her’. That is one interpretation. Does anyone else have any ideas about what might be happening for a woman who continues to be abused by different partners? What about the patterns of violence that are commonly used by abusive people? Do you think abusive people usually choose to be abusive on the first date?

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So you see, by using a facilitated approach you are helping participants apply the information you have given them. You are helping them re-examine their own thoughts and beliefs so they can come to the ‘right’ answer on their own, rather than just telling them they are ‘wrong’. Of course, you cannot control whether or not they reach the same conclusions that you want them to. However, allowing people to think and discuss the topics in the context of the information you have provided means they are more likely to be open to accepting and understanding the information you are sharing. Even if you strongly disagree or react in some way to what a participant has said, your role is to provide ‘food for thought’ rather than to argue with them to try to show that they are wrong. After all, nobody likes to be told outright that they are wrong!

In addition to using a facilitated approach when you are sharing information with others, you should always provide information that is based on your own knowledge and experience. Basically, you need to be comfortable with the information you are providing so that you have the ability to answer questions that might arise. Being comfortable with the information will also help ensure that you are providing only the information that you know to be correct and true. Remember the discussion in Module 3.2 - Ethical Practice about only doing the things with clients that you are qualified and trained to do? Well, providing information to the public and to other professionals follows the same guidelines - you should only provide what you are qualified to provide. If people want more information than you are able to provide, it is always best to refer them to another person or to say that you will try to find out that information and get back to them. Providing false or untrue information is unethical and will be a poor reflection on yourself as a professional and on the shelter as an organization.

The final area to be aware of when doing any sort of presentation or information sharing is that the discussion of issues related to family violence can be a sensitive discussion for many people who have had personal experiences with violence. A good rule of thumb is to anticipate that there will always be someone in your group or meeting who has either witnessed or experienced family violence. With this in mind, you always need to set boundaries in the beginning of any presentation. You could do this by saying something similar to the following:

The goal for today is to provide you with information about _____. This is not meant to be a counseling session, sharing circle, or support group because there might be others in the group who may find it traumatic to listen to the personal stories of others. To make this a safe and supportive environment for everyone, I will ask you to please limit the sharing of your personal experiences

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with violence. If you find that this topic is bringing up some personal issues for you, you are welcome to stay behind and talk to me after the session is over or you may excuse yourself from the room and I will check in with you as soon as I am able. You can get support from the following services and people....

If you are ever discussing topics that may bring forth negative memories for people or using some sort of video that portrays violence, it is important to warn participants that they may have emotional reactions and that they are welcome to not participate in that portion of the session.

Tips for Success

The following tips should help you find success in any sort of presentation, meeting, and/or community awareness event that you are involved in:

1. Be prepared
2. Know your topic
3. Look confident and relaxed - even if you are nervous on the inside
4. Speak clearly and slowly
5. Do not pretend you know the answer to a question if you do not
6. Stay on topic
7. Respect people's time - if the plan is to meet for one hour, end the session at the appropriate time.
8. Facilitate discussion

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More Practice

There are many resources that have been developed to help people facilitate different types of community awareness and education sessions. A “Northern” resource that was created for this purpose was the From Dark to Light binder that can be accessed through the Status of Women Council of the NWT. The Optional Facilitated Exercises handbook that accompanies this Self Study training program is another example. Many other examples can be found that the National Clearinghouse for Family Violence, such as the resource about Dating Violence that can be located at <http://www.phac-aspc.gc.ca/ncfv-cnivf/pdfs/violence.pdf>.

Track down at least one resource manual (it could be one of the ones above or something entirely different) that will help you develop some sort of training event. Review this manual and share it with your co-workers/supervisor. Look for opportunities in the community to host or co-host a community awareness event that is addressed by the manual you track down.

Module Resources

Status of Women Council of the NWT. From Dark to Light: Facilitator handbook
(To request copies please contact the Status of Women Council of the NWT by calling 1-888-234-4485)

MacLeod, F. (1996). Dating Violence: An issue at any age. Located at: <http://www.phac-aspc.gc.ca/ncfv-cnivf/pdfs/violence.pdf>

Related Modules

Module 1.1 - The Definition of Family Violence

Module 1.2 - Who is to Blame?

Module 1.3 - Models of Family Violence

Module 3.1 - Roles and Responsibilities

Module 3.2 - Ethical Practice

Module 5.2 - Communication Skills

Module 9.1 - Advocacy

Module 9.2 - Collaboration