

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

FACILITATOR'S MANUAL

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

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Authority

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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.
9.	10.
11.	12.
13.	14.
15.	16.
17.	18.
19.	20.
21.	22.
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27.	28.
29.	30.

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Modules

Module 1: Understanding Family Violence

- 1.1 The Definition of Family Violence
- 1.2 Who is to Blame?
- 1.3 Models of Family Violence

Module 2: Working in a Shelter

- 2.1 The History Of The Shelter Movement
- 2.2 The Impact of Oppression

Module 3: The Role of the Shelter Worker

- 3.1 Roles And Responsibilities
- 3.2 Ethics, Confidentiality And Boundaries
- 3.3 Personal Beliefs
- 3.4 The Importance of Self-Care and Balance

Module 4: Legislation

- 4.1 Legal Protection From Family Violence
- 4.2 Child And Family Services Act

Module 5: Helping Skills

- 5.1 Relationship Building
- 5.2 Communications Skills
- 5.3 Records Management and Case Notes

Module 6: Crisis and Trauma

- 6.1 The Impact of Crisis and Trauma
- 6.2 Crisis Intervention

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Module 7: Clients and Their Changing Needs

- 7.1 Admission and Eligibility
- 7.2 Risk Assessment and Safety Planning
- 7.3 Understanding Change
- 7.4 Service Plans and Beyond
- 7.5 Communal Living

Module 8: Specific Populations

- 8.1 Children/Teens and Family Violence
- 8.2 The Older Person and Family Violence
- 8.3 Persons with Disabilities and Family Violence

Module 9: Community Outreach

- 9.1 Advocacy
- 9.2 Collaboration
- 9.3 Community Awareness and Education

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Module 1.1: The Definition of Family Violence

Module Overview

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

Facilitation Tips:

Many participants may struggle with the definition of family violence as presented in this section. This may be due to their own personal experiences with violence in their families and communities and due to the internal beliefs, attitudes and myths they may have about family violence. As you proceed through this module, it will be important to have a lot of discussion with participants about the definition as provided in this module. Discussion and activities about beliefs, attitudes and myths will likely start in this section and be a part of every module as people become more comfortable with voicing their experiences and opinions.

Depending on the amount of education and experience you have had in the field of family violence, you may also struggle with the definition as provided. Doing a little background research may be helpful; authors Wade, Todd and Coates cover the topic comprehensively. It will be important in these first few units for you to be very familiar with the material and to have already anticipated some of the possible responses from your audience so you are prepared to fully explain the rationale behind the definition provided. The following activities and text should help you.

Activities

Activity: Definition of Family Violence

Resources Required: Self Study Manual

Time Required: 30 minutes

Present the information about the definition of family violence and the different types of abuse included in family violence. As each type of abuse is presented, have participants brainstorm behaviours that women may use to resist each type of violence and strategies that their abusive partner may use to try to overcome her resistance.

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Activity: Video: ‘It’s not like I hit her...’

Resources Required: Video: ‘*It’s not like I hit her...*’ (each shelter should have a copy)
Flip Chart and Markers

Time Required: One Hour

Watch the video: ‘*It’s not like I hit her...*’. Have participants break into 4 groups - one for each story in the video. Have each group identify:

- ☐ The types of abuse in their story.
- ☐ What types of abuse could be happening that is 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.
- ☐ If the woman in their story came to their shelter, what would they do to support her and her children?

Have each group present their answers on flip chart paper to the large group.

For additional activities, see the ‘*It’s not like I hit her...*’ Facilitator’s Manual

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

Resources Required: Booklet titled “*Honouring Our Resistance*”

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

Time Required: 30 minutes

Pass out the scenario about Susan and Roy that is provided in the booklet titled: Honouring Our Resistance (pg. 8). Ask each member of the group to read the scenario. If there are enough people, split the group into smaller groups of 2-3 people. Ask them to try to list as many strategies as possible that demonstrate how Susan tried to resist the violence. Also ask them to list all the ways that Roy tried to overcome this resistance and the evidence that Roy was able to control his behaviour if he wanted to.

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Facilitation Tip

Use the rest of the information in the booklet to help guide your discussion with the group after they finish the small group activity. Also provide the entire booklet as additional study material for the participants at the end of this exercise.

Activity: Peter and Mary

Resources Required: Copies of scenario titled *Peter and Mary*

Time Required: 30 minutes

The purpose of this activity is to help participants examine the larger context of violence in relationships and to look at patterns of behaviour instead of focusing on just an incident.

Option 1: Ask two people (preferably two people who are not participating in the training) to role-play Peter and Mary. Ensure you let the people pretending to be Peter and Mary read the entire scenario. Their goal is to portray a relationship where Mary says very little and does not want any help, but Peter is very nice and interested in getting help for Mary and the kids. Behind closed doors, he is the one who is actually abusing her.

Read the first part of the scenario aloud for the group, and have the Peter and Mary at the front of the room. Ask the participants to play detective and ask Peter and Mary any questions they would like so they know what types of services to refer them to.

Help the participants figure out that Mary is not going to cooperate as long as Peter is in the room. Have them find a way to meet with Mary alone. When they meet with her alone is when she will start talking about all the abuse she has suffered, and the reason why it looks like she is abusing Peter and neglecting her children.

Option 2: Present the first part of the scenario of Peter and Mary. Have participants present their initial thoughts on the scenario. These could include:

- ☐ Peter has obvious evidence that he was assaulted while Mary does not so Peter is considered the victim.
- ☐ Mary has no obvious signs of being assaulted so will have more difficulty proving she was assaulted and/or answering her charges of assault.
- ☐ Mary is intoxicated.
- ☐ Mary was sent away from her home while Peter stays in the home with the children.
- ☐ Mary has been heard swearing at the children.

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- ☐ There have been reports that seem to indicate that the children are not being cared for properly.
- ☐ Peter appears to be concerned about his children and makes comments to question Mary's parenting.
- ☐ Peter offers to move the children away from Mary.
- ☐ Social Workers report that Mary has been aggressive towards them.

All of these seem to indicate that Mary is at fault in this incident as she is intoxicated and aggressive. There also seem to be indicators that she is neglectful to her children. Peter appears to have been assaulted, seems to be a concerned parent and willing to compromise by moving.

Ask the group if they feel comfortable that they have enough information to determine what is going on in this relationship. If not, what additional information would they like to have?

Read the scenario ending:

On the surface it appears that Mary is violent. After further investigation, the RCMP and Social Workers determine that the scratches on Peter are from Mary trying to protect herself while he was choking her. He started choking her when she was screaming at him to get his attention from the 10-year-old child who he was emotionally abusing. His show of concern for the children is a way to maintain control of her. He threatens to have them removed from her care repeatedly. She fears for their safety if they are left alone with him. When Peter becomes aggressive, she yells at the children to leave the house quickly so this is why they are often at the playground late at night and without proper clothing.

Have participants comment on how easily it can be to make assumptions based on what is obvious and how this can affect how people on the outside respond to family violence.

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Peter and Mary

Peter and Mary are currently in a common-law relationship and have been in this relationship for the past five years. There are three children living in the home - ages 10, five and three. The 10 year old child is the mother's biological child from a previous relationship.

RCMP were called to the home over the weekend due to reports from neighbours about loud sounds and screaming coming from their home.

Upon arrival, the RCMP gathered enough evidence to press charges against both Peter and Mary. Peter was obviously physically injured (included scratches, bleeding and a torn shirt). Mary claimed that she was choked, however, the RCMP were not able to document any evidence of this.

Mary was intoxicated at the time of the incident and agreed to go to her sister's house for the night to calm down.

No children were present at the time of this incident - they were reportedly at a friend's house.

Reports from neighbours indicate concerns about neglect of the children. They are often seen out in the playground late at night without coats or supervision. Neighbours have reported hearing Mary repeatedly yelling and swearing at the kids telling them to "get the (swear, swear) out of the house!"

Past investigations have resulted in findings of no cause for concern but note that Mary has been quite aggressive with social workers.

These reports also indicated that Peter was very concerned about the well-being of his children to the point of offering to live somewhere else with them if the social worker was concerned about Mary's ability to parent.

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Module Resources

Honouring Resistance - The Calgary Women's Shelter

(Is included in the module - also available at

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

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

Notes

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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. Often it is very easy to say that 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?

Facilitation Tips

The goal of this module is to help the participants think critically about the language used when we talk about violence in relationships. 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. In order to be effective helpers we must recognize when victims are blamed (either implicitly or explicitly) for the violence against them. The tendency to blame or pathologize victims, distracts helpers from recognizing resistance in victims and holding abusers accountable for their behaviour. 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 help participants examine the impact of what people say when they are talking to victims of violence (and to persons who abuse), it is important to help them keep an open mind. This module is not trying to make them feel bad about things they may have said in the past, or even about things they may continue to say. Instead, it is meant to help them 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 behaviour. Once we reach this understanding, we can begin to change the way we interact with victims in our daily work so our interventions are much more effective and women are truly empowered to make choices in their lives.

In order to help you facilitate this section, it is important that you are truly comfortable with the concepts discussed. Prior to starting this module you should read the articles cited under the Module Resources section and included as a part of this curriculum. You

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should encourage as much discussion as possible throughout this module to ensure your participants understand the concepts being taught.

You may encounter some resistance to these concepts from some of the participants. If this is the case, the most important thing for you to do is to facilitate discussion and encourage people to consider the material prior to discounting this approach to working with victims of family violence.

Activities

Activity: Living with Family Violence

Time required: 45 minutes

Resources required: See 'Materials' section

Present the information in the *Living with Family Violence* section of this module (pg.2). Have participants provide additional examples of statements that women could say to demonstrate each of the reasons they may stay and/or identify other reasons women would stay in an abusive relationship.

Present the skit "A Woman's Cry For Help". This skit illustrates barriers to women seeking help for abuse as well as the impact of receiving positive or negative social responses.

Facilitation Tip:

Link the actions of people in the skit to the information contained in this section regarding social responses and barriers to leaving.

Materials

- Script
- Ten White Bed-sheets (or large towels or coats)
- Copies of the attached cards, cut out and placed in order for the volunteer readers

Roles

- Person to be Tanya - (this person goes under 10 sheets - can't be claustrophobic)
- One person to place sheets on Tanya. (Note: One sheet goes on Tanya every time someone reads one of the first set of Scenario cards. Later, one sheet is taken off Tanya every time someone reads one of the second set of Scenario Cards.)

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- One volunteer from the audience to read the Scenario Cards
- One volunteer from the audience to read the second set of Scenario Cards

Getting Started: Hand out first set of Scenario Cards

- Explain to the audience that the play is interactive and you need to have volunteers from the audience read some scenario cards.
- Ask the audience for a volunteer reader
- Ask the volunteer to please stand when they read their cards
- The person playing Tanya should sit on the chair with two people on either side or one person on one side if there are not enough people.
- When the skit is about to start, ask the audience not to talk during the skit
- Explain to the audience that this play can bring on strong emotions and if anyone wishes to speak to a counselor or an elder afterwards, there are people available.

Part I - Tanya & James' Story

Narrative Begins

- Read the script - the story of Tanya and James
- Ask the volunteer from the audience to read the appropriate scenario card as he/she comes to it (cards #1 through #10).
- As each card is read, place a sheet on the female who represents Tanya.
Those placing the sheets should whisper to "Tanya" periodically to see if she is okay and reassure her

NARRATIVE:

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 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.

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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.

Card 1 - Tanya’s Friends (Read by audience volunteer)

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.

The next weekend, James and Tanya go to see a movie at his friend Tom’s house. James arrives home to pick up Tanya a half- hour late 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.

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Tanya tells him she was only trying to impress him. They go out, and James makes a comment he is glad his friend Tom got to choose the movie, saying Tanya always chooses stupid “chick-flicks.” They arrive; several of James’s other friends have also come over to watch.

After the movie, James accuses Tanya of flirting with one of his friends 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 his friend. “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.”

Card 2- Alice

Alice tells Tanya that men are like that, especially James, and they 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.

The next day, James returns home from visiting his mother with bannock and a deck of cards that they can play together. He apologizes for yelling at her the night before and assures her 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.

“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.”

Tanya replies that she hasn’t done anything with her friends for weeks, and they want to hang out together like they used to.

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“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,” says James.

Card 3 - Tanya’s 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.

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.

“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.”

When Tanya goes to visit her parents that night, her mother asks her about the bruise on her arm. “It’s nothing, forget it!” she says starting to get angry with her mother. “Some guys were running in the Bingo hall and I got shoved into a door handle.”

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Card 4 - Tanya's mother

Tanya's mother thinks about what her daughter said. She has noticed other bruises, and she is beginning to be concerned that James seems to have a lot of influence over Tanya. She's worried and decides to talk to Tanya and get more information about James, but her telephone rings and she is called in to work.

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

James is furious at her for not listening to him. He 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.

James continues to fly off the handle quite often during the next month, but Tanya still 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.

But the only person changing is Tanya. Her friends notice first. Tanya stops hanging out at the ball field and she isn't getting involved with her regular Community activities anymore. The few times when she does go out with them she seems much quieter. She doesn't smile as often as she used to and at work she looks distracted and nervous. What worries her friends the most are the small bruises that she always tries to hide.

Her best friend Elaine has had enough and she decides to confront Tanya and get to the bottom of this. But she's shy and decides she needs help, so she turns to their other friends.

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Card 5 - Her Best Friend Elaine

Elaine tells her friends that they should do something or tell someone. Her friends are more concerned about embarrassing James. He is a popular guy and his father is an important man in the community. Tanya should feel lucky to be with him.

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 he began putting her down even when his friends weren't around. 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.

Card 6 - Community counsellor

Tanya went to speak with a community counsellor. There are a lot of people waiting and after waiting a long time, she was finally able to get in to see him.

She began to tell about her problems but the counselor seems to be very distracted. She just 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.

A few weeks later, James found out through some friends that Tanya had visited a 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 making 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

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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.

Card 7 - Joe (coworker)

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.

James later apologizes for hitting Tanya so hard and promises her 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 never get a job and my dad will be blacklisted. Shut your mouth and don't say a word."

At the Health Centre, the nurse examines Tanya. Tanya knows that her mother is not on shift and the nurse on duty is new in town and does not recognize either of them. "Well you may need an X-ray, but I think it's just a very bad sprain. How did this happen?" she asks. Before Tanya can say a word, James quickly pipes up, "She fell." "She fell?" the nurse repeats

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suspiciously. “She tripped while going out the front door and I grabbed her hand to stop her fall but she fell anyway.” James explains.

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

Card 8 - The Nurse

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.

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.

Card 9 - Tanya's mother

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.

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

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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 any of her friends 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, because they know that she and James have been having sex for a while. She decides to call Susan, her older cousin, and tells her a few of the details.

Card 10 - Susan, older cousin

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.

Over the next few months, James's 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.

Between Part I and Part II - Discussion

After all the sheets are on "Tanya"

You should now ask the audience the following questions. Allow everyone who wants to contribute a turn to speak.

- What do you remember about the woman under the sheets?
- How do you think she is feeling?

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You should explain that although each woman's experience and situation may be different, people experience abuse share many experiences such as feeling alone, confused and isolated. Many cannot find somebody who can help them or explain the abuse. The sheets represent the effects of the abuse over time. You can see that we have lost track of the woman.

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Part II - A Positive Outcome

Narrative Continues with Scenario #2

You begin by saying to the audience “What would happen if everyone involved in the situation knew the dynamics of family violence and acted accordingly in the Tanya and James scenario?”

As you read through the skit again, ask the second audience volunteer to read the second set of scenario cards one by one as follows. Remember to take off a sheet after each card is read.

Card- 1 - Tanya's friends

Card -2 - Alice

Card -3 - Tanya's friends

Card -4 - Tanya's mother

Card -5 - Elaine

Card -6 - Community Counsellor

Card -7 - Joe (coworker)

Card -8 - The nurse

Card -9 - Tanya's father

Card -10 - Susan, Tanya's older cousin

Cut out these cards to hand out to the audience volunteers

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Card-1

Scenario 1

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.

Card-2

Scenario 1

Alice tells Tanya that men are like that, especially James, and they 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.

Card-3

Scenario 1

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 has a boyfriend 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

Card-4

Scenario 1

Tanya's mother thinks about what her daughter said. She has noticed other bruise, and she is beginning to be concerned that James seems to have a lot of influence over Tanya. She's worried and decides to talk to Tanya and ask around the community but her telephone rings and she is called in to work.

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Card-5

Scenario 1

Elaine tells her friends that they should do something or tell someone. Her friends are more concerned about embarrassing James. He is a popular guy and his father is a big man in the community. Tanya should feel lucky to be with him.

Card-6

Scenario 1

Tanya went to speak with the community counselor. She began to tell about her problems but the counselor didn't seem to be paying attention. She just got to the point of discussing the abuse when the counselor interrupted her and told her that relationships go through rough times and she should just work harder to get along with James.

Card-7

Scenario 1

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.

Card-8

Scenario 1

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.

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Card-9

Scenario 1

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.

Card-10

Scenario 1

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.

Card-1

Scenario 2

When Tanya talks to her friends about what James said at the ball field, they tell her 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.

Card-2

Scenario 2

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 of 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.

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Card-3

Scenario 2

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.

Card-4

Scenario 2

Tanya's mother acts on her concern to find out if her daughter is at risk. She discusses it with Tanya when she has time. She reassures Tanya that she can trust her and tell her anything. Once her mother finds any sign of abuse, she invites Tanya to stay with her and asks her if she wants to go to Victim Services or call a shelter.

Card-5

Scenario 2

When the rest of her friends try to convince her not to talk to Tanya, Elaine tells them that as her friends they should realize that Tanya is in a very unhealthy relationship. Elaine talks to Tanya and tells her that the way that James has been treating her is wrong and that it's having a negative impact on her as a person. She tells Tanya that she deserves a boyfriend who will treat her with respect.

Card-6

Scenario 2

The Community Counsellor really listens to Tanya, despite being very busy and screens for family violence before assuming this is just relationship drama. Once he discovers there was a problem he 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.

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Card-7

Scenario 2

Joe leaves the scene immediately and then informs his manager. The store manager takes Tanya aside and asks her if she is OK. 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.

Card-8

Scenario 2

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.

Card-9

Scenario 2

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.

Card-10

Scenario 2

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.

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Post Skit Discussion:

- You ask Tanya “How did you feel during the skit? And she will explain what it was like (hot, lonely, hard to breath or hear, etc)
- Ask the audience if they have any questions

Activity: The Language We Use

Resources Required: Self Study Manual and or copies of handout

Time Required: 1hour

Present the information in the section titled “The importance of language”(pg.15). Assign pairs of people to examine each of the statements below. Provide approximately 20 minutes for each group to discuss their thoughts about the statements 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?

Facilitation Tip:

Use the following points to guide your large group discussion once the pairs have finished their discussions.

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

- ❑ Remember 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 obscures 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).

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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 acceptable goal - but it depends on how an interviewer 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 two people.
- ❑ Why is the violence happening? According to this statement the violence is linked to being 'mad'. Is family violence about anger?

Statement 3: All the courses in the world are not going to help if two 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.

- ❑ 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 severely 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?

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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 (Pathologizes victims -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 be helpful to a victim of violence? Why or why not?
- ❑ Where is the violent person and their responsibility in this statement?

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 (Pathologizes/blames victims -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.

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- ❑ 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)

Activity: Frank and Susan

Resources Required: Self study manual and/or copies of activity

Time Required: One Hour

Present the outline of the event that describes an incident where Frank has abused Susan. Ask the participants (either in the large group or in small groups) to 'fix' this outline of events using more appropriate language that clearly shows what happened in the scenario.

Facilitation Tip:

The purpose of this activity is to help participants apply the knowledge they have gained from this module. If they are struggling with the activity encourage them to first identify all the language and words that imply blame for Susan and excuse the behaviour of Frank. Then ask them to think about the specific behaviours that may have been used by both Susan and Frank and to 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. Use the suggested changes provided below to guide your large group discussion.

Why is Susan in the hospital?

She has a broken arm.

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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.

Facilitation Tip:

You want the participants to make note of the fact that saying “She got in a fight with Frank last night” is a way of implying she is partially at fault. Also, 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.

Facilitation Tip:

You want the participants to realize that it 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.

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

Facilitation Tip:

You want the participants to now 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.

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.

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Facilitation Tip:

Again you want the participants to recognize that the focus is only on what Susan is or is not doing. It is clear in this scenario that 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 tends 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.

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 to be abused.*
- 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 -i.e., Susan disagrees, he believes he has the right to take any step to re-establish his will even if it means abusing Susan.*

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.

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

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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

Module 1.1: The Definition of Family Violence

Module 1.3: Models of Family Violence

Notes

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

Activity: The Language We Use

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 two 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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Activity: Frank and Susan

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?

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.

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She could go to the Shelter.

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

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Module 1.3: Models of Family Violence

Module Overview

The purpose of this module is to provide Shelter Workers 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 here: 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 them further understand family violence.

Facilitation Tips:

The information in this module can mostly be considered to be ‘theory based’ information rather than ‘hands on’ type of information. What this means is that participants who learn best through interactive activities or ‘learning by doing’ may struggle to understand the models you will be presenting to them because they are fairly abstract. It is important that you break down each of the models as much as you can and apply them to specific examples whenever possible to help the participants understand what each of the models is actually saying and how to apply the models to their work.

You may also have some participants who may struggle with the notion that there is more than one way to think about family violence. For instance, they may use either the cycle of violence *or* the power and control wheel in their work with clients but not really understand the usefulness of both models. It is important to help the participants understand that each of these models can be considered to be a piece of the puzzle when it comes to trying to explain family violence.

Activities

Activity: Attitudes and Beliefs about Family Violence

Resources Required: Agree, Disagree, Not Sure signs
Masking Tape

Time Required: One Hour

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Post the signs (Agree, Disagree or Not Sure) around the room. Read one statement and ask participants to stand by the sign that is their response to the statement. Have a discussion about the statement after each statement. Discussions should identify and include any differences in the responses to each statement.

- 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.
- Women sometimes 'ask' to be abused because of some of the things they do.
- Children need their fathers in their lives.
- A truly abusive person would not be a good community leader.

At the end of this module, revisit these statements with the group to see if any of the participants would change their answers.

Activity: The Cycle of Violence

Resources Required: Self-study Manual

Time Required: 30 Minutes

Present the two versions of the Cycle of Violence. The first one is the basic and most well known version, but if it is viewed in light of the information presented in the first two modules, there are many problems with thinking about family violence in this way. The second cycle attempts to more accurately show that the abusive person is actively choosing his behaviour and the victim is actively resisting the violence. Discuss the two cycles with the group. What are the pros and cons of each? How do participants feel about using these cycles in their work?

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Facilitation Tips:

During the discussion, pay particular attention to the language that is used in this model of family violence. Link this language back to the concepts already covered in past lessons. Help the group realize that even though this model has been used for a number of years, it does not mean that the model does not need improvements. Some people may even feel that they will not use the cycle of violence with clients anymore because it sends the incorrect message that violence is uncontrollable when we know that it is a deliberate choice. If this is the case, help them find a way to still discuss with clients any patterns of behaviour in their relationship that might be useful in terms of developing safety plans.

Activity: Power and Control Wheel and the Equality Wheel

Resources Required: Self study manual

Photocopies of Blank Power and Control Wheel and Equality Wheel

Time Required: 45 Minutes

Before presenting the information in the Power and Control section of this unit, provide half the group with a blank power and control wheel and the other half of the group with a blank equality wheel. Have each group sit facing each other. The goal of the group with the power and control wheel is to shout out behaviours that fit anywhere on their wheel; the goal of the group with the equality wheel is to shout out behaviours that they would expect to see in a healthy relationship. Each group will take turns going back and forth. The time limit on this game is five minutes. Each group will have only 10 seconds to identify a specific behaviour, or they will miss their turn.

After the game has ended, briefly spend some time debriefing the activity. Do they think it is easier or more difficult to list behaviours that are signs of abusive relationships? Is it difficult to know where some of the behaviours fit? Do most relationships have aspects from both wheels in them?

Present the information in the Power and Control section. Points to highlight about this model are:

- ❑ This is another model that has pros and cons and should be examined carefully.

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- ❑ Focusing on specific behaviours and where they fit in the wheels removes the context of family violence - relate this point back to the discussion stemming from Module 1.1.
- ❑ The concept of having power and control over someone is more about establishing a pattern of behaviour than whether or not someone calls their partner a name. The power and control model does not really address any patterns of behaviour, despite its attempt to do so.
- ❑ If only this model is used to explain family violence, the victim's resistance to the violence can easily be interpreted as family violence instead of what it really is.

Activity: Attitudes and Beliefs

Resources required: Self study manual

Flip Chart paper and Markers (if you choose to do a brainstorm)

Time required: 45 minutes

Have a brief discussion or brainstorm about the purpose of using violence in our society. You could pick a specific area where violence is commonly seen, such as in movies or in sports. Why is violence used in these situations? What beliefs do we (society) hold that make it OK to use violence in these areas? What attitudes and beliefs would the person using violence have that allows them to tell themselves that what they are doing is OK?

Present the information in the Attitudes and Beliefs section of this module to illustrate how holding certain attitudes and beliefs about privilege and entitlement make violence more likely to happen in intimate partner relationships.

Activity: All Three Models

Resources Required: Self Study Manual

Flip chart paper and markers

Time Required: One hour

Present the remaining information in this module - with a focus on the section about addictions and mental illness.

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Facilitation Tip:

Depending on the group and each individual's experience, there might be some resistance to the notion that alcohol and drugs do not cause family violence and that abusive people are not 'crazy'. If this is the case for your group, spend some time

discussing this topic and what their experiences are. Whenever possible, apply both the definition of family violence (as presented in Module 1.1) and one or more of these models to the situations brought forth by the group members to illustrate how it is that other factors explain the use of violence in intimate partner relationship much better than addictions or mental illness.

Ask the group to get into smaller groups (each group should probably have at least three people) to discuss how they would use each of the three models discussed in this module in their work. Which model do they like the most? Why? Which one do they like the least? Why? Can they think of a situation in which each of the models might be useful to them or their clients? Can they see how each model can be used to show that being intoxicated or having a mental illness does not 'cause' violence?

After about 20 minutes, ask them to present their work to the larger group and have a brief large group discussion about the usefulness of the models.

Activity: Video - A Love that Kills

Resources Required: Video - A Love That Kills
Flip chart paper and markers

Time Required: One Hour

Break the participants into three groups. Assign each group one of the models discussed in this section to work with. Tell them that after the video is over they will have to apply their assigned model to the relationship they saw in the video so that they know what sort of notes to take and what to pay particular attention to. Have them present their 'model' to the larger group when they are done.

Facilitation Tip:

You need to view this video ahead of time so that you are prepared to help the participants apply the models to the video if they need help. You also need to be aware of the content of this video so that you can properly debrief any strong

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reactions the participants may have to it. If the participants have not seen this video before, it is important to take a few minutes after it is over to discuss their reactions to it, prior to moving into the group work portion of this activity.

Module Resources

Video - A Love that Kills

(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)

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

Notes

AGREE

DISAGREE

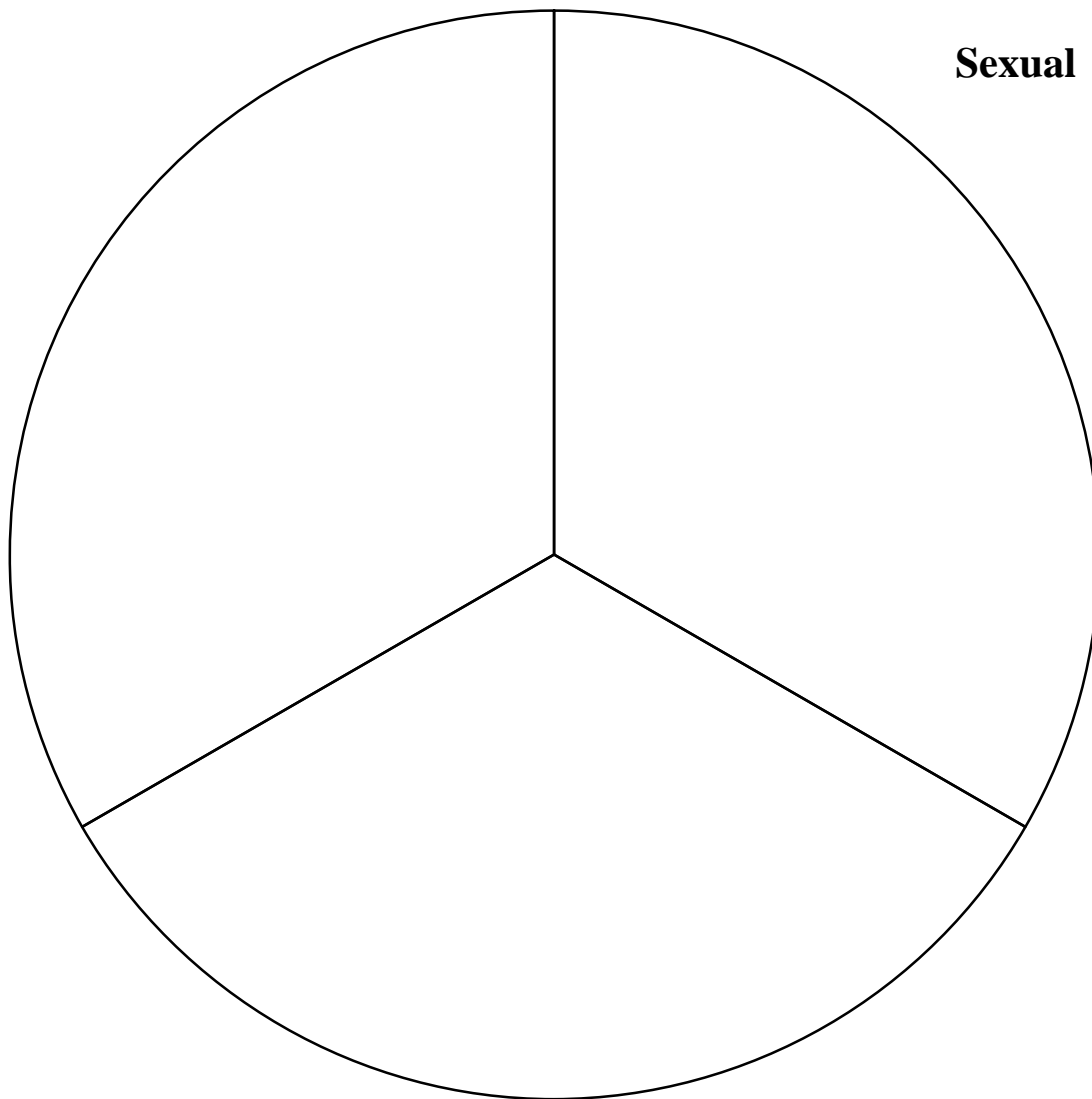
NOT SURE

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Power and Control Wheel:

Emotional/Psychological

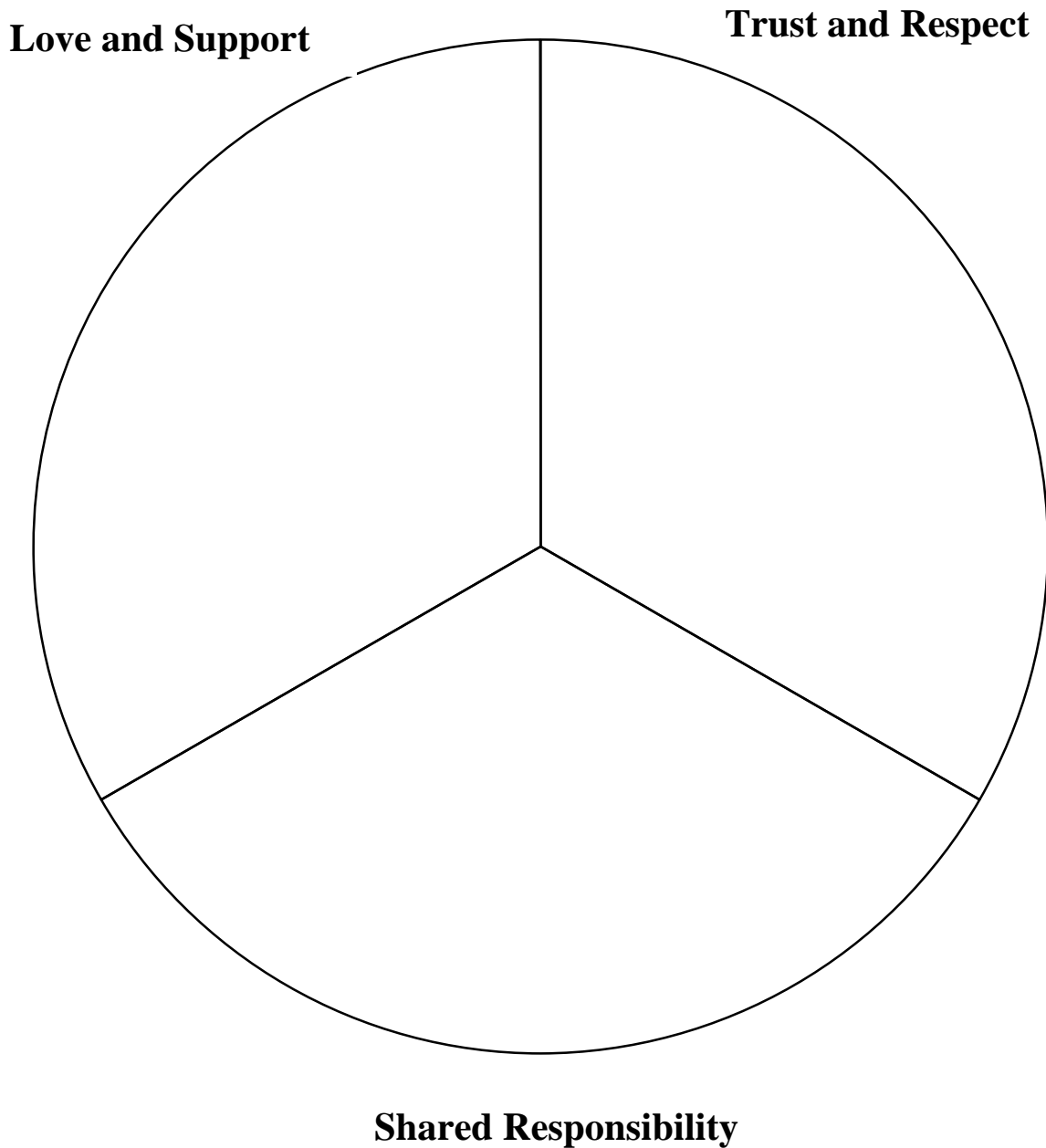
Sexual



Physical

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Equality Wheel:



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Module 2.1: The Shelter Movement

Module Overview

The purpose of this module is to provide Shelter Workers with an understanding of the history of the shelter movement. A key element of the module is for Shelter Workers to understand that they are part of a grassroots 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.

Facilitation Tips

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. This module provides your participants with the opportunity to do so. Helping them become connected with the larger movement of women's rights and equality issues may lead to greater passion for and fulfilment from their work.

Activities

Activity: Historical Views of Women and Family Violence

Resources Required: Self Study Manual
Elder (for Option 2)
Flip chart paper and markers
Time Required: 30-60 minutes

Present the information provided in the section 'Historical Views of Women and Family Violence'.

Option 1: Have participants discuss how the traditional role of women and the ongoing myths people hold about family violence in their community affects their work. Discussion questions could include:

- ☐ What has been the traditional role of women in your community? How has this changed? Do you think it will continue to change?

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- ☐ 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 these roles and attitudes affect how women feel about accessing the shelter?

Option 2: Invite an elder or other longstanding community member to come in and speak to the group about the traditional role of women in the community and how this might have changed over the years. Help the group brainstorm some questions to ask this person ahead of time to make sure the presentation is interactive and useful. It would be important to meet with the elder before their presentation to the group to find out more about their perspective.

Activity: Social/Community Support for Our Organization

Resources Required: Flip chart Paper and Markers

Time Required: Depends on the level of knowledge of the group. If they need time to do research you could provide up to two hours or assign the questions as homework.

Present the information contained in the section ‘The Shelter Movement’. Emphasize the fact that Shelter Workers are part of a grassroots movement dedicated to helping women and furthering women’s rights. Also emphasize the fact that because the Shelter Movement largely grew outside of government control, Shelters tend to operate with a different philosophy than most other governmental organizations. At times this may lead to being in conflict with other organizations such as the RCMP, the Justice system and Child Protection.

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. Discuss the following questions with the group. If it becomes apparent that they do not know some of the answers, give them some time to do some research and/or make some connections with community members who might have the information they are seeking.

- ☐ 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?

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- ☐ 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?

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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Notes

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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 that oppression plays in the lives of women and more specifically, women who are victims of family violence. 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 value diversity in clients. Your participants will also learn what is needed to work with clients in a way that is both anti-oppressive and woman-centered.

Facilitation Tips:

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 the awareness of your participants in terms of understanding what oppression is and how it has a daily impact on their clients in one way or another.

As you complete this module, your participants may realize that they have also experienced many types of oppression in their lives. Helping them understand and discuss the oppression they have experienced can be an important part of helping them understand the experiences of their clients. However, you may need to set some boundaries so the goal of this module continues to be about learning and applying new knowledge rather than a group counselling session. You may want to set this up in the beginning by providing participants with a list of resource people they can talk to if this topic brings forth a strong emotional reaction. If/when people do bring forth their personal experiences with oppression, you can also focus on discussing the ways they (or someone in their situation) would show resistance to being oppressed in this way. Doing this will help take the focus off the emotional content of the sharing and bring the topic back into the safer arena of applying the concepts they are learning here and from previous modules.

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Open discussion and honest self reflection are the two key ways for participants to understand the concept of oppression and begin to integrate an anti-oppressive woman-centred approach in their daily work in the shelter. As a facilitator, your role in this module is to facilitate this process in a way that is safe for everyone. Depending on your participants, their experiences and your ability to focus the group, this may mean you spend a lot of energy trying to keep things moving forward in a positive way so all the material can be covered. If you find the group is getting ‘weighed down’ in their own experiences, do not be afraid to take an extra break or two so you can give them the time and space they (and you) may need.

The topic of oppression is closely linked to other modules. Specifically, it is important to link the concepts discussed here to those concepts in Module 1.1 - The Definition of Family Violence, 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.

Activities

Activity: What is Oppression?

Resources Required: Flip chart paper and markers, if you wish

Time Required: One hour

Prior to presenting the information in the *What is Oppression?* section of this module, have a group discussion that covers the following topics:

- 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?
- How much time do you spend thinking about your culture and heritage? Do you think your culture and heritage has a daily impact on your work? Why or why not?
- How do you feel about working with someone who is ‘different’ than you are? What are your fears about this?

Present the information in the *What is Oppression?* section of this module. Key points to focus on are:

- Oppression exists even when it may seem like people are treated equally because of the hidden nature of systemic oppression.
- The conditions that must be present in order for oppression to exist.
- The subtle nature of oppression as it is cultivated by dominant groups through long periods of time.

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- The link between oppression and power - oppression is relative because power is relative. Everyone has the ability to oppress someone else who is considered to be less powerful than they are.
- Oppression can be disguised as ‘just the way things are’ because people become comfortable with oppressive practices and no longer question the impact on people who are oppressed by these practices.

Activity: State Your Privilege

Resources required: Self study manual and/or copies of activity

Time required: 45 minutes

Tell the group that they will now spend some time considering their own privileges and how these impact their experience of the world. Ask each member of the group to complete the *State Your Privilege* worksheet on their own.

When they have completed the worksheet have a large group discussion that covers the following topics:

- Are you surprised by any of the things that are considered ‘privileges’ that give you more power than others? If so, which ones?
- How much time do you spend thinking about your privileges? Are there some privileges that you just take for granted?
- How do you think each of these privileges gives a person power?

Facilitation Tips:

If your group is struggling with this activity or the discussion, it may be because they are not comfortable thinking about or discussing the impact of their privileges on their work and daily lives. Having this discussion is not meant to be a judgement on any of them. Our society is set up in a way that does give privileges to certain people at the expense of others. Recognizing and discussing where each of us sits in that ‘hierarchy’ is an important step to moving along the road of ensuring we are able to work in an anti-oppressive way.

You could stimulate the discussion with the assumption that everyone in your group has privileges such as: being employed and not being homeless (hopefully). You would then ask the group what impact this has and look for the following type of answers:

- Somewhere to go each night - with little thought or stress about where this is

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- Knowing when and how much money will come in
- Having some financial planning in place
- Being able to get mail (because they have an address)
- Being easily found by people looking for them

Activity: My Influence Flower

Resources required: Self-study manual and/or copies of activity

Time required: 45 minutes

Present the information in the first part of the *Anti-Oppression* section of this module, titled *Being Aware of Your Influences*. Points to focus on are:

- The complexity of what it really means to be open and respectful
- The need to really focus on self-reflection and being honest about the societal norms and attitudes each of us subscribes to.
- The importance of being aware of the influences on each of our belief systems in order to be able to understand why we believe the things we do about sexuality, gender, culture, race, religion, language and so on.

Facilitation Tips:

The purpose of the *My Influence Flower* activity is to provide your participants with a graphic that demonstrates the number of social and cultural influences that influence any individual and that even people who experience the same influences in their families and communities may be affected in very different ways.

Review the Influence Flower with the group, pointing out that each petal represents a social or cultural influence that can impact an individual person and the flower as a whole represents that person. Have participants create a *My Influence Flower* using the social and cultural influences from their own lives. They could use the ones presented (by filling out the flower that has something already written in each petal) or choose others that are more meaningful to them (by using the blank flower). For each petal, they will identify an influence and how it has influenced them.

Facilitation Tips:

There are many social and cultural influences. Several are identified on the Influence Flower but others could include first language, other languages, body type, family history (the kind of family that a person grows up in - single parent, on-the-land, foster

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family, relatives, etc.), region of origin, current region, media (TV, movies, music, Internet, cell phones, etc.), popular culture (favourite movie star/musician, style of clothing, disposable income to participate in trends, etc.) and others. Participants can be encouraged to identify their own social and cultural influences.

If some of your participants find this activity difficult encourage them to keep the blank flower with them as they move on through this training curriculum and continue to learn about themselves. They can slowly use their new self knowledge to fill in the petals.

Activity: Stereotypes and Differences

Resources required: Paper bag with a different 'group of people' marked on small pieces of paper (for instance: Black people; Aboriginal people; women; men; White people; older persons; women who are abused; Asian people; homosexual people; homeless people and so on)

Flip chart paper and markers

Time required: 45 minutes

Present the information in the *Being Aware of Your Biases* and *Being Comfortable with Diversity* sections of this module. Points to focus on are:

- The difference between generalizations and stereotypes.
- The ability to hold stereotypes about people from the 'same group' as them
- The link between race/culture/gender anxiety and the use of blanket approaches
- The types of specific things they can say to start the discussion about differences between themselves and their clients.

Ask the participants to get into pairs or small groups. Each group will pick one or two pieces of paper (depending on the number of groups you have and the amount of time you wish to spend on this activity) from your paper bag. Then they will brainstorm a list of stereotypes they either hold or have heard associated with whatever group they have selected. When complete, they will present their lists to the larger group.

Hold a brief group discussion about their lists, covering the following points:

- How could any or all of these stereotypes impact their work?
- What can they do to try to break any stereotypes they may have?
- What can each of them do to prevent stereotypes from impacting their work?
- How do they feel about working with someone who belongs to the group(s) they were assigned?

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- How do they feel about working with someone who is very similar to them due to their culture, home community, family history, etc.?
- What can they do to grow and improve in this area?

Activity: Who Needs Help?

Resources required: Self-study manual and/or copies of activity

Time required: Two hours

Present the information in the *Oppression, Women and Family Violence* section of this module. Key points to focus on are:

- The link between oppression and resistance - just as women resist violence, they resist all forms of oppression (as does anyone who is being oppressed)
- The evidence that women are still oppressed despite movement toward equality - including the common fear of violence regardless of whether or not a woman was ever a victim herself
- The cumulative impact of multiple types of oppression on a person
- The difference between woman-centered and client-centered approaches
- The key principles of a woman-centered approach, as a type of anti-oppressive way of working

Facilitation Tips:

Throughout this section it is important to encourage discussion about the concepts you are presenting. Take the time to stop at logical points in your presentation to ask the group the following types of questions:

- What does this mean for the way you need to work with clients?
- How does this information change the way you view your clients, if at all?
- What things could you do to be more 'women centered'?

Use your judgement of the energy level of the group to determine if you should ask the participants to complete the *Who Needs Help?* activity on their own or if this should be a large group activity. If you do this as an individual activity, make sure you have a brief large-group discussion about their answers and thoughts once they have been given enough time to complete it.

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Module Resources

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

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>

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

http://www.hc-sc.gc.ca/hl-vs/alt_formats/hpb-dgps/pdf/gba-eng.pdf

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>

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.

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

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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Notes

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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.

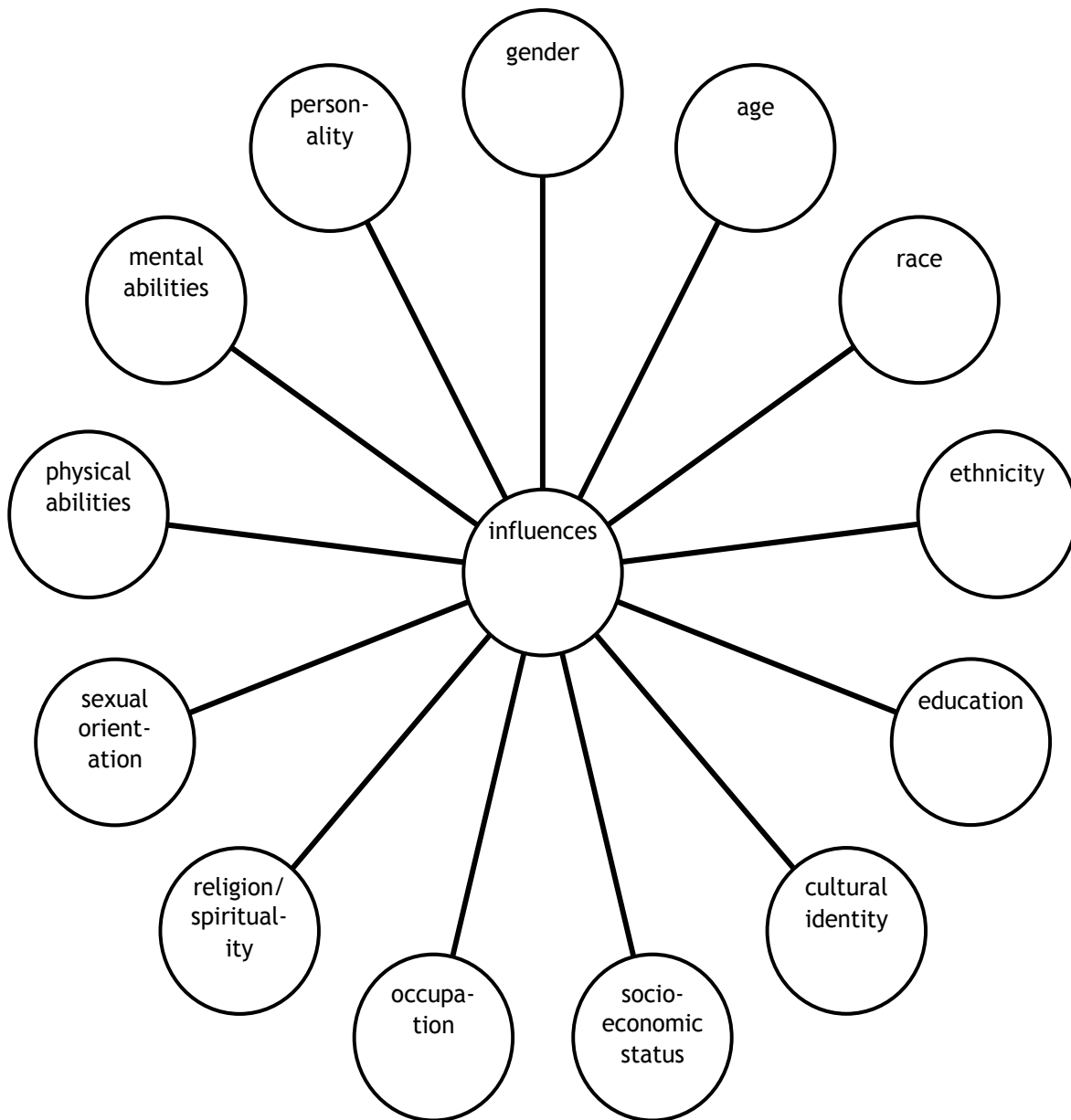
1. ☐ I am non-Aboriginal
2. ☐ I am not an immigrant
3. ☐ I am employed
4. ☐ I have a partner who is employed
5. ☐ I have good access to childcare for my children
6. ☐ I do not have a child under the age of 20
7. ☐ I can pay for all of my living expenses (rent, mortgage, food, electricity, etc) without 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.)

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- 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)
- 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

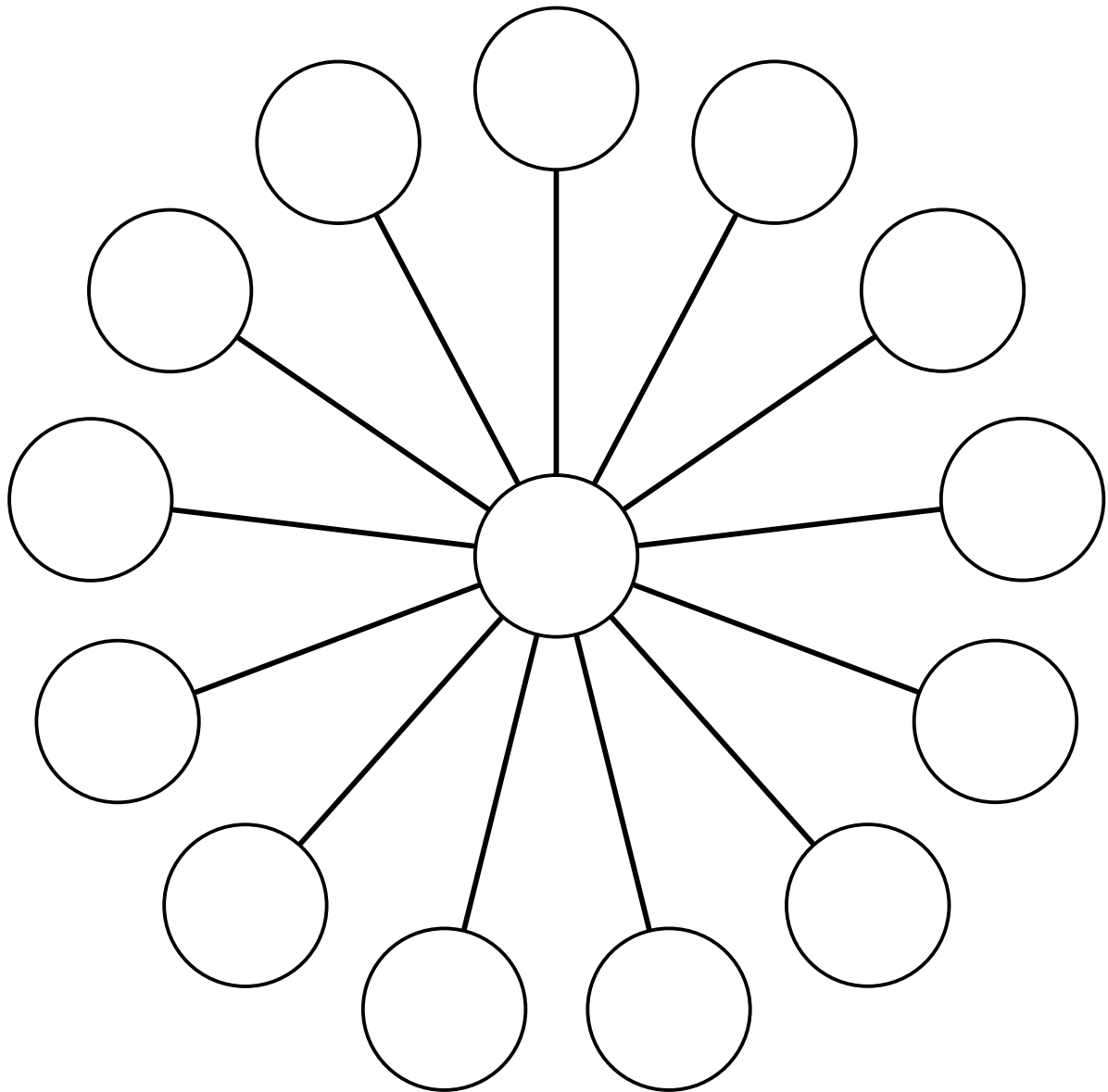
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My Influence Flower



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My Influence Flower



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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 two children under the age of five. 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.
 - 2) Ann is an Aboriginal woman who shares an apartment with her husband. She has three 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.

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- 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.

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Module 3.1: Roles and Responsibilities

Module Overview

The purpose of this module is to provide Shelter Workers with an understanding of their basic roles and responsibilities while working in a shelter setting. In order to gain this understanding it will first be important for participants to examine their understanding of what it means to try to help someone who may be in crisis, as well as their motives for wanting to work in a shelter environment. Once a greater understanding is achieved, participants will be in a better position to appreciate and embrace the multitude of responsibilities that accompany their work.

Facilitation Tips

Many people choose to work in a shelter because of their personal experiences with helping friends and family members get through rough times in their lives. They may have an innate ability to listen to and help others, and have been told this quite often by the people in their lives. Their whole goal in working in the shelter is to be able to help others. While this is a very important quality to have for any successful shelter worker, it must be balanced with some training and awareness of how to be a *professional helper* instead of a friend.

Helping participants become more self-aware of why they want to work in the shelter, while also helping them recognize that being a professional helper requires them to adhere to certain roles and responsibilities, is the major goal of this module.

Activities

Activity: What Do You Expect?

Resources Required: Self Study Manual

Copies of Activity (for part 2)

Flip Chart Paper and Markers

Time Required: Two hours

Part 1: Prior to presenting the information in the section titled *The Helping Role*, ask each participant to complete the following exercise:

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Imagine yourself helping someone who comes into the shelter. What is it that you are doing? What types of things do you say? What is the other person doing and how are they responding to you? Why is it that you want to help the person?

Debrief this activity with the group, encouraging people to share only what they are comfortable sharing. Help the group members focus on what they think it means to be a staff person at a shelter, and why this work is important to them.

Facilitation tips:

Present the information in the first section of this module. Continue to focus on the role of someone who is a formal ‘helper’ and help the group differentiate this from any other role they may play in the community. Help them understand what their limitations are in terms of only being able to ‘help’ rather than ‘do’ for others.

Part 2:

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. As a group, have the participants brainstorm some expectations that are more reasonable than those stated below. Use the tips and the possible ‘more realistic’ responses below to help you lead the discussion.

1) I must help clients solve all of their problems.

Facilitation Tip:

Help the group realize they will only spend short periods of time with their clients. Their 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 the staff member.

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

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

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Facilitation Tip:

Help the group realize that many times all a client may desire is a safe place to stay. It is important that you help her express exactly what it is that she needs from staff so that people are not frustrated when she fails to do what *they* think *she* should be doing ... and she does not spend a lot of energy trying to avoid them.

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.

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

Facilitation tips:

Help the group realize it is not good practice to believe that they are walking into a job that they already have all the tools to do well, regardless of their 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.

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.

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

Facilitation tips:

Point out to the group that it is not possible to wave a magic wand for people and make everything better. The 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.

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

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

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Facilitation tips:

It is not realistic to think they will be a good match for every person that walks through the doors. Just as there are some people in the community that they just don't 'click' with, there will be clients that just don't feel comfortable coming to them for help. This could be for any number of reasons and they 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.

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.

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

Facilitation tips:

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

More realistic: There will be many times 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.

Activity: My Likes and Dislikes

Resources Required: Self study Manual

Photocopies of Activity

Flip Chart Paper and Markers

Masking Tape

Time Required: One Hour

Present the information in the *Duties and Responsibilities* section of this module. This section outlines some, but not all, of the duties that Shelter Workers are responsible for when they are working.

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Ask the group to brainstorm other duties they complete. As they are brainstorming, put all the duties (including the ones in this section) into two categories - things they have to do every day, and things they only do occasionally. Leave these lists posted so they can complete the next part of the exercise.

Have the shelter workers complete the *My Likes and Dislikes* activity, where they pick the four things they find most enjoyable and the four duties they find least enjoyable. Make sure they take some time to think about, and make note of the reasons why they like or dislike a task. Once they have completed the exercise, have participants volunteer which duties they found most and least enjoyable.

Lead a discussion about the similarities and differences between staff members. Are any of them surprised about what others have said? Are there any tasks they either all enjoy or all dislike? How can they work together to ensure all the tasks get completed in a way that is fair for everyone? Caution the group against having people 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.

Activity: Time Management

Resources Required: Self Study manual

Photocopies of Handout - Time Management Exercise

Time Required: 45 minutes

Present the information in the *Time Management* section of this module.

After discussing the last point (keeping busy when it is slow), ask the group to brainstorm a list of tasks that could be done when work at the shelter is not busy - the sort of tasks that people always think about doing but never seem to get done. Suggest creating a checklist of tasks for the Shelter that they could use whenever they think there is not much to do.

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Next, ask participants to complete the Time Management Exercise. This exercise is meant to help shelter workers understand the importance of time management for their many responsibilities by providing a realistic scenario. This exercise will also bring out differences between staff in how they prioritize, which may be leading to underlying conflict on or between shifts.

Once complete, have a group discussion around the following questions:

1. Which activities are high priority? Why? Which activities are low priority? Why?
2. Did everyone rate the tasks in the same way? Why do you think these differences exist? Can these differences be linked to a person's like or dislike of certain tasks?
3. Does understanding the differences in how your colleagues rate the importance of task help you in any way?

Facilitation Tips:

Keep in mind there are no clear cut right or wrong answers, but generally most shelter workers should be able to recognize the following situations 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. Also link the importance of each task to the time sensitive nature (or lack thereof) that accompanies some of the tasks. 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 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, staff persons should be aware of the current status of the file and should review the most recent notes for each client as soon as possible on each shift.

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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

- 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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Notes:

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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.

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Activity: 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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Activity: Time Management

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
- ___ Four messages to return
- ___ Woman at the door
- ___ A room needs to be cleaned for the new client

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Module 3.2: Ethical Practice

Module Overview

The purpose of this module is to provide shelter staff with an understanding of the importance of making ethical decisions and working in a way that will best meet the needs of their 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.

Facilitation tips

You may find that you have participants in your group who are surprised to learn that they have been acting in ways that are unethical or inappropriate in their professional role as shelter workers. This might lead to some resistance about the material. They may argue that the view of ethical practice as presented in this module is too narrow. They may feel that if they start to enforce all the boundaries discussed in this module, then they are no longer meeting the needs of their clients. The best way to help them learn how to balance meeting client needs and ethical practice is to encourage them to continue to think about their relationships with clients as a new type of relationship that should have different 'rules' for how they act. Even if they have done things that are not in line with ethical practice in the past, does not mean that they cannot learn to do so. Encourage them to think about how they would want a professional to act and to try these new skills. Ask them to remember that it is their job to do the best they can to help all their clients. Generally speaking, acting in an ethical way is the best way to achieve this goal.

Activities

Activity: Ethics and Ethical Standards

Resources Required: Self study manual and/or photocopies of the Shelter Worker Declaration
Flip chart paper and markers

Time Required: One Hour

Facilitation Tips:

Prior to starting this section, find out from the shelter supervisor if any of the staff have signed the Shelter Worker Declaration contained in their policy and procedures manual. If not, this is a good opportunity to have staff review the Declaration and

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really understand what they are signing. Even if all or some of the staff have signed the Declaration, they may not understand what ethics are. Use this opportunity to increase their knowledge about ethics and to encourage them to follow the Declaration.

Present the information in the *Ethics* section of this module.

Ask the participants to take a moment to think about why each of the 21 ethical standards in the Shelter Worker Declaration is important. Put up four sheets of flip chart paper at the front of the room. On each paper put one of the following headings, so that each piece has a different heading:

- 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.
- Act in a way that does not take advantage of your power over clients.
- Act in a way that builds public confidence in your profession.

Ask the participants to take turns telling you where each ethical statement belongs - for instance, the first ethical statement is important because it will help them act in a way that ensures they always respect the human dignity and freedom of their clients; that they do not take advantage of their power over clients; and that they build public confidence in their profession. So you would place the number one under each of the three appropriate headings. By the time the group is finished you should have the following numbers under each heading:

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

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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

At the end of the activity lead a discussion about the Shelter Worker Declaration. Be sure to cover the following points:

- Can they think of any ethical standards that are missing?
- If so, what are they? Should they be added?
- Are there any standards they disagree with? Why or why not?
- Do they think they can/should still work at the shelter if they don't agree with certain standards? Why or why not?
- Are there ways they can make sure they follow these standards even if they don't agree?

Activity: What Would You Do?

Resources Required: Self-Study Manual or photocopies of the activity

Flipchart paper and markers

Shelter Policy and Procedures Manual

Time Required: One Hour

Present the information about *Confidentiality* and *Informed Consent*.

Break the group into pairs or groups of three. Ask each group to answer the following questions about each of the scenarios in the activity:

- 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)?

When they are done, ask each group to share their answers while you record similarities and differences between the groups on the flip chart. Discuss these similarities and differences in their answers. Is there general consensus about what the issues are and what should be done in each situation? If not, what is the impact of having different ideas of what confidentiality is between staff members in a shelter? How can they overcome these differences?

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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.

Facilitation tips:

Help the group realize that the ethical issue in this situation is that they have private information about someone due to their work at the shelter. Even though the neighbour is not a direct client of the shelter, they would not know about his abusive history if it were not for their work at the shelter. If they were to share this information with their 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, they must not break confidentiality in this case. Help them brainstorm some ways that they could support their friend that would not break confidentiality.

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 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.

Facilitation tips:

Help the group realize that the ethical issue in this situation is that they 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. They must always respect the choices of clients despite the

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fact they may be worried. In order to treat Christine as an individual who can make her own choices, they should follow her lead when it comes to contact. If she acknowledges them, they can acknowledge her in a similar way, if she approaches and speaks to them, they can speak to her back without saying anything about her ever being a client in the shelter. If she walks away and pretends to not know them, it is not appropriate for them to approach her.

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.

Facilitation tips:

Help the group realize that the ethical issue in this situation is that they 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 they go get her is in her best interest given the situation. However, they 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, they 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, they 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 they know for certain this man is her brother, they 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. They 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.

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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.

Facilitation tips:

Note: If you are not sure about what their responsibility is under the Child and Family Services Act, it is a good idea for you to review Module 4.2.

There is not quite enough information here to determine exactly what the ethical issue is, so this is a good opportunity to discuss a couple of things that might be happening here. The issue may be that they have not informed the client of the limits of confidentiality. It may also be that they are wondering if they have enough information to determine if the children are at risk or have been abused. Either way, if they ever fear for the safety of children, they have a duty to do something about their concerns. The best thing to do in this situation is to ask for a few moments of the new client's time to explore their concerns. They could tell her what they have noticed and ask her if she has any concerns for the safety of her children if she returns to her partner. If they have not already explained the limits of confidentiality, they must also do so immediately. If they suspect child abuse and the woman chooses to leave the shelter they must contact a social worker to report their concerns. If the woman chooses to stay at the shelter they can explore their 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, they know the children are safe and they can help the woman connect with a social worker for longer term planning.

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 that he is an RCMP officer and that Sandra's abusive partner has just been released

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

Facilitation tips:

Again, the ethical issue is around breaking confidentiality in order to 'protect' the client. Help the group realize that they do not know who the person is on the other end of the phone and that they pose a safety risk to Sandra if they 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 them to share information with the RCMP, they 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 them to share any information with the RCMP but has said it is OK for shelter staff to contact her at work they could try to track her down to make sure she gets the message as soon as possible.

Activity: Where is the Line?

Resources Required: Lots of room for moving around

Self Study Manual or copies of the activity

Time Required: Two hours

Before you start this section, do a quick demonstration of what physical boundaries are. Split the group into two smaller groups and ask them to stand in a line facing each other. Try to have it mixed up so some people are facing someone they know well and other people are facing someone they don't know well. Instruct one line of people to stay where they are. Tell the other line of people to slowly start working toward the person facing them and to stop walking as soon as they start to feel like they are too close to the other person. When they are stopped, ask them to take one more step forward. Stop and discuss what is happening.

- How did they know they were getting too close to the other person?
- How did they feel when they had to take one step closer, once they had stopped?
- For the people who were not supposed to move - do they think the other person should have stopped sooner? Why didn't they speak up if they were uncomfortable?

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Facilitation Tip:

It will be important for you to watch the group closely to see any signs of discomfort with the activity. Watch for things like giggling and leaning away from the person facing them. If you see these things, ask the individuals why they behaved this way. This would be a great opportunity to point out that sometimes we don't know how to enforce our own boundaries so we do other things to try to increase our comfort level. This could be true of many of the clients they will work with, so it is their responsibility to enforce appropriate boundaries in case their clients don't know how to speak up when they are uncomfortable with what the staff person is doing.

If the group is interested, you could repeat this activity with the opposite group of people standing still and the other group walking toward them.

Present the information in the Boundaries of this module, including the questions in the section titled *Before You Act*. Key points to focus on are:

- Everyone may have different boundaries in their personal relationships. Just because someone else does not seem bothered by something does not mean they should also not be bothered.
- They should learn to listen to their instincts - when they feel uncomfortable with something, it should be considered a warning sign that their boundaries are being crossed.
- Although everyone may have different boundaries in their personal relationships, there are certain boundaries that all professionals are expected to keep when working with clients. This does not mean that everyone has to act the exact same way, all the time. But it does mean, shelter workers should be able to maintain similar boundaries with clients so that clients will know what to expect from staff in the shelter.
- The questions in the section 'Before You Act' should help them learn how to act in an ethical way as they enforce appropriate boundaries with their clients.

Present the activity on Boundaries: *Where is the Line?* With the following introduction:

At times, some interactions Shelter Workers have with clients may blur the lines of professional boundaries. There are many different opinions among workers about what

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actions cross these lines and which do not and this exercise is meant to help establish some general guidelines for maintaining boundaries.

Ask them to work alone and pretend they 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 the shelter worker is maintaining her professional boundaries.

When they are finished ask them to share their thoughts. Use the **Facilitator's Tips** provided below to help you guide the discussion.

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.

Facilitation tips:

This action in this scenario is inappropriate

Why? By sharing this information the staff person has changed the relationship. During this discussion their focus was not on the client. The clues that this disclosure was inappropriate are that they lost track of time and spent about an hour talking about their own past trauma and the client seemed to be making a comment about something she is not really seeking help for. The client might now feel like she needs to help the staff person.

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.

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- 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 talking with a counsellor really helped. You offer to make a referral to help her get in quicker if she is interested.

Facilitation tips:

The action in this scenario is appropriate

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

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.

Facilitation tips:

The action in this scenario is 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 one staff person, 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 members. Or it could be that the client is unsure how to express her appreciation.

- ii) 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

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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.

Facilitation tips:

The action in this scenario is inappropriate:

Why? There are two clues that this gift is inappropriate - 1) she seems 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) she has never done something similar for another client. Acting in this way may be showing the other clients and staff that she really likes this woman. She may think that because she gave the gift to the mom and not directly to the child that nobody needs to know who actually bought the doll. Even the fact she may be considering keeping this action a secret from other staff is a huge red flag that she is not acting ethically.

A more ethical approach: Today is the fifthth 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 through the items that have been donated to the shelter to find a doll.

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 two 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.

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Facilitation tips:

The action in this scenario is appropriate

Why? This woman has not been a client for a long time and seems to have moved on in her life and seems to be in a loving relationship. Even if you don't know for certain that her new partner is not abusive, the fact that 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) 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.

Facilitation tips:

The action in this scenario is inappropriate:

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

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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.

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 favorite 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.

Facilitation tips

The action in this scenario is 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 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 one hour past her bedtime is an ethical thing to do. This is not to say that denying the request is unethical. They 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 they would do the same for any client.

- 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

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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.

Facilitation tips:

The action in this scenario is inappropriate

Why? There are a couple of clues the 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 they 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, they 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.

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

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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.

Facilitation tips:

The action in this scenario is inappropriate

Why? The worker did the right thing by admitting her into the shelter. However, it seems like the worker might need some help setting appropriate boundaries with her. Given that she is the only staff person on shift, they have no choice but to support her in staying at the shelter. At the same time, she needs to understand that she must treat them with respect when she is in the shelter and that this new relationship with her has to have different rules. If other women who are staying at the shelter see that the two of them are not getting along, they might not feel comfortable staying in the shelter. There is also the potential they would be caught in the middle. They would not be able to provide appropriate services to the other women if they are spending a lot of 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 that 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 explore the option of her going to stay at a different shelter in the NWT if she wants.

- 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 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

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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.

Facilitation tips:

The action in this scenario is appropriate

Why? According to the information in this scenario the worker has been a supportive and helpful friend. Sitting with her as she goes through the intake process is an appropriate thing for a friend to do. They are setting a boundary with her by making sure a different staff person does her intake. To ensure they continue to act in an ethical way, it is a good idea to talk to her about the difference between being a friend and being a shelter staff. They could tell her they want to continue being able to support her the same way they 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.

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.

Facilitation tips:

The action in this scenario is inappropriate:

Why? First of all, take note of the fact that this is a new client, which probably means that the worker does not know her well. Secondly, the worker doesn'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 by others and in this situation, the hug is not initiated by the client. Instead it seems like the worker is upset by her distress and might be trying to make herself 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.

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- ii) A client comes back from a job interview that went so well that 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.

Facilitation tips:

The action in this scenario is appropriate:

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

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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Notes

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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.
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.

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- 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.

Signature of staff person: _____

Date: _____

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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 her new next-door neighbour is the ex-partner of a former client and he has a history of abusing his partners. When talking on the phone, your friend tells you the nice guy next door helped her carry her groceries in and she has invited him over for coffee. You know from your client 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 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 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 her mother has been badly burned in a house fire and is

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being medevaced to Edmonton very soon. The man tells you 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 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 the partner will go after her. You know Sandra's partner owns guns and has threatened to kill her if she ever left him.

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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?
- Next, fix the scenario so 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.

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.

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- ii) 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 of 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 two 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 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 that she will miss talking to you. You give her your home phone number and tell her to call anytime if she needs to talk.

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 favorite show. Given that the child has been sick and sleeping all day you figure it might be

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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 you cook her something to eat. You think 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 up at the shelter one day and asks if she can come in to stay for the night. You tell her 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.

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6. Physical Contact:

- i) 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 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.

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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 your participants become more aware of your personal values and beliefs and how they impact your work in the shelter.

Facilitation Tips

There are many discussions and brainstorming sessions you could potentially have with the group as you complete this module. What you are able to complete will depend on the amount of time you have to spend on this topic. What will be provided here are ways to facilitate the activities in the self-study manual in a way that will enhance the ability of your participants to grasp the topic. However, if you have time, it is highly encouraged that you use as many of the 'Stop & Think' sections of the self-study manual as discussion topics or brainstorming sessions using either a large or small group setting. If you do not have time for these extra discussions, make sure you tell the participants it is very important they also work through this module on their own time.

Activities:

Activity: Values and Beliefs in Action

Resources required: Self study manual

Three copies of the blank graphic for each participant

Flip chart paper and markers

Time Required: 1 ½ hours

Present the information in the *Values and Beliefs* and the *Your Values and Beliefs in Action* sections of this module.

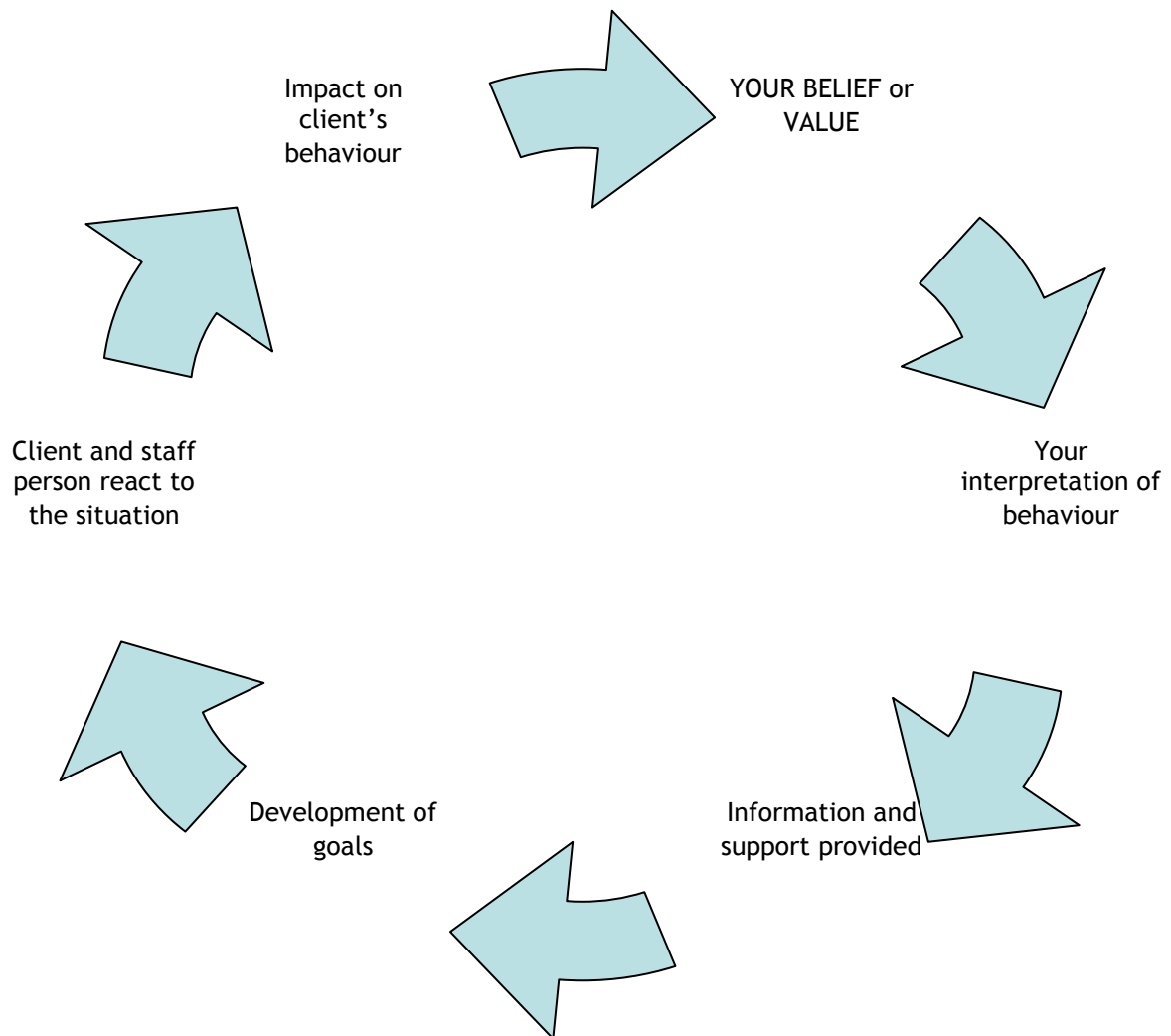
Facilitation tips:

It is important to not get caught up on what the difference is between values and beliefs in this module. Whether or not someone labels something as a value, belief or even an attitude doesn't really matter. What is important is that people start to become self-aware of the things they believe and the views they have and how this all impacts their work in the shelter. You should also help the participants understand that

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letting their values and beliefs influence how they interact with clients happens no matter how 'good' they are at their job or how 'non-judgemental' they try to be. They cannot 'turn off' their values and beliefs no matter how hard they try. However, if they try to understand how their values and beliefs impact their work, they can put their own values and beliefs temporarily aside to make sure they are trying their hardest to help clients in a way that is in line with what the clients actually want and need.

Present the following graphic to show how beliefs and values can impact their work:



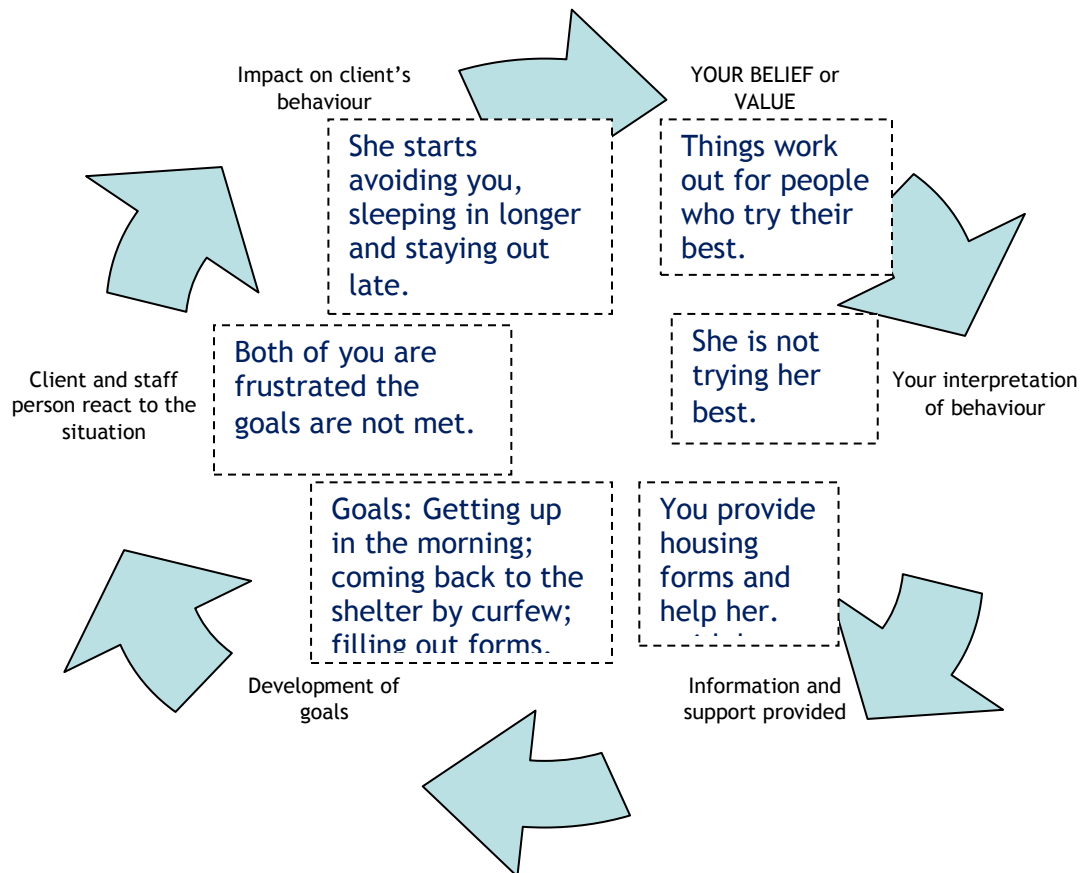
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Part 1: Help the group apply the steps in the graphic above to the following scenario:

Let's say 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. 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. It seems like no matter what she does, she can't keep a job or an apartment and her kids keep getting apprehended. None of these things are her fault - instead, there is always someone else who seems to be behind these things happening to her. 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. 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.

You should be able to fill in the steps with information similar to the next graphic:

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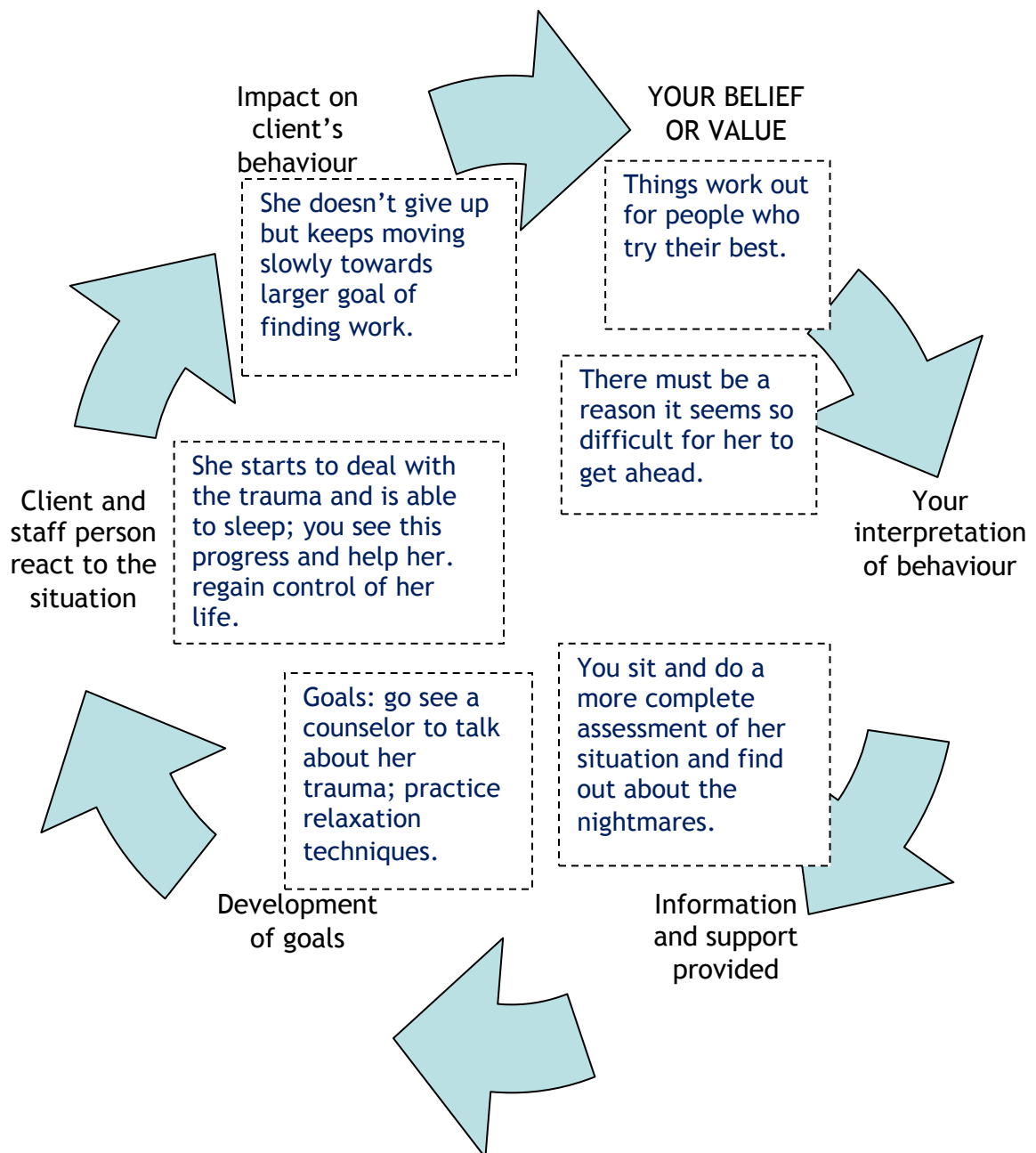


Part 2: Next provide the following piece of information:

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.

How would this additional piece of information change their actions and behaviours if they were going to help this woman? As a large group, fill in the graphic again. It should end up looking similar to this:

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Part 3: Ask each participant to come up with a specific situation they have tried to help a client with. This could be a client they did not seem able to help or a situation where things turned out quite well. Ask them to consider which of their underlying beliefs and values impacted that situation. Then have them fill out a blank graphic as they did in the large group format in Parts 1 and 2 of this activity so they can assess what might have happened in their situation. When they are finished, ask those who are comfortable to share their graphics with the group.

Facilitation tips:

If you have any participants who can't seem to come up with their own situation, you could assign one of the statements commonly made by clients along with a possible underlying belief from the next activity for them to work with.

Activity: Different Beliefs ↔ Different Actions

Required Resources: Self Study manual and/or copies of the activity

Required Time: 45 minutes

The purpose of this activity is to again demonstrate that different beliefs may lead to different helping behaviours. However, this does not mean the help offered is easily identified as 'right' or 'wrong'. It also does not mean a staff person who believes certain things is not able to help clients at all. It just means that sometimes our beliefs can get in the way of looking closely at a situation to really figure out what is going on. Instead, we can end up making assumptions about the situation that are in line with our own beliefs and values and miss an opportunity to help our client in a way more congruent with what she wants and needs. Sometimes the difference in the help offered is very subtle but can make a huge impact on the client.

Ask the participants to fill out their incomplete copy of the chart for this exercise (it looks like the one below, but the last column is not filled in). Ask them to get into groups of two or three and fill in the chart.

Possible answers are provided below to guide your discussion when they have completed the chart. For each situation ask the group which type of help they think is best in the given situation.

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

Resources required: Self study manual and/or copies of the chart to be filled in.

Time required: 45 minutes

Present the information in the Values and Beliefs about Responsibility section of this module.

Read the following parable to them and ask them to work alone to complete the chart that follows. Do not let them discuss their reactions to the parable before they complete the chart. It is important they fill out the chart according to their 'gut reactions' to the characters so they can tap into their own beliefs about personal responsibility and helping others.

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.

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

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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Once they have completed their charts let them know there really is no right or wrong way to list each of the characters in order of their responsibility. However, it is important to examine how they chose to list them because their choices say a lot about their values and beliefs around responsibility and what their role is as a helper. Help them examine their answers a little closer so they can learn a little more about what their values and beliefs are.

Annie: Where did they put her on their lists? Why?

Is she a victim of the captain?

Is she just a person who broke the trust of her boyfriend?

Think about what her beliefs and values around relationships may have been.

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 she is near the top of your list, is it possible that you are 'victim-blaming'?

George: Where did they put George on their lists?

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? Why would this matter?

What do you think his values and beliefs are about women?

Henry: Where did they put Henry on their lists?

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 he could have done to prevent what happened to Annie?

What can he take responsibility for?

What do you think his values and beliefs are about relationships?

The hermits: Where did they put each of them in their lists?

Is one more responsible for what happened than the other? Why or why not?

How do you view the actions of each of the hermits?

Which one was most helpful? Why?

Which hermit are they 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?

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Activity: What Does She Believe?

Resources Required: Self study manual and/or copies of the activity for them to complete
Flip chart paper and markers

Time Required: 45 minutes

Now the participants have had some practice examining their own beliefs they should be more aware of how they could impact their work with clients. As this awareness builds and grows, they will be more open and able to assess the beliefs of their clients so they can offer the best type of help and support that would meet the needs of the client.

The way you complete this activity will depend on the energy level of the group. You could ask them to complete the chart individually and share their answers; or they could complete it in small groups; or you could even turn this into a large group discussion if you are running out of time and the group really likes discussing things together.

Possible answers to guide your discussion are provided in the completed chart below:

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.
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.

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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.
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.

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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 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.

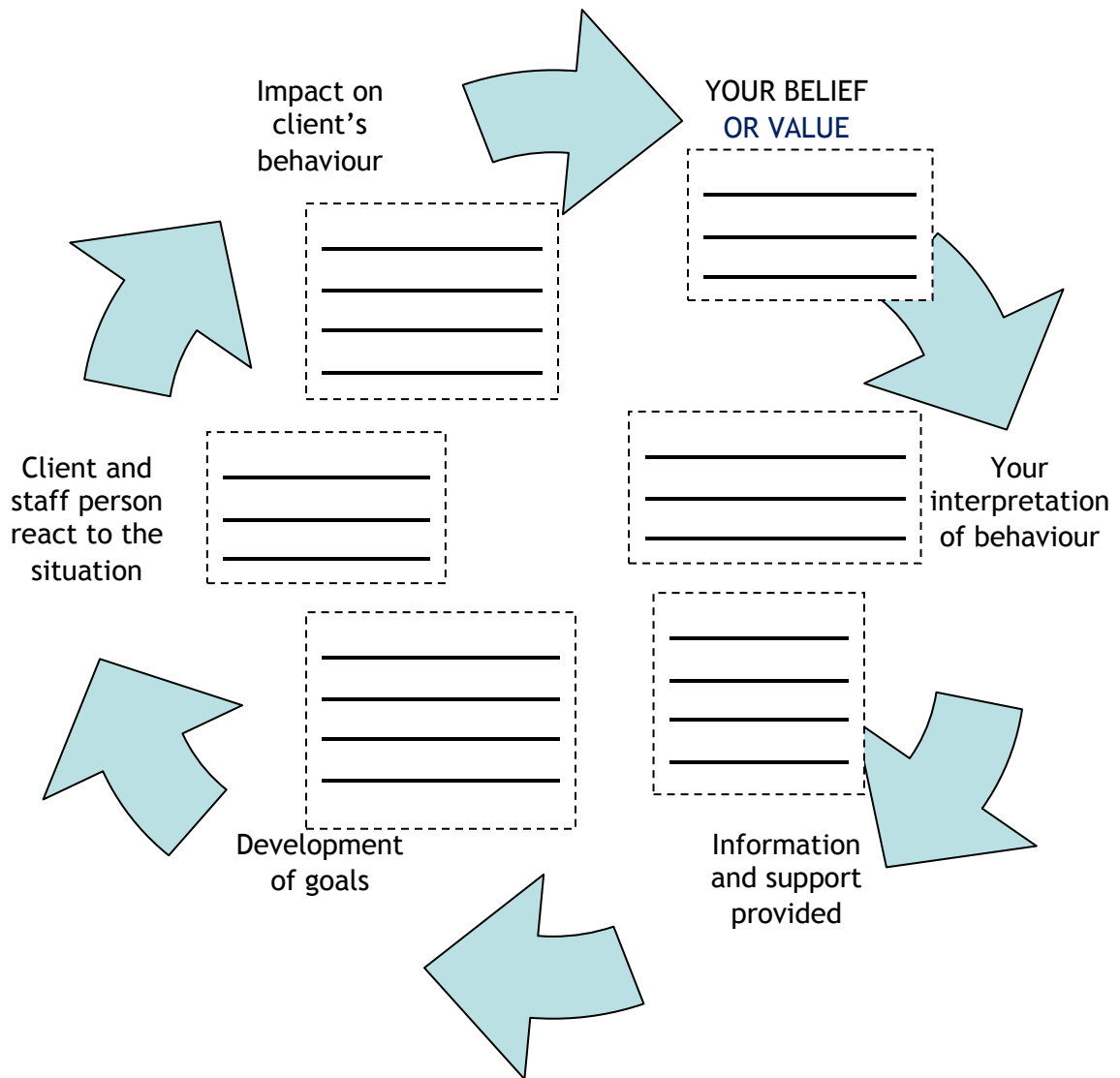
Related Modules

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: 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)?

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..	

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A woman says....	If a helper believes that....	The helper may....
	There are a lot of barriers for women who are trying to make it on their own. We need to be flexible sometimes.	

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Activity: What Does She Believe?

Think about the following statements 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.		

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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 your participants with information and tools to take care of themselves as they provide support to others. You will also introduce 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 their work and their ability to provide support to women and children. If they are aware of the warning signs and symptoms, they can monitor themselves and take steps to prevent these things from having a long term negative impact.

Facilitation Tips

It is important to stress to the group that they can only help others if they are able to keep themselves healthy in all spheres of their life - mentally, physically, emotionally and spiritually.

Before presenting the information in this module, take a few moments to assess what the group knows about self-care and how they currently incorporate self-care into their lives.

- Is this something they truly make time for?
- Do they spend a lot of time talking about self-care but not a lot of time doing it?
- Have they found successful strategies? What are they?
- Does it seem like nothing really works to help them feel refreshed and less stressed for more than a day or two at a time?
- What are the barriers keeping them from taking care of themselves?
- When is it particularly important to monitor professional health and well-being?
- When is it the most difficult to monitor professional health and well-being?

Having this sort of information will help you know what parts of this module are the most important to focus on with your group.

It is also important that you realize there are no clear cut right or wrong answers to any of the activities in this module. Instead of trying to find answers, it is important to help the participants realize they will probably be quite unhappy and stressed out if they don't find ways to take proper care of themselves. If this is their state of mind, they really are not

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going to be able to help anyone, no matter how many hours they spend at the shelter or how many clients they come into contact with. Whether or not they are able to find effective self-care strategies really does impact the quality of their work - and it is quality rather than quantity that makes a difference to clients.

In order to help you work through this module, you might want to review the resource *Guidebook to Vicarious Trauma* (which each shelter should have a copy of - or you can download it at: http://www.phac-aspc.gc.ca/ncfv-cnivf/pdfs/fem-vicartrauma_e.pdf) so you have an increased understanding of the need for effective self-care. There is also an exercise on self-care on pages 35-38 that you could substitute for any of the activities provided here. If you think the group could use the extra information and you have time, you could complete it in addition to these activities.

Activities

Activity: Self-Care

Resources required: Self Study manual

Post-it Notes (make sure they are all the same colour)

Flip chart paper

Time required: 20 minutes

Present the information in the *Self-Care* section of this module.

Pass out stacks of small post-it notes. Ask the participants to each take a bunch of post-it notes. Tell them to peel off a post it note and hold onto it each time you read a warning sign that they have experienced at some point over the past month.

Read the following list of warning signs that they need to improve their self-care:

- ☐ 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

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- ☐ 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 humour
- ☐ 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
- ☐ 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

When you have read all the warning signs, ask the participants to come to the front of the room and put their post-it notes onto a piece of flip chart paper. Make sure you do this as a group so nobody really knows or can see how many warning signs each individual has. In the end you should have one piece of flip chart paper with numerous post-it notes all over it.

Give the group some time to reflect/discuss what the results say about their need for improving self care strategies.

Activity: Work-Life Balance

Resources Required: Self study Manual and/or copies of

Flip chart paper and markers (if you wish to do a brainstorming exercise)

Time Required: One hour

Present the information in the *Self-Care: 3 Things You Must Do* section of this module. While going through the information, provide opportunities for participants to talk about the barriers they have for enforcing these three strategies in their lives. However, as they do so, it is important to not lose the fact that these strategies are very important; so instead of coming up with just the reasons for not doing them, help them brainstorm ways to overcome these barriers. This could be in the form of a formal brainstorming activity.

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After you have covered each of the three strategies, have participants complete the work-life balance quiz. When they are done you could have a brief discussion with the group to see if anyone wants to share their thoughts about the quiz. Was anyone surprised about their results? Whether or not you choose to have a discussion will depend on the comfort level of the group with this topic.

Activity: Monitoring My Self-Care

Resources Required: Self-Study Manual and/or copies of Monitoring My Self-Care

Time Required: 45 minutes

Present the information in the *Self Care Strategies* section of this module.

Ask the participants to complete the Monitoring My Self-Care activity by giving the following introduction:

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 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.

You are not going to be asked to share your results when you are done, so please be as honest with yourself as you need to be so you can really learn what you areas you need to improve on.

Activity: Burnout and Vicarious Trauma

Resources Required: Self study manual

Television and VCR

Video: Vicarious Traumatization I

Time Required: 1 ½ hours

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Present the information in the *Burnout and Vicarious Trauma* section of this module, making sure to also cover the piece on symptoms.

Watch the video titled *Vicarious Traumatization I*. A copy of this video should be found in with the resources owned by the shelter. If you cannot find it, you can 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).

When you have finished viewing the video, take some time to discuss the impacts discussed in the video on the day-to-day lives of the helpers in the video.

- How are the impacts of vicarious trauma described?
- Have they experienced any of these impacts? If so, which ones?
- What can they do to try to make sure these impacts don't get worse?
- What are their reactions to the video?

Facilitation Tip:

Make sure you view this video in advance so you are prepared to lead the discussion. As the participants are watching the video you should be paying attention to their reactions to the information so you can revisit these reactions and/or be aware of the parts of the video that might be most useful to focus on during your discussion with them.

Activity: A Personal Self Care Plan

Resources Required: Paper, pens, markers, art supplies

Time Required: 30 minutes

Based on what they have learned from this module, have participants create their own self care plan that will outline the steps they will take to improve their self-care strategies. Their plans should use positive and encouraging language. Using coloured markers, pencils and/or pens can encourage participants to design a plan that looks positive as well as using positive language.

Facilitation Tips:

Encourage the group to be creative as they design these plans because creativity in itself can be an outlet for stress. A creative looking plan will also help them remember

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the commitment they are making to themselves. They may even wish to post their plan somewhere so they can always be reminded of what their goals are.

It may be helpful if you take some time to review the section in Module 7.4 on SMART goals so you can help the participants develop plans that are useful and achievable.

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

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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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Activity: Monitoring My Self-Care

Rate the following areas in frequency:

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		
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		
I get enough sleep		
I take vacations		
I take day trips or mini-vacations		
I make time away from telephones and email		
Other:		

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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:		

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		

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Emotional Self-Care, continued	Now	Ever
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		
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

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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:		

Comparing the number of 'Now's' in each category:

Which categories are going well?

Which categories need some attention?

One activity that I could start
doing today is:

Considering the 'Ever's'

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?

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Module 4.1: Legal Protection from Family Violence

Module Overview

The purpose of this module is to introduce your participants to the legal protection from family violence available in the NWT. Legal options 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*. They 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.

Facilitation Tips

Many people are intimidated by the entire legal system. People may not understand the difference between different types of legislation and may not even be aware of certain rights they have. Sometimes people may think they know things but then find out their understanding is incorrect. Before you start this module it is important that you have an understanding of some of the legal issues related to family violence and family law. A good place to start is by reading the Family Law Manual which can be found at: http://www.justice.gov.nt.ca/pdf/Family/Family_Law_Manual_WEB.pdf. If you have questions after reading this manual it is important you find the answers to your questions from qualified people. Look in the Community Resources section of the Manual to help you locate an appropriate person to contact.

Working in the field of family violence means your participants have probably had many interactions with the legal system. Hopefully, 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, there may be some strong views and feelings about the justice system, lawyers and the RCMP held by some participants.

As a facilitator you will need to know exactly how the group views the justice system in order to make sure they are able to learn to properly use the tools discussed in the module. Some discussion questions you can use prior to presenting the information in this module are:

- What have your experiences been with the legal system?
- Do you think the legal system is responsive to the needs of victims?

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- What do you think needs to improve in the legal system?
- What is your understanding of things like EPOs, Protection Orders, Restraining Orders, Peace Bonds, and Victim Impact Statements?
- Are any of these things effective in stopping family violence from happening? Why or why not?

Be prepared to hear some very negative stories and impressions about the legal options that are available. Part of the reason for this negativity is that people tend to have very high expectations of legislation and the justice system. The reality is that neither of those things are perfect. However, if we understand what the limitations of these tools are and how they are to be used properly, it is more likely that people will have positive experiences with the system.

Once you have this information you will be in a better position to know what parts of the module you will need to focus on. A key message to keep repeating to your group is that none of these legal tools are magic wands. Instead, they are only as effective as the safety plan around them. A victim who is not able to report to the RCMP if/when the abusive person breaks the terms of the order will probably not benefit from this type of protection unless other people know about the Order and can call the RCMP on her behalf.

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, they should always tell clients about their legal options in case they do ever want this type of protection. If they also know her reasons behind not being interested in legal protection you might also be able to discuss some of her related concerns so that she can begin to think about getting legal protection as a valid option for her when she is ready.

Activities

Activity: Protection Against Family Violence Act (PAFVA)

Resources Required: Copies of the Prevention Against Family Violence Act which can be found at: http://www.justice.gov.nt.ca/PDF/ACTS/Prot_Against_Family_Violence.pdf

Time Required: 45 minutes

Present the information in the section of this module titled *Protection Against Family Violence Act*, making sure to cover all three of the options available under PAFVA.

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Then, ask the group to split up into pairs. Distribute copies of the Protection Against Family Violence Act. Tell the pairs to read and discuss what the Act actually says to make sure they understand it. When they are done you should have a brief, large group discussion about their understanding of the Act. Make sure you discuss the part of the Act that covers what can happen to respondents who choose to not follow the conditions of the order.

Facilitation Tip:

This is good opportunity for your participants to learn how to read confusing legal documents like this. Having a 'plain language' description of the act should help them get through it and increase their understanding. In order to be able to answer any questions they may have it is extremely important that you have read the Act ahead of time and sought out the answers to any of the questions you might have about it.

Activity: Role Play - What Fits for Me?

Resources Required: Self Study Manual

Enough space for participants to be able to role play in pairs

Time Required: One hour

Present the information contained in all the remaining sections of this module. Spend some time reviewing the chart that outlines similarities and differences between all the different Orders discussed in this module.

Ask the participants to split up into pairs. They should pick a different partner than they had for the last activity. Tell them they will be doing a role play - one of them will be a victim who comes into or calls the shelter and the other will be the shelter staff. The person who is pretending to be the victim can base her character on a past client or situation they have worked with or can make up an entirely new character and situation.

The shelter staff must figure out which of the legal options (if any) might be most appropriate to help protect the client. Things they should consider in the role play are: what could they say to client to see if they would be interested? What types of information would be important to discuss? When they are done, they should switch roles so that each person gets a chance to be the shelter staff.

Facilitation Tip:

If you are presenting these modules sequentially, this is the first time your participants are expected to role play. Some of them may be very uncomfortable doing this because they are not used to 'acting' as a way of learning. This is one of many role play activities they will be doing as a part of this training so it is important that they try to

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become comfortable with this sort of activity. Role playing these skills is important in helping them become confident in what they do. If they do not practice how they will talk to clients and what types of things they need to do to assess what the clients' need are, they will not be confident the first time they do these things with actual clients. Practicing now, with other people who are learning, means they will be better able to help clients later rather than spending time wondering what they should and shouldn't do when a similar situation happens. If they are not confident when meeting with clients about what their legal options are, the clients may not be comfortable pursuing any of the options that are presented to them. Obviously this is not helpful. The bottom line is: if they are not able to practice, they will not be able to do it in a real situation.

If you have participants who continue to be hesitant about role-playing, try setting up some ground rules for the group so that an atmosphere of trust, safety and acceptance can be established. Ask the participants exactly what they would need to be more comfortable doing this sort of activity and do your best to meet those needs.

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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.

Facilitation Tips:

Ensure the participants know that every adult in the NWT shares the responsibility of ensuring the safety and well-being of children. However, because of their work in a shelter they will be held to this responsibility more so than the average person.

You may find that some of the participants have a very negative view of the Health and Social Services system and of the work done by child protection workers. If this is the case, it is important to help the participants explore where these negative views come from. They are now working in a role that will likely require them to work closely with child protection workers so it is important that they learn to do so in a way that is professionally appropriate and helpful to the client.

Guide the group to the realization that they have something very important in common with child protection workers - their desire for children to be safe and free from harm. Differences of opinion and conflict arises when the shelter worker disagrees with what the child protection worker decides needs to happen in order to keep the children safe. It is important that the Shelter Workers are able to advocate for their clients and help educate child protection workers about the needs of women and children who are victims of family violence. In order to be able to do this it is important that they understand the Health and Social Services system.

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Activities

Activity: The Health and Social Service System & the Child and Family Services Act

Resources required: Self Study Manual

Copies of the *Child and Family Services Act*

Time required: One hour

Present the information about the Health and Social Service System and the *Child and Family Services Act*.

Facilitation Tip:

In order to do this, it is important that you understand the system. If you do not, contact the Manager of Child and Family Services at the Department of Health and Social Services who can help clarify some of your questions so you are relaying the appropriate information to your participants. You can reach the person in this position by calling 867-873-7046.

Activity: Reporting a Disclosure of Child Abuse

Resources Required: Self-study manual or copies of the Activity

Time Required: 10 minutes

Review the flowchart with participants. The flowchart represents the steps that must be taken when reporting child abuse. Have participants complete their Reporting a Disclosure of Child Abuse in My Community with the information they would use when working in their own shelters.

Activity: To Report or Not to Report

Resources Required: Self-study manual or copies of the scenarios

Time Required: One hour

Present the information in the following sections: *Responsibilities of a Shelter Worker; Talking to Clients About Making a Report and Common Fears*.

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Assign each participant a scenario from the *'To Report or Not to Report'* activity to work through and answer the following questions;

- What would you do? Why?
- If you decide to call social services, what information would you share with the social worker?
- What would you tell the mom in each situation?

If you have more than five participants, you will have more than one person working on some of the scenarios. This is OK - just don't let them work together. The purpose of this exercise is to see what their 'gut reaction' is to the situations and to see what they would do if they were alone and not able to consult with their co-workers.

Give the participants about 10 minutes to come up with their answers and then ask them to share with the larger group. In addition to the point that you should cover for each of the scenarios as indicated below, you should also have a larger discussion with the group about the following:

- How difficult or easy was it to come up with what you would do in these situations in the absence of being able to talk to your co-workers about it?
- Now that you have heard the feedback from the group and suggestions for how they would deal with the scenario, would you do anything differently? Why or why not?
- Now that you have heard all the scenarios, are there any situations that they would struggle with more than others? Why or Why not?

Facilitation Tips:

- It is important to clarify for participants that it is not up to them to decide or find out whether or not abuse is occurring. It is the role of the social worker to investigate the report. While participants will need to be able to tell the social worker why they are suspicious or concerned about the welfare of a child, they do not necessarily need to see or hear the abuse to make the report.
- If participants are unsure about whether or not a report needs to be made, encourage them to contact the on-call social worker in their community to discuss a hypothetical scenario.

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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.

Facilitation Tips:

- Although this child is almost an adult, if the mom is concerned about his safety, she probably has a good reason.
- The shelter probably has a policy that does not allow male children over a certain age (most likely over the age of 15) to be admitted to the shelter. This policy is intended to protect the safety of all residents.
- Talk to mom about any other informal safety options for her son. Are there other family or friends that he could stay with?
- A support services agreement could be helpful.
- Talk to the mom about the help that social services may be able to provide - such as finding her son a safe place to stay while she is in the shelter.
- If the mom is not interested - they have reason to be concerned about the safety of everyone involved.
- If she does come to the shelter, they have a responsibility to make sure the son has found somewhere safe to stay and should consider calling social services to discuss the situation.
- If the mom does not want the shelter worker to make the call, they need to tell her that they are very concerned about her son's safety and need to make sure he has the support he needs while she is away from the home.

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 counsellor. 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.

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Facilitation Tips:

- The child has obviously been exposed to repeated incidents of abuse, despite what the mom would like to believe.
- An important point to consider is the past involvement of social services.
- 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.
- They should consider calling social services to report their concerns because 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 the abuse is having on her child.
- Sit down with her and be very clear about these concerns,
- If she becomes upset, let her know that social services should be involved so that they can work together towards their common goal of keeping her child safe.
- Make it clear that shelter staff can support her through this.
- Remind her of the limits to confidentiality.
- When the report is made (if she refuses to call to get help herself) they would share only the information that is related to their concern. When making a report it is not enough to just state that you are concerned about the well being of a child - there needs to be reason for this concern. 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, 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 has developed, or how much contact she has had with her partner while she has been in the shelter. They can find out all the specific details that they might need from the mom when they meet with her. It is important to be specific about why you are concerned. While you do not need to get into great detail - this information will be crucial so that social worker can determine why you are concerned and if this is an emergency.

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.

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Facilitation Tips:

- Consider the very close link between child abuse and intimate partner violence (see Module 8.1 for more information).
- Consider the higher risk a woman faces when she leaves the abusive relationship.
- 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.
- They must tell the mom about this increased risk and about the negative impact that being exposed to abuse has on all children.
- They should ask why she is not concerned about the little boy's safety.
- Ask mom to consider what message her young son is getting by being left behind.
- They 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.
- Even if she is still not concerned that the child is at risk, they have a duty to call the social worker to express their concern.
- It is likely that the social worker is aware the little boy stayed home because it is probably the social worker who arranged for her travel - discuss what they could do to appropriately educate and express their concern. See Module 11.2 for more information.

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.

Facilitation Tips:

- Offer to help the mother as soon as she gets off the phone.
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.

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- Help her identify her options and possible outcomes. For example, one option is calling 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 decisions 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, being certain to only include the relevant details. For instance, you would need to share if he has ever threatened to harm the children but 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. 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 the mom 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.
- If the children are located prior to involving social services or the RCMP for help, talk to the mom about the impact of witnessing abuse on her children and suggest she may want to involve social services if he has ever threatened to harm the children. In this case they would only contact social services if they were not sure the mom could protect the children.

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 more effective. She turns you down, saying that she has it all under control. That evening, she packs up her belongings and leaves the shelter.

Facilitation Tips:

- It is important to also explain to the mom that hitting a child in any way is not acceptable in the shelter.

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- Talk to her 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.
- It is concerning that she does not want help and she leaves the shelter that evening.
- They would need to call social services to report their concern because the mom does not seem to be open to getting help with her parenting.
- They would not tell the mom they 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.
- They would tell the social worker what they witnessed and where the mom is living (if you have this information). They 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 they are reporting (unless they are also concerned that she cannot protect her child from harm due to family violence).

Activity: Get to Know Each Other

Resources Required: Flip chart paper and markers

Guest speakers

Time Required: One to two hours, depending on the topics the group would like to cover

Invite a local social worker or two to come in and meet with the shelter staff. Explain that you are doing this training and invite them to come in and clarify their role, answer any questions that the shelter staff might have, and to also have their questions answered about the services provided with the shelter. Spend some time with the shelter staff brainstorming any questions or discussion topics they would like to cover.

Facilitation Tips:

If it seems like there is a very negative relationship between some of the staff and the social workers, this activity should probably be saved until you complete Modules 9.1-9.3. Even if there is a positive relationship, encourage the group to only discuss general topics rather than focusing on issues or concerns related to a specific case or woman. This should be an opportunity to build relationships and learn about the system. Any

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specific concerns should be addressed in a meeting with the social worker and the shelter staff (and probably their supervisors).

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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: 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.

Support your client:

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)

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 truly is in need of protection.

Contact the Child Protection

Worker:

Name _____

Phone _____

Fax _____

Location _____

Provide all
information and
answer all questions
that relate *directly* to
your concern.

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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 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 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 that 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.

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 more

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effective. She turns you down, saying that she has it all under control. That evening, she packs up her belongings and leaves the shelter.

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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 participants with an understanding of how to develop positive and supportive relationships with the women they want to support.

Facilitation Tips

This module can be considered an introduction to the next module which focuses on communication skills because so much of being able to build a positive relationship with clients will rely on one's ability to communicate. However, there are also other things to consider when building appropriate and professional relationships with clients. If you are covering this training manual sequentially, you have already covered topics around roles and responsibilities and ethical practice. It might be helpful for you to review that material prior to presenting the information in this module. If you have not yet covered that information with the group, you should definitely look at those modules so you are prepared to promote relationship building with clients in a way that is congruent with how this training views the appropriate roles and responsibilities of shelter workers and the importance of maintaining appropriate boundaries. The issues of informed consent and confidentiality are also central in the relationship-building process and need to be revisited here.

Activities

Activity: Relationship Building

Resources Required: Self-Study Manual

Flip chart paper and markers

Time Required: One hour

Present the information in the *Relationship Building* section of this module. Key points to cover are:

- That they can (and should) create positive, helpful relationships with any client as long as they strive to base the relationship on respect, rather than on specific personal characteristics that each person may or may not have;

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- It is their responsibility to create a warm and welcoming atmosphere at the shelter so any client can approach them for help if they so desire - the creation of this atmosphere starts as soon as a client connects with the shelter;
- The relationship they are creating with their clients is not a friendship, so they shouldn't be tempted to treat it like one. It is important to establish boundaries and to discuss things like confidentiality and informed consent early in the relationship. It is more difficult to go back and 'fix' things if the relationship gets off track than it is to set the stage for an appropriate relationship to form in the first place.

At some point during this section, do the following activity. You can be the judge of when doing so will fit best for your group and their energy level. This activity could be done at any point, including before you present any of the information about building relationships.

Have participants split into pairs or groups. Provide each group with a sheet of flipchart paper. Ask the group to split the paper into four sections.

Ask the group to think about a positive and supportive relationship with a specific person and a negative and/or unsupportive relationship with a different person. Point out that the characteristics or qualities of the relationship may be different than the characteristics or qualities of the people in the relationship.

For instance, in general, a person could be fairly open-minded, supportive, kind and loving. This person would have some very positive relationships with others that are warm, inviting, and non-judgmental. However, it is not likely that this person has positive relationships with everyone. This does not necessarily mean that the personal characteristics of the person have changed, but it may point to something going on between the two people that is resulting in an unsupportive or negative relationship.

In the first section of the flipchart paper, ask the group to brainstorm and write down the *characteristics of the positive relationship* (i.e. warm, inviting, non-confrontational).

In the second section, ask the group to write down the *characteristics of the person* in the relationship (i.e. open, giving, supportive).

In the third section, ask the group to write down the *characteristics of the negative relationship* (i.e. confrontational, remote, etc.).

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In the fourth section, write down the *characteristics* of the *person* in the negative relationship (i.e. untrustworthy, critical, intimidating, etc.).

Ask the groups to present their flipcharts and share their discussions. Ask them how they can apply what they have learned to their work in the shelter. Your goal is to help them discover that although personal characteristics play an important role in the relationships we form with others, there is more to building positive relationships than just having good personal characteristics. There will be times they have to work hard at creating a positive relationship with their clients - the relationship will not just appear because they work at the shelter and they want to be helpful. They will have to make sure they are 'setting the stage' for a positive relationship to form by doing the things discussed in this module and making sure they have strong communication skills.

Activity: Roadblocks to Communication

Resources Required: Self-study manual

Handouts of Communication Roadblocks chart

Time Required: One Hour

Present the material in the *Communication Matters* section of this module.

Pass out the chart that shows some of the Roadblocks to Communication. Split the group into pairs of people. Depending on how many groups you have, assign each pair one or more of the 'types' of communication barriers in the chart. Tell each group to develop a scenario or skit that demonstrates the barrier to the rest of the group.

Facilitation Tips:

When you are discussing or debriefing the scenarios, make sure you ask the people on the receiving end of the negative statement(s) what their experience was like. Although this is not 'real life' have any of them had similar experiences where the person they have been talking to used some of these communication barriers? What was their reaction? What happens to discussions when people make these sorts of statements?

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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 ...
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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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 5.2 - 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

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Module 5.2: Communication Skills

Module Overview

Communicating with clients and co-workers is something the shelter staff are always doing. Being successful in their job largely depends on their ability to communicate well. The purpose of this module is to provide them with an understanding of how they communicate and with some tools that can be used to make sure they are communicating in a way that is helpful to clients.

Facilitation Tips

Clear and strong communications skills are essential in order to be able to help someone else. In order to improve their communication skills, your participants must be able to honestly evaluate the ways they communicate with others. If they are not aware of their strengths and weaknesses in this area, they will not know what needs to be improved upon. In order to really learn what skills need to be developed, a lot of facilitators/instructors would require their students to videotape themselves interacting with someone else (either another student in a role play or with a client) and then use that videotape to highlight things like ineffective body language or other types of non-verbal communication. This sort of activity is not feasible for this type of training, but hopefully through completing the exercises in this module, the participants will develop an increased awareness of their current skill level and make a commitment to keep practicing improvements that are needed.

While people may or may not be comfortable with getting feedback on their communication skills from their co-workers, it is important that you are able to circulate through the group so that you can provide feedback during the debriefing of the role plays. If your group is not comfortable with role-playing, see the facilitation notes in Module 4.1 for suggestions about how to increase their level of comfort. You can also discuss some ground rules for giving and receiving feedback from others. Some suggested points to cover are:

- Feedback should be constructive - it is not enough to say, “I didn’t like how you ...”. Instead, the feedback should provide enough information that the person receiving the feedback should be able to understand exactly what could have been done differently.
- Feedback should be more positive than negative - focusing just on what a person did wrong often results in the person being upset and not able to hear the feedback
- The person receiving the feedback should always try to keep an open mind. They do not necessarily need to agree with the feedback but they should always tuck the

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information away and think about it later. There are probably some useful points to be found in any feedback that is given.

- Feedback should only be given with the intent of helping another person improve their skills and should be done as supportively as possible.
- Giving and receiving feedback should be viewed as a learning experience. It is only helpful if it is given honestly and accepted as such. This is an opportunity to view yourself through another person's eyes which might be difficult at times. However, it can also be a great tool to help you improve your skills.

Activity: Communication

Resources Required: Flip chart paper; markers

Time Required: 30 minutes

Prior to presenting the material in the *Communication* section of this module, have a brainstorming session with the participants by giving the following introduction:

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.

Ask the participants to come up with a list of 'indicators' that the communication process is breaking down. How do they know when someone does not understand them? How do they know they have not been heard? How can they tell when they didn't understand what they have been told.

When done brainstorming, present the information in the *Communication* section of this module. Make sure to focus on the following key points:

- Communicating with someone can be complicated because it is difficult to be certain if they are really hearing the message you are trying to send.
- The ways in which communication can break down.
- Why strong communication skills are important to have.

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Activity: What Are You Really Saying?

Resources Required: Self-study manual and/or Handouts of Activity

Time Required: 1 ½ hours

Present the information in the *Non-Verbal Communication* section of this module. Key points to focus on are:

- We are ***always*** communicating to others if we can be seen by them. It is impossible to ***not*** communicate non-verbally
- The majority of the messages we send are through non-verbal means
- The common forms of non-verbal communication - especially the use of silence as a way to try to get the other person to open up and continue talking.

Part 1: Have a group discussion about each of the following situations. Your goal is for the participants to figure out what message the client is getting from the staff person 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.

Facilitation Tip:

In this situation, the client is probably interpreting that the staff person is not really interested in meeting with her or the staff person has somewhere else to be. The fact 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.”

Facilitation Tip:

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

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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.

Facilitation Tip:

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.

- 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.

Facilitation Tip:

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

Part 2: Ask for a volunteer to come up and talk with you, so that you can role model some non-verbal communication skills. You should pick a topic for them to talk about that is very non-threatening and not likely to bring up issues that might turn it into a counseling session. You could even just ask them to talk to you about what they did last weekend.

As they are talking to you (and the rest of the group is watching), you should be demonstrating the importance of non-verbal communication by practicing the skills listed in this section. However, to make it more interesting for the group to discuss, you should probably not be perfect in any skill area. Let them try to figure out what you could improve

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on, so they can also practice how to give feedback in preparation for their own role plays later in this module.

Activity: Active Listening

Resources Required: Self-study manual

Enough physical space for the participants to have some privacy as they practice this skill in pairs.

Time Required: 40 minutes

Present the information in the *Active Listening* section of this module. Key points to focus on are:

- The importance of active listening lies in the need to communicate to clients that they are the only thing important to the worker at that time. The client has the staff persons undivided attention.
- Active listening is much more than just listening to someone - it is a way of listening with our whole body by using all the skills discussed in this module.
- The things that prevent us from actively listening to someone.

Tell the group to get into pairs. They will now have an opportunity to actively listen to the other person. First, one person will take the role of the 'listener' and the other person will take the role of the 'talker'. The 'talker' can talk about anything they want for 10 minutes - such as their day, their children or what they did last night. While they are talking, the job of the 'listener' is to communicate that they are actively listening to the 'talker' without saying anything. At the end of 10 minutes, you will say 'switch' and then they will switch roles so that each person has the opportunity to talk and to listen.

Facilitation Tips:

As the pairs are role playing, you should be circulating the room so that you can also observe how the participants are doing. This will help you lead the discussion once the activity is complete. During your group discussion some suggested points to cover are:

- 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?

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- Was there any silence when partner 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?
- What did you learn about your own ability to listen?

Activity: Verbal Communication

Resources Required: Self-study manual and/or handouts of Change the Question

Time Required: Five hours

Present the information in the *Verbal Communication* section of this module. Key points to focus on are:

- Using questions, giving advice and giving information are all things that should be done sparingly when trying to help a client. All these things serve a purpose when used at the right times but are often over-used by helpers.
- Helpers tend to use these skills as an attempt to control the discussion in a way that makes them feel comfortable and because they want to help so badly they feel the need to 'do something'. These skills let them feel like they are offering tangible help.
- Instead, doing these things can take the focus off the client and what her needs are and communicate to her that the helper does not believe she can come up with her own solutions.
- Rather than doing these sorts of things, helpers should make responses to the client that help the client stay focused on what they are trying to communicate.
- It is probably more useful to respond to the last thing the client said, rather than add the helper's own advice, information and question which can completely change the direction of the discussion.
- Learning how to respond in this way will also help the helper maintain appropriate boundaries and act ethically because the focus always stays on the client.

Part 1: Change the Question

As a large group activity, 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 might be trying to get from the client.

- 1) Do you have a safety plan?

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Possible alternatives:

- 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?

Possible alternatives:

- 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?

Possible alternatives:

- 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?

Possible alternatives:

- Can you tell me more about your relationship?

5) Do you think you would feel better if you had higher self esteem?

Possible alternatives:

- Where do you find your strength?

6) Do you think the abuse will stop if you go back?

Possible alternatives:

- How do you assess danger or 'threats'?
- What keeps you from leaving for good?

Part 2: Practice - One Skill at a Time

Have participants split into groups of three. Have one participant act as the 'talker', one participant be the 'helper' and one participant be the 'observer'. Tell the group that they will all take turns in each of the roles.

Step 1: The talker chooses one of the following topics to discuss for 10 minutes:

- 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 ...

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- Last Christmas I ...

As this person is talking, the helper will only practice the skills associated with *appropriate non-verbal communication* and *encouraging more discussion*.

The ‘observer’ will watch the exchange between the two and help the ‘talker’ give the ‘helper’ feedback on how they did implementing these skills at the end of the ten minutes.

The group will rotate roles until each person has had the opportunity to practice the skills associated with appropriate non-verbal communication and encouraging more discussion.

Step 2 - Using the same format again, each group of three will now take turns practicing only the skills associated with *appropriate non-verbal communication* and *making sure you both understand*. Have them use the same discussion topics suggested above or come up with their own - however, if they come up with their own, they should try to stick to topics that are non-threatening and safe for everyone.

Step 3 - Using the same format again, each group of three will now take turns practicing only the skills associated with *appropriate non-verbal communication* and *responding with empathy*

Step 4 - Using the same format again, each group of three will now take turns practicing only the skills associated with *appropriate non-verbal communication* and *summarizing*.

Facilitation tip:

Use your own judgement to determine if each role-play should be 10 minutes long. Five minutes might be sufficient but it is important the participants get ample practice with each skill. Focusing on practicing only one type of skill at a time for an extended period should be useful in helping them determine which skills they are comfortable with and which ones need improvement. Taking out their ability to ask questions, give advice and/or give information (as well as many other things they might normally do, such as self-disclose) will also help them realize how dependent they are on methods that are less helpful to clients.

You should also use your own judgement to determine how to best debrief and discuss this activity. You may wish to do a large group discussion after each step or wait until the end. Or you might want to leave it up to the groups of three to debrief and discuss for a few minutes after each step and then do a large group discussion at the end. Either way, the following point might be helpful during the discussion that takes place:

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- When in the role of the ‘talker’ did they feel heard and understood? Did they feel supported?
- When in the role of the ‘helper’, what was it like to not contribute any of your thoughts to the discussion, but to have the entire focus on what the other person was saying?
- When in the role of the ‘observer’, how was it to watch the exchange take place between the other two people? Was finding appropriate feedback to give difficult? Why or why not?

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?

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."
- 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.

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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 might be 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?

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Module 5.3: Files and Documentation

Module Overview

Another important part of working effectively in a shelter is the development of strong written communication skills. These skills are needed to create and maintain appropriate files and to communicate with co-workers on a regular basis. The purpose of this module is to provide an understanding of how to create and maintain appropriate files, including how to document the services provided.

Facilitation Tips

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 staff learn how to properly document on a situation by situation basis. However, the goal of this module is to provide background information that will guide decisions around files and documentation. This module can also serve as a resource to be used as questions arise around appropriate documentation.

The best way to facilitate this module is to encourage lots of group discussion around what they struggle with the most when it comes to documentation. You may hear moans and groans about how much they dislike all the paperwork associated with their job. If this is the case, you can encourage the participants by letting them know that if they develop strong skills in documenting the right kind of information, it is quite likely they will spend less time doing paperwork than they do now.

It is especially important in this module that you are very familiar with the policy and procedures manual for 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; but there may be others. You may wish to have copies of these policies and procedures handed out to the group to supplement your discussion. This would be especially wise if any of the participants are not familiar with shelter policy and procedures in this area or if it becomes apparent that there are participants who are not following some of the basic requirements for appropriate documentation.

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Activities

Activity - Good Files Are Important

Resources required: Self-study manual
Flip chart paper and markers
Time Required: 30 minutes

Prior to presenting the information contained in this module, ask the participants to split up into groups of three to four people. Give each group a piece of flip chart paper and tell them to come up with as many reasons as they can why it is important to have good files and documentation practices. Provide them with about ten minutes to come up with these reasons. Ask each group to present their ideas to the larger group. During the discussion, fill in any areas they have missed from the *Good Files are Important* section of this module.

Activity - Case Notes

Resources required: Self-study manual
Time required: 40 minutes

Present the information in the *Protecting Client Information* section of this module.

Facilitation Tips:

Prior to presenting this information it would be helpful to know about the general layout of the shelter, the location where files are usually kept and whether or not electronic methods are used to create files. This will allow you to tailor the discussion to the specific needs of the shelter in this area and will better prepare you to answer any questions or concerns the participants may have. A meeting with the shelter supervisor prior to presenting the information in this module would probably provide you with this information.

Prior to moving on to the next section, split the participants into pairs and tell them to have a discussion about anything they would like for about 20 minutes. They will each then write up a set of case notes as though they were a staff person interacting with a client and had to record this interaction in the file. They should each write individual notes so they can compare similarities and differences when they are done.

Once you have provided time for each pair to compare their case notes with each other, have a brief discussion about their experiences. Were there a lot of differences in how they chose to record the interaction? What were the similarities? Did people have difficulty recording the main messages of the interaction without going into too much detail?

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Tell the participants to hold onto their 'case notes'. You will provide them with some time at the end of this module to reflect on any changes that might need to be made to their document based on what they are about to learn.

Activity: Can You Spot the Problems?

Resources required: Self-study manual and/or copies of activity

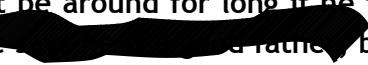
Time required: One hour

Present the information contained in the *What and How to Document* section of this module. Key points to focus on are:

- The basic principles that apply to *all* documentation
- The need to document any service that is provided
- The documents that should and should not be in a client's file
- The key questions to ask oneself in trying to determine what should and should not be documented in a file
- The dangers of recording verbatim statements made by the woman

Ask the participants to fix the following entry made in a client's file in one of the NWT shelters. They can do this individually or in pairs. A copy of this entry is in the self-study manual or you can provide copies.

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,  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 continues to struggle with this decision. The kids are doing well and have been watching TV for most of the shift.

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Facilitation Tips:

Once they have completed their corrections, ask the group for their overall impressions of the file entry. Then go through the entry line by line to discuss concerns about the type of file entry. Suggestion points to discuss are found in red in the following entry:

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] (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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The corrected entry could look similar to:

January 16, 2006 (10 a.m. to 6 p.m. 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 -----

Activity: File Audit

Resources required: Self-study manual

Three Files - either mock files or real files of previous clients

Time required: Two hours

Present the information in the remaining sections of this module. When complete, split the group into three groups and provide each group with a file. Tell each group to go through the files to see if they are complete or if there are pieces missing. You can provide the following checklist to help them determine what might be missing:

- 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?
- 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?

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- 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 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?

When they are finished, have them present their information to the group.

Facilitation Tips:

Due to the sensitive nature of personal information contained in files, this activity will require some preparation ahead of time. You could create three mock files by asking the supervisor to provide you with a blank set of intake paperwork, etc. This way you would be in control of exactly what areas of the file need improvement and would be able to ensure the group was aware of each of these areas during the group discussion at the end. However, this would be quite time consuming.

Probably the best way to do this is to ask the supervisor to randomly pull 3 files of previous clients from the filing cabinet and to photocopy everything in them. Then the supervisor can go through the file and use a black marker to block out any identifying information (you could do this as well, if you have signed appropriate confidentiality forms and the supervisor is comfortable with you doing so). If all your participants are from the same shelter, it may not be necessary to remove all identifying information but it would still be necessary to use photocopied files instead of the real thing to make sure nothing in the original file is accidentally compromised.

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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

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. Found at:
<http://www.endingviolence.org/files/uploads/RMGApril2006.pdf>

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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 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 used.

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Activity: File Audit Checklist

- 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?
- 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?

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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. This module will help your participant recognize the difference between crisis and trauma, how to recognize each and the impact of these experiences on the lives of clients so they are able to better understand and support them.

Facilitation Tips

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 may have some participants in your group who have had personal experiences with crises or the resultant feelings of trauma that continues to impact their lives. As they move through this module they may begin to recognize their own issues and experiences with crisis and trauma are impacting their work. If this is the case, it will be important for you to encourage them to get help and support to learn to deal with their trauma.

On the other hand, you may have other participants who have never experienced a major crisis and/or have not had experiences with trauma. Sometimes people without such experience can find it difficult to relate to those who struggle with long-term issues related to trauma. They may wonder why the traumatized person cannot 'just move on'. For these participants, your role is to help them develop a better understanding of the impact of crisis and trauma so they can be more supportive of their clients.

Activities

Activity: The Link between Crisis and Trauma

Resources Required: Self-study manual

Flip chart paper, markers - if desired

Time Required: One hour

Present the information in the *Link between Crisis and Trauma* section of this module. Points to focus on are:

- The definition of crisis, including the factors that could make any negative event a crisis for someone.

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- The definition of trauma and the link with experiences of extreme crisis.

Facilitation Tip:

When you get to the section of the module that provides examples of potential crises, stop and discuss each example so that the participants can determine what factors might make each one a crisis. Keep reminding them of the two factors that make any event a crisis to help them in this discussion.

Activity: Crisis versus Traumatic Event

Resources Required: Self study manual and/or copies of activity

Time Required: 30 minutes

Ask participants to get into groups of three or four and determine whether each example would qualify for being a crisis or a traumatic event. Use the following points to guide your discussion when they have completed the activity.

- 1) I reported my immediate supervisor for trying to rape me and then got fired.

Facilitation Tips:

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 she was then fired for reporting the incident is a crisis that has added more distress to the situation and made the trauma worse.

- 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.

Facilitation Tips:

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.

Facilitation Tips:

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

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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.

Facilitation Tips:

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.

Facilitation Tips:

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 simply means the person has recovered 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 the turbulence.

Facilitation Tips:

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.

Activity: The Impact of a Traumatic Event

Resources Required: Self-study manual

Copies of article - Common Responses to Trauma and Coping Strategies

<http://www.trauma-pages.com/s/t-facts.php>

Time required: One hour

Present the remaining information in this module. Encourage discussion among the participants to ensure they are grasping the concepts you are presenting. Questions you may want to ask to facilitate discussion are:

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- What does it mean to say that the symptoms related to trauma are a normal reaction to abnormal events?
- What clues can you look for to tell whether or not a client is struggling with trauma?
- What is the difference between Post Traumatic Stress Disorder (PTSD) and Acute Stress Disorder?
- What are some things that clients who are in crisis might say or do?

Distribute the article - Common Responses to Trauma and Coping Strategies. Ask the participants to discuss the article in pairs or in small groups. Is this article helpful and useful in their work? Why or why not?

Allow about 20 minutes for the discussion and then briefly allow the pairs some time to share the highlights of their discussion with the larger group.

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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

Notes

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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 the plane was going to crash because of the turbulence.

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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, your participants will need some tools to help them meet these specific needs. The purpose of this module is to provide them with a model for crisis intervention and some tools for working with women who are struggling to recover from trauma.

Facilitation Tips

Many of your participants will find they are already doing many, if not all, of the things outlined in the model for crisis intervention. If so, they will probably find it validating that they are intuitively moving in the right direction as they help clients who are in crisis. They can use the stages in this model as a sort of 'check list' to make sure they move through their crisis intervention in a consistent and helpful way for all their clients.

Many shelter staff struggle with their role in helping women recover from trauma. While they want to be as helpful as possible, it is important you communicate to them that unless they have professional counselling training in the area of trauma, they can do more harm than good if they try to get their clients to talk extensively about their traumatic experiences. Often women are not even at the shelter long enough to move through the recovery process. So instead of trying to initiate recovery, it is more important your participants learn how to help their clients cope with the symptoms of their trauma and help them connect with the appropriate professional counsellors who can help them recover from trauma, even if it takes months or years.

It is important that you take some time to set up some rules and boundaries for the role plays in this module. Due to the potentially sensitive nature of memories that may be evoked by talking about trauma and crisis, your participants should be discouraged from using their own personal experiences as a basis for any role-playing. Instead, if they are finding they are struggling with memories or feeling related to their own trauma, you should help them find more appropriate professional resource people to help them through this. You should probably monitor the role plays yourself so you can intervene and support the staff involved if personal issues seem to be coming up.

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Activities

Activity: Practice Your Crisis Intervention Technique

Resources Required: Self-study manual

Time Required: 1 ½ hours

Present the information in the *Crisis Intervention* section of this module. Key points to focus on include:

- The goals of crisis intervention.
- The different types of things they will do in each stage of crisis intervention.

Tell the group to get into pairs to role play their movement through the stages of crisis intervention. One person will pretend to be in a crisis as she comes to the shelter seeking help. It will be up to that person to determine the details of the crisis because the participant who is 'intervening' will have to figure out exactly what the nature of the crisis is. Once they have moved through the crisis intervention, they will switch roles.

When each of the participants in each pair has successfully moved through the stages of crisis intervention, bring the group back together to discuss their experiences in the role play. Were there times they were stuck and had trouble moving to the next stage of the intervention? If so, help them figure out why this happened.

Facilitation Tips:

Make sure you remind the participants not to select events from their own lives to role play. This is not intended to be a counselling session for them, and you want this to be a safe environment for everyone to practice their skills. Helping their partners through an actual experience is not something everyone will feel comfortable doing.

You should also be circulating through the room as these role plays are taking place. This will let the group know you are available to help them if they get stuck. It will also provide you with an opportunity to give feedback during the large group discussion at the end of the activity. You may also want to set a time limit for each role play to help ensure the participants try to move through each of the stages before you run out of time.

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Activity: Helping Clients through Crisis and Trauma

Resources Required: Self-study manual and/or copies of activity

Time Required: 2 ½ hours

Present the information in the *Healing from Trauma* and *Helping Clients Cope with Trauma* (up to, but not including, The Calming Breath Exercise) sections of this module. Important points to focus on include:

- The dangers of trying to help people heal without the proper training
- The stages of healing and recovery - it may take years to move through these stages
- Their main role is to help clients cope with their symptoms - mostly as clients are in the first stage of recovery
- Strategies to help clients cope
- Tools that may be useful in soothing and calming clients

Split the large group into four smaller groups (hopefully you will have enough people to have at least two people per group). Assign each group one of the scenarios from the activity to work with. Tell them they will need to discuss how to appropriately help their client and design a 10-20 minute role play so they can demonstrate their intervention to the rest of the group.

As each group presents their role play to the larger group, have a group discussion about the interventions used. Some points that should guide your discussions are provided below:

- 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.

Facilitation Tips:

- 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.

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- 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 others 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.

Facilitation Tips:

- 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.
- 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.

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- 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.

Facilitation Tips:

- 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.
- 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.

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Facilitation Tips:

- 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 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.

Activity: Calming Breath Exercise

Resources Required: Self-study manual

Time Required: 30 minutes

Instead of presenting the information about how to do the Calming Breath Exercise, guide your participants through this as though you were a staff person helping a group of clients learn this technique. Follow the steps provided so that your participants can experience this exercise.

Once you have completed it, check in with them to get their thoughts on their experience. Do they feel calmer upon completion? Do they think this exercise would be useful to clients? Why or why not? Do they think they could guide a client through this exercise?

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Activity: 5 - 4 - 3 - 2 - 1 Exercise

Resources Required: Self-study manual

Time Required: 30 minutes

Present the information about the 5 - 4 - 3 - 2 - 1 Exercise and demonstrate how to do the exercise at the front of the room. Then ask the participants to get into groups of two so they can practice helping someone through this exercise. They do not need to do it twice (unless they want to) so they need to determine which person is going to take the lead and start off the exercise (or in other words, which person is going to pretend to be the 'staff person' and which will be the 'client'). Then they will work through the exercise.

When each pair has completed the exercise, take some time to discuss their experiences. 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 you are carrying around with you? Do you think this would be helpful to clients? Why or why not?

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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

Notes

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Activity: Helping Clients through Crisis and Trauma

Take the scenario you have been assigned and discuss exactly how you would approach your client to help her work through her feelings related to the trauma she has experienced. Design a role play with your group members to demonstrate your intervention to the rest of the group. Be prepared to receive feedback on your approach. You should also be prepared to provide feedback on how others approach their assigned scenario.

- 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.
- 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 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

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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.

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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 shelter staff are not sure how to determine if the woman meets the mandate of the shelter. The purpose of this module is to provide them 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 that you are able to help them set the right tone for any potential clients they interact with.

Facilitation Tips

As you complete this module it is very important you are familiar with the appropriate policies and procedures in place at the 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 the supervisor at that shelter about anything in the manual 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.

In order to complete this module, you and your participants must be familiar with concepts of confidentiality and informed consent. If you have not completed that module with the participants yet, you should take the time to review the module and consider also doing the presentation of material and the activities that would promote understanding of these concepts.

You should encourage discussion about all the information you are presenting throughout this section.

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Activities

Activity: What is Different?

Resources Required: Flip Chart paper and markers

Time Required: 30 minutes

In order to set the tone for this entire section of the training (*Women and Their Changing Needs*), split the group into two smaller groups so they can discuss the following:

Picture yourself helping a woman who has just come into the shelter. What are you doing? What types of things do you say? What is she doing and how is she responding to you? Why do 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 are you doing? What types of things do you say? What is she doing and how is she responding to you? Why do you want to help the person? How do you know you are helping her? What is different about helping this woman and helping someone who has just come into the shelter? What is the same?

Provide about 20 minutes for them to discuss what is different about helping women in these two different points in their stay at the shelter. Have them present their discussions to the large group. As they do, take some notes so you can reflect on how they viewed the differences and similarities they discussed as you move through this unit. This will help you know what parts of the next four modules are really important to focus on.

Activity: Should You Admit or Not?

Resources Required: Self-study manual and/or copies of Activity

Time Required: One hour

Present the information in *The First Point of Contact* section of this module. Points to focus on are:

- The importance of their demeanor and attitude from the very first point of contact.

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- The need for services to have boundaries and limitations.
- They should always do their own 'screen' regardless of what information is available from the referring agency.
- Screening for eligibility for service should be a fairly quick process - they do not need a lot of information in order to make a decision about whether or not to admit a potential client.
- Their responsibility is to always do their best to connect a client or potential client with the appropriate services - even when the client does not admit to the shelter.
- Whenever a decision is made to not admit a client, it is important to clearly document the reason on the Admission Assessment form.
- Their role in helping arrange travel from other communities.

Ask the participants to get into groups of two to complete the *Should You Admit or Not* activity. Tell them they must work together on each scenario until they agree on a decision about what they would do - similar to if they were both working together on a shift.

Once they have completed the activity, hold a large group discussion. Some suggested answers are provided below to guide your discussion:

- 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 that 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.

Facilitation Tips:

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

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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) 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.

Facilitation Tips:

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) A woman comes to the shelter and says she needs to stay there a while. You notice that she looks tired and she smells like stale alcohol. She admits to you 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.

Facilitation Tips:

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) 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

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available but you just got off the phone with a woman who was considering coming in with her children tomorrow.

Facilitation Tips:

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 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) 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.

Facilitation Tips:

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) 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.

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Facilitation Tips:

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.

Activity: Eligibility Assessment and Admission Procedure

Resources Required: Self-Study manual

Copies of intake forms (if the shelter uses forms that are different than those provided here, be sure to use the shelter's paperwork)

Copies of the Guidelines for Living Together from the shelter

Time required: Three to four hours

Present the information in the *General Admissions Procedure* section of this module. As you do, it is important to ensure that the participants fully understand the concepts of informed consent and confidentiality. Other points to focus on are:

- The importance of always creating a new file for clients who return to the shelter.
- The importance of meeting immediate needs prior to starting the admissions process.
- The steps of the process that should be completed prior to allowing the client to have access to the rest of the shelter.
- The goal of having the intake procedure and paperwork complete within an hour.
- Which pieces of the intake process are not essential to complete immediately.

Part 1:

By taking on the role of a potential client, guide the participants through an eligibility assessment and intake process. To do this, sit at the front of the room and invite the participants to come sit close to you. Provide each participant with a copy of the

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intake forms and the Guidelines for Living Together used by the shelter. Tell the participants they will 'tag team' with each other to complete the eligibility assessment and admission procedure. Remind the participants to also practice the communication skills they learned from Module 5.2.

Everyone must take a turn doing something and they can either jump right in and just signal someone in the group to take over when they are ready or you can provide them with five minutes to decide how to split up the work.

When the intake process is complete (except for the risk assessment which will be covered in the next module), discuss the activity with the group and provide feedback to the participants regarding things they did that were helpful and supportive.

Part 2:

Have the participants break into groups of two to role play an intake and assessment process. Have one person be the Shelter Worker and the other the client. The Shelter Workers should complete the intake process with their 'client' and then the pair should switch roles.

As each pair of participants finishes their role play, invite them to give each other feedback on what the process was like for them. Did they each feel supported when they were the client? Or was the 'shelter worker' having trouble balancing the completion of the paperwork with listening and supporting? How can they each improve their intake process?

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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 Ontario Domestic Assault Risk Assessment (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?

Other:

Module 7.1: Eligibility and Admission

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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					
Children with other: Names					

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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 ____

Dogrib ____ French ____ English ____ Cree ____ Other: _____

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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:

☐ an Emergency Protection Order ☐ a restraining order

☐ other legal remedy (please specify): _____

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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

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IMMUNIZATIONS UP TO DATE?

Woman: Yes ____ No ____ Children: Yes ____ No ____

If no, give details:

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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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?

What would you do if you were the staff person making the decision about whether or not to admit each of the following clients? Although you would probably require more information before making such a decision in 'real life' what is your first instinct in each of the situations?

- 1) A woman who 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 she needs to stay there a while. You notice that she looks tired and she smells like stale alcohol. She admits to you 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 that 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.

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Module 7.2: Risk Assessment and Safety Planning

Module Overview

The purpose of this module is to provide your participants with an understanding of what risk assessment is and how to properly do a risk assessment with clients. Once they and their client understand the level of risk they will both be in a better position to make informed decisions around safety planning.

In order to complete this module you and your participants should first learn how to use the Ontario Domestic Assault Risk Assessment (ODARA).

ODARA Training

If you are interested in accessing more information about the ODARA or how to access training on how to use the ODARA please contact the Department of Health and Social Services Family Violence Prevention Consultant in Yellowknife at (867)873-7918.

Facilitation Tips

Shelter staff may approach doing a risk assessment and safety plan as just another task to complete and check off their 'to do' list with each client. However, if this is the case, it is probably because the staff do not fully understand how to do a proper risk assessment and how much this assessment can guide their work with the client - especially when it comes to developing an effective safety plan. 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.

You may find you have participants who are more than willing to do the risk assessment but who do not feel comfortable talking to a client about her risk - especially if they fear t she is at a high risk of being severely harmed or murdered by her partner. It is important to address this with your participants because they need to find a way to be honest and open with their clients about what their risk assessment means. Being abused by an intimate partner is scary and dangerous. She already knows this. They are not really helpful to her if they 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 they do not become one of them.

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Activities

Activity: Risk Assessment

Resources Required: Self-Study Manual

Flip chart paper and markers

Time Required: 1 ½ hours

- 1) Prior to presenting the information in the *Risk Assessment* section of this module, have a large group brainstorm about the 'red flags' that might let them know a client is at risk of being seriously harmed or murdered by her partner. Post this list somewhere in the room so you can re-visit it after you present the information in this section.
- 2) Present the information in the entire *Risk Assessment* section of this module. Points to focus on are:
 - Doing a risk assessment forms a basis on which to form a safety plan
 - The two most common types of risk assessment
 - The limitations of risk assessment
 - They can adapt the questions in the SAFE tool in order to make it 'their own'
 - The three components of a thorough risk assessment and the reasons why each component is important
 - What exactly is being measured by the ODARA
 - The important points to communicate to clients or other service providers whenever discussing the level of risk of any particular client
 - The importance of recording the risk assessment in the clients file

Activity: What is Her Risk?

Resources Required: Self-study manual and/or copies of the SAFE tool and the ODARA

Enough space for the participants to spread out and do their role plays

Time Required: 1 ½ hours

Split the group up into pairs so they can practice the whole risk assessment process - from using the SAFE tool to figuring out if there is a need to do an assessment, to communicating with their 'client' about their level of risk. One person should be the staff person while the other person should pretend to be a client who is coming into or calling the shelter to seek service. The participants can then switch roles so every person has the opportunity to practice the risk assessment process.

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Facilitation Tips:

Make sure you provide enough time for your participants to practice doing a risk assessment. You may need to provide at least an hour for the role plays and then some additional time to discuss their experiences in the large group.

Tell the participants to take notes about their “clients” situation just as they would if they needed make a file entry based on their interaction. They will need to help their ‘client’ develop a safety plan later in this module.

Activity: Safety Planning

Resources Required: Self-Study Manual

Enough space for participants to role play in pairs

Time Required: 1 ½ hours

Present the information in the *Safety Planning* section of this module. Points to focus on include:

- Women always do things to protect themselves from violence - even if they don’t identify these things as being a safety plan. This is because resistance to violence is always present (see Module 1.1).
- The best safety plans will build on what the client is already doing to protect herself from harm - so it is important to be able to help her identify what this is.
- The types of risks faced by each client will guide the safety planning.
- Any forms or questionnaires about safety planning should only be used to *guide* the discussion with the client. A safety plan should *NEVER* be a piece of paper - it needs to be a series of meaningful actions that the client can actually take to improve her safety.
- The limitations of safety planning.
- The questions they can ask to help women learn how to ‘predict’ violence before it happens so they can try to get to safety.
- The importance of discussing the abusive person’s reaction to anything she may change or do to keep herself safe - he may become more violent in order to overcome this type of resistance to violence. She needs to plan for this if it happens or change the strategy to another one that might be safer for her to use.
- The usefulness of emergency kits.

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Now ask participants to continue their role plays from before. The 'client' will now be pretending to get ready to go home and the 'shelter staff' will talk to them about developing a safety plan based on information from the completed risk assessment.

When they are done, discuss their experiences in the large group.

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 (Not included in module)

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. (Included)

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

Module 7.3 - Understanding Change

Module 7.4 - Service Plans and Beyond

Module 9.1 - Advocacy

Module 9.2 - Collaboration

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Notes

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Module 7.3: Understanding Change

Module Overview

Once the intake and admission process is completed, many shelter staff are not really sure what to do next. Prior to moving into some of the specific strategies they can use to help clients determine what they need and want from the shelter, this module will help them understand the difficulties faced by women who may be trying to make changes in their lives.

Facilitation Tips

Although this module is about understanding the process people go through when they are trying to make changes in their lives, the assumption should never be that there is something *wrong* with the woman that needs to be changed. There is nothing she is doing that can prevent her partner from making the choice to abuse her and there is nothing wrong with her for staying in that relationship. Instead, this module views the desire to do something differently (or to make some sort of change) as something that any client may want to do in an effort to improve their lives in some way. Some of these changes may relate directly to the abuse being experienced by shelter clients and some of the desired changes may not be related at all.

It is important that your participants 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 to use this module to understand that making any sort of long-lasting change can take a long time and can be a complicated process.

Activities

Activity: Learning or Doing Something New

Resources Required: Self-study manual

Time Required: 45 minutes

Prior to presenting the material in this module, ask the participants to get into pairs and talk about a change they have made in their lives (or have tried to make):

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What was this change? Why did you want to make this change? Did you make this change all of sudden? Did it take time for you to make the change? Was someone pressuring you to make the change? If so, was this pressure helpful? Why or why not? Is this change now a part of your life? Are there times you forget you are supposed to be doing this now? In other words, is this change a long lasting change or was it a one-time thing?

Present the information in the *Learning or Doing Something New* section of this module. Points to focus on and to encourage discussion about are:

- The types of changes clients may want to make in their lives or the new skills they would like to learn.
- Which of these changes are realistic and which ones are not (changes are only realistic if the focus is on things within the client's control)?

Activity: The Stages of Change

Resources Required: Self-Study manual

Flip Chart paper and markers

Time Required One hour

Present the information in the *Stages of Change* section of this module. Points to focus on are:

- Movement through the stages is not fluid. People may move at different speeds and go back and forth between stages.
- The rate of movement through the stages can depend on the type of change being sought and how big of a change it is for that person
- As they help a client move through the stages, it is important to build on what they are doing, rather than doing something completely new and different to try to help clients. For instance, the things that are helpful to someone in the first stage of change are basic things that are helpful to a client regardless of which stage they are in. A staff person should not stop doing these things just because a client is actively working toward change. Instead, shelter staff need to recognize that clients who are actively working toward change will also be open to working on different things and in different ways that would not be helpful to someone in the first stage of change.

Once you have covered all five stages, split the group into five smaller groups. Assign each group one of the stages to work with. Ask them to think about specific things that might be helpful to say or do with a client who is in that stage of making some sort of change. If they

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are having difficulty with the abstract notion of ‘making some sort of change’, it might make it easier if they think of a specific type of change a client might want to make and then think about what they could say or do with that client.

When the groups are finished, have them present their work to the larger group. Discuss similarities and differences in what they could say or do that would be helpful to clients in each stage of change. See below for some suggestions that will help you guide the discussion.

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?
- ✓ Are there times you can predict he will abuse you?
- ✓ Think about 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?

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- ✓ 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 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 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?

Activity: Change Readiness Scale

Resources Required: Self-Study manual and/or copies of Change Readiness Scale

Time required: 45 minutes

Ask each participant to think about a change they have made or have been considering making in their lives. Provide the following scale for them to work through in order evaluate where they are in terms of actually changing their thoughts or behaviour.

When they have finished discuss whether or not they found the activity helpful. The goal of the discussion is not to go into detail about the change they thought about in order to complete the activity but to instead talk about the benefits associated with knowing what

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stage of change they are in. Do they think there are 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 your participants discover some ways to help clients uncover what will be most helpful to them while they are staying in the shelter and when they leave.

Facilitation Tips

Creating a service plan with clients is probably one of the most common things for shelter staff to overlook doing. And, even if they do complete one with their clients, they are probably not using service plans to their full potential. There can be many reasons for the lack of focus on service plan development and use but the most likely one is that the skills required to work in such a fast-paced and crisis-oriented place are somewhat different than the skills required to help clients develop and fully implement an effective service plan. For instance, instead of focusing on the 'here and now' and meeting immediate client needs, a service plan looks off slightly into the future and requires a longer term commitment in order to reach goals and objectives.

Due in part to the different skills required to do this and to the different focus of a service plan, it is common for people to look at the development of a service plan as the completion of another 'task' instead of as a working document that is used again and again as clients grow, change and move toward their goals. In order to help your participants develop the skills they need to develop effective service plans, a number of different types of activities and strategies designed to help clients figure out what would be helpful for them to put in a service plan are presented in this module.

Prior to presenting the material in this module, take a few moments to discuss service plans with your group to help you determine which areas of this module would be most useful to focus on. Having this sort of discussion will also help set the stage for the participants to share any useful strategies they already use in their work as you work through the module. Discussion points could include:

- Do they do a service plan with each and every client, no matter how long they think the client will be staying in the shelter?
- How do they approach the development of a service plan with clients?

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- What do they do if a client is not interested in developing a service plan?
- How much time do they usually devote to completing a service plan?
- How often do they usually review service plans with clients?
- Does each client do a new service plan each time they come back to the shelter?
- How much variation is there in the service plans they create? Are they very different or do they tend to be similar because most of their clients have similar issues?

Activity: Development of Service Plans

Required Resources: Self-Study Manual and copies of the Service Plan template

Time Required: 20 minutes

Present the information in the *Development of Service Plans* section of this module. Points to focus on are:

- The things that can limit the development of a useful service plan
- The importance of always using the communication skills presented in Module 5.2. The strategies and activities in this module build on the skills they should already be using - not replace them.

Provide each participant with the Service Plan template. Tell them to pick an issue in their life or something they would simply like to improve in their life so they can create their own service plan at the end of this module. If they are having difficulty coming up with something new, this could be the issue they used in the previous module for the Change Readiness Scale. Alternatively, they could wait until they complete the next activity when something might be more apparent.

Activity: My Seven Questions

Resources Required: Self-Study Manual and/or copies of My Seven Questions

Time Required: 45 minutes

Present the information in the *Methods of Questioning* section of this module. It is important to stress that these questions are generally only used to help clients think about what areas they would like to focus on during their stay at the shelter. The answers to these sorts of questions are generally too vague to be translated into goals.

Ask participants complete the My Seven Questions activity. Since this activity could lead to some personal thoughts and issues, it is recommended to have participants work alone.

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When the activity is complete, you can encourage the participants to discuss how useful they think this activity would be for their work with clients.

- 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?

Activity: Focus on Solutions

Required Resources: Self-Study Manual

Enough space for participants to role play in groups of two

Time Required: 45 minutes

Present the information in the *Focus on Solutions* section of this module.

Ask the participants to get into pairs so they can practice trying to focus on solutions. One person will be asked to do nothing but complain and focus on the negative aspects of whatever topic they choose to discuss. The other person will play the role of a supportive staff person who is trying to do the things suggested in this section to help their partner start to focus on solutions. After about 10 minutes, they will switch roles so each person has the chance to practice.

Have a brief group discussion about their experiences during this activity. Were they able to help their partner start to focus on solutions while also supporting them?

Activity: Finding Your Strength

Required Resources: Self-Study Manual and/or copies of Good Day/Bad Day and My Gifts

Some additional resources are listed at the end of this module

Time Required: 1 ½ hours

Present the information in the next three sections of this module - *Focus on Strengths and Inner Resources*; *Brainstorming*, and *Find Alternative Explanations*. Have a large group discussion about the two possible activities provided as options to use with clients.

- What are the pros and cons of each? Are there times these activities would not be appropriate to do?
- How would they introduce each activity to clients?
- When would they use each activity?
- What would they do once the client was finished with the activity?

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- How would activities like this be useful in their ongoing work with a client?
- How will you know if clients find this sort of activity useful?

Now, tell the participants they will need to develop their own activity to use with clients that focus on any or all of the possible strategies discussed in these three sections. They can use some of the resource books you have available or come up with their own. They will present their activity to the large group to get feedback on their work. Make sure they know they should be specific about how they would use each activity (you could even provide them with the list of questions above that guided your discussion about the two activities provided here, to guide their work on their activities). Only provide about 20 minutes for them to work on their activity so they will be able to see that it should not take a long time for them to find useful activities or resources to be used with clients.

Activity: Being SMART

Required Resources: Self Study Manual and/or copies of Being Smart and My SMART Goals.

Time Required: 1 ½ hours

Present the information in the *Develop Goals* section of this module.

Part 1: Ask the participants to get into groups of three to complete the chart in the Being Smart activity. When they have finished assessing which of the goals are SMART, they should also 'fix' the goals that are not SMART.

This is a completed chart to guide your discussion of this part of the activity.

	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

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	S Specific	M Measurable	A Achievable	R Relevant	T Time sensitive	SMART
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.						
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.						

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	S Specific	M Measurable	A Achievable	R Relevant	T Time sensitive	SMART
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 two weeks - at the end of each day I will find at least one positive thing that I did that day.						
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.						

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	S Specific	M Measurable	A Achievable	R Relevant	T Time sensitive	SMART
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.						

Part 2: Now they will practice making their own SMART goals using the chart below. They should use the situation they will focus their own service plan on (as discussed in the first activity in this module).

Once they have completed their goals, they can get into groups of two to ask for feedback on their goals (if you have sufficient time to do this).

Activity: My Support Map

Resources Required: Self-Study manual and/or copies of My Support Map

Time Required: 30 minutes

Present the information in the *Develop a System of Support* section of this module.

Ask the participants to create their own support maps for their own service plans and to take the time to assess whether or not each of their supports is really as supportive as they initially thought.

Activity: Referrals and Discharge Plans

Resources required: Self-Study manual

Time required: 45 minutes

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Present the information in the final two sections of this module - *Referrals* and *Discharge Plans*.

Provide about 20 minutes for the participants to finish working on their own service plans. They may share these plans with the larger group if they are comfortable doing so and time permits.

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.

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Leutenberg, E.A., & Korb-Khalsa, K. (2002). Self-esteem bingo. Wellness Reproductions Publishing Inc.

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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MY SERVICE PLAN

Name: _____

My goals while I'm at (shelter):

Steps I can take to help me reach my goals:

Services (shelter) staff can provide to help me reach my goals:

Services other agencies or people can provide to help me reach my goals:

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TRACKING PROGRESS TOWARDS MY GOALS

Week #1: _____

Week #2: _____

Week #3: _____

Week #4: _____

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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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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: Being Smart

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
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.						
I want to have my own apartment by tomorrow.						

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	S Specific	M Measurable	A Achievable	R Relevant	T Time sensitive	SMART
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.						

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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:

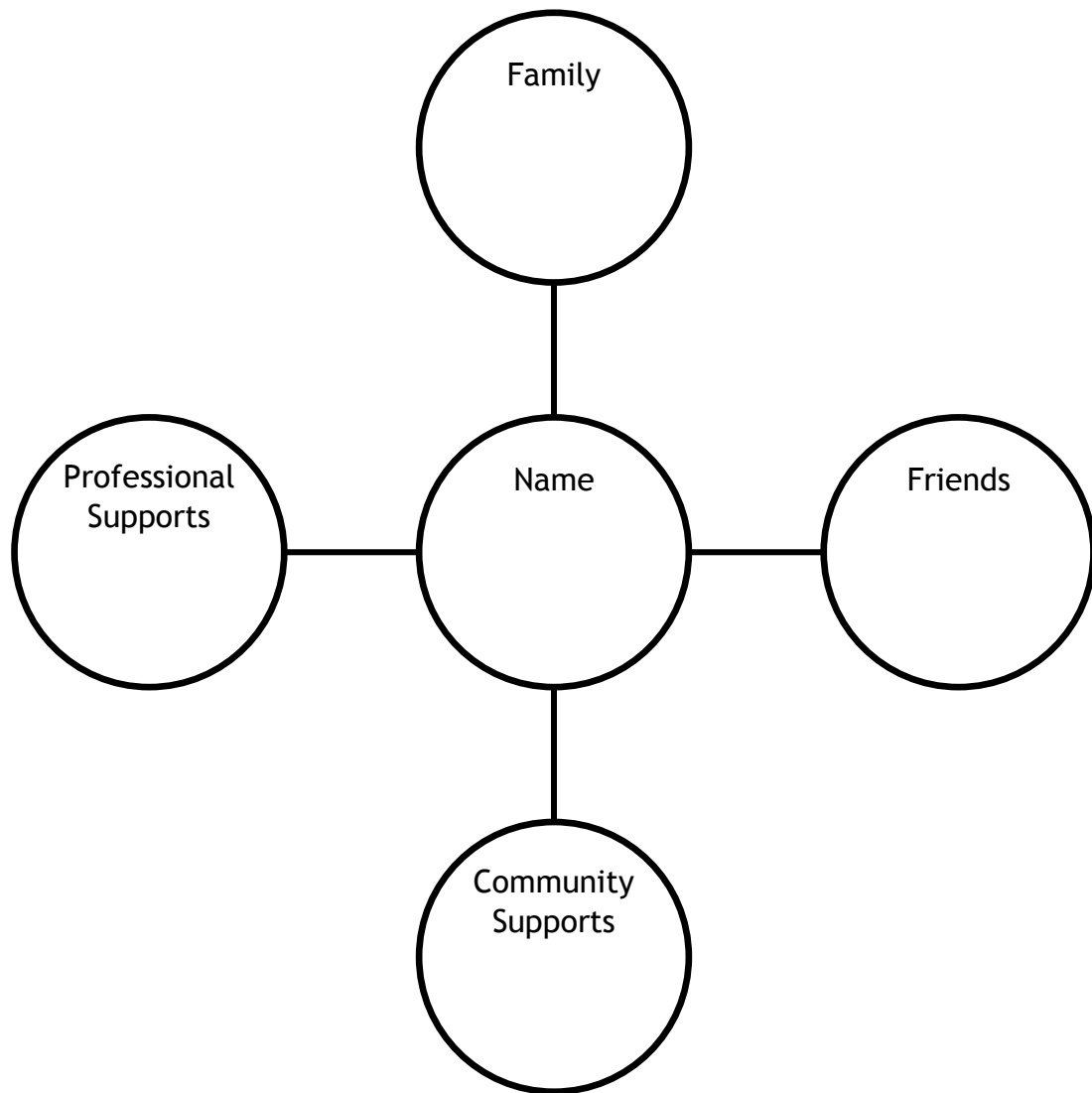
A strategy I can use to manage this challenge or barrier is:

When I accomplish one of my goals I will:

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My Support Map

Situation:



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Module 7.5 Communal Living

Module Overview

The purpose of this module is to provide your participants with some tools to help them make it as easy as possible for women to live in the communal living environment that the 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.

Facilitation Tips

Living with other people can be very difficult for anyone but especially for clients who are in crisis and are living in a shelter. Shelter workers must learn to balance respecting the shared living spaces at the shelter as technically being someone else's home with spending time in these areas in order to be available to clients.

Many shelter staff make the mistake of spending too much time in the staff office, and not enough time out in the common areas of the shelter. As you complete this module with your participants, one of the key messages to address is that the only way to know what the communal living issues are for any one group of clients in the shelter is to be in the shelter observing how the clients are interacting. This does not mean they are 'spying' on their clients. It does mean they are available to help if issues arise and that they are continually modelling appropriate ways of interacting with others by how they interact with clients. While they should not spend *all* their time in the main parts of the shelter, they should make efforts to spend equal amounts of time in both places.

Activities

Activity: Sharing Your Space

Resources Required: Self-study Manual

Flip chart paper and markers

Time Required: 45 minutes

Present the information in the first part of the *Living in a Shelter* section of this module.

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Split the large group into two to three smaller groups to discuss the following:

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 issues that came up during this time? Did everyone always get along? Were there differences of opinion on how things should be done? Were there 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?

Have them list all the difficulties they encountered during these situations and all the things they did to try to solve the problems. Share their discussions with the larger group.

Activity: Role Modeling Appropriate Behaviour

Resources Required: Self-study Manual

Time required: 30 minutes - One hour (depending on how many participants you have)

Present the information in the *Using 'Yourself' to Set Common Expectations* section of this module.

Provide participants with 15 minutes to work in pairs to create a scenario that shows how they could show clients an appropriate way to act in the shelter. To have some fun, you could do the opposite and get them to create a scenario where they are acting in a way that would communicate the acceptance of inappropriate behaviour in a shelter. Have them act out their scenario for the large group.

Activity: Rules, Rights, and Responsibilities

Resources Required: Self-study manual and or copies of the activity

Copies of the shelter's Guidelines for Living Together

Time Required: One hour

Present the information in the *Guidelines for Living Together* section of this module.

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Split the large group into smaller groups of three to four participants each. Ask them to complete the Rules, Rights and Responsibilities Activity and provide 30 minutes for them to do so. Get them to present their work to the larger group when they are done.

Facilitation Tip:

You should have already reviewed the shelter's Guidelines for Living Together ahead of time. By doing this, you should be able to provide some additional examples that will help guide your discussion.

Activity: Resident's Meeting

Resources Required: Self-Study Manual

Time Required: Two hours

Present the information in the *Resident's Meeting* section of this module. Have a large group discussion about the expectations in their shelter. Use the following table to guide your discussion. What are the things clients have a voice in? What are the things that happen regardless of the clients' wishes? Are all of these issues covered in the Guidelines for Living Together? How do they make sure that all clients are aware of these routines and their role in the routine?

Task	When?	Who does it? Why?
Meals	Meal times are at:	<ul style="list-style-type: none">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:	<ul style="list-style-type: none">Who usually prepares the meals?
	Clean up starts at:	<ul style="list-style-type: none">Who usually cleans up from meals?
Chores	Daily chores:	<ul style="list-style-type: none">How are daily chores assigned? What happens when they are not done?

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Task	When?	Who does it? Why?
	Weekly chores:	<ul style="list-style-type: none"> How are weekly chores assigned? What happens when they are not done?
	Chores when clients leave:	<ul style="list-style-type: none"> Who is responsible for cleaning client rooms for the next client?
School	School starts at:	<ul style="list-style-type: none"> Who gets children up and ready for school?
	Children leave the shelter at:	<ul style="list-style-type: none"> Who takes them? What happens if they refuse to go?
	School is over at:	<ul style="list-style-type: none"> Who is responsible for getting children back from school?
Curfew and Bedtimes	Curfew for children is:	<ul style="list-style-type: none"> Are there different curfews for different children? What happens if they are late?
	Bedtime for children is:	<ul style="list-style-type: none"> 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:	<ul style="list-style-type: none"> Why is there a curfew for women? What happens if they are late?
	Bedtime or quiet time for women is:	<ul style="list-style-type: none"> 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?	<ul style="list-style-type: none"> Who is responsible for setting up support meetings? What happens if you need to cancel?

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Task	When?	Who does it? Why?
		<ul style="list-style-type: none"> What happens if the client does not come to the meeting?
	How often do you have group support sessions?	<ul style="list-style-type: none"> 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?	<ul style="list-style-type: none"> 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?	<ul style="list-style-type: none"> 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?
Special activities or celebrations in the shelter	What sort of things would the shelter schedule as an activity or celebration for clients/children?	<ul style="list-style-type: none"> 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?	<ul style="list-style-type: none"> Who is responsible for adding things/events to the schedules? Do you have different schedules posted for staff routines and for client routines?

Next, split the participants up into groups. Give them time to think about the structure of meeting they would like to have and the topic they would like to discuss. Have them role play as though they were the leader of a resident group meeting with the other participants in their group. Each role play should last about 10 minutes so everyone has time to practice.

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Activity: Find a Solution

Resources Required: Self-Study manual

Copies of problem solving tables

Time required: Two hours

Present the information in the *A Method for Problem Solving* section of this module. Areas to focus on are:

- Situations when a problem solving approach is appropriate and when it is not
- How to use a problem solving approach with a group
- The steps in a problem solving approach
- Solutions to a problem must be SMART (see Module 7.4 for more information)

Split the group into pairs. Have one person in the pair practice helping the other participant solve one of the problems below. They can use copies of the tables provided to guide their problem solving process. Provide about 20 minutes for them to work on the first problem and then have them switch roles. After they switch roles they should choose a different problem to work on. Briefly discuss their experiences in the large group when the role plays are over.

- 1) She doesn't clean up after supper. I hate waking up in the morning to see 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 \$5,000 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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Activity: Consequences in Action

Resources Required: Self-Study Manual

Time Required: Two hours

Have a large group discussion about implementing consequences using the information in the *A Note About Consequences* section of this module. Additional questions that can guide your discussion are:

- 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 approach enforcing consequences with clients? Are you comfortable doing this? Why or why not? Do you think you can increase your level of comfort? How?

Split the group into smaller groups of four. Each person will take turns being the staff person and the client who broke a rule and the other two will observe (meaning they will say and do nothing. Their role is to give feedback to the 'staff person' at the end of each role play). Each person should have at least one turn being a 'staff person', a 'client' and 'an observer'. Between the four people they must decide which part of the consequence they are going to try to enforce from a progressive approach to consequences:

The participant who chooses to be the first 'staff person' in the role play will be reminding the 'client' about the rule.

The participant who chooses to be the second 'staff person' will be sitting and talking to the client about why she continues to be unable to follow the rules and will do some problem solving.

The participant who chooses to be the third 'staff person' will be providing the client with written notification that if she breaks any more rules she will be asked to leave the shelter.

The participant who chooses to be the last 'staff person' will be talking to the client about her choice to now leave the shelter.

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The 'observers' and the 'client' should give feedback to the 'staff person' at the end of each part of the role play. When all groups are done, you should briefly discuss their experiences in the larger group.

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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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 and 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.

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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Rule	Rights	Responsibilities

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Problem Solving Tables

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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Module 8.1: Children/Teens and Family Violence

Module Overview

Your participants 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 shelter workers with information about the impact of family violence on children of all ages so they are in a better position to help them and their mothers.

Facilitation Tips

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 an introduction to this topic area. The more resources that you have readily available to help you discuss this topic and to share with your participants, the more useful this module will be. It is highly recommended that you provide each participant with a copy of the two main resources on which this module was based - *Little Eyes*, *Little Ears* and *Helping Children Thrive* because there is additional reading required to supplement the material provided here. Each shelter should have at least one copy of these resources and you can print additional copies by going to the links provided under the *Module Resources* section of this module.

As you move through this module, participants may have some reactions to the information that is contained here. In particular, the sections on fathers and parenting may cause participants to question their beliefs around what it means to be a good parent and role model. If you have participants who strongly subscribe to the notion that men can be good fathers regardless of the abuse they impose on their partners, they may struggle to truly understand the impact of being in a violent home on children. In order to work through this, it is important to encourage participants to have an open mind and to remember to evaluate how their personal beliefs have been formed. You may also want to take the time to review Module 3.3 - Personal Beliefs, in anticipation of this discussion.

Activities

Activity: How Much do you Know about Working with Mothers and Children?

Resources Required: Flip chart paper and markers

Time Required: 30 minutes

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This activity serves as an introduction to the topic and as a way for you to assess the current knowledge and practices of your participants.

Have a brainstorming discussion with the group that addresses the following topics:

- What do you think your role is in supporting children and teens in the shelter?
- List all the ways 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?

Use the answers and impressions you get from this discussion to help you decide what areas of this module you need to focus on.

Facilitation Tips:

As an alternative to this large group brainstorming session, you could split the group into smaller groups and assign each group a question or two to work with. They would then present their discussions to the larger group and allow other participants to add to their lists. Choosing to do it this way will add at least 30 minutes to the time required to complete the activity.

Activity: Abuse and Parenting

Resources Required: Self-study manual

Copies of pages 20-25 and 40-41 of *Helping Children Thrive* (or the entire book, if feasible)

Time Required: 1 ½ hours

Present the material in the *What Children Learn by Seeing Violence* and *Why Children are Impacted* sections of this module. Key points to portray are:

- Children do more than just 'witness' violence
- Seeing violence changes the way children view the world
- The lessons children learn from violence
- The ten reasons children are negatively impacted
- The more often a mother is abused, the more likely it is that the children will be or have been abused

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- The tactics used by abusive fathers that are harmful to all children

Then, split the larger group into smaller groups and assign the reading material on pages 20-25 of *Helping Children Thrive* for them to read and discuss as a small group. Have them specifically discuss the following:

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?

Facilitation Tips:

If you prefer, you could present the material on these pages instead and have a large group discussion. You may choose to do this if you suspect there are some participants who may struggle to process this topic or if you think that the group would benefit more from being able to hear everyone's perspective.

Next, provide pages 40-41 of *Helping Children Thrive* to the participants and ask them to complete this questionnaire on their own time. This will serve as a self-reflection activity to help them learn how their attitudes and beliefs about parenting were formed.

Facilitation Tips:

The completion of this activity may bring some strong feelings and memories for participants - especially those who have a history of being victimized. For this reason you should encourage participants to complete it when they are alone and have the time to reflect on their answers and how these answers impact their current attitudes and beliefs. You may also want to remind participants to engage in their own self care practices and seek out any support they may need.

Activity: The Impact of Early Childhood Exposure to Violence

Resources Required: Self-study manual

Copies of Perry (2004) article

Time Required: One hour

Present the information in the *How Children are Impacted* section of this module. Key points to focus on are:

- The impact on each age group

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- The availability of online resources to help teens (encourage participants to explore these resources on their own time)

Provide the Perry (2004) article to the participants. Ask them to read the article and then form small groups to discuss. Their discussions should cover the following:

- 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?

Facilitation Tips:

As indicated in the previous activity, you could present the information in the article instead and have a large group discussion. Given that there are a lot of additional reading material and discussion activities throughout this module you may want to do some planning ahead about how you will mix up the formats of each activity so there is a mix of small and large group work. You can also ask your participants how they would prefer to approach each activity.

Activity: The Roles Children Play

Resources Required: Self-study manual

Video: *Seen but Not Heard*

Equipment to watch video

Pages 26-27 of *Little Eyes, Little Ears* (or copies of the entire book)

Time Required: Two hours

Present the information in the *Signs that Children May Need Protection* section of this module. Points to focus on are:

- The presence of One or Two ‘signs’ do not necessarily mean anything. Instead, shelter workers should look for ongoing patterns of behaviour that may help them determine if they need to intervene (which could mean anything from talking with the mother to making a report to a Child Protection Worker).
- Common coping strategies serve many purposes, from protection of self and others to showing resistance to the violence in their home - include a discussion on the potential harms and benefits of each type of strategy.

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Watch the video: *Seen but Not Heard*. When the video is over, provide the information from pages 26-27 of *Little Eyes, Little Ears* (either as a handout or a presentation of the material).

Have a large group discussion about the following points:

- 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?

Activity: Supporting Mothers

Resources Required: Self-study manual

Copies of *Helping Children Thrive*

Copies of pages 12 & 13 of *Little Eyes, Little Ears*

Access to other resources as listed in the *More Practice* section of self study manual

Copies of *My Safety Plan*

Copies of *Children's Activity Planning Template*

Copies of *Client Activity Planning Template*

Time Required: Four hours

Present the information on pages 12 and 13 of *Little Eyes, Little Ears*, followed by a presentation of the remaining information in this module. Key points to focus on are:

- The best way to help children is to support their mothers
- The ways a mother's parenting can be impacted by violence
- The importance of helping mothers communicate with children in age appropriate ways about the violence
- Other ways to support mothers
- The challenges that can lie in trying to open communication with teens
- The importance of fostering communication between mothers and children about safety plans
- Safety plans for children must be age appropriate

Tell participants that they must now plan one activity to do with mothers that will help them increase their self-awareness and/or awareness of the needs of their children. They must also plan two activities to do with mothers *and* their children. They can use any of the suggested

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resources in the *More Practice* section of the self study manual, the *My Safety Plan* template and the many activities in *Helping Children Thrive* to develop their plans.

To complete this activity, they must complete the *Children's Activity Planning Template* and the *Client Activity Planning Template* for each of their planned activities.

Once you provide an adequate amount of time for them to explore the resource material and develop their activities (no more than two hours), have them choose their favourite one and present it to the rest of the group.

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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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Children's Activity Planning Template

NAME OF ACTIVITY:

Purpose for Children:

Best for Children Ages:

Purpose for Mothers:

Supplies:

What to do:

Things to keep in mind:

Possible alternative activity (if it seems like this one is not working)

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Client Activity Planning Template:

NAME OF ACTIVITY:

Purpose:

Required Resources:

What to do:

Things to keep in mind:

Points to discuss or debrief with client:

Possible alternative activity (if it seems like this one is not working):

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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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Module 8.2: The Older Person and Family Violence

Module Overview

The purpose of this module is to provide participants with information that will help 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.

Facilitation Tips

Across Canada, including the NWT, there are very few ‘older women’ who go to a shelter for support. Even though we know this population does experience family violence, there is actually very little research done in Canada about how their needs differ from those of younger women and how abuse might look different during this time in life. It is strongly suspected that the reasons older women do not reach out to shelters are due to the multiple layers of oppression they experience, combined with the fact that traditional shelters and programming have not been designed to meet their needs. Shelter workers must become aware of the reasons this group may not come to them for service and find a way to reach out into the community to access the older women who may need help and support.

Many of the concepts in this module are closely linked to concepts in Module 2.2 - The Impact of Oppression and Module 3.3 - Personal Values and Beliefs. You may wish to review these modules so you are prepared to discuss these related concepts if your participants are struggling to process the material presented here.

Activities

Activity: The Role of Personal Beliefs

Resources Required: Self-study manual

Copies of Activity

Time Required: 1 ½ hours

Present the information in *The Older Person and Family Violence* section of this module. Key points to cover are:

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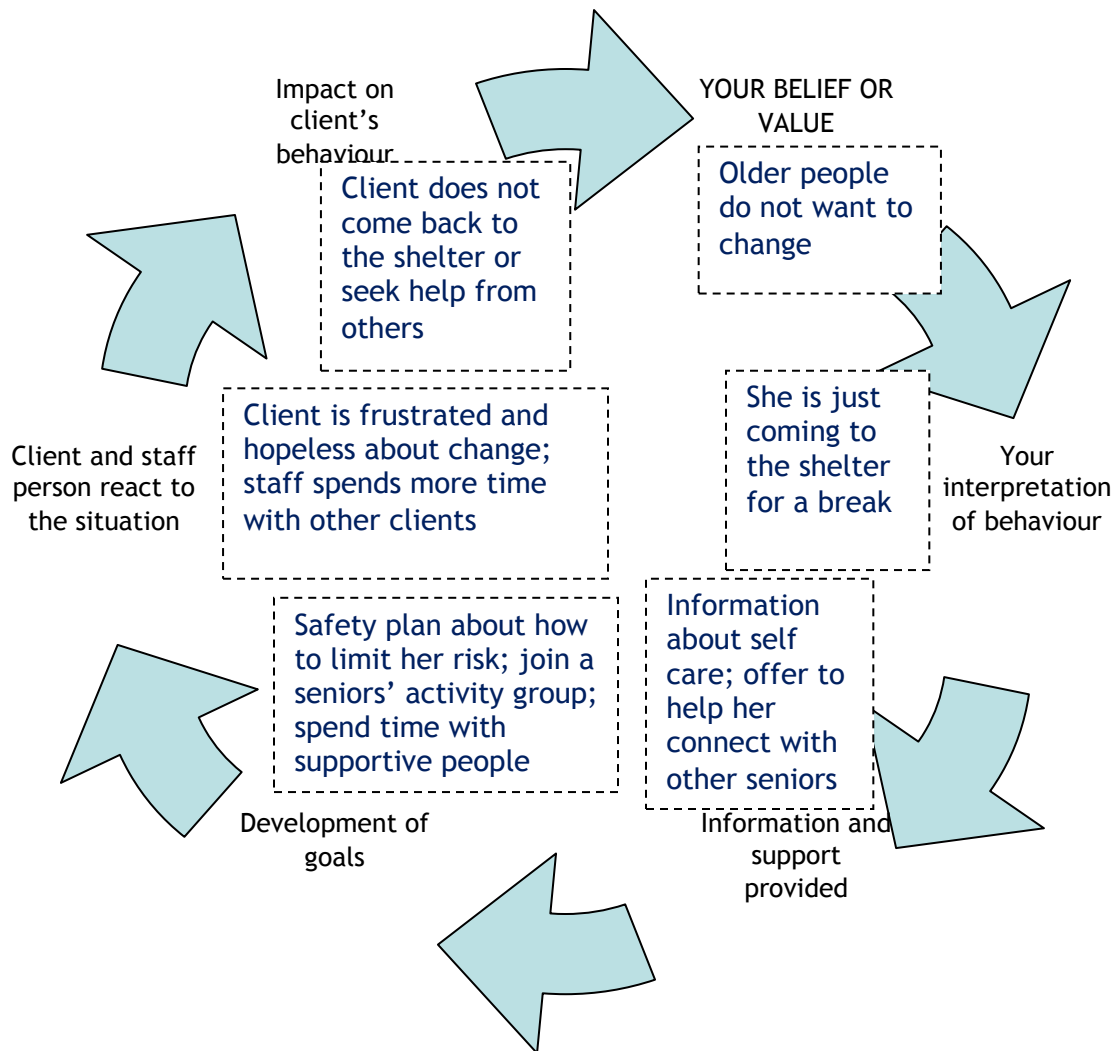
- The definition of 'older person' for the purpose of this training
- The likelihood that older women continue to be abused by their partners, especially if the abuse started early in the relationship
- The available research indicates that the majority of older women who are physically, emotionally and sexually abused are abused by their intimate partners. While older men are more likely than younger men to be abused, the majority of victims continue to be women in this stage of life - even when financial abuse is considered.
- The widely-held myth that all older people require help and support to meet their needs
- The definition of ageism
- Specific, commonly-held beliefs that support ageist practices - some of which excuse the abuse perpetrated against older persons

Facilitation Tips:

It is important to encourage discussion with the participants about the concepts that you are covering, so you know what their current beliefs are about older women and what their experiences have been in working with them.

Next, complete the following chart as a large group activity to demonstrate the potential impact of the belief "Older people do not want to change" on the response of a staff person. Make sure the participants have a copy of the mostly blank chart provided at the end of this facilitation module. Use the suggested answer provided below to guide your discussion:

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Next, ask the participants to work on their own and pick one of the beliefs that are listed on page 3 of the self study manual. They need to fill out the blank chart to show how holding

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this belief can impact how shelter staff helps older women. When they have completed their charts, have them present their work to the larger group.

Activity: What's Age Got to Do With It?

Resources Required: Self-study manual

Video: What's Age Got to Do with It?

Time required: 1 ½ hours

Present the information in the *Abuse is Both Different ... Yet the Same* and *Barriers to Service* sections of this module. Key areas to focus on are:

- All types of abuse discussed in Module 1.1 are applicable to these women; as are the leading models for the reasons abuse exists (as discussed in Module 1.3)
- The specific tactics used to abuse older women and to possible tactics used in the abuse of all women.
- The importance of being aware of indicators of abuse for this group to develop community awareness and identify women in the community who may be at risk.
- The continued role of negative social responses as a barrier to accessing service.
- Additional barriers to service experienced by older women - these barriers mostly exist because of the additional layers of oppression experienced by these women.

Show the video: What's Age Got to Do With It? There should be a copy in each 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.

Then discuss the following with the group:

- 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?

Facilitation Tips:

There is also a study guide that accompanies this video. Read through this to help you tailor your discussion to meet the needs of your participants.

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Activity: How Can You Improve Services?

Resources Required: Self-study manual

Representative from the population of 'older women' in the community

Time Required: Two hours or longer

Present the information provided in the remainder of this module. As you do, ask the participants to reflect on the amount of dedication they have given to the task of making their services appeal to older women who do not have children. Ask that they put themselves in the position of an older client coming into a shelter filled with young women and children, so they can try to understand the experience of that older client.

Facilitation Tips:

The remainder of this activity will require that you have planned ahead. You must locate an older woman in the community or a representative from a local senior's agency to come and share their perspective on why older women do not access shelter services and what the shelter can do to become more user friendly for this group. If you cannot find someone locally, you could also contact the NWT Senior's Society (1-800-661-0878) to see if someone would teleconference in to discuss this topic with your group or if they know of someone in the community that would be willing to help.

Invite a guest speaker (an older woman) to come in and speak to the participants about her perspectives on the abuse of older women and why this age group typically chooses to not access shelter services. You may want to help the participants come up with a list of questions and topics to cover with this person before the session starts. You may also want to prepare them for the task of clearing up any misconceptions about the services provided by the shelter. You should be prepared to take an active facilitation role to keep the conversation flowing.

Once your guest has left, discuss the following with the group:

- 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?

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

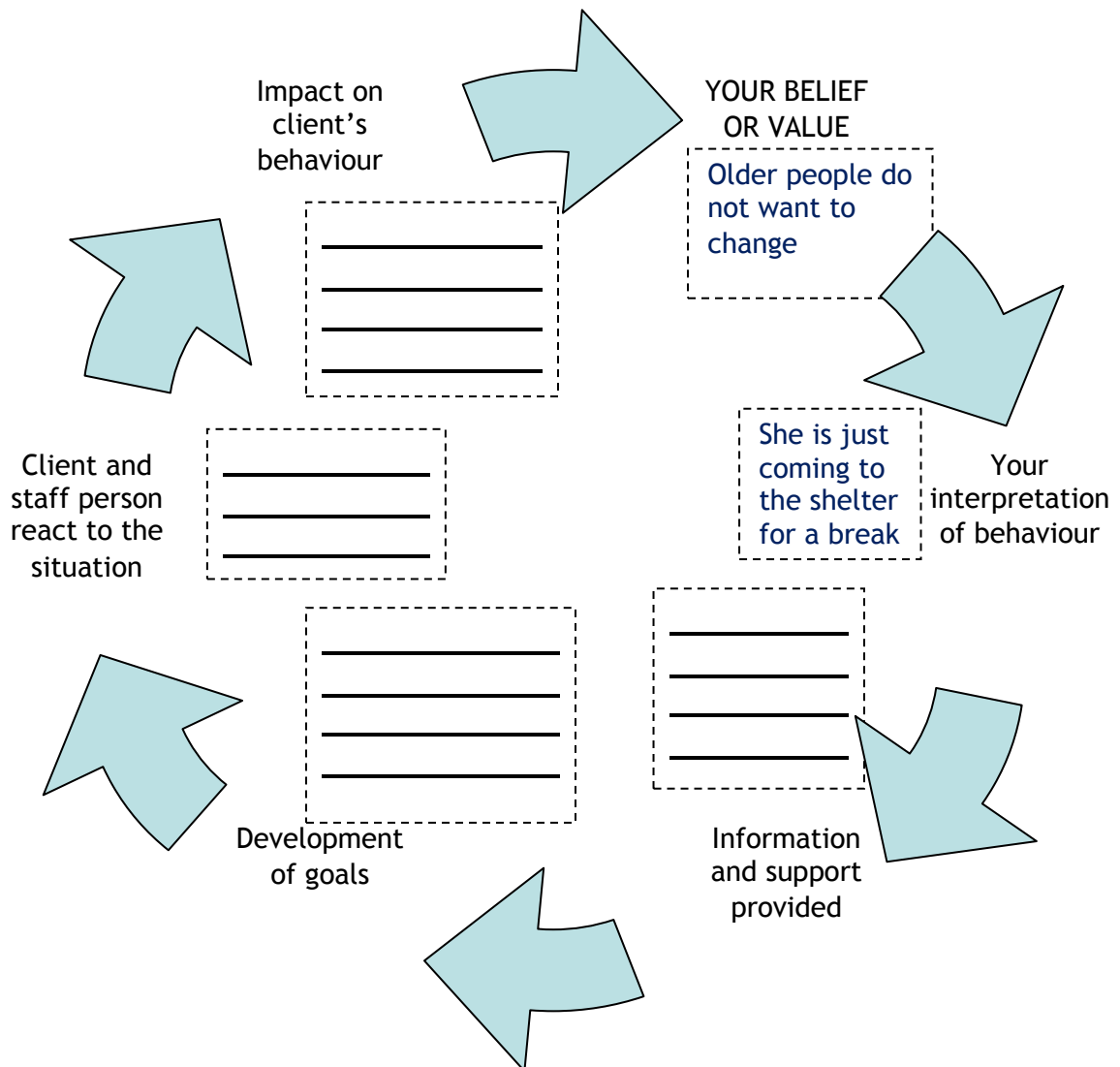
Module 3.3 - Personal Values and Beliefs

Module 7.2 - Risk Assessment and Safety Planning

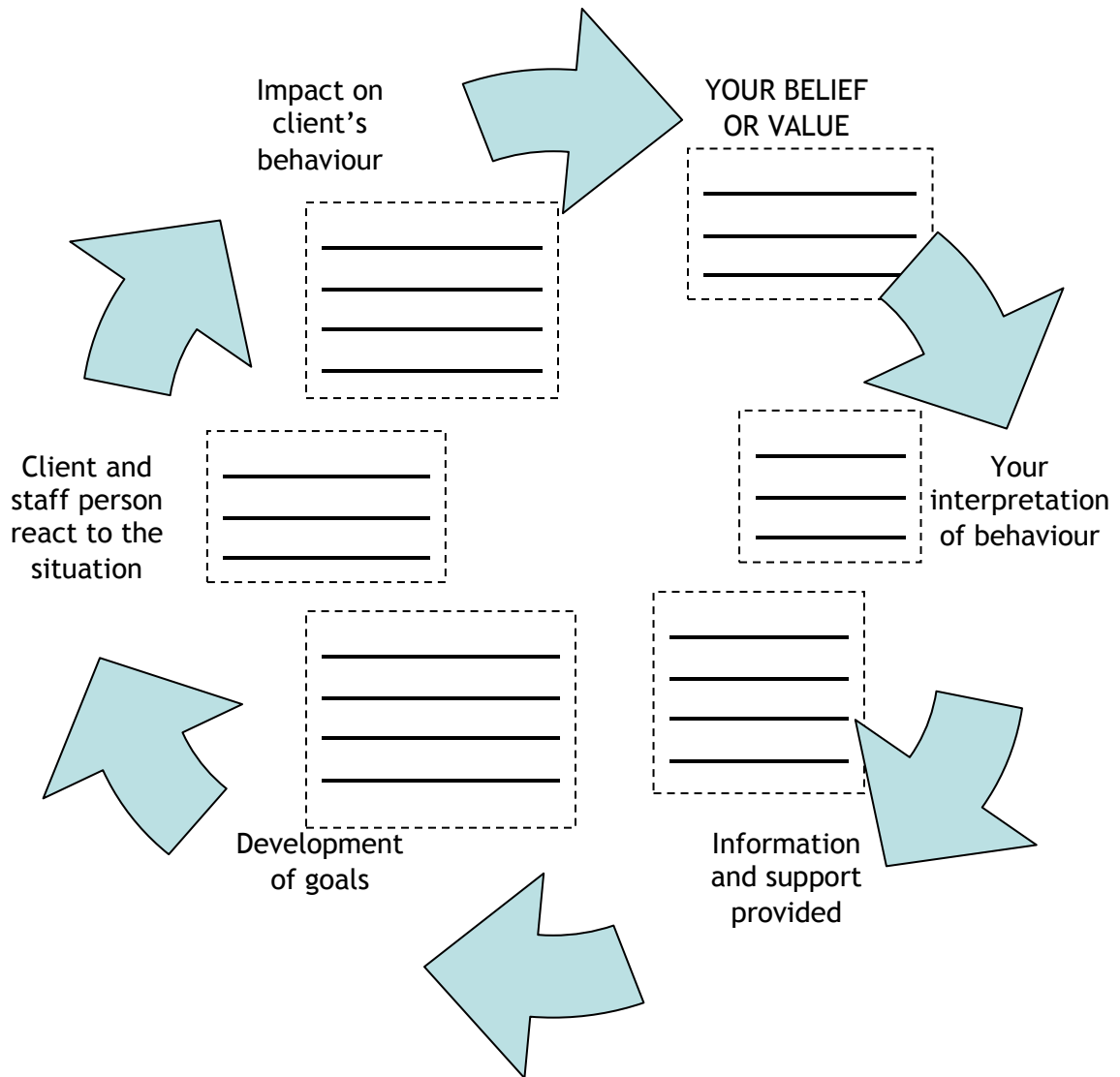
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Activity: The Role of Personal Beliefs



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Module 8.3: Persons with Disabilities and Family Violence

Module Overview

The purpose of this module is to provide participants with information that will help them 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.

Facilitation Tips

It is very common for people, even helping professionals, to be unsure about how to best help someone who has a disability. Your role through this module is to help participants become aware of any beliefs and attitudes they hold about this group that prevent them from meeting their needs.

As you move through this module you will be providing some broad-based definitions and information about working with women who have disabilities. This module should be considered an overview of the topic of working with women who have disabilities. You should strongly encourage participants to seek out additional training that will allow them to better meet the needs of women with specific types of disabilities who commonly seek support from the shelter.

Many of the concepts in this module are closely linked to concepts in Module 2.2 - The Impact of Oppression and Module 3.3 - Personal Values and Beliefs. You may wish to review these modules so you are prepared to discuss these related concepts if your participants are struggling to process the material presented here.

Activities

Activity: The Role of Personal Beliefs

Resources Required: Self-study manual

Copies of Activity

Time Required: 1 ½ hours

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Present the information in the *Women with Disabilities and Family Violence* section of this module. Key points to cover are:

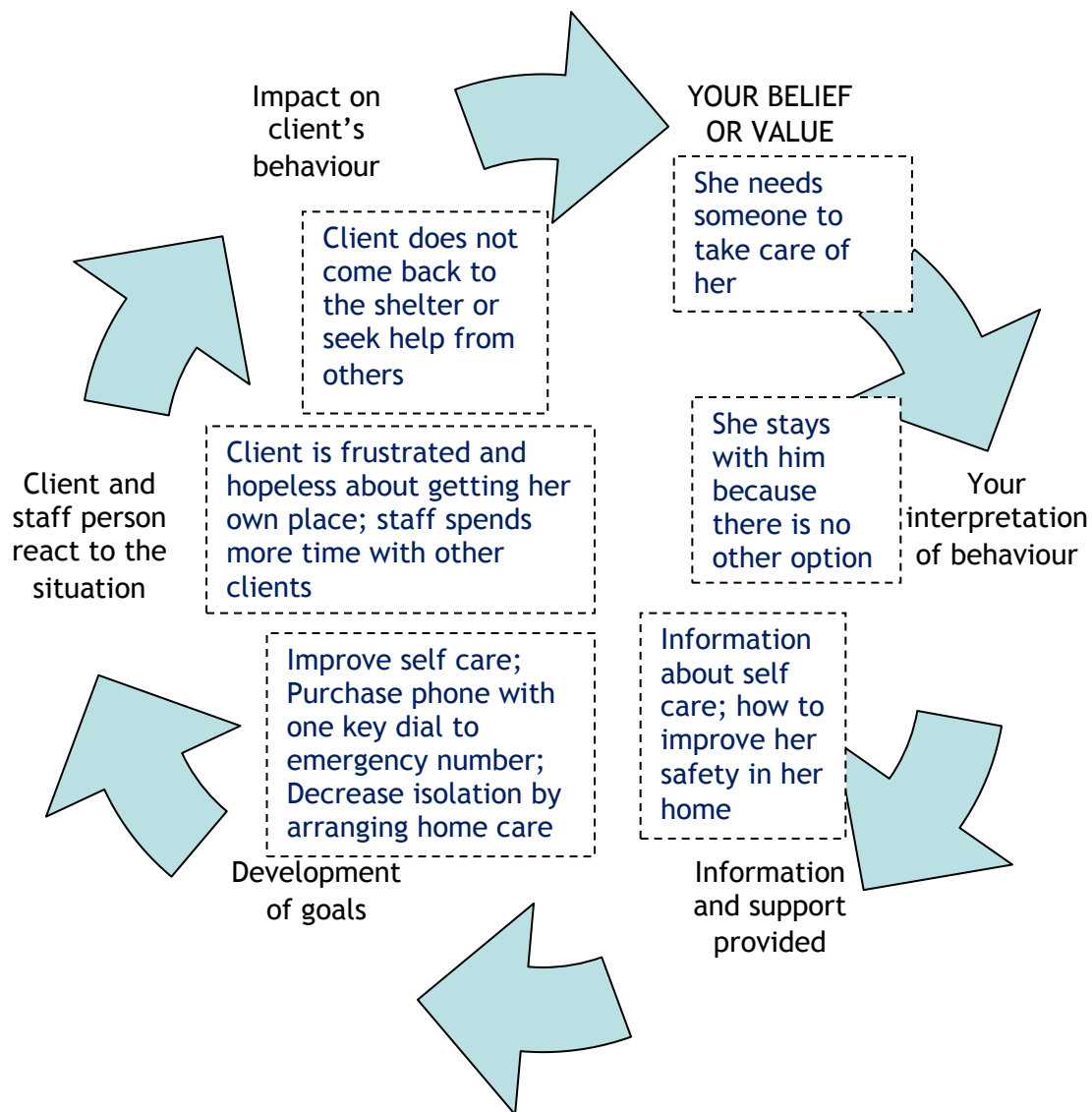
- The definition of disabilities and ableism
- The broad range of disabilities - including some mental illnesses
- The increased risk of this group of women
- The additional layers of oppression experienced by this group of women - the notion of disability itself is a socially defined concept
- Increased risk of abuse is due to the perception of vulnerability than to actual vulnerability as a direct result of the disability
- Specific, commonly held beliefs that support discrimination against women who have disabilities

Facilitation Tips:

It is important that you encourage discussion with the participants about the concepts you are covering so you can become aware of what their current beliefs are about women who have disabilities and what their experiences have been in working with them.

Now complete the following chart as a large group activity, to demonstrate the impact of having the belief “She needs someone to take care of her” can have on the response of a staff person. Make sure the participants have a copy of the mostly blank chart provided at the end of this facilitation module. Use the suggested answer provided below to guide your discussion:

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Facilitation Tips:

When you have completed the chart, you can go back through the answers that are provided to show how an opposite belief (such as - she can lead a fairly independent life if she has the right supports in place) would lead to different results. For instance, the interpretation of her behaviour could be 'she came to the shelter because she needs help improving her level of independence'.

Next, ask the participants to work on their own and pick one of the beliefs listed on page 4 of the self-study manual. They should complete the blank chart to show how holding this belief can impact how a shelter staff helps their client. When they have completed their charts, have them present their work to the larger group.

Activity: How Accessible is Your Shelter

Resources Required: Self-study manual

Copies of activity

Time required: 1 ½ hours

Present the information in the *Abuse is Both Different ... Yet the Same* and *Barriers to Service* sections of this module. Key areas to focus on are:

- All types of abuse discussed in Module 1.1 are applicable to these women; as are the leading models for the reasons abuse exists (as discussed in Module 1.3)
- The characteristics of this group that may increase their risk
- The specific tactics used to abuse women who have disabilities in addition to possible tactics used in the abuse of all women
- The importance of being aware of indicators of abuse for this group; to develop community awareness and identify women in the community who may be at risk
- The continued role of negative social responses as a barrier to accessing service
- Additional barriers to service experienced by this group of women - these barriers mostly exist because of the additional layers of oppression experienced by these women.

Provide the participants with copies of the activity so they can assess how accessible their shelter is. Once they are done the checklist, discuss the following as a large group:

- 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?

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Facilitation Tips:

It is at this point that you may start to hear staff discuss the reasons why they cannot possibly improve their level of accessibility without increased levels of funding to make physical adjustments to the building. Help them discover the many other things they may be overlooking - such as maintaining connections with local organizations who work with women with disabilities; knowing where to refer women with disabilities; and changing attitudes and increasing knowledge so they are 'attitudinally accessible'.

Activity: How Can You Improve Services?

Resources Required: Self-study manual

Copy of Education Wife Assault Article as referenced under *Module Resources* in this module - go to the web address that is provided

Local representative on behalf of women with disabilities

Time Required: Two hours or longer

Present the information provided in the remainder of this module. Include a presentation of the *Tips for Communication* information included in the Education Wife Assault article (pages 10-16). As you do, ask the participants to reflect on the amount of dedication they have given to making their services accessible to women with disabilities. Ask that they put themselves in the position of a client who has a disability coming into a shelter filled with young women and children so they can try to understand the experience of that client.

Facilitation Tips:

The remainder of this activity will require that you have planned ahead. You must locate a representative from a local agency that works with people who have disabilities to come and share their perspective on why this sub-group of women does not access shelter services and what the shelter can do to become more user-friendly for this group. If you cannot find someone locally, you could also contact the NWT Council of Persons with Disabilities (1-800-491-8885) to see if someone would be willing to teleconference in to discuss this topic with your group or if they know of someone in the community that would be willing to help you.

Invite the guest speaker that you find to come in and speak to the participants about their perspectives on the abuse of women with disabilities and why this group typically does not access shelter services. You may want to help the participants create a list of questions and topics to cover with this person before the session starts. You may also want to prepare them

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for the task of clearing up any misconceptions around the services provided by the shelter. You should be prepared to take an active facilitation role to keep the conversation flowing.

Once your guest has left, discuss the following with the group:

- 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

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>

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

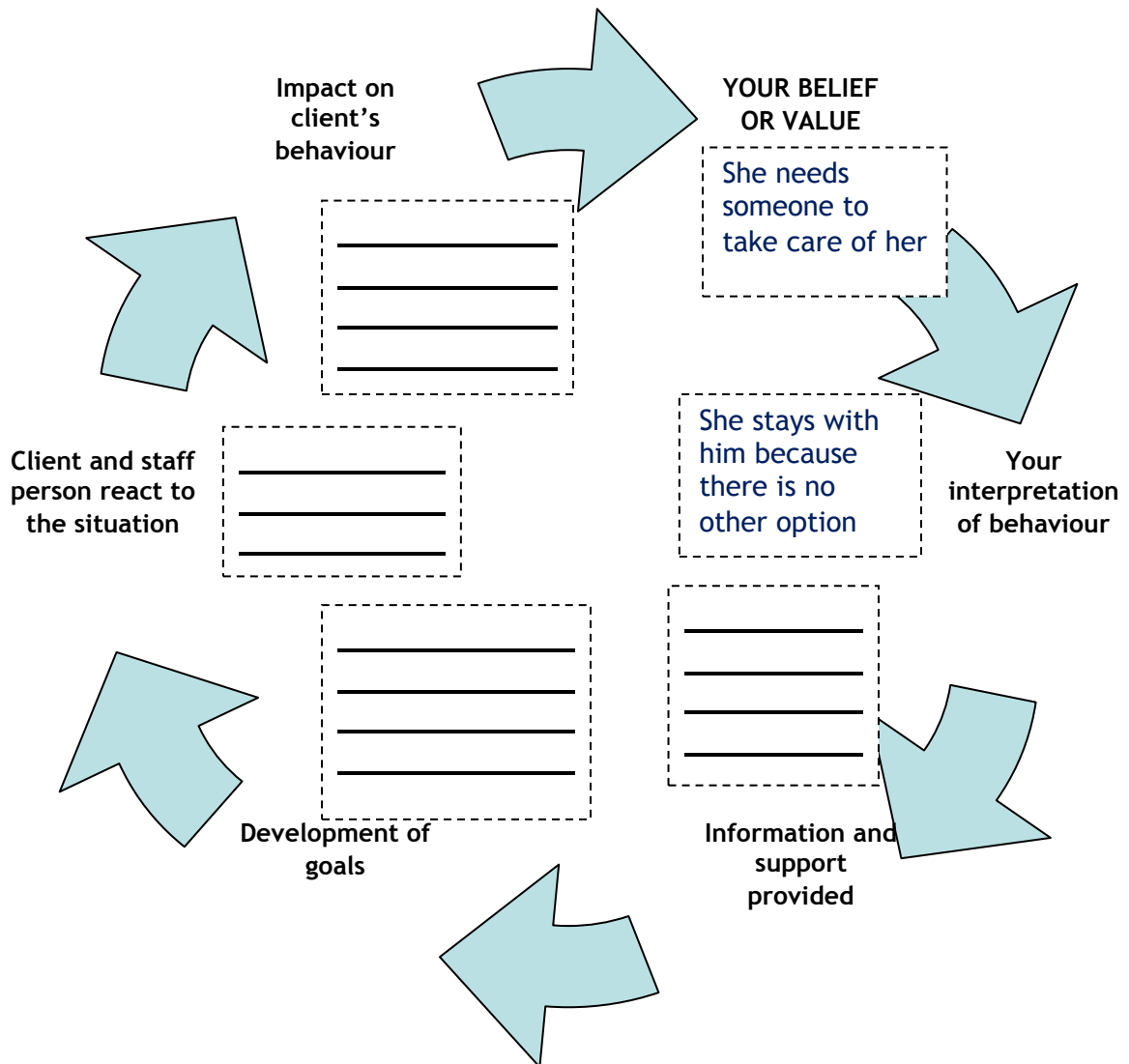
Module 3.3 - Personal Values and Beliefs

Module 7.2 - Risk Assessment and Safety Planning

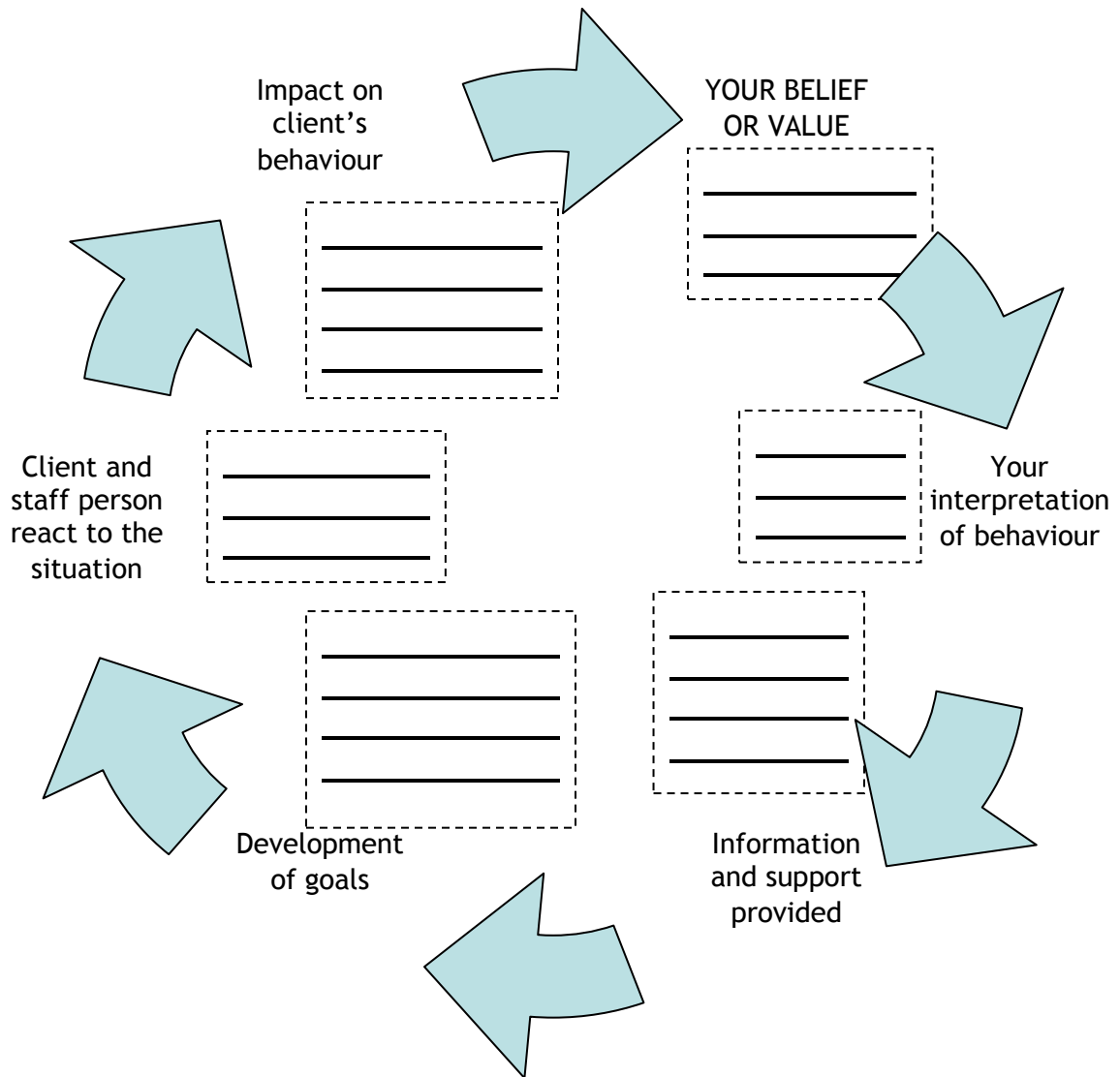
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Activity: The Role of Personal Beliefs



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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 comfortably use?		

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Area to consider	Yes	No
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?		

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Module 9.1: Advocacy

Module Overview

Shelter staff must work with many other community or regional service providers in order to provide effective services to clients. Sometimes they may not agree with how these other service providers approach the issue of family violence. This module will help your participants learn how to advocate for client needs while also maintaining positive relationships with other service providers.

Facilitation Tips

Being able to appropriately and effectively advocate for client needs is something that each and every shelter worker needs to be able to do. However, many people in this field receive little or no training about what advocacy is, let alone how to do it. Without this knowledge, staff often find that other service providers are not responsive to their requests to do something differently in order to better meet the needs of the client.

In order to get the most out of this section, you must encourage your participants to have an open mind so they can assess what their current style is when they are advocating and where they may be able to improve. A part of figuring out what their current style is involves looking at how other people react to them when they are trying to advocate. They can learn a lot about themselves by looking at the responses of others.

Activities

Activity: What is Advocacy?

Resources Required: Self-study manual

Flip chart paper and markers

Time Required: 45 minutes

Prior to presenting the information in this module, have a large group brainstorm about what advocacy is. Ask the participants to think about the last time they were advocating for a client. What were they doing? What were they trying to change? Are they usually successful when they are advocating?

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Present the information in the *What is Advocacy?* section of this module. Make sure you relate the outcome of the brainstorm to the list of things they 'should be' doing whenever they are advocating.

Activity: Effective Advocacy

Resources Required: Self-study manual

Time Required: One hour

Present the information in the *Effective Advocacy* section of this module.

Split the larger group into at least two smaller groups - the more participants you have, the more groups you should have. The best group size for small group discussion is four to six participants. Ask them to consider what is the most important aspect of being an effective advocate - having the appropriate knowledge, or attitude, or skills. Discuss within their small group and come up with an argument that will persuade the other groups that your group is right.

Facilitation Tips:

Even if all the groups come to the same conclusion about what is the most important or if they all think that all three of the components are equally important, this activity still has a lot of value. The purpose is to have a discussion about why each component is very important to the success of any advocacy that they do.

Activity: Negotiation

Resources Required: Self-study manual

Time Required: One hour

Present the information in the *Negotiation* section of this module. Make sure you focus on the importance of continuing to apply the same type of knowledge, attitude and skills to negotiation as they would to any other part of the advocacy process.

Split the group into pairs so they can practice the negotiation process. They will take turns trying to convince the other person to give them what they are asking for by using the steps to negotiation after they are told 'no' to whatever request they have made. Discuss their experiences in the larger group.

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Activity: Advocating for Change

Resources required: Self-study manual and/or copies of Activity

Time required: One hour

Present the information in the *Tips for Success* section of this module.

Then ask them to complete the *Activity: Advocating for Change*. Use your judgement to determine how to complete this activity based on the energy level and dynamics of the group - you could have a large group discussion about the scenarios or split them into pairs or smaller groups or have them complete it individually and present their work back to the group.

Use the following points to guide your discussion about the scenarios, regardless of the format used to reach this point:

- 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.

Facilitation Tips:

- 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.

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- b. Ask that your client 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 she needs.
- 2) When 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 the damage her partner did to her last unit. She thinks she will never be able to pay all the money owed for damages.

Facilitation Tips:

- 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?
 - 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 she cannot control.
 - b. Limited number of housing units available.
 - c. No other affordable housing options.

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- 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) 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 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.

Facilitation Tips:

- 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.

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- d. Possible discrimination against client because she has returned to her partner in the past.
 - 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) You have a client who has applied and been granted an emergency protection order (EPO). 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.

Facilitation Tips:

- 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.

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- 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.
 - 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 with a safety plan and modify this plan 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 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) 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 have any money. She does not feel safe working in the community because she knows her partner is looking for her.

Facilitation Tips:

- 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.

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- 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.
 - 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 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

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 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 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 talking to a client in the kitchen one day, she reveals that she really wants to get her own place but 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 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 24 on the Danger Assessment the last time she was there. She tells you her social worker has told her 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

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Toronto but doesn't have any money. She does not feel safe working in the community because she knows her partner is looking for her.

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Module 9.2: Collaboration

Module Overview

Like being able to advocate appropriately, the ability to collaborate with other agencies is an important skill for shelter workers to develop. This module will help your participants learn more about collaboration and how to be an active participant in such a process. 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.

Facilitation Tips

This module builds on the previous module regarding advocacy and on the basic relationship building skills that were covered in Modules 5.1 and 5.2.

Collaborating with other agencies in the area of family violence can be very difficult because unless people have specialized training in the area of family violence, they may not be aware of how to work in a way that meets the needs of victims. Most people in the helping field do not have this specialized type of training. As a result, the staff of most organizations can have a very different way of viewing and working with victims which can make collaboration difficult for shelter staff.

Shelter staff must find a way to deal with the frustrations that can come with trying to work in a group with people who do not view victims in the same way that they do. It might help to think about collaboration like a big negotiation between two or more organizations. The more people who are involved, the longer it can take and messier it can be to find solutions to problems.

Prior to starting this module with your participants you should take the time to read both the Yellowknife Family Violence and Abuse Protocol and the Toolkit (to request a copies please contact the Department of Health and Social Services Family and Child Violence Protection Consultant in Yellowknife at 873-7918) that was developed to help NWT communities develop their own such protocols. If you have any questions about the collaboration process as related to these documents, take the time to contact the resource people listed within them to find your answers.

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Activities

Activity: What is Collaboration?

Resources required: Flip chart paper and markers

Time required: One hour

Using the information in the *What is Collaboration?* section of this module to guide your group discussion being sure to cover the following points:

- 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?
- Would any of the issues currently facing your shelter benefit from collaborating with other agencies? If so, what are these issues and who would need to be involved in the collaboration? If not, why not?
- 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?

Activity: The 3 C's of Collaboration

Resources required: Self-study manual

Time required: 45 minutes

Present the information in *The 3 C's of Collaboration* section of this module. Focus on the necessity of these three elements in building any sort of relationship - especially when trying to build positive working relationships with people with whom they have nothing in common or who they may have had conflict within the past.

Ask the participants to get into pairs so they can discuss their experiences when working with someone they did not really 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 they in meeting the goals they were trying to achieve? Which of the three C's were missing? Were they able to overcome these differences in order to work toward a common goal? Why or why not?

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Activity: Problem Solving Skills

Resources required: Self-study manual

Time required: One hour

Present the information in the Problem Solving Skills section of this module.

Have the participants think of a problem or issue facing their shelter and/or their clients. As a large group, have them work through the steps to problem-solving discussed in this section. If more people or agencies are needed to be involved in order to solve the problem they have identified, they could role play as though some of them belonged to other organizations.

Discuss their thoughts and experiences once they have completed the process.

Facilitation tip:

The goal for this activity is not for the group to actually solve the problem or issue they have chosen to work on. Instead, the goal is for them to ‘practice’ using a problem solving approach when working in a group with others and to come to the conclusion that collaboration takes time.

Activity: What Do You Have to Offer?

Resources required: Self-study manual and/or copies of activity

Time required: 30 minutes

Ask the participants to reflect on their experience during the previous activity and in other groups they have been a part of as they complete the activity sheet. Take some time to allow the participants to share their findings, if they wish.

Activity: How Do You Feel about Change?

Resources required: Self-study manual and/or copies of activity

Time required: 45 minutes

Present the information in *The Process of Change* section of this module. The goal of this section is to help participants understand that any sort of collaboration and change that is being sought can take a long time - not to memorize what the stages of change are.

Ask participants to complete the activity sheet so they can learn how they feel and think about change. Discuss their responses using the following to guide the discussion:

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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.

Activity: Successful Collaboration

Resources required: Self-study manual

Copies of Toolkit

Time required: One hour

Present the remaining information in this module.

- Have a brief discussion about the Yellowknife Family Violence and Abuse Protocol and provide copies of the Toolkit to the group so they can refer to this document later if they are interested in becoming involved in such a project.
- Focus on the 'inputs' required for success and the steps involved in getting a collaborative effort started.
- Have a large group discussion about the teams they have been a part of in the past. This could be a sports team, a group working on some sort of project, a planning committee or even their family. Have some of the teams been successful in what they were doing, but others were not? Based on what they have learned from this module, why do they think this is? What were the qualities of the successful team(s)? What were the qualities of the unsuccessful team(s)?

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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/neco/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 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 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

Notes

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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 discussed until everyone understands what the problem is:

NEVER

ALWAYS

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 what 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 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.

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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

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

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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 it is sometimes true.

	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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Module 9.3: Community Awareness and Education

Module Overview

The purpose of this module is to help your participants become more comfortable with being able to provide awareness and education about family violence to their community. Now that they are trained in the basics of family violence and how to best work with victims, they may have the opportunity to share this information with others in the community. When such opportunities arise, it is important they are able provide this education and awareness in a professional way that meets the needs of the people they are working with.

Facilitation Tips

Many shelters feel they do not have the resources, time or ability to do outreach into the community. While it is true that shelter staff need to meet the needs of the shelter and their clients first, it is also true that professional helpers need to do some outreach into the community so people will be supportive of and knowledgeable about the work they do. This does not necessarily mean that extensive time and energy is spent doing work outside the shelter. However, it does mean that the shelter and shelter staff participate in community events and take a lead role in educating others about issues related to family violence and the needs of the clients they serve.

Your participants may have some fears about doing work out in the community. You may have participants that are afraid of speaking publicly, who fear voicing their opinions in group settings or who just prefer to 'work behind the scenes'. Your task through this module is to help each participant learn how to take an active role in educating their community about family violence - even if that role is small and infrequent. The best way to help your participants do this is to provide them with the opportunity to plan, prepare and execute some sort of community education or awareness event or to plan and role play an advocacy/collaboration meeting with other agencies.

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Activities

Activity: Plan Your Event

Resources required: Self-study manual

Basic supplies for a community awareness event: various types of paper, pens, markers, flip chart paper, etc.

Access to a photocopier (in case your participants need to make copies of handouts, etc.)

Time required: minimum three hours

Present the information in the following sections of this module: *The Role of the Shelter in Community Awareness*; *Types of Awareness and Education*; and *Planning and Preparation*.

Facilitation Tips:

As you present this information, it will be important to encourage discussion among your participants. You may wish to cover the following areas with them:

- How much time do you spend trying to educate others about family violence?
- 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 doing?
- How do people react when you try to educate them about family violence?
- What reasons have you used for avoiding opportunities to be involved in community awareness and education?
- 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?
- What types of things have you done to educate others? How successful were you?

Now, ask each of your participants to work on their own and pick some sort of community awareness or information-sharing event they would like to do. Or they may want to think about how they will approach an issue they are bringing to a meeting with other community

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agencies. Take the time to apply the information just discussed to prepare for their event or meeting. Make sure they fully develop the following areas:

- The type of event or meeting or promotional material they are developing
- Time and location of the event or meeting (if they can plan this)
- The people they are trying to target (your audience)
- The key characteristics about their audience that will help plan the event
- The key message or topic
- Their goals (include an assessment of how SMART the goals are and how they will measure success)
- The activities they will use (include back-up activities)
- Any handouts or other materials they will need - such as feedback forms, pamphlets, fact sheets, videos, etc. (at a minimum, make sure they develop an agenda)

Facilitation Tips:

When they have completed this activity they should be fully-prepared for their meeting or event. It will be important to tell your participants about the need to be fully-prepared because they will practice or role-play their meeting or event for the next activity (if their planned event is quite long, they need to determine how to practice a portion of it, or how to move through it quickly by giving the rest of the group an overview of what they will be doing). You may also want to let them know about the availability of additional resources that may be helpful to their planning, as is indicated in the More Practice section of the Self-Study Manual.

Activity: Practice Your Event

Resources Required: Self-study manual

Materials developed by participants in previous activity

Time Required: One hour for your presentation + approximately One hour per participant

Present the remaining information in this module. Again, it will be important to continue to encourage lots of discussion about the topics you are covering. Key points to focus on are:

- The importance of applying basic communication skills
- How to use a facilitated approach (you should also be modeling this for them)
- How to set boundaries for the type of information they are providing
- The importance of preparing people for their possible reactions to the topic(s)

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Now provide time for each participant to practice the event or meeting they have planned. If their event or meeting is planned to be longer than one hour, ask them to either practice a portion of it with the rest of the participants or ask them to provide an overview of what they have planned by moving quickly through their agenda rather than letting the other participants fully experience the event.

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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

Notes
