# Safety Planning Across Culture & Community: A Guide for Front Line Violence Against Women Responders







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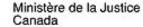
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### Part 1

# General Risk Identification and Safety Planning With Women Who Are Victims of Violence In Intimate Relationships





#### 1.1 Introduction

Risk identification and safety planning is a process to help you work with a woman to develop the most comprehensive safety plan possible. Effective risk identification and safety planning can substantially increase safety for a woman and her children.

Because this document is co-authored, the language used to describe a woman who experiences abuse will not be consistent throughout. Women will be referred to as victims and as survivors.

Similarly, the language used for offenders will vary, and could include men, the accused, the offender or the abuser

It is critical to point out that the problem of domestic violence cannot be resolved by effecting changes in the victim's behaviour. No abused woman has control over her partner's actions; she cannot stop the violence. Neither does safety planning solve the problems of insufficient resources or overcome the barriers that may exist as a result of a lack of a coordinated response.

Nevertheless, the steps that you help a woman take to reduce her risks and increase her safety can make an enormous difference to her ability to keep herself and her children safe and to empower her to take control of her life.

#### 1.1.1 Whom this Document is For

Many safety planning documents focus on actions a woman can take to help ensure the safety of herself and her children. These include strategies a woman can use in various situations, lists of items to take with her if she leaves, devices such as alarms that can be installed in her home, on her cell phone, and other resources she can access. A personalized safety planning template is included in the BC Ministry of Justice online training for victim service workers. This is available at: http://www.pssg.gov.bc.ca/victimservices/training/

Many other safety planning documents exist, such as this one, which is designed as an aid for workers who support women who are victims of violence in their relationships. In





BC, these responders may include: Community-based Victim Service Workers, Stopping the Violence Counsellors; Stopping the Violence Outreach and Multi-cultural Outreach Workers; Transition House and other residential workers; Police Based Victim Assistance programs; Aboriginal Outreach Workers; and others whose role is to provide support and assistance to women who are victims of violence.

#### 1.1.2 Why this Document was Developed

Many risk identification and safety planning frameworks assume homogeny amongst women who have experienced violence in their relationships, describing how risk and safety might be addressed for abused women as a whole. These frameworks rarely specify in a systematic way how risk and safety considerations might differ depending on the social location of the woman who is at risk.

This document has been written to provide a more nuanced approach, addressing risk factors and safety considerations specific to a range of social groups with which a woman may identify – considerations that might be missed in more general lists of risk factors and more general safety planning guides. The goal is not to categorize a woman's experience based on her race, culture, class, gender identity, sexuality, ability, age, or occupation, but rather to broaden the approach to safety planning by including more specific considerations relevant to women's particular experiences. The result is an expanded and more specific range of risk factors and approaches to safety planning to help service providers better meet the needs of women with differing social locations.

#### 1.1.3 Limitations of Risk Identification and Safety Planning Tools

While risk identification and safety planning tools and guides are valuable resources for a worker helping a woman develop her safety plan, it is important to be aware of their limitations (Ad Hoc Federal-Provincial-Territorial Working Group Reviewing Spousal Abuse Policies and Legislation, 2003; Eight Critical Components Project Team, Ending Violence Association of BC, 2008):

- Lists of risk factors cannot be used to determine whether someone has committed violence within his relationship in the past or predict whether someone will be violent in the future.
- Lists of risk factors cannot be used to determine whether someone "fits the profile" of an abuser or a woman who may be the target. No such profile exists.
- Guidelines like these or like Aid to Safety Assessment and Planning (ASAP) (BC Institute Against Family Violence, 2006)
- are neither exhaustive nor fixed. In any given assessment, there may be casespecific factors that are key to safety planning.
- Safety planning based on risk factors may not be appropriate to use in a crisis





situation or at intake.

Lists of risk factors and safety planning guides should not be used as checklists to be reviewed with a survivor. Risks that could be associated with the use of checklists include:

- A checklist may result in oversimplification of the complexity of a woman's life.
- A checklist may result in a worker acting in a rote manner rather than thinking through each situation and making observations about this unique situation. A worker or the woman herself may develop a false sense of security and consequently miss a crucial piece of information about a woman's risk or safety needs because it is not included in the checklist.
- A woman may distrust the "cookie cutter" approach implied by a checklist and may decide the worker or the list is not helpful because her situation does not fit the mold.
- A woman may decide the worker is taking a "short cut" and is not aware of the context of her life and therefore not credible.
- On the other hand, a woman may decide the worker knows better than she does about her safety needs and therefore ignore or mistrust her own intuition or knowledge about her own situation.

#### 1.1.4 How this Document is Organized

The document begins with a general guide to safety planning and is then divided into eight sub-sections: Safety planning for Aboriginal women; immigrant and refugee women; older women; younger women; lesbian, bisexual and queer women; trans people; women with disabilities; and sex workers. These sections are not stand-alone documents but are designed to be read in conjunction with this general introductory section. As all women to some extent have differing social locations, most women's experiences will cut across various sub-sections in this document.

Each sub-section was prepared by a member of the specific social group whose needs it addresses. Therefore, approaches vary in each sub-section. Each presents various risk factors and approaches to safety planning, including lists of questions to elicit information from women and information and suggestions to keep in mind when working with women from specific social groups. In order to reflect the voice of a member of that specific community, editing of those sections has been limited. You will therefore note some differences in the ways in which these sections are presented.

This introductory section and the specific sub-sections that follow present a range of risk factors and safety planning considerations and strategies. These are not exhaustive lists of factors or actions. Because of the complexity of each woman's situation, it is not





possible to cover every circumstance that will need to be addressed in helping women to develop safety plans. However, an understanding of the most common risk factors for dangerousness and lethality in domestic violence cases is essential to the work of helping women to identify risk and plan for their safety and the safety of their children.

A list of domestic violence risk assessment and safety resources is provided at the end of this document. These resources are not intended to instruct you on how to conduct a formal risk assessment or to use specific risk assessment tools. Rather, they are intended to introduce you to those risk factors common to domestic violence cases and to explain how an understanding of them can be used in effective safety planning.





# 1.2 Establishing a Framework For Assisting Women With Differing Social Locations

#### 1.2.1 Social Location

It is important to consider risk and safety within the context of women's social location. A woman's race, culture, immigration or refugee status, socio-economic level, ability, gender identity, sexuality, and age interact on multiple and simultaneous levels to shape her experiences and create social and individual differences. While some of these locations – such as a First Nations, Métis or Inuit woman, an immigrant, a refugee, a woman of colour, a poor woman, an older woman, a very young woman, a woman with disabilities, a lesbian or queer woman, a trans person, or a sex worker – can result in discrimination and social inequality, not all the experiences arising from one's identity are forms of oppression. Some are simply facts of life, resulting in specific needs that must be considered in safety planning, such as accessibility for women with mobility issues, more time to address safety planning for older women or those unfamiliar with social resources, specific circumstances that exist for women living on reserve, or the need for immigrant and refugee women to keep their immigration documents in a safe place.

An analysis that is based on consideration of the multiple facets of a person's identity, their social locations – or on social inequality that can result from these – is sometimes referred to as an *intersectional analysis* or *intersectionality*. Applying a framework of intersectionality to safety planning allows you to explore and address the ways in which complex social contexts interact with the individual experiences of the women with whom you are working. Adopting a framework of intersectionality acknowledges that a gender analysis<sup>1</sup>, while essential, is insufficient to understand all women's realities, the

<sup>&</sup>lt;sup>1</sup>The vast majority of serious violence within intimate relationships is perpetrated against women by their male partners. (Federal-Provincial-Territorial Ministers Responsible for the Status of Women, 2002; Sinha, 2010) In 2010 in Canada, the rate of violence against women in intimate relationships was nearly four times higher than that for men, for both spousal and dating partner relationships (Sinha, 2010). For this reason, in this document we refer to the victims of this crime as women and use the female pronoun throughout. Strong practical and legal arguments for maintaining a gendered approach to violence within relationships are put forward by Randall (2006). The gendered nature of this crime has also been recognized in Canadian law (for example, see R. v. Lavallee, [1990]). Referral to victims of violence in relationships as female and offenders as male is not intended to imply that men are not also sometimes victims of domestic violence, either in heterosexual or same-sex relationships, or that women are not sometimes the perpetrators. However, evidence indicates that women who use violence against their





factors that impact her risk and safety, and what she needs to keep herself and her children safe.

# 1.2.2 Complexity of Safety Needs of Women With Differing Social Locations

A woman's social location and how she identifies form the complex and fluid context in which she lives her life, affecting risk factors she faces and what an effective safety plan will look like for her. For example, an older immigrant woman with disabilities will have different risk factors and safety needs than a young immigrant woman with disabilities who has small children. A trans sex worker will experience different risks and require a different safety plan than other sex workers. A lesbian or queer woman who lives in poverty and has little access to services will have some different risk factors and safety needs than a middle class lesbian or queer woman who is skilled at accessing services. All of these identities interconnect in a woman's life in different ways at different times and change as she progresses through the stages of her life or as her circumstances change. Every woman will experience violence and risk differently and, together with her service providers, will have to consider different factors in planning for her safety. Therefore, her safety plan will have to be unique to her as an individual and as a member of one or more social group with which she identifies.

When you are supporting a woman, it is critical to be aware of the various systemic barriers that she may have already encountered. It is important to understand and help her address these barriers and to avoid an approach that could inadvertently mirror or reinforce oppressive experiences that she has had in dealing with the violence or that she has experienced throughout her life.

male partners are more likely than men to do so out of fear or to protect themselves (Maiuro et al, 2001; Randall, 2003; Saunders & Browne, 2000).





# 1.3 A General Guide to Collaborative Risk Identification and Safety Planning

#### 1.3.1 Women are Experts

Each woman is an expert in her own life and process. In order to survive, a woman in an abusive relationship has already developed strategies to keep herself and her children safe, and she is the one who best knows the intricacies of her situation. It is therefore important to find out what she has already done to ensure her safety and the safety of her children and to validate her for the safety skills she has already developed.

A woman is often the best judge of her own risks. Thus, a key factor to consider and address in any safety plan is a woman's belief that her partner is likely to commit further violence against her. It is important that you always listen carefully to a woman's assessment of her own situation and encourage her to listen to her instincts and to pay attention to her own feelings and beliefs about her husband's dangerousness. We know that women rarely overstate the incidence and severity of the violence committed against them and rarely over-estimate the danger they are in.

Your role is to provide information, options and support. At the same time, we know that as a survival mechanism, women sometimes do minimize the danger they are in. You also have expertise in the nature and dynamics of violence against women and your role includes sharing your knowledge and understanding with the woman you are assisting. You may sometimes see things that the woman herself cannot see clearly. A woman's understanding of her risk and the risks facing her children may be clouded by a long history of violence, by normalization of that violence, by fear, or by love of the abuser and the fact that he may be her children's father. In these situations, you must use all your knowledge and skills to continue to respect the woman's views and expertise while at the same time help her to understand the gravity of her situation and find ways to support her to take steps to keep herself and her children safe.

# 1.3.2 Safety Plans Must Consider All Aspects of Women's Circumstances

Effective risk identification and safety planning must take into account all the





dimensions of a woman's life circumstances, including risk factors related to: the status of their relationship; the offender; her own individual circumstances, including her differing social locations; and those arising from the systems that are responsible for responding. It is critical that you understand and identify with the woman all the risk factors present in a given case in order to ensure that appropriate safety planning is undertaken and implemented.

For example, safety plans must include the steps the system will take to ensure monitoring of the offender, offender accountability, and access to necessary resources for abusers. Where there are threats of suicide by the perpetrator, mental health professionals should be brought in as part of the safety planning process. Where offender substance abuse is an issue, conditions should be put into release orders that address this concern and provide for monitoring the offender. Where there is any concern related to a child who may be at risk, child protection services must be involve if they exist. When children have been exposed to the violence, safety planning should include Children Who Witness Abuse counsellors to support the children. Where systems have failed to respond appropriately to the violence or to a woman's needs, advocacy with those systems must be a key part of safety planning.

#### 1.3.3 Coordination in Safety Planning

#### The Importance of Coordination

As an effective safety plan must focus on the full range of risk factors listed below, coordination is key. (Ad Hoc Federal-Provincial-Territorial Working Group Reviewing Spousal Abuse Policies and Legislation, 2003; BC Institute Against Family Violence, 2006; Eight Critical Components Project Team, Ending Violence Association of BC, 2008). The need for coordination of responses was identified as the "key lesson learned" by the Ad Hoc Federal-Provincial-Territorial Working Group Reviewing Spousal Abuse Policies and Legislation. The importance of coordination in keeping women safe is supported by research (Gamache et al, 1988) and is reinforced in policy and protocols in BC. The *Violence Against Women in Relationships Policy* and *Protocol for Highest Risk Cases* emphasize the importance of coordination in the response to domestic violence. Victim Services programs' mandate to make appropriate referrals, a key component of a coordinated response, is detailed in the *Referral Policy for Victims of Power-based Crimes: Family Violence, Sexual Assault, and Criminal Harassment* (Ministry of Public Safety and Solicitor General, Policing and Community Safety Branch, 2007).

Some of the benefits of coordination identified in 'Step by Step: Tools for Developing a Coordinated Response to Violence Against Women' (Ending Violence Association of BC, 2011) include the fact that a coordinated approach:

- Identifies players in a safety network in a community
- Brings relevant players together, breaking isolation and preventing duplication of





effort

- Provides opportunities for meaningful partnerships to grow from relationships developed through efforts to coordinate responses
- Identifies gaps and ensures that women do not fall through the cracks in the system
- Teaches players to analyze their response or service from the point of view of women's safety
- Empowers members of the team to make substantive changes in their practice or policy

Ensuring coordination of all the various components of the response system that must be involved to respond to the wide range of risk factors is one of the central challenges of effective safety planning. Whether you are the primary coordinator of the safety planning process for a woman or simply one of the participants, you have a role to play in facilitating coordination. If you are not the coordinator of the safety planning process for that woman, it is important that you work collaboratively with the agency that is acting in the coordinating role.

#### **Making Effective Referrals**

No one agency can address all the necessary components of a woman's plan for keeping herself and her children safe. Therefore, it is critical to understand the role of other agencies and resources in the community and to appreciate the importance of working closely with them. There is an extensive network of services available for women who are victims of violence. You will increase safety for the woman you are working with if you work closely together with these services and you encourage her to make use of them as needed.

How a referral is made is as important as whether or not information is provided about the service. Community Coordination for Women's Safety (CCWS) provides some suggestions for making an effective referral:

- If you are confident that a woman will accept a direct referral, give her the name and phone number of the agency or individual.
- If a woman seems slightly hesitant about accepting the referral, talk about any
  concerns she may have and suggest that you arrange the contact and have her
  follow up with it.
- If a woman is very hesitant, suggest that you make the appointment and go with her on her first visit. Check this procedure first with the staff or agency to which you are referring.
- If the referral is to counselling, help the woman re-frame any negative perceptions by explaining that professional counselling is a positive approach to regaining good health and attitudes, and that everyone deserves extra care and





support in recovering from the trauma of violence.

Depending on the woman's situation, here is a list of some of the resources<sup>2</sup> that may need to be involved in the safety planning process:

- Community-based Victim Assistance Services
- Police
- Crown counsel
- Corrections, including probation and parole officers
- Police-based Victim Services
- Stopping the Violence (STV) Counselling program
- STV Outreach and/or Multi Cultural Outreach program
- Transition house
- School
- · Pre-school or daycare centre
- Family physician
- Hospital
- Mental health
- Alcohol and drug program
- Ministry of Children and Family Development (MCFD)
- Children Who Witness Abuse Program (CWWA)
- · Women's Centre
- Aboriginal Friendship Centre
- Aboriginal Band Health or Social Service
- Settlement Services

#### **Advocacy and Proactive Responses**

A woman's safety plan must include what the victim can do to help keep herself and her children safe and what the response systems can do. Not only must that response be a coordinated one, it must be proactive. Advocating for proactive system responses to help ensure that all responders do everything that they can to increase safety for the woman and her children is another key element of your role in helping her to develop and implement her safety plan. A woman's safety will be jeopardized if systems, institutions or community agencies responding to her needs or her requests for help are inaccessible, unresponsive, or uncoordinated.

<sup>&</sup>lt;sup>2</sup> This list is provided without knowing in what agency you, the reader, are working. You may be a Community-based Victim Service worker, an STV Outreach Worker, an STV Counsellor, or in another role providing support to the woman.





#### 1.3.4 Critical Times for Risk Identification and Safety Planning

There are critical times in the course of what is happening in an abusive relationship for you to work with the woman to assess her safety and risk factors and engage in active safety planning for her and her children. These are the most dangerous times when risk must be assessed or re-assessed and safety planning must take place or be updated:

- Immediately following disclosure of the abuse to someone outside her family (for example, she may have been given a card, brochure, or something else that could alert him to the fact that she has sought help)
- Immediately after she has told him she is going to leave
- Immediately after she has left him
- When accused is released by police
- During charging process
- During plea discussion
- If stay of proceedings is entered
- Upon application for peace bond or other protection order
- Upon application to vary protection order conditions
- When accused is released on interim conditions
- · When she initiates legal actions, such as:
  - Divorce
  - Issues related to children
  - Property settlement
- When any papers are served, such as:
  - Protection orders
  - Notification of divorce or separation proceedings
- When she enters another relationship

#### 1.3.5 The Safety Planning Process

Safety plans should be developed as soon as possible and in partnership with the woman. Before you start the safety planning process, you should discuss the purpose of risk identification and safety planning with her and share with her any concerns you have for her safety and the safety of the children. You should ask if she wishes to take part. Make it clear that her choices are paramount. She is free to develop a safety plan or not, or to act upon it or not.





You should always ask the woman if she already has a safety plan and the details of it. Your dialogue with the woman should focus on the identification of risk factors, what her needs are, and what she has already been doing to keep herself safe. It is important to validate her own expertise on her own situation and the strategies she has been using to keep herself and her children safe. It is critical that safety planning be done in a way that acknowledges and builds on her strengths and her own knowledge of her unique situation.

It is also important that you and the woman recognize that risk identification and safety planning are complex and dynamic processes and that no plan is fully comprehensive or fool-proof. You and she must always be vigilant for gaps in her safety plan, changing circumstances, and the need to revisit and revise the plan for herself and her children.

Acknowledge to the woman that the risk identification and safety planning process might be stressful for her as it causes her to think about her risk factors and the possible danger she and her children are in. She may feel overwhelmed by actions she should take to increase her safety. Provide her with emotional support during and after the risk identification and safety planning process.

#### **Gathering Information**

#### Information from the Woman

The first step in helping a woman to develop an effective safety plan is to talk with her and to ask her detailed questions about her current circumstances and the circumstances of her children, including potential risk factors, actions she has already taken, current safety measures in place, and services she is currently accessing. The risk factors listed below will provide you with a guide to the risks that you should review with the woman.

The actions the woman is taking now can be the building blocks for the plan you will develop together. The list of questions included in the table below under **Safety Planning Actions** will help you to elicit information both about what the woman has already done or is already doing and what further steps she can take to help keep herself and her children safe. Once you know what the woman has been doing to keep her children and herself safe, you can build on these strengths to help her address her concerns and develop her safety plan.

#### Information from Other Sources

Once you have consulted with the woman the next step is, with her permission, to gather information from as many other sources as possible. Important other sources of information may include: the Court Registry to see if there is a protective order and if so what its terms are; police; and other community or system responders who have been





involved with the woman. It is also important to establish and maintain contact with the offender's probation or parole officer, and child protection if they are already involved.

For purposes of information gathering, you should familiarize yourself with the relevant information and privacy legislation that governs the sharing of personal information.

#### **Sharing Information**

Information-sharing among community and system responders is an integral part of a collaborative safety planning process. If you are coordinating the safety planning process, and have the woman's consent, it is essential that you ensure that risk-related information is shared amongst all those who need to know in order to help keep the woman and her children safe. If you are not the coordinator of the safety planning process for that woman, it is important that you share all risk-related information with the agency that is coordinating the process or, when applicable, with the members of your interagency high-risk case assessment team so that appropriate and collaborative safety planning can be done.

You should familiarize yourself with the relevant federal and provincial privacy laws, including the federal *Privacy Act* and the provincial *Freedom of Information and Protection of Privacy Act and the Personal Information Protection Act.* Privacy laws allow personal information to be shared without consent where it is in the public interest (Privacy Act), or there are significant health or public safety concerns (PIPA and FIPPA) or for the purpose of reducing the risk of domestic violence (FIPPA).





#### **Safety Planning and Information Sharing**

Generally, privacy laws and agency policy, require written consent before personal information about clients is shared with agencies outside of your own. A decision to disclose survivor/victim information without her consent would only be made in rare circumstances. But in cases flagged as high risk, it may be necessary to proactively share some details of the situation to keep the survivor/victim, her children and other involved people safe.

As a standard best practice, it is important to first seek written permission before sharing information with any outside agencies. In fact, better than simply getting permission to share information, you should attempt to involve your client in the process of the information sharing or have her share the information herself. Also critical is to find a safe way to keep her informed of any disclosures. This would be considered an empowering practice. Another standard, empowering best practice involves you informing all clients at the outset of your relationship, that in the event that someone is at risk of serious harm, that it is your agency policy to inform whichever authority you need to in order to protect life and safety of all involved.

If a decision is made to share information without consent, it is critical that the way in which information is shared, takes account of the potential risks involved in the disclosure. If possible and if safe to do so, every effort should be made to contact your client and discuss the situation with her, what the risks are and seek either to have her inform the authorities or obtain written consent from her before disclosing her personal information yourself. When making difficult decisions about whether to disclose personal information without consent, the paramount principle guiding this decision is that the preservation of life trumps privacy.

Applicable privacy laws allow personal information to be shared without consent in certain situations including the following:

- Federal *Privacy Act* (RCMP, Parole): where in the opinion of the head of the institution, the public interest in disclosure clearly outweighs any invasion of privacy that would result from disclosure or disclosure would clearly benefit the individual to whom the information relates. s.8(2)(m)(i)
- Freedom of Information and Protection of Privacy Act (Municipal Police, Crown Counsel, Community Corrections, Local Health Authority): if the head of the public body determines that compelling circumstances exist that affect anyone's health or safety. s.33.1(1)(m)(i)





- Freedom of Information and Protection of Privacy Act (Municipal Police, Crown Counsel, Community Corrections, Local Health Authority): The public body may disclose the information for the purpose of reducing the risk that someone will be a victim of domestic violence if domestic violence is reasonably likely to occur<sup>1</sup>. s.33.1(1)(m.1)
- Personal Information Protection Act (Community-based antiviolence programs): If there are reasonable grounds to believe that compelling circumstances exist that affect the health or safety of any individual. s.18(1)(k)
- Child, Family and Community Service Act (Ministry of Children and Family Development) The director<sup>1</sup> may disclose information obtained under the act if the disclosure is necessary to ensure a child's safety or well-being, or to ensure the safety of a person other than a child. s. 79(a); s. 79(a.1)

These are the main privacy laws that apply. There may also be more specific laws involved for certain institutions or agencies. For example, only certain *Freedom of Information and Protection of Privacy Act* provisions apply to Ministry of Children and Family Development personnel.

#### **Coordination and Information Sharing in Highest Risk Cases**

In 2010, BC's now Ministry of Justice issued a revised version of the *Violence Against Women in Relationships (VAWIR) Policy*, which includes a *Protocol for Highest Risk Cases* to be used in conjunction with the more general VAWIR Policy. Highest risk domestic violence cases are those cases designated by police as at highest risk for serious bodily harm or death. Police in departments and detachments across the province have been specially trained to use the B-SAFER Risk Assessment tool to formally assess offender risk levels and appropriately designate highest risk cases based on their training (whether or not a formal BSAFER is initiated). In addition, RCMP have the added supports of a Domestic Violence Investigators Guide that forms part of their Violence in Relationships (VIR) policy.

In highest risk cases, all relevant service providers should share current risk and safety information about the family. it is critical that the way in which information is shared, takes account of the potential risks involved in disclosure. It is very important that a high risk team include those who can offer proactive monitoring of the offender, as well as timely intervention and support for the victim. High-risk case teams most often consist of police, Community Corrections, mental health, Community-based Victim Services, Police-based Victim Services, child protection, Ministry of Social Development (financial





aid), Ministry of Child and Family Development (MCFD) and others who may be asked to participate in a specific risk review. It may be decided that Crown counsel, while a very interested party, should remain an ex officio member, as it may be that reviewing cases would put Crown counsel in a conflict if they have to prosecute a file. However, Crown counsel should receive reports from high-risk reams for purposes of bail and other relevant hearings.

#### 1.3.6 Identifying Risk

"The apparent risks a woman faces may be just the tip of the iceberg, while significant portions of the dangers she faces remain hidden. There are diverse social factors of a battered woman's life that impact her choices and decisions, especially regarding her experiences of battering. These social factors include: external conditions, pressure, norms and practices that exacerbate the dangers to a battered woman."

- Jaaber and Dasgupta, 2002

The purpose of identifying risk is to:

- Form an opinion, together with the woman, about the risk that the abuser will engage in serious or life-threatening physical harm to her or her children
- To fill in the gaps in your knowledge about the risks she is facing, knowing that an opinion about the abuser's likely behaviour in the future is limited by any lack of information or information that is unclear
- To form the basis for safety planning
- To determine what strategies or steps should be taken immediately to enhance the woman's and her children's safety

It is important to point out to the woman that it is not your role as a victim support worker to conduct a formal risk assessment. That is the job of police, Corrections, or child protection, with the aid of standardized risk assessment tools such as B-SAFER.

#### If the Woman or Children are in Immediate Danger

If you or the woman believe that she or her children are in immediate danger, before any further identification of risks, you and she must determine what steps must be taken immediately to keep them safe. This will likely include calling the police and may involve an immediate move to a transition house or other safe housing and calling child protection authorities.





#### Reporting Requirement Where Children Need Protection

The safety and well being of children and youth in BC is governed by legislation called the *Child, Family and Community Service Act (CFCSA*<sup>1</sup>). Section 14 of this legislation mandates every individual (including anti violence workers) who has reason to believe a child needs protection to report these concerns to a delegated child welfare worker, who could be employed either by MCFD or a Delegated Aboriginal Agency (DAA), as soon as possible. Even if you think someone else may make a report, or that a delegated child welfare worker is already involved, you must still make a report yourself.

In most cases, your duty to report suspected child abuse or neglect overrides your duty to protect the privacy of clients, patients, students, staff or colleagues. The only exceptions are solicitor-client privilege, and confidentiality provisions of the federal *Youth Criminal Justice Act*. A person who contravenes Section 14 of CFCSA commits an offence, as well as if they knowingly report false information. No action for damages may be brought against a person for reporting information under this Section unless the person knowingly reported false information. A person who commits an offence under this Section is liable to a fine of up to ten thousand dollars or to imprisonment for 6 months, or both.

The *BC Handbook for Action on Child Abuse and Neglect for Service Providers* describes a service provider's duty to report if they have reason to believe a child is in need of protection. For more information on *CFCSA* reporting requirements refer to the *BC Handbook for Action on Child Abuse and Neglect for Service Providers*:

www.mcf.gov.bc.ca/child protection/pdf/handbook action child abuse.pdf

The provincial *Violence Against Women In Relationships* policy states that if police are involved, they must notify a delegated child welfare worker in all domestic violence cases where there are children involved.





<sup>&</sup>lt;sup>1</sup> Best Practice Approaches Child Protection and Violence Against Women, November 2010, Ministry of Children and Family Development, Appendix 3: Reporting Requirements at p. 50

<sup>&</sup>lt;sup>1</sup> Please note that the *Child, Family and Community Service Act* is in the process of being amended. For up to date information on the status of the proposed amendments check the BC Laws website at: http://www.bclaws.ca

If you are concerned that the child(ren) of a woman you are supporting could be in danger and the woman needs support in protecting them, it is always best for the woman to make the request for support herself. Your role can be to prepare her for contacting a delegated child welfare worker and working with MCFD/DAA in a coordinated and collaborative way.

Report to a delegated child welfare worker in MCFD/DAA that provides child protection services.

Monday to Friday, 8:30 a.m. to 4:30 p.m., call your local MCFD/DAA office (listed in the blue pages of your phone book).

Monday to Friday, 4:30 p.m. to 8:30 a.m., and all day Saturday, Sunday and on statutory holidays, call the Helpline for Children. Dial 310-1234 (no area code needed).

Call your local police detachment or 911 and ask for the police when a child is in immediate danger, and/or when a criminal offence against a child has been or is likely to be committed.

#### **After Hours Line**

For emergencies outside office hours (8:30 a.m. - 4:30 p.m., Monday to Friday).

- Vancouver, North Shore Richmond, call 604 660-4927
- Lower Mainland, Burnaby, Delta, Maple Ridge, Langley, call **604 660-8180**
- For the rest of the province, call toll-free 1 800 663-9122

#### **Risk Factors**

Different risk identification tools categorize risk factors in different ways. For purposes of this document, risk factors are classified under four categories, depending on the origin or location of the risk: 1) relationship risk factors; 2) abuser risk factors; 3) victim safety factors; and 4) system or community risk factors. In addition, a fifth category of 5) "other considerations" has been added to remind workers to think beyond this list of specified risk factors. These categories are consistent with and build on the categories used in *Factors to Consider When Domestic Violence Safety Planning* included in the BC Ministry of Justice and BC Housing online training resource for victim support workers. This resource can be found at:

http://www.pssg.gov.bc.ca/victimservices/training/docs/factors-to-consider.pdf.

In addition, society's lack of understanding of the dynamics of domestic violence and of the conditions that allow it to continue to occur add to women's vulnerability.

It is also important to be aware of the relationship among specific risk factors. Sometimes, risk factors combine in ways that further increase women's risk. For





example, the combination of being young and being separated increases the risk of lethal violence even more than do the two factors individually. (Federal-Provincial-Territorial Ministers Responsible for the Status of Women, 2002)

The list of risk factors below will assist you to consider all possible risk factors in any given case. However, it is worth repeating that this or any other list of risk factors should not be used as a checklist; you must carefully consider the unique realities of each woman. No list of risk factors can cover all possible circumstances that a woman may be facing.

#### 1. Relationship Risk Factors

There are certain relationship factors that increase risk to a woman and therefore must be carefully considered in the identification of risk and in safety planning.

#### Factors Related to the Status of the Relationship

The nature and circumstances of a woman's relationship with her abuser affect her risks and safety. Risk factors related to the status of the relationship include:

- Whether or not the woman is living with the abuser. This has an impact on the patterns of violence and what access he has to her.
- A recent or pending separation. This is a very high-risk time for women and their children. There is ample evidence that separation or attempts to separate from an abuser significantly increase the risk of serious assaults or lethality, particularly in the first couple of months after separation. Danger also escalates when papers are served and just before court dates. This is part of a dynamic whereby the abuser cannot let the woman and the children go. He may kill her and the children, believing that if he cannot have them then no one can. The most common factor in familial homicide or homicide/suicide is that the male needs to control the relationship.
- A common-law relationship. A common-law relationship as opposed to a marriage holds significantly higher risk for lethal and non-lethal violence.
- An abuser's perception or fear of a woman's infidelity or a woman's actual infidelity.

#### Child-Related Factors

Children are part of the power and control dynamic in the family. It is often just as important for an abuser to control the children as to control their mother. Threats to harm or take the children, stalking and criminal harassment of the children is often manipulative behaviour designed to control the mother and should be taken seriously. There is some overlap between violence toward the mother and violence toward or neglect of children, whether or not the abuser is the biological father. In many cases, children have also been exposed to the violence toward the mother. Child-related risk factors include:





- Dependent children in the family
- · Abuser's step-children living in the home
- Child custodial battles
- Pregnancy or a new baby in the home
- Abuse of children in the family, either the abuser's biological children or stepchildren
- Current or past battles about parenting time and responsibility and their outcome
- Current parental arrangements for the children

(Campbell, 2001; Campbell et al, 2003; Daly & Wilson, 1999; Federal-Provincial-Territorial Ministers Responsible for the Status of Women, 2002; Ministry of Justice and BC Housing, 2012; Wilson and Daly, 1993)

#### 2. Abuser Risk Factors

The dangerousness and lethality risk factors associated directly with the abuser are the risk factors most commonly addressed in formal domestic violence risk assessment tools such as B-SAFER.

Violence in Current Relationship<sup>3</sup>

Previous violence in the relationship is a highly significant indicator of future violence. We know that most abused women have a history of being abused and that they do not call police until they have been assaulted many times. Therefore, it is important that you ask questions to elicit clear information about the extent and nature of the history of violence in the relationship. Risk factors related to violence in the current relationship include:

- Domestic violence, including assaults, forced sex, stalking/criminal harassment, threats, forcible confinement, or other related acts. Specific acts of violence that have been singled out as particular risk factors include: threats with a weapon; use of a gun; strangling, choking, or biting; stalking; forced sex; and abuse during pregnancy.
- Obsession, jealousy, highly controlling behaviour, psychological abuse. Controlling behaviour and psychological abuse includes: limiting of a woman's activities, relationships, and freedom of movement; threats or violence against a woman's pets; destruction of property belonging to the woman; or financial abuse, including prevention of access to information about or use of the family income
- Stalking, following, showing up places

<sup>&</sup>lt;sup>3</sup> If the woman lives with the abuser, see also **Relationship Risk Factors**. *Factors Related to Status of the Relationship* above.





- Escalation of violence over time, in either frequency or seriousness
- Threats or violence resulting from intervention by police, child protection, or other authorities
- Assaults or threats against the woman's family or friends
- Violation of court orders in the past
- · Access to firearms or other weapons
- Use or threatened use of firearms or other weapons

#### Violence and Other Criminal Activity Unrelated to Current Relationship

We know that people with a history of violence are much more likely to engage in future violence. Engaging even in non-violent criminal acts shows a lack of respect for laws and social norms, which increases risk for women. Risk factors related to violence and other criminality outside the current relationship include:

- Domestic violence prior to this current relationship, including actual or threatened assaults, sexual assault, or criminal harassment of intimate partners
- Violence towards others outside of an intimate relationship, including strangers
- General criminality, including criminal activity in the abuser's country of origin
- Violation of court orders unrelated to the current relationship
- Use or threatened use of firearms or other weapons in circumstances unrelated to the current relationship

#### Physical/Mental Health and Attitude Issues

There is a wide range of risk factors related to the mental and physical health of the abuser as well as to his attitudes toward violence and to women. These include:

- Drug use
- Alcohol misuse
- Depression or other mental health concerns or illness
- Suicide attempts, threats of suicide, or self-harm. These often indicate that the
  abuser is in a state of crisis and that he feels he has little to lose, which are
  important risk factors for serious or lethal assault. Threats to kill himself if a wife
  or girlfriend tries to leave are often manipulative and should be taken seriously.
- High levels of psychological stress or anxiety
- High level of emotional dependence on the woman
- Violent attitudes, ideation, or intent. Violent ideation means thoughts, urges, and fantasies about causing physical harm to others; violent intent is an expression of desire or plans to physically harm others.





- Extreme minimization or denial of spousal assault history or blaming the victim
- Physical health problems that could make him emotionally vulnerable

#### External Factors

External, societal factors may interact with risk factors originating from the abuser himself to increase risks for women. These external factors include:

- Unemployment or employment instability
- Poverty, financial pressures
- Lack of housing or unstable housing conditions
- Inadequate support or lack of available resources

(Campbell et al, 2003; Federal-Provincial-Territorial Ministers Responsible for the Status of Women, 2002; Ministry of Justice and BC Housing, 2012; Johnson, 2001)

#### 3. Victim Safety Factors

The identification of victim risk or safety factors should not be interpreted in any way as blaming the victim for her own victimization. These victim safety factors are identified in order to increase understanding of how certain aspects of a woman's life circumstances can make her more vulnerable to abuse and/or less empowered to stop the abuse and keep herself and her children safe.

#### Differing Social Locations<sup>4</sup>

A woman's differing social locations may place her at increased risk for a number of reasons. Her differing social locations may increase her vulnerability to violence in the first place or may make it harder to escape from the situation because of physical, practical, emotional, or financial dependence on the relationship or because she is less able to access assistance.

Differing social locations that may impact a woman's risk of violence include her identification as:

- An Aboriginal woman
- An immigrant or refugee woman
- · A woman of colour

<sup>&</sup>lt;sup>4</sup>Factors relating to a woman's differing social locations are referred to in *Factors to Consider when Domestic Violence Safety Planning* as factors related to *relative social powerlessness (Ministry of Justice and BC Housing, 2012).* 



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- An older woman
- A very young woman
- · A lesbian, bisexual, or queer woman
- A trans person
- A woman with disabilities, including mental health and substance use issues
- A sex worker
- A poor woman
- A homeless woman
- A rural or geographically isolated woman

A variety of risk factors may stem from these differing social locations, such as cultural or family pressures, lack of a support system, lack of access to transportation, social or physical isolation, language issues, literacy issues, and mental health issues, including substance use issues.

Most of these differing social locations are addressed in separate sections following this general section.

Reluctance or Having Few Options to Leave the Relationship, Remain Separated or Involve Authorities

Many women remain in an abusive situation because they are fearful to leave their relationship or to involve the authorities. For many women, the reasons for their reluctance to call the police or seek medical attention are the same as their reasons for staying with or returning to the abuser. This is partly because many of the same pressures that keep a woman in an abusive relationship are the same pressures that force her to keep the abuse private. It is also partly because many women believe that involving the police or other authorities will mean the end of their relationship with the abuser, which they may not be ready for. Or, if they are financially dependant they may not have any options. The reasons for women remaining in or returning to an abusive relationship are wide-ranging, complexly inter-related, and constitute significant risk factors for future violence. These factors include:

- Fear of retaliation from the abuser; threats to her, her children, her family members, or her pets; awareness that leaving or reporting increases her risk
- Pressure from family or community to remain in or return to the marriage and not to involve outside authorities
- Negative judgments from or fear of loss of support and practical assistance from her family, friends, colleagues, service providers, or community. This lack of support can take the form of social isolation or ostracization or could be a result of geographical isolation because of a move away from her community. This fear





may be exacerbated if she is Aboriginal or a member of another specific cultural community

- Pressure from the abuser to stay or return, including threats of suicide
- Financial dependence on the abuser and fear of a decline into poverty and a fear of living on social assistance
- Fear that she won't be able to manage on her own
- Fear that she won't be able to care properly for her children on her own. This fear may exacerbated if she is pregnant or has a new baby
- Fear of losing her children to child protection authorities or to her husband
- Fear of losing her house and her children's home. This fear may be especially acute if she is an Aboriginal woman living on reserve
- Current lack of a support network, isolation within her home, especially if she does not work outside the home
- · Lack of awareness or minimization of the level of danger she is in
- Low self-esteem and lack of confidence; feelings that she "deserves" this
- Dependence on the abuser or his family for immigration or refugee status
- Lack of awareness or understanding of available resources
- Dependence on the abuser for knowledge about how to navigate a new culture and fear of venturing out on her own
- Fear that she won't be able to manage alone because of a lack of fluency in English
- Fear that she won't be able to manage alone because of a disability or an injury resulting from the abuse
- Love for the abuser and hope that he will change
- Reluctance to separate her children from their father
- Feelings of shame or blaming herself for the violence or for the marriage breakdown, sometimes stemming from or exacerbated by cultural or religious beliefs or norms
- Socialization that:
  - "It's women's responsibility to keep the family together"
  - "You made your bed, now you have to lie in it"
  - "Children need their father"
  - "Don't air your dirty laundry in public"
  - "Leaving him will destroy the honour of the family"
- Fear of the criminal justice system or other authorities as a result of previous experiences in Canada or her country of origin





- Fear of racist, classist, homophobic or other discriminatory responses by authorities
- Fear that she won't be believed
- Fear that she won't be understood because of a communications disability or lack of fluency in English
- Fear of the unknown
- Normalization of violence; for example, she may have witnessed her mother in a similar situation
- Impacts of the abuse, such as an inability to make decisions or to act, or misuse of alcohol or drugs in order to cope
- Increased complexity of her relationship with the abuser as a result of leaving, including negotiations around finances and parenting time and responsibility
- Health problems

Living Arrangements, Daily Routines and Level of Personal Support

A woman's living arrangements and daily routines may put her, her children, and others at risk in a variety of ways; however, these living arrangements and daily routines also provide opportunities for practical changes that can make her, her children, and others in her life safer. Risk and safety factors related to living arrangements, daily routines, and level of personal support include:

- Whether she lives alone, with her children, or with others<sup>5</sup>
- What kind of accommodation she lives in
- If she lives in an unstable or unsafe situation
- If she has a new intimate partner in her life
- Whether she works or attends school outside the home
- Whether or not she has support from family, friends, co-workers, and neighbours
- If she is socially isolated
- Whether or not the people in her life know that she is experiencing violence and may be in danger
- Whether she has a car or uses public transport

#### A Woman's Own Perceptions of the Risks

The literature tells us that a woman's own beliefs, instincts, and fears about her situation are important indicators of her risks. Her level of fear can be a predictor of escalating

<sup>&</sup>lt;sup>5</sup> If she lives with the abuser, see also Relationship Risk Factors. Factors Related to Status of the Relationship and Abuser Risk Factors. Violence in Current Relationship on pages 27 & 30





violence or homicide. At the same time, if a woman minimizes or does not fully understand the danger she is in or does not perceive her partner's behaviour as abuse or violence, her risk level is increased. Risk factors include:

- Denial or minimization of her risk level or lack of understanding of her partner's behaviour as abusive or violent
- Perceptions or predictions of future or escalating violence, including when he is released from custody
- Belief that the abuser will disobey a protection order
- Extreme fear of the abuser. Any significant fear in the woman that the abuser will harm her, her children, or anyone else, should be considered a risk factor. The more intense the fear, the more seriously it should be taken as a risk factor of serious or lethal assault.

(Campbell et al, 2003; Eight Critical Components Project Team, Ending Violence Association of BC, 2008; Federal-Provincial-Territorial Ministers Responsible for the Status of Women, 2002; Ministry of Justice and BC Housing, 2012.; Light, 2007; Russell, 2002; Smith, 2004)

#### 4. System/Community Risk Factors

Some risk factors are located outside the abuser, the victim, and the relationship. These relate to the larger environment in which the abuse takes place, including the local community and the broader systems whose responsibility it is to prevent and to respond to violence against women in relationships. These risk factors include:

- Lack of available support services and resources for the victim and her children, particularly in geographically isolated locations where no community-based victim assistance programs exist. These include, for example, transition houses, counselling, child care, interpreters for both non-English speakers and women with communications disabilities, legal aid, and outreach services.
- Lack of flexibility of services to address different situations and women's diverse needs, including, for example, flexible service delivery models, flexible hours, and services that are accessible to women with disabilities
- Lack of effective information dissemination about available support services and resources, including, for example, transition houses, counselling, child care, interpreters, and justice system notification services
- Lack of a timely justice system response, which increases risk by decreasing an offender's accountability and undermining a woman's determination to proceed
- Inconsistent police response, including failure to arrest the accused, failure to enforce protection orders, failure to recommend charges to Crown counsel, or failure otherwise to adhere to current violence against women policies





- Lack of trained police members and staff time to conduct thorough risk assessments
- Inconsistent Crown counsel responses, including failure to charge the accused, failure to request adequate court-ordered protective measures or follow through on enforcement, failure to request that a high-risk accused be held in custody pending a court appearance, or failure otherwise to adhere to current violence against women policies
- Inconsistency between family and criminal protection orders
- Lack of case-specific information, including case status or offender status
- Other criminal justice system components' failure to take the risks of violence against women in relationships seriously enough or to follow existing violence against women policies
- Threats from child welfare to remove her children or otherwise not taking appropriate action
- Lack of training and resources to respond to victims or offenders with mental health problems
- Lack of effective coordination of responses and lack of sharing of information at the provincial and local levels, including lack of effective referrals
- Lack of advocacy to assist women to get the services they need
- A shortage of effective interventions for perpetrators
- Lack of resources for adequate case tracking, monitoring, and evaluation to assess the effectiveness of policies, protocols, strategies, and training to respond to violence against women in relationships

(Ad Hoc Federal-Provincial-Territorial Working Group Reviewing Spousal Abuse Policies and Legislation, 2003; Eight Critical Components Project Team, Ending Violence Association of BC, 2008; Ministry of Justice and BC Housing, 2012; Light, 2007; Russell, 2002).

#### 5. Other Considerations

It is important to consider whether there are any other risk and safety factors that are not addressed above that should be noted. See section 2 for more here.





#### 1.3.7 Safety Planning Actions

In practice, risk identification and safety planning are not distinct and separate processes; they are generally undertaken in a fluid and integrated manner. The questions you ask a woman and the actions you help her take will depend on whether this is your first contact with her or whether you already have an ongoing relationship with her. The safety planning actions you help her take will also clearly depend on the risks identified by her answers to your questions.

If your only contact with a woman is over the phone, and she expresses immediate fear of the abuser, ask her:

- Are you in a safe place now?
- Are you injured in any way?
- Where is the abuser now?
- Does he have access to weapons?
- Can you tell me a little more about your fear or concerns for your safety?
- Are there any children who are in danger? Where are they?

Depending on the answers to these questions, your first responsibility is to try to ensure her safety and the safety of her children. You may do this by calling the police – ensure you follow your own agency staff safety policy, (ideally with her permission); calling an ambulance, or arranging to meet her in a safe place. If you arrange to meet her, suggest she bring her and her children's passports, birth certificates and other legal documentation if possible.

If she is not in immediate danger and you are meeting face-to-face at your office, you can begin the longer-term safety planning process. The following questions and actions are based on risk factors listed in the previous section. These questions will help you to guide the woman through the risks she may be facing and actions she can take to increase her safety and the safety of her children. Do not assume that she has or has not taken the actions listed below.

This list of questions and actions is not a comprehensive list of all the questions you should ask the woman or all the actions you could take to help keep her and her children safe. An important role for you in helping a woman build her safety plan is to learn as much as you can about her specific circumstances and the risks she may be facing so that together you can determine the best actions that she can take and the best ways that you can help her in taking those steps.

There are practical resources available to help women with their safety planning, such as safety planning templates and guides. Two of these are available on the BC Ministry of Justice website at <a href="http://www.pssg.gov.bc.ca/victimservices/training/">http://www.pssg.gov.bc.ca/victimservices/training/</a>. These are a





booklet entitled *Creating a Safety Plan* and a safety planning template entitled *Personalized Safety Plan*.

#### QUESTIONS TO ASK ABOUT RISK FACTORS<sup>6</sup>

# ACTIONS YOU CAN SUGGEST OR HELP HER TO TAKE

#### **RELATIONSHIP RISK FACTORS**

#### Status of the Relationship

Does she live with the abuser?

Is it a common-law relationship or a legal marriage?

Have there been issues related to her fidelity or to the abuser's beliefs or fears about her fidelity?

Is there a current or pending separation?

Have papers been served?

Have court dates been set?

Is she considering separation?

If she is living with the abuser, discuss any safety strategies she already has in place and what other steps she may be able to take to keep her and children safe. These might include assembling a kit of things that she and her children may need if they have to flee the abuser's violence, letting her neighbours or coworkers know about her situation and setting up a code or signal system with them to let them know if she needs help, pre-programming her phone with an emergency number, and periodically updating and reviewing the safety plan with her children.

See below under Victim Safety Factors. Living Arrangements, Daily Routines and Level of Personal Support for more suggestions about safety planning if she is living with the abuser.

Discuss with her the added risks associated with a common-law relationship and his beliefs and attitudes about her actual or imagined infidelity.

Discuss with her the fact that the period after leaving an abusive relationship is the most dangerous time and that danger also escalates when papers are served, just before court dates, and at various other action or decision points in the process. Help her to understand that danger increases at these times because these milestones in the process represent shifts in the dynamics of power and control in the relationship.

Her safety plan will need to take into account her own safety and the safety of her children, other family members, and her friends during these times of

<sup>&</sup>lt;sup>6</sup> While these risk factors are generally consistent with those listed in *Factors to Consider when Domestic Violence Safety Planning* (Ministry of Justice and BC Housing, 2012.), some adaptations have been made for purposes of this document.





heightened risk.

It may not be safe for her to tell her partner that she is leaving. Discuss with her the possibility of leaving when:

- Her partner is asleep, at work, or out of town
- She is picking the children up from school, going to a medical appointment, or going to work or school

If she has children or pets, it is best that she take them with her when she leaves.

Discuss with her the need to take important documents and other items with her, such as:

- Her and her children's birth certificates
- Identification papers
- Landed immigrant papers
- Passports
- Work permits
- Medications
- Car/house/office keys
- Other items such as previous tax returns and separation or divorce papers

Discuss with her what other documents or important items she should take with her and add those to her list or to the package of items she has ready to take with her if she has to flee or that she has stored away from her home.

#### Children

Are there children in the home? Are these the abuser's biological or step-children?

Is she pregnant?

Has she just given birth?

Are court proceedings in progress regarding parenting time and responsibility?

Discuss with her the reality that if she is pregnant or has just given birth, this is an especially high risk time for her. If she hasn't already, she should take steps to help ensure her safety at this time. Some possible safety strategies that may be useful in this situation are discussed below in response to the question: Has the violence escalated in frequency or severity?





Are there existing arrangements regarding parenting time and responsibility?

Has he threatened to harm or take the children?

Has he harmed or taken the children in the past?

Has he stalked or criminally harassed the children?

Is Ministry of Children and Family Development (MCFD) involved?

Discuss with her the fact that domestic violence and child abuse often occur in the same family. Let her know that threatening, stalking, or criminally harassing the children may be part of a pattern of abuse or controlling behaviour towards her or towards the children. Threats of harming or kidnapping the children should be taken seriously. Discuss the fact that the risks may be even greater if her children are not the biological children of the abuser. Talk with her about the possible adverse affects on children of child abuse or of children's exposure to domestic violence. If there is a Children Who Witness Abuse (CWWA) Program in your community and she has not already made use of it, you should tell her about the role and benefits of these programs and offer to refer her.

If she hasn't already, she should develop a separate safety plan for the children and review that plan with them on a regular basis. If you are not an expert in safety planning for children, you may want to connect with a child-specific service to help her with this plan, such as a CWWA program or child protection services.

If she hasn't already, she needs to communicate with the children's school, pre-school, or daycare centre about the situation. She should:

- Give them a copy of any protection order and point out to them the protective conditions of the order
- Advise school personnel that it may be dangerous to inform the abuser of the information provided to them about the abuse
- Instruct them about what to do if the abuser arrives to pick up or see the children in contravention of the order
- Bring them a photograph of the abuser and description of his car and license

If she hasn't already, she needs to ensure safe transport to and from school, pre-school, or daycare. She should consider varying the daily route if possible.





If she hasn't already, she should secure the children' passports and birth certificates in a safe place or away from the home. You can help her decide how to do this.

If she is a newcomer to Canada she needs to know the children's legal status. You can help her to find this information.

If she has fear of the children's abduction, she needs to contact MCFD and police. You can support her in this and accompany her if she is concerned about doing this on her own. (please see text box on MCFD Reporting Requirements on page 25 for further information on your reporting requirements)

Ensure that she understands, if she doesn't already, her and your duty to report to MCFD if she believes that her children may be in need of protection. If she acknowledges that her children are at risk or if you believe that the children are at risk, but she does not want to report to MCFD, discuss with her why this is important, explore ways in which you can support her in making this report, and tell her about your own legal obligations to report. If you have to make a report against her wishes, you will have to use all your support and diplomacy skills to assure her of your continued respect and support and to remain in a position to help her. If necessary, refer her to another worker for continuing support.

### QUESTIONS TO ASK ABOUT RISK FACTORS<sup>7</sup>

### ACTIONS YOU CAN SUGGEST OR HELP HER TO TAKE

#### ABUSER RISK FACTORS

#### Violence in the Current Relationship

What is the nature and severity of his violence toward her?

Has the violence included strangling, choking, or biting?

Discuss with her the increased risks associated with certain kinds of violence, such as strangling, choking, or biting.

Discuss the fact that women who have been sexually assaulted by their abuser are often subjected to more

While these risk factors are generally consistent with those listed in *Factors to Consider when Domestic Violence Safety Planning* (Ministry of Justice and BC Housing, 2012.), some adaptations have been made for purposes of this document.





Has he threatened her?

Has he tried or threatened to kill her?

Has he sexually assaulted her, ever forced her to have sex?

serious injury. Men who have sexually assaulted their partners and/or have demonstrated strong sexual jealously are more likely to be involved in escalating violence.

Tell her that threats should always be taken seriously.

If she hasn't reported to police, encourage her to do that, including reporting recent or past sexual assaults. Try to find ways to support her in doing that.

If she hasn't diarized threats, discuss with her the importance of keeping track of these and offer her suggestions about how to do that and where to keep her notes safely hidden.

Ensure that she has included these threats in the information she has given to police.

If she has reported to police but hasn't been documenting those reports, discuss with her the importance of this documentation and offer her suggestions about how to do that and where to keep her notes safely hidden.

Is he obsessed with her?

Is he highly jealous?

Is he stalking her? Does he persistently call her, text her, send her letters, leave her messages? Does he follow her? Does he bother her at work? Does he bother her in public in front of others?

Does he contact her family or friends to ask about her?

Has he threatened or assaulted her friends, family members, or co-workers?

Has he threatened or harmed family pets?

Has he destroyed property that is important to her?

Does he have controlling attitudes about women and about her in particular? Does he engage in controlling Discuss with her the dangers of this kind of obsessive, jealous behaviour and criminal harassment, including the fact that stalkers are more likely to be violent if they have had an intimate relationship with the victim. Tell her that stalking and obsessive behaviour with a history of violence is a dangerous combination.

If she hasn't already reported this to police, discuss with her ways in which you can support her to do this.

If she isn't already keeping track of the times and places she has seen the abuser, discuss with her the importance of keeping track and help her to set up a system to do this.

If she hasn't been keeping written notes, emails, voicemails, or texts from him, discuss with her the importance of keeping these records and help her to set up a system to do this.

If she hasn't already spoken to her employer or coworkers about what is going on, discuss with her ways in which you can support her to do this.

Make sure that there is a plan in place to protect her co-workers as well as herself.





behaviour such as preventing her from seeing family or friends or from knowing anything about family finances?

Has he threatened to report her to Immigration or MCFD?

See below under Victim Safety Factors. Living Arrangements, Daily Routines and Level of Personal Support for ways in which she can vary her routines to protect herself and her children and ways in which she can protect herself and her co-workers in the workplace.

Discuss with her the fact that threats to or assaults of people who are important to her, including her family, friends, or co-workers, are part of a dynamic to control and intimidate her. They should be taken seriously and reported to police. Ensure that her safety plan includes all the other people who might be at risk.

Discuss with her that threatening to or actually harming pets or destroying her property are crimes in their own right and are also intimidation and control tactics. They should be taken seriously and reported to police.

Ensure that her safety plan includes family pets. If she hasn't already done this, check out which local transition houses will take pets or what other arrangements they have made to look after a woman's pets. If no arrangements can be made with the transition house, discuss other options with the woman.

Discuss with her the fact that controlling behaviour is part of the dynamic of domestic violence and is a risk factor for future violence. Such controlling behaviour should be taken seriously. Discuss with her how you might be able to assist her in assessing when the controlling behaviour is becoming a predictor of violence.

Make sure she knows her immigration status and has copies of her immigration papers in a secure place.

Make sure she understands her own reporting obligations under the *Child, Family and Community Services Act.* 

Make sure she understands her legal rights in terms of both immigration and child protection.

If he has reported her to Immigration authorities or MCFD, refer her to legal resources, including a lawyer, legal aid or a legal advocacy service. Be





prepared to advocate for her and help her to navigate these bureaucracies as they can be very intimidating. Has the violence escalated in You might suggest that the woman use a calendar to look back and track incidents of violence. This will frequency or severity? help her to know if it is getting more frequent or more severe Ask her if she recognizes when he is escalating towards violence; for example, drinking more, finding things to complain about, sitting morosely in front of the TV, complaining about the kids. Diarizing these patterns can help her recognize them and help her build confidence in knowing when a violent episode is going to occur. Discuss with her what she has done in the past or could do to avoid further violence when she recognizes the signs. See below under Victim Safety Factors. Living Arrangements, Daily Routines and Level of Personal Support for suggestions about safety planning strategies in situations where she becomes aware that the abuse is escalating or is imminent. If she lives with the abuser, see also above, Relationship Risk Factors. Status of the Relationship. Discuss with her ways in which you might be able to support her in building on her current safety strategies. Is there a current court order in If there is a current court order in place with protective place? conditions, ensure that she has a copy and carries it with her at all times and that it is registered with the If so, is there more than one Protection Order Registry (POR). court order in place? If she doesn't have a copy, explain to her the Does she have a copy of the importance of having one and discuss options for court order(s)? obtaining a copy. You can offer to obtain one for her Has he violated court orders in from the Court Registry, Police, or the Provincial the past and/or in this current Protection order Registry (POR) or to assist her to relationship? obtain one. If there is more than one order - for example, a Promise to Appear (PTA) with no-contact conditions and a family court access order - ask her if she understands which order takes precedence and if not, provide her with an explanation. Ensure all protection orders are on the Protection





Order Registry (POR)

Explain to her that violation of a court order in the past is a risk factor for violating a current court order and for future violence.

Does he own or have access to firearms or other weapons?

Has he used or threatened to use firearms or other weapons in this current, or in other, relationships?

If he owns or has access to firearms or other weapons, find out if his firearms are registered. If the woman does not have this information, ask the police if they can find out. If he owns firearms, notify the police and ask them to investigate.

If he has access to a firearm or other weapons, talk with the woman about reporting this to police. If she is hesitant to do this, you can offer to accompany her. If she thinks he will borrow a firearm, ask her if she is afraid she may get someone in trouble for reporting it if it is unregistered.

If he has used a weapon to threaten her in any way, ask her if she has reported this to police. If she has not, discuss with her why this should be taken seriously, why it is important to tell police about it, and how you might best be able to help her to do that. For example, you can offer to accompany her to the police to support her.

If there is a court order, ask her if police have confiscated his weapons. If she has information that may indicate that they have not or that the abuser has access to other weapons, if she has not reported this to police already, discuss with her why it is important that she do that and explore ways in which you could support her in that.

If you are fearful that he will use a gun or other weapon against her or her children and, for whatever reason, she does not want to report to police, tell her that you fear for her safety and if there are children, or you believe there is an imminent threat of serious bodily harm or death, you have to tell the police\*. Always endeavour to get the woman to make the report to MCFD or Police, but if you have to make a report against her wishes, you will have to use all your support and diplomacy skills to assure her of your continued respect and support and to remain in a position to help her. If necessary, refer her to another worker for continuing support. (Please refer





to text box on MCFD reporting requirement on page 25 for more information)

\*You should familiarize yourself with the relevant federal and provincial privacy laws including the federal *Privacy Act* and the provincial *Freedom of Information and Protection of Privacy Act and the Personal Information Protection Act.* Privacy laws allow personal information to be shared without consent where it is in the public interest (Privacy Act), or there are significant health or public safety concerns (PIPA and FIPPA) or for the purpose of reducing the risk of domestic violence (FIPPA). (Please refer to text box on The Safety Plan and Information Sharing on page 22 for more information)

#### **Violence and Other Criminal Activity Unrelated to Current Relationship**

Has he threatened or assaulted friends, family members, coworkers, or strangers?

Has he used or threatened to use firearms or other weapons in the past, unrelated to this current relationship?

Does he have a history of other criminal behaviour, whether violent or not?

Does he have a history of aggression towards other people, whether criminal or not?

Has he violated court orders in the past, unrelated to this current relationship? Discuss with her that threats and violence towards others are risk indicators for future violence towards her and should be taken seriously. Ensure that her safety plan includes all other people who might be at risk.

Discuss with her the fact that a history of other criminal behaviour, whether it involved violence or not, is a risk factor for violence towards her and should be taken seriously.

Discuss with her the fact that a man's persistent pattern of anti-social behaviour and aggression towards other people, whether or not it is criminal in nature, is associated with a risk of violence toward their intimate partners. This kind of a behavioural pattern should be taken seriously as a risk factor. If he has used or threatened to use firearms or other weapons in the past, this should be communicated to police.

#### Physical/Mental Health and Attitude Issues

Does the abuser use drugs or misuse alcohol?

Does he have other mental health issues such as depression, anxiety, a personality disorder, or psychosis?

Is he experiencing extreme

If he uses drugs or misuses alcohol, ask her about what she does to keep herself and the children safe when he is using. Discuss with her how you can support her in building on her current safety strategies.

Discuss with her the fact that threats to kill himself if she tries to leave are often manipulative and often indicate that he is in crisis or that he feels he has nothing to lose. These threats should be taken very





psychological distress?

Has he threatened or attempted suicide?

Does he engage in extreme minimization or denial or blame her for his violence?

Is he overly emotionally dependent on his relationship with her?

seriously.

Threats to kill himself may also involve an intention to kill her and the children.

If he has threatened or attempted suicide or has substance abuse or mental health issues, discuss whether she would like to be connected with a mental health worker or alcohol and drug counsellor to discuss risks and what she can do to address these. If he is suicidal, he should be assessed by a qualified mental health worker not only for suicide risk but also for risk of homicide-suicide. Other mental health problems can also be serious risk factors for future violence and should be taken seriously.

If he has threatened suicide, if she hasn't already, discuss with her the usefulness of diarizing these threats, how she can do this, and where she might keep her notes safely hidden.

If she hasn't already included these suicide threats in the information she has given to police, discuss with her the importance of doing this and how you can help her to make that report.

Explain to her that extreme dependency on her, minimization or denial of the abuse, blaming of her for the abuse, or experiencing extreme psychological pressure or anxiety may all be risk factors for future violence and should be taken seriously. Discuss with her the importance of communicating her concerns about him to his probation or parole officer who is working with him and offer to facilitate this.

#### **External Factors**

Is he currently unemployed or does he have a recent history of employment instability?

Does he live in poverty or is he experiencing financial pressures?

Is he homeless or in an unstable housing situation? Is he without adequate support or other resources?

Discuss with her the fact that if the abuser is experiencing any of these difficulties, he may be at greater risk of further violence. Suggest ways in which she might bring these issues to the attention of system responders who may be in a position to assist him to stabilize his living situation.

It is also important that you explore with her whether she is feeling responsible for his living situation and whether this feeling of responsibility or guilt may constitute a pressure to stay with him or return to him. Acknowledge the conflict she may be feeling but reassure her that she is not responsible for her partner's living situation.





### QUESTIONS TO ASK ABOUT RISK FACTORS<sup>8</sup>

### ACTIONS YOU CAN SUGGEST OR HELP HER TO TAKE

#### **VICTIM SAFETY FACTORS**

#### **Differing social locations**

What are the woman's differing social locations?

Is she dealing with immigration or refugee issues?

Is she Aboriginal; does she live on reserve?

Is she living in a geographically isolated area?

Does his or her extended family or her community provide her with emotional or practical support or put added pressure on her?

Is she dealing with language or literacy issues?

Is she an older woman?

Is she a very young woman?

Is she from the Lesbian/Gay/ bisexual/ trans/queer (LGBTQ) community?

Is she dealing with mental or physical disability, injury, or substance use issues? What are these?

Is she a sex worker?

Does she live in poverty?

What access does she have to transportation?

Is she homeless?

It is important to talk with her about how her social realities affect her risk and safety planning needs. It is also important that other service providers are aware of the potential for added risk resulting from these social realities in her life.

If she is dealing with immigration or refugee issues, you will need to determine how much she knows about her legal status, what she has done to address her legal, settlement, and health care needs, what further needs to be done, and how you can help.

If she lives on reserve, you should explore with her any options that she may not already have considered, such as housing support and support from band services, as well as additional risks associated with living on reserve, such as possible divided loyalties because of living in such a close-knit community, living in his community, or everyone being aware of the location of a safe shelter.

If she lives in a geographically isolated area, talk with her about how she has accessed services in the past and how she might be able to access assistance in an emergency and in the longer-term.

If extended family or her community are not supportive or are actively putting pressure on her to stay with or return to the abuser or not involve the authorities, discuss with her what steps she has already taken, further options, and how you can help. For example, there are multi-cultural, culture-specific, or Aboriginal programs that may also be able to provide her with understanding and support. You can help her access these services by making proactive referrals. In these situations, be aware that if information is inadvertently disclosed with non supportive or potentially hostile community members,

<sup>&</sup>lt;sup>8</sup> While these risk factors are generally consistent with those listed in *Factors to Consider when Domestic Violence Safety Planning* (Ministry of Justice and BC Housing, 2012.), some adaptations have been made for purposes of this document.





this may put the woman & her children at greater risk.

If language is an issue because she is not fluent in English or because of a communications disability, you can help her access translation and interpretation services. You can also advocate for her to help ensure that these services are made available to her when she needs them.

Use special sensitivity in inquiring about literacy issues. She may have feelings of embarrassment or shame if she cannot read or has low literacy skills. Reassure her that she is not alone in facing these issues and that you can help her to obtain assistance in improving these skills. In the meantime, explore with her options for how she will access the information she needs in her present circumstances.

If she is an older woman or a very young woman, talk with her about any particular vulnerabilities or needs that she thinks are arising from her age. Find out whether she has accessed any resources in her community that are specific to her age group. If there are helpful resources that she has not accessed, provide information about these services and or if she requests, provide a referral.

If she is from the LGBTQ community, you should explore with her the risks associated with her partner being the same sex; for example, if her partner has attempted to access the same services or if both of them are seeking support from the same community. If there are specific LBGTQ services that she has not accessed, provide information about these services and/or a proactive referral.

Discuss with her what vulnerabilities might be caused by any disability, any injury she may have suffered as a result of the abuse, or any substance use issues. Ask her if she is aware of resources in her community and what resources she has accessed. If there are helpful resources that she has not accessed, provide information about these services and/or make a referral.

Talk with her about any further steps she may not have already taken to mitigate the risks caused by poverty and how you can help, such as:

Accessing social assistance, child care





subsidies, or social housing

- Obtaining extra funding she may be able to access to help with food or rent
- Accessing a food bank or other food program

If she doesn't have a car and is unable or not comfortable to use public transportation, help her to develop transportation strategies that will work for her. These might include learning how to use the public transportation system, obtaining bus tickets, making arrangements with friends to drive her to appointments, or arranging to access the HandyDART system or other transportation options designed to address the needs of people with disabilities.

If she is homeless, discuss with her how she is living, her safety concerns, and what her options are. If she is willing to explore other options, help her to access safer living conditions and advocate for her as needed.

If you are not an expert on safety measures available for women in these various social circumstances, you should explore what services and service providers are available in those communities and consult with them, collaborate with them, or refer the woman to those services.

#### Reluctance to Leave the Relationship, Remain Separated, or Involve Authorities

Is she still with the abuser?

Has she considered leaving?

Has she left and then returned?

What are her reasons for staying with or returning to the abuser?

Has she sought medical help?

If she is in need of medical assistance but hasn't sought it, why has she not?

Has she reported to police?

If she has not reported to

Carefully and sensitively explore with her the reasons for staying with the abuser or for not wanting to report to police or seek medical assistance. Provide her with appropriate affirmations and reassurances to address her fears and reluctance. Tell her that within your legal constraints<sup>9</sup>, you will support her whatever she chooses to do. Take care not to communicate negative judgments or frustration to her about her decisions. If she expresses fear about increased violence or retaliation if she leaves, seeks medical help, or reports the abuse to police, these fears should be taken seriously.

Strongly encourage her to seek medical help if necessary and offer to accompany her to a doctor, clinic, or hospital. Assure her that you or another

<sup>&</sup>lt;sup>9</sup> Under the *Child, Family and Community Service Act,* (CFCSA) you are legally required to report to child protection authorities if you believe a child is at risk.





police, why has she not?

service provider will be able to provide her with ongoing support and advocacy through the medical process, including facilitating access to a language interpreter, if necessary.

Offer to accompany her to the police and assure her that you or another service provider will be able to provide her with ongoing support and advocacy if she chooses to report to police and to follow through with the criminal justice process.

Support and advocacy provided throughout these processes should be tailored to the specific fears and needs of the woman.

Continue to support her choices. At the same time, continue to gently explore with her, her options, her needs, her fears, and her risk levels and encourage her to report or to seek help in order to keep herself and her children safe and healthy.

#### Living Arrangements, Daily Routines, and Level of Personal Support

Does she live alone or with others?

If she lives with the abuser, see also questions and actions under Relationship Risk Factors. Status of the Relationship and Abuser Risk Factors. Violence in Current Relationship. Does she have children living with her?

Is she in an unstable or unsafe living situation?

Is she socially isolated?

Does she have a new intimate partner in her life?

Does she work or attend school outside the home?

What kinds of supports does she have from family, friends, co-workers, and neighbours?

Do people in her life know that she is experiencing violence and may be in danger?

Does she have a car or use

Discuss with her the fact that threats to or assaults of people who are important to her, including her family, friends, or co-workers are part of a dynamic to control and intimidate her. They should be taken seriously. Ensure that her safety plan includes all other people who might be at risk.

If she lives in an unsafe situation, discuss with her what safer options might be available to her and how you might help her to access these options.

If she is socially isolated, discuss with her how this might increase her risk and how she might find ways to establish links with others and access available services.

If she has a new partner in her life, discuss with her the fact that this may be an added risk factor for her, her children, and others she is close to. Help her plan not only for how she can protect herself but how her safety plan can take account of the new partner, her children, her family, her friends, and her co-workers who may also be at risk.





#### public transport?

Whether she lives with the abuser, alone, with her children, with a new intimate partner, or with others, if she has not done so already, discuss with her how she will protect herself and others in the home from the abuser while she is at home, including:

- Calling police, probation officer, a family member, or a friend at the first sign of danger
- Pre-programming her phone to an emergency number
- Letting her neighbours, co-workers and others know about her situation and what to do if the abuser arrives at her residence. Setting up an alert system - a code or signal - is helpful in letting the neighbours, children, family, or friends know that she may be in danger and that they should call police.
- Keeping a copy of any protection order at hand to show to police
- Moving to a previously determined space that is lowest risk, avoiding the kitchen, bathroom, top of stairs
- Going to a transition house, or neighbour's, friend's, or family member's house with the children.
- Sending the children to a neighbour's, friend's, or family member's house
- Ensuring that her children know these safety strategies and what to do in an emergency
- Always having her key ready when she arrives at her door
- Installing deadbolt locks and safety chains on doors and windows
- Increasing visibility in front and back yards
- Installing monitored alarm systems, at home and on her cell phone
- Getting crime prevention assistance from the police or Police-based Victim Services





Discuss with her the value of practicing – with her children if appropriate - how to get out of the house safely if the abuser is inside or what to do if the abuser is outside trying to gain entry. You can tell her that many families practice "fire drills" with their children and that she can treat this in the same way.

Also, if she has not already done so, discuss with her the importance of planning these emergency steps ahead of time, including where she and the children will go in case of an immediate danger. Her emergency plan should include keeping extra sets of car and house keys, clothes, prescriptions, and important documents hidden at home or at the home of a family member or friend. See also **Relationship Risk Factors**. *Status of the Relationship* above.

If she doesn't already do this, discuss with her ways in which she could vary her routines, her times of leaving home, leaving work, or picking up children, her travel routes, the places she shops, and any other repetitive behaviour that could make her vulnerable. Review with her some basic safety strategies while in public, such as:

- Walking only in well-lit, well populated areas
- Ensuring accompaniment whenever possible and whenever she has to walk in an area that is not well-lit or well populated
- Remaining vigilant at all times, keeping a watchful eye on what is going on around her
- Keeping an operational cell phone at hand
- Letting her friends, family, or co-workers know where she is and when she expects to arrive at home, at work, or other destination – and what to do if she doesn't arrive

If she hasn't already, discuss with her ways in which she can enhance her safety at work and the safety of her co-workers, including:

- Speaking to her employer and co-workers about what is going on but advising them that further sharing of the information might be dangerous
- Making sure that there is a plan in place to protect her co-workers as well as herself





- Bringing a photograph of the abuser in to her workplace and ensuring that the appropriate co-workers are familiar with it
- Arranging to have her work calls screened
- Review with her some ways in which she can enhance her safety when using her car, including:
- Always having her keys ready when she arrives at her car
- Arranging to have someone walk her to her car, transit
- Parking only in highly visible, well-lit locations
- Avoiding underground parking lots unless she is accompanied
- Locking all car doors as soon as she is inside
- Always carrying an operational cell phone
- Ensuring that she always has sufficient gas in the car

#### Her Perceptions of the Violence

Does she understand his behaviour as abuse/violence?

Does she minimize her level of risk?

Does she believe she is at high risk? Is she afraid of future violence? Is she afraid the violence will escalate?

Is she afraid for her children or for others?

Does she exhibit extreme fear that results in an inability to make decisions or to act?

If she minimizes the violence or the level of risk or does not see his behaviour as abuse or violence, discuss with her the nature and dynamics of violence against women in relationships. If it is safe to do so, leave with her other materials, books, or videos about the nature and dynamics of violence against women in relationships. If it is not safe to leave such material with her, discuss ways in which she could look at such materials. Share with her the experiences of other women who have been in similar situations.

If she predicts future or escalating violence, ask her what she thinks he is capable of.

Discuss with her whether she thinks he will respect court orders or police intervention or does she fear that police or court intervention will trigger further violence?

If she understands her risks, work with her to address each aspect of her circumstances in your safety planning.

If she fears for the safety of her children or others, be sure to include children or others for whom she fears in her safety planning.





If her fear results in an inability to make decisions or to act, work with her to address these fears and help her take concrete steps that will lead to decision-making and action. If appropriate, make a proactive referral to a counsellor or therapist with expertise in working with victims of serious domestic violence.

#### QUESTIONS TO ASK ABOUT RISK FACTORS<sup>10</sup>

### ACTIONS YOU CAN SUGGEST OR HELP HER TO TAKE

#### SYSTEM/COMMUNITY RISK FACTORS

#### **Availability and Accessibility of Services**

Are services that she needs available in the community (for example, transition house, counselling, child care, interpreters, legal aid)?

Does she know about available services in the community?

Are services accessible and adapting to meet her specific needs, such as a need for physical accessibility, her communications needs, need for flexible hours?

Are services and systems in the community working together and sharing riskrelated information, as appropriate?

Is she receiving proactive referrals?

Is someone advocating for her to assist her to get the information and services she Explore with her, her needs for services that you are not able to provide and encourage her to access those services by making effective referrals.

Tell her about available services and how to access them and if it is safe to do so, provide her with written information about these services.

If services are inaccessible, unresponsive, or uncoordinated, advocate for her to help her to get what she needs and help ensure that services are working together and sharing risk-related information as appropriate. You should familiarize yourself with the relevant provisions of federal and provincial information and privacy legislation.

If services are not available in her own community, ask her whether she would be willing to travel to another community to access those services and then try to facilitate that. Alternatively, you might inquire with services in a neighbouring community whether it is feasible and within their mandate to travel to your community to provide the service.

If it is within your mandate to do so, it may be helpful for you to act as a case manager for her in order to help coordinate services.

While these risk factors are generally consistent with those listed in Factors to Consider when Domestic Violence Safety Planning (Ministry of Justice and BC Housing, 2012.), some adaptations have been made for purposes of this document.





needs?

#### **Justice System Responses**

Have police taken the appropriate actions, such as arresting the accused or recommending charges?

Has Crown counsel approved charges?

Has the accused been released without protective conditions?

Has a high-risk accused been released on bail?

Has Corrections taken all necessary steps to monitor the offender and hold him accountable?

Has the abuser violated a protection order in the past without being held accountable?

Is she involved in the family law system?

Does she have access to required legal services to address family law matters?

Does she have information about available notification services for cases involving the justice system?

Does she have case-specific information, including cases status and offender status?

Are all parts of the justice system working together in a coordinated manner?

If criminal justice system responses have been inconsistent or inadequate, you can advocate for the victim in a number of ways, such as:

- Supporting her to phone or visit police or Crown counsel to ask about or give feedback on their actions or lack of actions
- Accompanying her on her visits to police or Crown counsel
- Using your contacts in the police, Crown counsel office, or corrections to advocate on her behalf
- Bringing her case to your local violence against women coordinating committee if one exists

You must use all your diplomacy skills in advocating for the woman in order to maintain a positive and constructive relationship with police, Crown counsel and corrections personnel with whom the woman has to continue to relate and on whom she may be depending for support and protection.

There is no comprehensive family law service in BC. If a woman is in need of legal services, such as representation in Family Court or legal information or advice, but cannot afford a lawyer, discuss her options with her. Mediation is now required before a case goes to Family Court, but participants are generally required to pay for this service. This is a complex area with less than satisfactory options for many women. Contact information for further assistance is provided at the end of this document under *Family Law Services*. You should also familiarize yourself with the new provincial *Family Law Act*, which came into force in March, 2013. See, for example, *Guide to the New BC Family Law Act* (Legal Services Society, 2012)





	Give her information about the BC Ministry of Justice's Victim Safety Unit, other notification services available through provincial and federal corrections, information to which she is entitled from Victim Services, and her rights under BC's <i>Victims of Crime Act</i> . You can offer to help her make contact with these services and ensure that she gets the information she needs.
	You can act as her advocate to try to ensure that all components of the criminal and family justice systems are working together, sharing risk-related information as appropriate, and managing her case in a coordinated fashion.
OTHER CONSIDERATIONS	
Is there any other relevant information not captured above that should be noted?	Remember that this is not a complete list of risk factors or safety planning actions. Consider the woman's individual circumstances and think about what additional questions you should ask her about possible risk and safety factors that may need to be addressed in her safety planning.

REMEMBER: Risk identification and safety planning may not be an exact science or a perfect solution; but working closely with a woman to undertake a thorough exploration of her risks and a collaborative safety planning process can do much to empower her to keep herself and her children safe and to move forward in their lives.





### Part 2

## Risk Identification and Safety Planning With Women Across Culture





# 2.1 Risk Identification and Safety Planning With Aboriginal Women<sup>11</sup>

#### 2.1.1 Introduction

The questions and actions included in this section address considerations that are specific to Aboriginal women. This section is intended to be read in conjunction with Part 1. General Risk Identification and Safety Planning with Women who are Victims of Violence in an Intimate Relationship, which includes a more comprehensive list of risk factors and safety planning actions. By their very nature, these social locations may intersect and more than one of these sections may apply to a woman with whom you are working.

Attempts have been made to maintain consistency among risk factor categories in the general section and in the sections specific to each social location. Common language has been used wherever possible. However, adaptations have been made in order to reflect the realities of each distinct group.

Aboriginal women are at a significantly higher risk of experiencing intimate partner violence compared to non-Aboriginal women. General approaches to the safety planning process remain useful, but there are several culturally-specific considerations that must be taken into account when working with Aboriginal women. The Royal Commission on Aboriginal Peoples (RCAP) notes that:

While family violence experienced by Aboriginal people shares many features with violence in mainstream society, it also has a distinctive face that is important to recognize as we search for understanding of causes and identify solutions<sup>12</sup>.

Risk factors and safety planning needs will depend on a woman's personal history of violence, both familial and societal. Three distinctions of family violence specific to Aboriginal peoples that are important to keep in mind are<sup>13</sup>:

12 RCAP, 1996:56

13 ibid





<sup>&</sup>lt;sup>11</sup> 'Aboriginal' is used to include First Nations, Métis and Inuit peoples

- The failure in family functioning can be traced in many cases to interventions of the state deliberately introduced to disrupt or displace the Aboriginal family; and,
- Violence within Aboriginal communities is fostered and sustained by a racist social environment that promulgates demeaning stereotypes of Aboriginal women and men and seeks to diminish their value as human beings and their right to be treated with dignity.

When safety planning with an Aboriginal woman, it is crucial to understand and address the impacts of colonization on a woman's sense of identity, belonging and self-worth. Solutions must be made with the Aboriginal community from which the woman comes and these solutions must arise with holistic approaches that deal with all aspects of mental, emotional, spiritual and physical needs of the individual, family and community<sup>14</sup>. A holistic approach requires advocates to move beyond short-term crisis intervention with Aboriginal women and their children.<sup>15</sup> Aboriginal male perpetrators must be involved in family violence prevention processes.<sup>16</sup> In many First Nations communities, a return to wellness is through the use of traditional healing methods combined with the use of mainstream approaches<sup>17</sup>.

Much of the work that has been done around Aboriginal women and family violence addresses the relationship of the "helper" with the individual woman and her family.

For resources that will be helpful to Aboriginal women who are victims of violence in their intimate relationships, see *Resources for Victims* at the end of this section.

#### 2.1.2 Safety Planning Actions

In many ways, safety planning with Aboriginal women is no different than safety planning with non-Aboriginal women. However, the following questions and actions will help you to identify particular risk factors and engage in effective safety planning specific to Aboriginal women.

15 Lamontagne, 2011

16 Aboriginal Justice Implementation Commission, 2001

17 AHF, Lamontagne, 2011





<sup>14</sup> Frank, 1992)

### QUESTIONS TO ASK ABOUT RISK FACTORS

### ACTIONS YOU CAN SUGGEST OR HELP HER TO TAKE

#### **Development of Personal and Cultural Safety**

Importance of relationship between service provider and Aboriginal client

Does she understand the impacts of intergenerational violence?

Is he or she (abuser/survivor) a product of residential school, child welfare system, etc

Consider how you can develop trust with her, and allow the necessary time to do so. Work to create a comfortable, non-judgmental atmosphere, ensuring a safe environment. This includes ensuring a culturally safe environment.

This could be an opportunity to talk to her about the impacts of colonization

Useful questions could include:

- Is he or she a survivor of residential school/child welfare system?
- Was he or she fostered/adopted out?
- Is he or she an intergenerational survivor of residential school/child welfare system?
- Did his or her parents/grandparents/great grandparents attend residential school?

#### **Perceptions of Present Violence**

Does she understand his behaviour as abuse/violence?

Useful questions could include:

- Is she aware of the kinds of abuse there are? (ie. Spiritual, emotional, physical, mental and sexual)
- Does she believe that she is a victim of violence?
- What is the extent of the attitudes and beliefs regarding women by perpetrator?
- Does she believe that violence is normalized?
- Is it something that the community believes is normal behavior?

What is her present situation?

- Is this her first time accessing social services?
- Is her First Nations/Metis/Inuit language her first language?
- Does she live on reserve? In urban centre?
- Does she have connection to her First Nations/Metis/Inuit community?





<ul> <li>Does she have children</li> </ul>	n?
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- Where are her children?
- Where is her family?
- Is she pregnant?
  - pregnant Aboriginal women are at an even greater risk of physical harm than non-Aboriginal women
- Does she have a support network?
- What is her own cultural competency (ie knowledge of her culture, traditional knowledge, etc.)?
- Have extended family and community members intervened?
- Have elected authorities, mental health workers and child protection workers intervened?
- Are police and courts notified? Are they responsive?
- Are any men in the community confronting the abuser?
- What consequences do the abusers face in the community?
- Does she have a vehicle?
- Does she have a means of transportation?
- Is she financially literate?
- Does she have budgeting skills?
- Does she have employment skills training?
- Does she have job search skills training?

Can an Elder/Traditional Knowledge Holder assist her with learning traditional knowledge of balanced healthy relationships?

What is her skill level?

"Spirituality is the key to healing."

- RCAP, 1996: 69





#### **Emotional Health Issues**

...even in cases where evidence of abuse is undeniable. the whole family may be so fearful of the shame associated with divulging the abuse that they collude with the perpetrator to deny and cover up the situation. This puts intense pressure on the abused person to maintain silence." -RCAP, 1996: 69

Useful questions could include:

- What is her level of fear?
- Is she afraid for her children?
- Is she afraid for her whole family?
- Is there fear for speaking out against violence from community?

Many Aboriginal mothers are fearful of losing custody of their children to social service agencies

Some women are in fear of the abusers' family

- Is she afraid of losing her children
- Is she afraid of the perpetrator's family?

#### **Current Status of the Relationship**

Has he threatened to kill her?

Issues pertaining to distrust of policing and Aboriginal peoples must be taken into consideration when addressing this with Aboriginal women. There is a history of distrust with policing authorities in most Indigenous communities

Useful questions could include:

- Has she reported to police?
- Has she considered leaving the community? (Remember that leaving is the most dangerous time and she will need a plan and supports in place).
- In highest risk cases with highly lethal accused, some women have chosen to change their identity and relocate. This is not an option for





- many Aboriginal women who are strongly connected to their community thus may not be applicable to Aboriginal women and the connection to community has to be taken into consideration.
- Family is key to Aboriginal women. All literature pertaining to understanding family violence stems from this belief. This must be taken into consideration.

"Poverty, powerlessness and anomie have invaded the homes and hearts of Aboriginal individuals. Poverty prevails because the economic vitality of nations has been undermined through the alienation of traditional lands and their wealth. Powerlessness is rampant because the institutions of leadership and decision-making have been displaced, leaving no defence against intrusion and exploitation. Anomie, the breakdown of ethical order, is a direct result of deliberate interventions that undermined the authority and cohesiveness of the family as well as other institutions pivotal to Aboriginal life."

- RCAP, 1996:75

Poverty visited upon individuals, communities and nations translates into unmet human needs and generates pathologies like alienation, force migration, and more violence. Nothing short of radical and critical approaches to controlling and ending family violence are required.

- Dion Stout, M. 1996





#### Poverty, Powerlessness and Anomie

The potential financial consequences of leaving play a part in an Aboriginal woman's reactions to male violence

Useful questions could include:

- Does she have access to options, information and resources?
- Will she lose her home (most Aboriginal women who live on reserve move to the husband's reserve – losing her home is a real concern for most women) or income?
- Who controls the finances?

#### **Court Orders**

Many Aboriginal women do not report their victimization because of society's and the legal systems' hurtful response to victims as well as the systemic problems and discrimination in the legal system.

On reserve, many Aboriginal women feel that police are reluctant to deal with or to remove the man from scene or to charge the male partner possibly due to familial ties. (NACAFV, 2006).

Keep in mind that in smaller reserves and isolated northern settlements, distance and enforcement of restraining orders are difficult. An Aboriginal woman might feel that she is the one who has to leave.

#### **Perception of Future Violence**

Does she understand his behaviour as abuse/violence?

Are there ways you can describe the behavior to help her understand it as abuse/violence?

• i.e. show her the Power & Control Wheel





#### 2.1.3 Resources for Victims/Survivors

Risk Identification and safety planning resources and references are listed at the end of this document. The following resources may also be useful if you are working with Aboriginal women.

Ending Violence Association of BC. 2011. *Increasing Safety for Aboriginal Women: Key Themes and Resources*. See 'Publications' at <a href="https://www.endingviolence.org">www.endingviolence.org</a>

Ending Violence Association of BC. 2011. Diversity. *Step by Step: Tools for Developing a Coordinated Response to Violence Against Women.* See 'Publications' at www.endingviolence.org

Department of Justice, Government of Canada.

2011. Abuse is Wrong in Any Culture: Inuit. Available in Inuinnaqtun, Inuit – Inuktitut, Inuit – Labradorimiut. Retrieved May 17, 2013 from <a href="http://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/index.html">http://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/index.html</a>

2012. Compendium of Promising Practices to Reduce Violence and Increase Safety of Aboriginal Women in Canada. *Retrieved May 17, 2013 from http://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/index.html* 

Legal Services Society. 2013. *Staying in the Family Home Home on Reserve*. Retrieved May 14, 2013 from http://www.lss.bc.ca/publications/pub.php?pub=383





### 2.2 Risk Identification and Safety Planning With Immigrant and Refugee Women

#### 2.2.1 Introduction

The questions and actions included in this section address considerations that are specific to immigrant and refugee women. This section is intended to be read in conjunction with *Part 1. General Risk Identification and Safety Planning with Women Who are Victims of Violence in an Intimate Relationship,* which includes a more comprehensive list of risk factors and safety planning actions. By their very nature, the identities outlined here may intersect and more than one of these sections may apply to a woman with whom you are working. For this reason, cross-references between sections have not been included.

Attempts have been made to maintain consistency among risk factor categories in the general section and in the sections specific to each differing social location. Common language has been used wherever possible. However, adaptations have been made in order to reflect the realities of each distinct group.

Effective safety plans for immigrant and refugee women must take into account all the dimensions of a woman's circumstances, including social and cultural factors, language issues, immigration status, and available resources. Most women, whether they are Canadian-born or not, experience fear and shame when it comes to reporting domestic violence. However, immigrant and refugee women face double the burden and fear because of their immigration status and potential rejection from their support network. They often have fewer resources available to them and do not feel confident that they could survive outside of their extended family and community networks.

Immigrant and refugee women who come from countries where police or military are used for state oppression often do not view police and other officials in Canada as a source of help. It is likely that fear of police and fear of deportation keeps immigrant and refugee women from reporting domestic violence. Other factors in a woman's reluctance to seek help from police or support services include social isolation, lack of knowledge about sources of help and about their rights, and lack of fluency in English (Eight Critical Components Project Team, Ending Violence Association of BC, 2008; Light, 2007; Smith, 2004) Education about our criminal justice and social services systems and about victim rights in Canada is paramount if women are to accept help from police or





other agencies. Providing clear and reliable information about Canada's immigration system is also very important. Having clear information will assist women to evaluate their options and make decisions for themselves.

Women who have been sponsored by a spouse often believe that they have no rights during the period of sponsorship, which is currently three years. Immigrant and refugee women often believe that either they or their spouse will be removed from Canada. They are also often intimidated, controlled, and threatened with deportation by their abusive spouse or his family members. It is thus important to educate women about the realities of immigration, sponsorship and their rights.

However, it is important for immigrant women to understand that the sponsor may face some penalties for sponsorship breakdown, especially if she depends on him for income assistance. For this reason, some immigrant women will not leave abusive situations and if they do they might not seek income assistance even when they are in great need to do so. An immigrant woman who sponsored her spouse into Canada faces an even more difficult decision to leave as she also faces the same penalties if her sponsored spouse seeks income assistance after she leaves him. This often is sufficient reason to prevent her from leaving the abusive relationship especially if she was in the process of sponsoring other family members.<sup>18</sup>

It is critical to understand the woman's status in Canada in order to assist her and provide her with accurate information. For example, a woman who is in Canada without permanent status, without any status, or as a refugee claimant will have different needs than a woman who has permanent resident status. In some cases, the woman will need to seek legal advice right away if she is thinking about leaving the abusive relationship. For resources that will be helpful to immigrant and refugee women, see *Resources for Victims* at the end of this section.

#### 2.2.2 Safety Planning Actions

In many ways, safety planning with immigrant and refugee women is no different than safety planning with Canadian-born women. However, the following questions and actions will help you to identify particular risk factors and engage in effective safety planning specific to immigrant and refugee women.

<sup>&</sup>lt;sup>18</sup> For more information about sponsorship and women's rights and obligations, see 'Immigrant Women's Project: Safety of Immigrant, Refugee and Non-Status Women,' Ending Violence Association of BC, 2011



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#### QUESTIONS TO ASK ABOUT RISK FACTORS

### ACTIONS YOU CAN SUGGEST OR HELP HER TO TAKE

#### ABUSER RISK FACTORS

#### **Violence in the Current Relationship**

If she has not reported the abuse to police, what are her reasons for not reporting?

Is there a protection order in place and if so, does she understand the conditions?

If she has not made a report to police, talk to her about her decision not to report. Acknowledge that some women are fearful of and do not trust authorities because of negative experiences with authorities in their homeland/ community.

If she is considering making a report to police, offer your assistance in making a report. Explain how to report a crime/incident to the police and how 911 works.

Talk to her about Canadian laws and the role of the criminal justice system. Explain the role of police and Crown counsel in Canada, what happens after police take her statement from her, and how the criminal justice system in Canada works. Explain that Crown counsel, not the woman herself, makes the decision about whether the case goes to court or not.

Language barriers also keep some women from reporting abuse to police. Let her know that police might be able to get an interpreter to assist in taking information from her. Advocate with your local police to ensure that she has access to an appropriate interpreter.

If you speak her first language, offer to accompany her to any meetings or appointments, especially where an interpreter will not be available.

If she has not already, encourage her to diarize any threats/abuse. Tell her that notes can be in her own language.

If there is already a protection order(s) in place, explain any no-contact or other protective conditions, which order takes precedence, what constitutes a breach, and how to report breaches.

If she tells you that she wants to have contact with her spouse because she has no one else in Canada, discuss the risks of this contact and how she might be able to increase safety for herself and her children.





	Also discuss her other options for obtaining support.
QUESTIONS TO ASK	ACTIONS YOU CAN SUGGEST OR

#### **VICTIM SAFETY FACTORS**

**ABOUT RISK FACTORS** 

#### **Differing Social Locations: Status in Canada**

Does the woman know her status in Canada (for example, permanent resident, landed immigrant, sponsored immigrant, visitor, refugee)?

Does she have her own and her children's passports, immigration papers, etc.?

Did her husband sponsor her or did she sponsor him?

How long has she been in Canada and how long has he been in Canada?

Is her family in Canada?

If so, how long have they been here and what is their status?

If no, is there a current pending immigration application for her family to immigrate to Canada?

What is the status of that application?

Is it a joint sponsorship application i.e. is the couple sponsoring her family jointly?

Immigrant and refugee law and policy is a complex area. If you are not already knowledgeable in these matters and in providing support to immigrant and refugee women, it is important that you educate yourself and/or make use of other resources in your community that have expertise in this area, including referring her to an agency or worker in your community who is knowledgeable and experienced in this area.

**HELP HER TO TAKE** 

If the woman is unaware of her status you might:

- Connect her with a settlement worker who may be able to assist her in determining her status in Canada
- Contact Canada Immigration to determine her status

The services and referrals you provide will differ depending on her status in Canada.

If she does not possess or have access to her and her children's immigration papers or passport, you might need to connect her with a settlement worker who can assist her with immigrant services and, if necessary, to apply for a new passport.

Explore with her whether her reluctance to leave her abusive husband is because of her fear of deportation or because there is a pending family sponsorship application. If her husband sponsored her, tell her that she cannot be deported simply because her husband sponsored her and decides not to support her. In fact, if her husband withdraws his sponsorship, he will face problems if he decides to sponsor someone else as he will be seen as someone who failed to live up to a sponsorship agreement.

Also explore with her whether her reluctance to leave her husband is because she doesn't want to jeopardize their sponsorship application. If she is not





entirely clear about the status of her family or the status of her family sponsorship application, it is very important to help her to obtain and to understand this information.

If there is a joint pending immigration application for other family members, it may be that she will not leave her partner, or, if she leaves, that she may be hesitant to seek income assistance as it will impact the family member sponsorship application.

Acknowledge that she may be under a lot of pressure from her own family to stay with her abuser until they arrive in Canada or until the end of the sponsorship period.

Ensure that she has a safety plan in place and that she is connected to a Settlement worker, Multicultural Outreach worker, an immigration lawyer, and other appropriate support services.

If her husband removes himself from a joint sponsorship application, you may want to refer her to an immigration lawyer to find out if she is able to sponsor her family without her husband.

#### **Level of Personal Support**

If separated, is she residing with her family e.g. parents, brother, sister?

If she has left her husband, who is supporting or not supporting her decision?

If she is living with her husband, who else is living in the house?

Who is supporting her or not supporting her?

Is she connected to support services?

If so, what services are assisting her and are they working together?

Discuss with her the importance of support from family, friends, and co-workers.

Help her to establish her support network by discussing who might be part of that network if her family and/or friends are not supportive.

Ensure that her safety planning takes into account her extended family members, friends, and whomever she is getting support from.

If any extended family members are abusive, talk to her about the right to report abuse to police. Sometimes women are unaware that threats and abuse by other family members can be reported.

Encourage her to connect to other services in the community. Make referrals, including to settlement workers and host programs that assist newcomers with various needs.





Reassure her that you will advocate for her to ensure she has access to support and other services in her own language or has the help of an interpreter.
So as not to overwhelm her, and if it is within your mandate to do so, you can offer to act as a "case manager" or service "hub" to coordinate the various services that she may need. (Light, 2007)

#### 2.2.3 Resources for Victims/Survivors

Risk Identification and safety planning resources and references are listed at the end of this document. The following resources may also be useful if you are working with immigrant or refugee women.

Government of Canada. **Department of Justice.** 2003. Stalking is a Crime Called Criminal Harassment. Available in English, French, Mandarin, Punjabi, Spanish. Retrieve May 17, 2013 from <a href="http://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/index.html">http://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/index.html</a>

2011. *Abuse is Wrong in Any Language*. Available in a range of languages. Retrieved May 17, 2013 from http://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/index.html

#### **Ending Violence Association of BC**

2011. *Immigrant Women's Project: The Safety of Immigrant, Refugee, and Non-Status Women.* See 'Publications' on www.endingviolence.org

#### **Legal Services Society**

2009. Sponsorship Breakdown. Available in Chinese, English, French, Punjabi, and Spanish Retrieved May 14, 2013 from http://www.lss.bc.ca/publications/pub.php?pub=113

2012. *Guide to the New BC Family Law Act*. Available in Chinese, English, French, Punjabi, and Spanish. Retrieved May 14, 2013 from <a href="http://www.lss.bc.ca/publications/pub.php?pub=432">http://www.lss.bc.ca/publications/pub.php?pub=432</a>

2013. *If Your Sponsor Abuses You*. Retrieved May 14, 2013 from <a href="http://resources.lss.bc.ca/pdfs/pubs/lf-Your-Sponsor-Abuses-You-eng.pdf">http://resources.lss.bc.ca/pdfs/pubs/lf-Your-Sponsor-Abuses-You-eng.pdf</a>

#### **YWCA**

2009. Mothers Without Status: Practical information for service providers working with women who have no legal status. Retrieved July 29, 2013 from <a href="http://www.ywcavan.org/sandbox/UserFiles/files/Women%20and%20Their%20Families/Legal%20Educator/MWLS">http://www.ywcavan.org/sandbox/UserFiles/files/Women%20and%20Their%20Families/Legal%20Educator/MWLS</a> 2010 web.pdf





## 2.3 Risk Identification and Safety Planning With Older Women

#### 2.3.1 Introduction

The questions and actions included in this section address considerations that are specific to older women. This section is intended to be read in conjunction with *Part 1. General Risk Identification and Safety Planning with Women Who are Victims of Violence in an Intimate Relationship,* which includes a more comprehensive list of risk factors and safety planning actions. By their very nature, these social locations may intersect and more than one of these sections may apply to a woman with whom you are working.

Attempts have been made to maintain consistency among risk factor categories in the general section and in the sections specific to each social location. Common language has been used wherever possible. However, adaptations have been made in order to reflect the realities of each distinct group.

Societal ageism creates an additional vulnerability merely because a woman is older. For example, it is very easy for abusers (partners, adult children, other family members, or caregivers) to convince professionals (doctors, nurses, mental health professionals, counsellors, police), neighbours, landlords, or other family members that the woman has lost or is losing her intellectual capability. High levels of stress, medications, and various other factors often identically replicate symptoms and behaviours of early dementia. The more the abuse cycles the worse the symptoms can become until the victim starts to believe they are suffering from dementia.

However, when working with older women, it is important that service providers resist the tendency to see this violence as "elder abuse". This kind of generalization can have a minimizing or down-playing affect on attitudes and responses to this abuse. Ignoring the gender-basis of much of the violence toward older women may result in a lack of understanding of the nature and dynamics of this violence and therefore less effective helping strategies. As our society perpetuates ageism, it is easy for service providers to see abuse and violence in the context of older women to be less severe or less dangerous. This is not the reality. All of the high-risk factors apply to older women just as they do in any case of violence against women in an intimate relationship.





An important difference between the dynamics of abuse in cases of older versus younger women is that in the case of older women, multiple, overlaying experiences of abuse often starting in early childhood may have "conditioned" older women to tolerate various types of abuse. Such women can be very vulnerable to abusive treatment from a greater variety of perpetrators. It can also be more difficult for them to identify abuse as they may be less able to recognize various behaviours as abusive because of the ongoing and often inter-familial or inter-generational perpetrators. In addition, older women may be conditioned to accept a higher level of threat from firearms because of their memory of a time when there was far less restriction regarding their possession and use.

Adult children of the relationship may be involved in their own abusive relationships, thus perpetuating the patterns of violence and abuse as well. The children may also have been conditioned to see their mother as lesser than and responsible for their father's bad behaviour, thus becoming part of the abuse directed at their mother.

Many older abusers have never been held accountable for their behaviour. It is likely that police have never been involved. Older men with addictions may have become very adept at hiding this from everyone except their spouses. This can often lead to perceptions by others that women lack credibility. In addition, societal acceptance of alcohol sets up a barrier for some older women to seeing this as a factor in violent behaviour. For these women, it is inconceivable that anyone should have restrictions on consumption, regardless of how it affects their behaviour.

The continuation of abuse over long periods of time may also create an extremely competent survivor who is an expert at "managing" her partner and has crafted many varied and effective survival strategies. In these cases, women's ability to rationalize, justify, and minimize the abuse can be so effective that it makes it additionally challenging and time-consuming to uncover the layers of denial so that the woman and the service provider can understand the reality of her situation.

Factors that typically identify an abusive relationship and determine the level of risk are there; however, it can often take more discussion to uncover them as older women may verbalize or disclose their fears or risks differently than younger women. The service provider should be alert for clues that may indicate the need for further questioning to identify important safety issues.

The justice system's poor record in terms addressing abuse of older women may stem from a variety of reasons. Even when older woman identify behaviour as abuse or violence, they may feel fear and mistrust regarding police and/or the court system and therefore be reluctant to report the abuse or follow through with testifying. This fear or mistrust can be due to cultural or generational beliefs/experiences of inappropriate conduct of these systems. Some older women may have limited or no ability to appropriately challenge or hold authority figures accountable. It may be that the system does not fully respect the women as a result of ageism and/or misinformation or beliefs about old people's competence or ability.





An older woman may also be unable to seek help from helping services because she has limited knowledge of what services and support are available, or may feel that services such as transition houses or counselling are intended for younger women. In addition to these challenges, some older women may have had limited access to education and have lived a very controlled life for a very long time. Some older women may lack literacy and numeracy skills, awareness of their rights, and the confidence and sense of self-worth to resist abusive or controlling behaviour or to question authority. Some older women may also have a limited understanding of mental health issues, which may increase both their fear and their confusion if their abuser's behaviour stems from serious mental health problems.

On the other hand, some older women are very worldly, highly educated, and knowledgeable about these issues. These women may be offended if they feel that their age, knowledge, and experience are not respected or if they sense any nuance of ageism.

Like all other groups represented in this document, older women do not easily fit into identifiable molds. Seniors account for a record high of 14.8 % of the population up from 13.7% in 2007. This rate of growth is more than double the increase for Canada's population as a whole, with women representing the majority of this population. <sup>19</sup> You should be especially alert to the flags and clues that indicate abuse when working with older women and vigilant about monitoring the pace and content of discussion to ensure it is in line with what the woman is willing and able to accept.

For resources that will be helpful to older women who are victims of violence in their intimate relationships, see *Resources for Victims* at the end of this section.

#### 2.3.2 Safety Planning Actions

In many ways, safety planning with older women is no different than safety planning with other groups. However, the following questions and actions will help you to identify particular risk factors and engage in effective safety planning specific to older women.

Statistics Canada 2011 Census: Age and Sex http://www.statcan.gc.ca/daily-quotidien/120529/dq120529a-eng.htm



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QUESTIONS TO ASK ABOUT RISK FACTORS	ACTIONS YOU CAN SUGGEST OR HELP HER TO TAKE	
RELATIONSHIP RISK FACTORS		
Status of the Relationship		
Is the woman living with her abuser?	Carefully and respectfully explore with her, her relationship not only with her husband or former	
Is abuse happening in her relationship with her children, other family members, or caregiver?	husband, but with other family members and caregivers to identify any abusive situations.	
	If necessary, explain to her the nature and dynamics of abuse in any intimate, family, or caregiver relationship.	
Children		
Has the abuser threatened to harm or kidnap her children or grandchildren?	Discuss with her the fact that threats made in the past will almost certainly have left a mark and that even the reference to them now can generate fear and compliance.	
If not recently, has he made threats of this kind in the past?		

<b>QUESTIONS TO ASK ABOUT</b>			
RISK FACTORS			

# ACTIONS YOU CAN SUGGEST OR HELP HER TO TAKE

#### **ABUSER RISK FACTORS**

#### **Violence in the Current Relationship**

What kind of abuse has the woman suffered in the past: physical? emotional? sexual? financial? threats?

What kind of abuse is going on now?

How long has the abuse been going on?

Was the abuser ever arrested and/or charged?

Was he ever bound by a court order?

Did he ever violate a court

Discuss the fact that even if threats have not been made recently, the effect may last a lifetime and can contribute to her not feeling safe to disclose, particularly if it was during an era when spousal abuse was not well understood or were not appropriately responded to. (e.g. she may believe that the threats were said so long ago that others will not think it then relevant or important today).

Help her understand that all threats should be taken seriously, no matter when they were made.

Talk with her about the fact that violence against women was taken less seriously in the past, and that the fact that he was never arrested, charged, or convicted in the past does not mean that he did not commit a crime or that the violence was and is not





# order? dangerous. Point out that the longer the abuse has gone on, the more she may have normalized his behaviour. Help her to understand the continuing risks. Discuss with her how she has been surviving the abuse and managing the risk over the years. You need to be aware that the ability to manage abusers does not equate to safety. However, you

abusers does not equate to safety. However, you also need to seriously consider and support the knowledge the woman has acquired about what "works" when working with her to develop her safety plan. The techniques that work for older women who have been surviving abuse for many years can be very creative and unusual.

Is she aware of what constitutes stalking and/or criminal harassment

Are her family and friends informed about what constitutes stalking and/or criminal harassment?

Let her know that stalking and criminal harassment of older women may be made easier because often their friends and contacts are older, do not have a full appreciation of this dangerous behaviour, and, with the best of intentions, may enable the perpetrator.

It is important to talk to older women about the ability of their abuser to exert influence over adult children and grandchildren and to discuss ways in which this influence can be counteracted.

If appropriate and safe to do so, you might offer to meet with her and her non-abusive family members to explain to them the nature and dynamics of abuse, including victim blaming.

Does he possess firearms?

Has he used or threatened to use firearms?

Explore with her, her abuser's history, beliefs, and attitudes about the possession and use of firearms, as well as her own attitudes and beliefs about firearms.

Be aware that her and her abuser's attitudes and beliefs about firearms will have been shaped by their age, their history, and their geographic location. Some older people, especially in rural areas, will have a more entrenched attachment to firearms.

If she lives or has lived in a rural area, understand how the rural culture of gun ownership may have shaped her views, but be able to explain to her when a weapon in her home or in his possession is putting her at risk.





Talk to her about the serious flags that using or threatening to use weapons raises. Help her to develop a new context from which to view this type of threat or behaviour which can facilitate better safety planning and possibly assist police to lay charges and Crown to approve them. For some women, explaining the evolution of gun legislation that limits access and registration of firearms can provide a current context for them to understand the dangerousness of guns and to incorporate into their awareness and safety planning.

#### **Violence and Other Criminal Activity Unrelated to Current Relationship**

Has he been involved in other criminal activity, including violence, unrelated to the relationship?

What is his general attitude about police and authority?

Does he get along in the workplace or has his violent behaviour caused frequent job loss?

Help her to understand that the longer his violent and abusive attitudes and behaviour have gone on, the more she will have normalized it. Also help her to understand that such behaviour and attitudes are anti-social and put her at risk.

#### **Mental Health Issues: Addiction**

Does the abuser misuse alcohol?

Has the abuser successfully hidden his alcohol addiction from most people in their lives?

Do family members and friends believe her and support her when she has told them about his addictions?

Does he have a mental health issue?

Help her understand the societal barriers to acknowledging his addictions. Talk to her about alcohol use as a risk factor in the dynamics of violence against women. Discuss her options regarding how she might respond to her husband's drinking and how you might help.

Talk to her about addicts' skills in hiding their behaviour and the dynamic that can develop with family and friends whereby her credibility with respect to his alcohol use is doubted. Help her to understand that this dynamic is not her fault. If appropriate and safe, offer to meet with her and her support network to discuss these issues.

Ask if he has ever been diagnosed with a mental health disorder and talk to her about how she has managed with that





## QUESTIONS TO ASK ABOUT RISK FACTORS

## ACTIONS YOU CAN SUGGEST OR HELP HER TO TAKE

#### **VICTIM SAFETY FACTORS**

#### **Differing Social Locations**

Is she frail or does she have a disability?

Is she an immigrant or refugee?

Is she Aboriginal?

Is she queer?

Discuss with her the fact that her frailty or disabilities make her particularly vulnerable to abuse.

Allow for the fact that older women may need more time to review and assess abusive incidents and identify risk situations. Allowing two to three times the usual time to work with older women is not uncommon. It is also important to ask other professionals like police and lawyers to modify the pace at which they work with older women.

Be aware that older immigrant women are very vulnerable to abuse and exploitation and try to ensure that you are able to talk with her on her own, without other family members present.

Discuss with her the reality that older women who immigrated to marry in Canada, who have been sponsored by family members to help care for grand-children, or who have entered under any other circumstances can be controlled by threats, misinformation, and lack of education about Canadian societal rights and systems.

Discuss with her issues regarding language, education, cultural limitations, and social isolation that may affect an older immigrant. Help her to identify her options and offer to make proactive referrals and to accompany her to appointments and advocate for her to ensure she gets the services she needs.

If she is a survivor of Indian Residential School, she may deeply mistrust police and state systems.

#### **Reluctance to Involve the Authorities**

Has she reported the abuse to police?

If not, what are her reasons?

Has she cooperated with a prosecution?

If not, what are her reasons?

Explore her reasons for not reporting to police or her reluctance to follow through with a prosecution, including her fears and mistrust of the justice system and her perceptions of the abuse.

Talk with her about her options and assure her that you or another service provider will be there to support her if she decides to report.





Has she reported the abuse to her doctor or gone to the hospital?

If not, why not?

Talk with her about her reluctance to get medical help. Encourage her to seek the medical attention that she needs and assure her that you or another service provider would be there to support her if that is what she wishes.

#### **Level of Personal Support**

What kind of a support network does she have?

Are her family and friends supportive?

Encourage her to use her family and friends for support when she needs it.

If her family and friends are not supportive, discuss what other options she has for support?

If appropriate and safe do so consider offering to

If appropriate and safe do so, consider offering to meet with non-offending family members to discuss the nature and dynamics of violence against women, including victim blaming.

#### Her Perceptions of the Violence

Does she understand what she is experiencing as abuse and appreciate the risks?

Is she verbalizing her fears of describing her risk factors differently than you might expect in a younger women? It can be helpful to discuss with her some of the historical beliefs about what constitutes abuse. If appropriate, it may also be useful to discuss the evolution of women's rights, suffrage, and the evolution of laws and society in general as a way to open doors to awareness and understanding.

It is important to help her understand her risks without alarming her or causing her undue stress, as extreme stress in older people can cause other health problems.

Listen carefully for cues that may identify her fears or risk factors and carefully and sensitively question her to ensure you understand what she is trying to tell you.

Be sure to give her enough time to review abusive/violent incidents, assess them for risk, and allow adequate time for this new perspective to be absorbed. Your approach may need to be modified or broken into segments to assess the woman's need and keep pace with her ability to engage.

Take the lead from the woman, providing relevant information, supports, and protections. With good information and a trusting relationship with a support worker and advocate, she will build confidence and awareness that can lead to a will to document her experiences in a way that can be used to generate criminal charges, support medical intervention, and increase her safety.





When working with older women, it is important that service providers resist the tendency to see this violence as "elder abuse". This kind of generalization can have a minimizing or down-playing affect on attitudes and responses to this abuse. Ignoring the gender-basis of much of the violence toward older women may result in a lack of understanding of the nature and dynamics of this violence and therefore less effective helping strategies.

If an older woman is unable to act on her own behalf because of certain physical or mental conditions, a report under the Adult Guardianship Act to a designated agency can be another avenue for intervention.

#### **Reporting Elder Abuse:**

Reporting is voluntary except for anyone working for a Designated Agency (DA), who is required by law to report suspected criminal offences against vulnerable adults\* to the RCMP.

Anyone can make a voluntary report to a Designated Agency (spell out all). Legislation safeguards anyone who reports by keeping the identity of the person making a report confidential and protecting them from being disciplined for reporting in good faith.

Each <u>Health Authority</u> and <u>Community Living BC</u> is a DA.

Police and RCMP works with the DA to support the DA's mandate, e.g. some RCMP detachments have developed special response programs or staffing to respond to and investigate abuse of seniors.

#### 2.3.3 Resources for Victims/Survivors

Risk Identification and safety planning resources and references are listed at the end of this document. The following resources may also be useful if you are working with older women.

BC Society of Transition Houses. *Silent and Invisible: What's age got to do with it?* <a href="http://www.bcsth.ca/sites/default/files/publications/BCSTH%20Publication/Women%27s">http://www.bcsth.ca/sites/default/files/publications/BCSTH%20Publication/Women%27s</a> %20Services/1%20Foreward%202up%2016pg.pdf

Government of Canada, Department of Justice. 2011. *Elder Abuse is Wrong.* Retrieved May 17, 2013 from http://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/eaw-mai/index.html

Canadian Network for the Prevention of Elder Abuse. *Abuse of Older Women http://www.cnpea.ca/abuse of older women.htm* 





# 2.4 Risk Identification and Safety Planning With Sex Workers

#### 2.4.1 Introduction

The questions and actions included in this section address considerations that are specific to sex workers. This section is intended to be read in conjunction with *Part 1. General Risk Identification and Safety Planning with Women Who are Victims of Violence in an Intimate Relationship,* which includes a more comprehensive list of risk factors and safety planning actions. By their very nature, these identities may intersect and more than one of these sections may apply to a woman with whom you are working.

Attempts have been made to maintain consistency among risk factor categories in the general section and in the sections specific to each social location. Common language has been used wherever possible. However, adaptations have been made in order to reflect the realities of each distinct group.

The following risk factors and suggested actions are derived from the collective wisdom of sex workers; however, each sex worker will face her/his own challenges and will require individualized support to address their needs. Sex workers who experience violence are survivors and many will have safety strategies already in place for themselves.

Many responses to violence against sex workers have not been guided by sex workers and as such, sex workers have indicated that many public agencies have been judgmental and discriminatory toward them. These negative experiences have served to dissuade sex workers from accessing community and legal services for support or to report violence.

Your role as a support worker – listening to what sex workers tell you, treating them with respect, and tailoring your support to their unique needs - can provide a key opportunity to protect sex workers from violence. A respectful, non-judgmental, individualized response to meeting the needs of sex workers can go a long way to improve the numbers of sex workers accessing the services available to all British Columbians.





In the underground culture, criminalization has created a wall of silence. The number one rule on the street is never under any circumstances speak to the authorities. That could mean social services, family services, police, or any other group/ person with power over sex workers' safety. This distrust of authority prevents many sex workers from seeking help or accepting it when it is offered.

Another critical barrier for sex workers in seeking help when experiencing violence is their need to keep their sex worker status confidential. Many women have reported being held prisoner by threats of 'outing' her as a sex worker to her family, friends, children, place of employment (some sex workers work part-time while holding down another job), or their children's school. Fears of the stigma associated with being a sex worker can be a huge challenge in safety planning. These fears may be coupled with other experiences of stigmatization and exclusion, based, for example, on poverty or cultural identity.

It is essential that the system of support for sex workers is co-developed with sex workers and is based on relationships of trust. Safety planning must mitigate risk as identified and defined by sex workers. In this way, strategies can be carefully developed and can avoid unintended harms to sex workers.

As a result of isolation from the mainstream, sex workers have evolved into a distinct subculture which has its own lexicon, norms and rules. Behaviours, language and gestures have different meanings within and outside of the sex industry. Those who are unaware of the norms for sex workers may unintentionally say or do something that is offensive or misinterpreted, and vice versa. These misunderstandings make it difficult for sex industry workers to communicate their needs or to function within mainstream culture; conversely, some service providers find it difficult to engage with sex workers in a meaningful way. Understanding sex work culture could greatly improve relations between sex workers and those who are charged to protect them.

Sex industry subculture may vary from place to place. In order to avoid miscommunications and to get information on how best to support sex workers, you can access frontline sex worker organizations in your community for advice. These groups understand local sex work culture and can serve as "interpreters" for mainstream support services.

For resources that will be helpful to sex workers who are victims of violence, see *Resources for Victims* at the end of this section.

#### 2.4.2 Safety Planning Actions

The safety planning process with sex workers has much in common with the safety planning process with other groups. However, the following questions and actions will help you to identify particular risk factors and engage in effective safety planning specific to sex workers.





# QUESTIONS TO ASK ABOUT RISK FACTORS

## ACTIONS YOU CAN SUGGEST OR HELP HER TO TAKE

#### RELATIONSHIP RISK FACTORS

#### Status of the Relationship

Who is the perpetrator: intimate partner, pimp/trafficker, or client/bad date?

Help her to develop a safety plan that is specific to the perpetrator. For example; a client/bad date may not know where she lives, only where she works so she may not require relocation.

#### VICTIM SAFETY FACTORS

#### Reluctance to Involve the Authorities and Level of Personal Support

Is her intimate partner aware of her sex worker status?

Are her children aware?

Are the support systems she will be interacting with aware of her sex worker status?

Is she concerned about 'outing' herself as a sex worker?

Does she believe that support services will be judgmental of her sex worker status or disrespectful in their treatment of her?

Will these support services refuse to help her because of her sex worker status?

Does she have friends or family she can turn to?

Discuss with her the ways that her confidentiality can be protected during the safety planning process.

If her confidentiality cannot be protected, discuss what measures can be taken to support her through the emotional harm caused by being 'outed' and how you can help.

Advocate for her to help ensure that she accesses services that are non-judgmental.

Help her to identify supportive people amongst her friends and family and offer to help her find or make contact with these people.

Avoid wearing anything that indicates you may represent "authority", such as a badge or uniform. Authority figures can spark fear in sex workers who have experienced oppression from social workers, law enforcement, nurses and others. If police are involved, ask them in advance to come in plain clothes and unarmed.

Avoid language that could be demeaning to her. The following are examples of phrases that some sex workers may deem offensive:

- Honey/baby/darling Although acceptable in mainstream culture, these terms are considered patronizing or insulting to sex workers.
- Prostitute Prostitute is a term used by legislators and is also politically charged and





considered oppressive as it ignores the fact that sex work is labour.

- Avoid any language that implies that a sex worker is "other" or that compares sex workers to non sex workers.
- It is important to understand that when sex workers do approach authorities they may do so at great risk. In these circumstances. provide any supports that are possible and do not make your help contingent on the provision of information by sex workers about their associates or networks.

#### Differing Social Locations: Status in Canada

family or friends in Canada?

Can she afford to return to her country/community of origin?

Does she want to return to her country/community of origin?

If she returns to her country/ community of origin will she face repercussions, for instance imprisonment, family shame, honor killing, or execution?

Does she qualify for refugee status in Canada?

Does she speak English well enough to communicate her needs/choices?

Is she a foreign national with no If you are not knowledgeable or experienced in immigration, refugee, or trafficking matters, seek assistance from an agency or individual in your community who is. Either work together with that person or agency in providing assistance to her or make a proactive referral to ensure she gets the help that she needs.

> If she is not fluent in English, advocate for her to ensure that she gets services in her own language or has access to an interpreter when she seeks services from any agency or government department.

> See also Risk Identification and Safety Planning for Immigrant and Refugee Women above.

#### **Living Arrangements and Daily Routines**

Is she safe where she is working now i.e. with security in an indoor venue?

Is her employer aware of her situation?

Is the perpetrator aware of where she works?

Is her employer capable of

Discuss with her the fact that, depending on where she works, (i.e on the street, indoors, in a massage parlor) returning to work can be a time of greatly heightened risk. It is important to go over all of the risks associated with returning to work and to help her weigh the pros and cons before deciding.





protecting her from violence should the need arise? Does she work independently If she is forced to return to work, talk about what she will from home? do to keep herself safe in specific situations; for example, if she sees her pimp, a known bad date, or her Is there a security system abusive intimate partner. Help her to identify her safety where she lives? options, such as pre-programming her cell phone to an emergency number, identifying safe places on the street Does she have people she that she can go to, or spreading the word among trusted checks in with when a client is friends and co-workers about her situation. coming over? Discuss with her the options of changing her on-line Does she have the resources to identity and/or her phone numbers to return to work abstain from working in the sex without harassment. industry for the time being? Discuss with her the possibility of installing a security Does she have the necessities system in her home or place of work. of life such as food, shelter, If she needs food, shelter, clothing or other necessities clothing? of life or extra resources to support her in abstaining from sex work for her safety, discuss her options, provide her with practical information, offer to help her access agencies or services such as food stamps or

#### 2.4.3 Resources for Victims/Survivors

Risk Identification and safety planning resources and references are listed at the end of this document. The following resources may also be useful if you are working with sex workers.

clothing vouchers, make proactive referrals, and offer to accompany her to appointments and to advocate for

Ending Violence Association of BC: Safety Planning for Sex Workers. *You Are Not Alone: Violence, Substance Use and Mental Health.* (2009) See 'Publications' at <a href="https://www.endingviolence.org">www.endingviolence.org</a>

Community Initiative for Health and Safety (CIHS): 'Sex Work Toolkit': <a href="http://livingincommunity.ca/toolkit/">http://livingincommunity.ca/toolkit/</a>

her.

PIVOT Legal Society: <a href="https://www.pivotlegal.org">www.pivotlegal.org</a>

WISH (Women's Information Safe Haven) http://wish-vancouver.net/

BC Ministry of Justice: Human Trafficking in B.C http://www.pssg.gov.bc.ca/octip/

Warm Zone http://www.wrsfv.ca/programs/warm zone/warmzone.html





# 2.5 Risk Identification and Safety Planning With Younger Women

#### 2.5.1 Introduction

The questions and actions included in this section address considerations that are specific to younger women. This section is intended to be read in conjunction with *Part 1. General Risk Identification and Safety Planning with Women Who are Victims of Violence in an Intimate Relationship,* which includes a more comprehensive list of risk factors and safety planning actions. By their very nature, these identities may intersect and more than one of these sections may apply to a woman with whom you are working.

Attempts have been made to maintain consistency among risk factor categories in the general section and in the sections specific to each social location. Common language has been used wherever possible. However, adaptations have been made in order to reflect the realities of each distinct group.

An alarming number of young women experience sexual assault, sexual abuse, and dating violence. Statistics Canada (2001) found that young women who were separated from their partners were at the highest risk of spousal assault.

As a result of limited experience and education, young people often lack knowledge about the nature and dynamics of violence against women, warning signs of abusive behaviour, issues around consent, legal definitions of assault, sexual assault and harassment, and the implications and risks of such abuse. For example, a young woman might interpret aggression or obsessive jealousy as romantic or flattering. Young women might also be less likely to know where to find help if and when they need it.

Young people are bombarded with media messages about sex every day. Many of these messages are highly gendered, and young women are left to navigate seemingly impossible double standards around their roles and sexuality. Sexualized violence is pervasive in the mainstream media that is consumed by young people. Furthermore, the expansion of social media and the phenomenon of intimate acts coerced via cyberbullying make young women even more vulnerable. Additionally, experimentation





with drugs and alcohol usually starts at a young age and this, combined with limited knowledge and experience, greatly increases risk for young women.

Many young people feel that they are not listened to or that their opinions are not valued by adults. It is crucial, when safety planning with a young woman, to respect her intelligence and decision-making capabilities in the same way that you would with an older adult. Avoid language that could be interpreted as judgmental or disciplinarian. The key is to ask questions and make statements that resonate with her but that still allow her to come to conclusions herself. Unlike cases involving older women who have experienced abuse over long periods of time, this may be the first time she has experienced abuse herself or has identified her situation as abusive. How you respond to her needs may have a profound and lasting impact on her safety now and in the future.

As with any woman, safety planning with a young woman must account for all aspects of her life, including home, friends, school, work, extra-curricular activities, and so on. Young people often live dynamic and fluid lives – their friend group, school situation, job or other situations are continuously changing. Many young people have not laid the groundwork for their future the way an older, more settled, adult has. This is important to keep in mind, as you may need to support her as she makes her way through uncharted territory. Some of the patterns and responses she establishes now may stay with her throughout her life.

For resources that will be helpful to younger women who are victims of violence in their intimate relationships, see *Resources for Victims* at the end of this section.

#### 2.5.2 Safety Planning Actions

In many ways, safety planning with younger women is no different than safety planning with adults. However, the following questions and actions will help you to identify particular risk factors and engage in effective safety planning specific to younger women.





#### QUESTIONS TO ASK ABOUT RISK FACTORS

# ACTIONS YOU CAN SUGGEST OR HELP HER TO TAKE

#### **ABUSER RISK FACTORS**

#### **Violence in the Current Relationship**

Has he physically or sexually assaulted her?

Does he minimize his violent behaviour based on the violence or addiction that she has witnessed or experienced in her home?

Does he try to control her?

Does he coerce her into behviour that she is not comfortable with?

Is he obsessively jealous?

Does he say that his jealousy is a sign of love and caring for her?

Does he use tactics that cause her to experience anxiety, high levels of stress, and a decrease in physical and mental wellness at school, at home, and in her community, even when he is not with her?

Does he coerce her into sexual activity that she does not want?

Does he refuse to use protection when they have sex?

Has he insisted that he will break up with her if she talks to a teacher, administrator, or school counsellor about the violence?

Does he cause her to skip

Make sure that she understands what constitutes physical and sexual assault, consent, etc.

Help her to understand the seriousness and the risk to her of his physical and sexual violence.

Explain that violence in relationships does not just happen in adult relationships and that spousal violence and dating violence share the same dynamics.

Assess if she has adequate knowledge of birth control and STIs.

Offer her a context to understand the effect that sexual violence has on her self-esteem and the associated risks. Talk with her about the importance of her having control over her own sexuality.

Explore with her confidential sexual health resources for testing for pregnancy and STIs.

Help her understand that jealousy can escalate into violence that may occur at school, in her home, and in the community.

Explain that jealousy and controlling behaviour are not love and are not healthy. Explain that they are control tactics, are part of the dynamic of abuse, and can be dangerous.

Help her to understand that coercive sex is part of the continuum of violence.

Help her to understand that threatening to break up with her if she speaks to a school authority is part of the dynamic of abuse and is perpetuating the violence.

Give her information about support services and other resources to assist her to make healthy choices.

Support her to utilize the school and community resources available to her.

Encourage her to give the school his physical description if he is not legitimately supposed to be in the school.





school, show up late, or not be committed to her studies?

Does he show up at her school uninvited?

Does he use his friends as a means to discredit her and protect himself or boost his self-esteem?

Has he succeeded in convincing all his and/ or her friends that she is the problem, dramatic, and unreliable?

Does he talk to his friends about his sexual activity with her, like it's a game or a contest?

Does he use social media to control her?

Does he obsessively text her throughout the day and need to know where she is at all times?

Does he stalk her on Facebook and Twitter?

Does he have access to her passwords for her accounts?

Does he control what she wears?

Does he use flirting, the threat of sexual activity, or cheating with other girls as a way to control her?

Is he significantly older than she is?

Has he completed school already?

Support her to understand the connections among stress, her experience of violence, and academic success.

Explore the possibility that school may be a safe environment, particularly if staff are involved in safety planning.

She should talk to school administrators about any court orders or police interventions that are in place and offer to accompany her when she does this.

Explore her comfort level in having police meet with school administrators to discuss the severity of the violence.

Explore with her the possibility of sharing her safety plans with supportive school administrators, friends and family.

Talk to her about how she might limit her time with his friends if she does not feel safe or respected.

Explain to her what constitutes criminal harassment and encourage her to report it to police.

If she is reluctant to report the harassment to police, explore her reasons for not reporting. Reassure her that you or another service provider will support her throughout the process.

If she doesn't already, encourage her to keep track of her texts, Twitter, Voicemail, and Facebook activity, and not delete them. Support her in setting up a system to do that.

Encourage her to keep a record of the harassment and help her set up a system to do that.

Encourage her to get call display on her phone and to set up speed dial for emergency numbers.

#### **Mental Health**

Does he drive while under the influence of alcohol or drugs?

Explore with her whether she understands the risks associated with driving, drinking and substance abuse, and dangerous driving.





Does he use alcohol and drugs?  Has he assumed predominant responsibility for her transportation needs?	Explore alternative transportation options, including public transportation or getting a ride with her parents or someone else who is not using alcohol or drugs.
	Develop a safety plan with her that includes a plan for getting home when he is using drugs or alcohol, or driving dangerously (e.g. racing, showing off).
Has he ever attempted or threatened to commit suicide?	If he has attempted or threatened suicide or has other mental health issues, help her to understand the risks associated with these factors.
Does he have other mental health issues?	Encourage her to share this information with her family, school staff, any support workers, and the police.

QUESTIONS TO ASK ABOUT RISK FACTORS	ACTIONS YOU CAN SUGGEST OR HELP HER TO TAKE	
VICTIM SAFETY FACTORS		
Reluctance to Involve Authorities		
Has she reported to the police?	If she has not reported, explore her reasons for not reporting.	
If not, what are her reasons for not reporting?	Explain the laws around assault, sexual assault, and criminal harassment, and the legal system in Canada.	
	If she is under the age of sexual consent or if he is significantly older than her, explain the relevant laws that apply.	
	Support her to report to police and reassure her that you or another service provider will support her throughout the process.	
	Explain your CFCSA reporting obligations. If you have reason to believe she is a child in need of protection, encourage her to report the abuse to MCFD and prepare her for working with the social worker in an empowering way. For further details on reporting requirements please refer to MCFD Reporting Requirements, Text Box on page 25.	
<b>Living Arrangements and Lev</b>	el of Personal Support	
Has he isolated her from family and/or friends?	Ask her if she is noticing a decline in her mental and physical health. Is she feeling depressed, lonely, and isolated?	
Do her family and/or friends believe her when she tells	Ask her if she is spending less time with her family	





them that there are problems in the relationship?

Has he succeeded in convincing her family and/or friends that he is a nice guy and has become part of the family/ friend group?

Has she been kicked out of her home or voluntarily left home?

Is she being abused at home?

Did she witness the same dynamic in her home, i.e. mom abused by father or spouse? and/or friends and how she feels about that.

Support her in recognizing the value of these relationships. Encourage her to talk with her family and friends about what is happening with her boyfriend and to identify safe people that she can go to if she needs help or support.

Explain that his attempts to isolate her from her support systems is a tactic to continue the abuse

Help her strategize to find some alone time with the supportive people in her life, including her friends.

Encourage her to involve herself in extra-curricular activities after school.

Help her to identify and connect with one family member or friend who will believe her and offer her support.

Help her to consider her level of physical activity, healthy eating, and amount of sleep, as part of self-care.

Provide her with information about community health resources and offer to make referrals and to accompany her to her appointments if she thinks this would help her to access these resources.

Explore with her whether she understands the risks associated with lack of safe housing.

If she is not being abused at home, ask her if she is open to meeting with her family and a support worker to explore a new agreement around respect for her family's guidelines.

Discuss the risks of living in a home with violence and/or addiction.

If her family home is not safe, explore other safe housing resources for her, including friends and relatives.

Talk with her about the role of Ministry for Children and Families (MCFD). Offer to advocate for her with MCFD to help ensure that her shelter and support needs are adequately met.





#### 2.5.3 Resources for Victims/Survivors

Risk Identification and safety planning resources and references are listed at the end of this document. The following resources may also be useful if you are working with young women.

SWOVA Community Development and Research Society: <a href="http://girlsactionfoundation.ca/en/en/member/swova\_community\_development\_and\_research\_society">http://girlsactionfoundation.ca/en/en/member/swova\_community\_development\_and\_research\_society</a>

Respectful Relationships Program (R+R), developed by SWOVA [see above]: <a href="http://66.240.150.14/intervention/712/view-eng.html">http://66.240.150.14/intervention/712/view-eng.html</a>

Loveisrespect.org - includes 'Healthy Relationships Quiz' and 'A Teen's Guide to Safety Planning'

Sexualityandu.ca: 'If it happens' http://www.sexualityandu.ca/sexual-health/if-it-happens

RCMP: 'Dating Violence Say No', <a href="http://www.rcmp-grc.gc.ca/cp-pc/date-freq-violence-eng.htm">http://www.rcmp-grc.gc.ca/cp-pc/date-freq-violence-eng.htm</a>

Public Health Agency of Canada 'Violence in Dating Relationships': <a href="http://www.phac-aspc.gc.ca/ncfv-cnivf/sources/fem/fem-relations/index-eng.php">http://www.phac-aspc.gc.ca/ncfv-cnivf/sources/fem/fem-relations/index-eng.php</a>





# 2.6 Risk Identification and Safety Planning With Women With Disabilities

#### 2.6.1 Introduction

The questions and actions included in this section address considerations that are specific to women with disabilities. This section is intended to be read in conjunction with *Part 1. General Risk Identification and Safety Planning with Women Who are Victims of Violence in an Intimate Relationship,* which includes a more comprehensive list of risk factors and safety planning actions. By their very nature, these identities may intersect and more than one of these sections may apply to a woman with whom you are working.

Attempts have been made to maintain consistency among risk factor categories in the general section and in the sections specific to each social location. Common language has been used wherever possible. However, adaptations have been made in order to reflect the realities of each distinct group.

Women with disabilities are at high risk for domestic violence and sexual assault for a number of reasons, including: physical vulnerability resulting from a disability that may make it difficult to protect themselves by resisting or getting away; difficulties in communicating what has happened to them because of a communications disability; emotional vulnerability because of social isolation; inability to identify what constitutes abusive behaviour because of mental health issues or a mental disability; dependence on other people for basic care; and abusers' perceptions that they can "get away with it" because no one will believe the woman.

Most violence against women is perpetrated by someone known to them, such as a partner, ex-partner, or family member. Women with disabilities face the additional risks of being abused by caretakers (spouse, family, friend, or hired) or by other residents if she lives in a group or residential care home. Perpetrators often target women with disabilities because they are perceived as weak, as lacking credibility, or as unlikely to report. Some women with disabilities have limited education about sex, so may not realize that what they have experienced is sexual assault.

Safety planning efforts should take account of the woman's understanding of how her disability impacts her situation. The possible barriers that she may encounter when





accessing community resources, such as support services, medical services, court houses, food banks, and lawyers should all be considered.

Some women experience changes in their symptoms and abilities on a daily basis. Stress often increases symptoms and decreases abilities. It is important for a worker to be aware of specific disability-related information when creating a safety plan with a woman who lives with disability. Safety planning should also consider how the abuser might create or exploit barriers to entrap or harm the woman. If the woman and her abuser both receive services from the same disability organization, clear strategies should be created for her safety.

One common risk factor is if the abuser also has a disability. Often police stations or jails are not equipped to handle a person with disabilities so arrest may not be an option. If he is blind it is unlikely that he will be charged and convicted with physical assault as the defense may say that he did not know where the victim was and that it was an accident. If he is physically disabled, the defence may say that he was unable to commit the act in question. If he is mentally disabled, the defence may be that he didn't understand what he was doing.

There is wide range of disabilities that may affect a person's vulnerability to abuse:

<u>Hidden Disabilities</u>. Hidden disabilities can include such conditions as epilepsy, diabetes, and HIV/AIDs

<u>Visual Impairments.</u> There are many kinds of visual impairments. People who are described as legally blind may be able to read large print and move about without mobility aids. They may be able to perceive light and darkness, perhaps some colors or nothing at all. Some can read braille, but most do not.

<u>Deaf, Deaf-blind and Hard of Hearing</u>. The Deaf community is diverse, including many people who do not consider themselves disabled, but rather members of a deaf culture. Not all deaf individuals use sign language or even the same sign language. For some of those who use sign language, reading and understanding complex documents can be difficult because of syntax problems. Sign language is not a literal translation of English, but a language of its own. As the Deaf community is tightly knit, it may be hard for a deaf victim to remain "hidden" for long. It is not uncommon for one person's difficulties to be common knowledge across the country within days.

<u>Cognitive Disabilities.</u> These include Alzheimer's, developmental delay, Fetal Alcohol Spectrum Disorders (FASD) and brain injury among others but do not include mental health problems. The range of capabilities is probably greater than in any other disability group and is at the highest risk for sexual assault. Often survivors are not aware that abuse has taken place as they may be overprotected and discouraged from exploring the world or interacting with others, and may have been taught to comply with authority at all times.





<u>Survivors with Mobility Disabilities.</u> These disabilities are the ones that first come to mind when we think of accessibility. There is a wide range of physical abilities among those who use wheelchairs or other assistive devices. Some people do not use wheelchairs exclusively and may also use canes, leg braces, or nothing at all for brief periods of time. Often an abuser takes their device away or uses it as a weapon.

<u>Survivors with Mental Health and/or Psychiatric Disabilities</u>. Mental health and or psychiatric disabilities cover a wide range of capabilities and vary from those who function fully within society to those who require medication and may have difficulty with regulation.

For resources that will be helpful to women with disabilities who are survivors of violence in their intimate relationships, see *Resources for Victims* at the end of this section.

#### 2.6.2 Safety Planning Actions

In many ways, safety planning with women with disabilities is no different than safety planning with other women. However, the following questions and actions will help you to identify particular risk factors and engage in effective safety planning specific to women with various kinds of disabilities.

<b>QUESTIONS TO ASK</b>
ABOUT
RISK FACTORS

# ACTIONS YOU CAN SUGGEST OR HELP HER TO TAKE

#### ABUSER RISK FACTORS

#### Abuse in the Current Relationship

How does the abuser react to her disability in private?

What does the abuser tell others about her disability?

Does the abuser do things that make her disability worse?

Does the abuser do things that take away her independence?

Does the abuser interfere with her use of items needed for her safety?

Discuss these issues with her and explain to her that the answers to these questions will help you to help her develop a safety plan that responds to her particular situation.

Suggest that she develop a pre-arranged code word or designated message that she can communicate to a trusted person in case of crisis.

If she does not already use this service, suggest that she use a Medic Alert Bracelet to call Emergency Services. Offer to help her set this up.

Discuss the tactics of abuse or neglect that are occurring.

Suggest that she develop techniques for screening personal care attendants during the hiring process and involve a trusted third person.





What is the abuser's involvement with her personal care or other disability service, such as transportation?

Does the abuse take the form

Suggest that she have emergency replacement caregivers available and offer to help her set this up.

Does the abuse take the form of inappropriate deprivation of privacy and/or inappropriate behaviour during personal tasks such as feeding, bathing, bowel and bladder care?

If her abuser withholds any safety enhancements from her, encourage her to report this to the authorities or to someone she trusts. If appropriate, offer to help her to do this and to seek help to ensure that her abuser is not in a position to withhold what she needs.

Does the abuser restrict or monitor her phone calls?

Encourage her to put filled or unfilled prescriptions in a safe location, such as on her person, with a trusted family member, or at a friend's house.

Does the abuser withhold medication from her?

#### QUESTIONS TO ASK ABOUT RISK FACTORS

# ACTIONS YOU CAN SUGGEST OR HELP HER TO TAKE

#### **VICTIM SAFETY FACTORS**

Does she have any concerns about how her disability might affect her safety?

Do the effects of her disability change?

If so, what causes the changes?

Can she predict when changes will happen?

How do the changes affect her safety?

Discuss her concerns with her, how these could be addressed, and how you or others could help.

If these changes increase her risks, discuss the factors that cause these changes and how these changes or the increased risks might be mitigated or prevented. Ask her how you or others could help.

#### **Level of Personal Support**

Has she accessed other community services to help her deal with the abuse or her particular vulnerabilities? What was her experience of these services?

Provide her with information about existing community resources that might be helpful to her. Ask her how she feels about using these resources. Offer to make referrals and/or accompany her to these services.

What barriers to service has she or is she currently

Discuss her ideas for dealing with these barriers to service. Ask her how you can help her to address these





#### experiencing?

Is there any equipment, medications, or other kinds of technology that help her stay safe?

Does she have access to this equipment, medication, or anything else that could enhance her safety? If not, why not?

barriers, including acting as her advocate if she thinks this would be helpful.

If she doesn't already have these, discuss with her what equipment, medication, or other kinds of technology she could access to increase her safety and how she can get it.

If appropriate, offer to act as her advocate to obtain these safety enhancements.

Is she blind or does she have low vision?

Does she have a service dog? Does she have other methods of alerting her to possible danger?

Is she is deaf, deaf-blind, or hard of hearing?

If so, what method of communication is preferred?

If she doesn't have a service dog, discuss with her the safety enhancements that such a dog can provide, including:

- Service dogs can signal the presence of someone they know well and survivors can use this as a cue
- Service dogs can serve as a reason to get out of the house for a walk
- Service dogs can be easily trained by a professional to "smile on command" which looks like they are baring their teeth and getting ready to attack

Flashing lights, vibrating pagers or fans can be hooked up to a motion detector or alarm system to signal the survivor quietly.





Is she receiving services from the deaf community?

Is she trying to "hide" from her abuser or from others in the deaf community?

Can she hear audio alarms? Does she have an effective alarm system?

Does she use TTY? Video Relay Service? Text Messaging? Other means of telephone or electronic communication? Does she have a speech difficulty? Ask her what method of communication she prefers. If you are not able to communicate with her, seek the help of an interpreter. Ask her if she has a preferred interpreter. Always check with her before you use a specific interpreter to ensure that that interpreter is safe for her. Ask her and the interpreter service if they work with or for the abuser.

If she is deaf-blind, there are several different kinds of close visual and tactile communication methods available for use. If you are not familiar with these or are not skilled at using them, seek help from someone who is. In an emergency try "writing" letters in the palm of the survivor's hand.

It is best to check with the survivor first before using any specific services for the deaf.

Ensure that she has emergency numbers and appropriate interpreters' phone numbers readily available.

If she doesn't already have an alarm system that works for her, discuss options with her. Flashing lights and vibrating pagers can be connected to a motion detector, alarm system, doorbell, or other device. For example a" baby crying" monitor alarm makes a light flash when it hears loud noise.

Note that TTY usage in Canada has largely been replaced by other means of communication including Video Relay Service, Text Messaging, etc.

However, if TTY is used, ensure that memory is erased so that any confidential conversation cannot be read by the abuser.

Set up a code word between you and the survivor to ensure that you are speaking to the survivor and not the abuser

Suggest the survivor save an outgoing message to 911 typed into her TTY memory so that she can quickly ask for emergency police response. The message should include her address and any court order number.

If she has a speech difficulty, always confirm what you think she has said and always use yes or no questions if possible.





Does she have cognitive/ developmental disabilities?

Is she able to function independently?

Does she have problems with her memory?

Be sure that you are aware of resources available under the *Adult Guardianship Act* and communicate these to her if she does not already know about them.

Develop strategies with appropriate parties to allow for monitoring and dual oversight while maintaining the independence and autonomy of the survivor.

Remember that personal boundaries should be explored often.

It is important that you review safety planning strategies often in order to refresh her memory and ensure that she understands, and that you make adjustments as required by her changing needs.

If a survivor who needs shelter is not able to maintain confidentiality, ensure that shelter is arranged where confidentiality is not required.

Does she have mobility disabilities?

Does she have difficulty using her hands?

When giving her directions, consider distance, weather conditions, and physical obstacles such as stairs, curbs, steep hills, and other possible transportation barriers.

Recognize that she needs to stay as close to the pathway to safety as possible; for example, sleeping on the ground floor of a multi-story building.

Help her to ensure that safety items such as phones, door spy holes, alert buttons, etc. are easily reachable,

Ensure that she has alert buttons with 24-hour monitoring services that are usable from anywhere in the home.

Suggest to her that phones with large buttons, speed dials, receiver holders, headsets, and email to phone systems may be helpful.





Does she have severe mental health or psychiatric disabilities?

Do her statements describe abuse as you know it?

Does she appear to have dissociated or fragmented thoughts and an inability to process information?

If at all possible establish a connection with a consultant who knows the issues and who can brainstorm on particular cases. Be careful to respect her confidentiality unless you have informed consent from her to share her personal information.

Try to develop creative ways to provide information and learn about her history.

Be aware that her statements may not describe abuse as you know it.

With her permission, identify and contact a person or system that has information about the survivor's personal history and abuse chronology to help you understand her situation and help her develop an effective safety plan.

Brainstorm with her ideas about a safe place for her to go if she is able.

Work with her to identify memory triggers and discuss how to avoid these.

Work with her to identify a person known and trusted by the woman who is willing to assist her in a crisis situation.

The Adult Guardianship Act has special provisions on abuse and neglect (including physical, sexual, emotional, and financial forms of abuse/neglect). These provisions are aimed at adults unable to get help because of a physical restraint, a physical disability, or a condition that affects their ability to make decisions about the abuse or neglect. Designated agencies respond to reports of abuse or neglect involving adults in these circumstances and notify police if it appears a criminal offence was committed.

B.C. laws include other statutes to protect adults in financial and health-care matters: the Public Guardian and Trustee Act, the Representation Agreement Act, and the Health Care (Consent) and Care Facility (Admission) Act.

If a woman with a disability is unable to act on her own behalf because of any of the above, a report under the Adult Guardianship Act to a designated agency can be another avenue for intervention

(Retrieved from Ministry of Justice Help Starts Here, Information on Elder Abuse and Neglect, August 1, 2013)





#### 2.6.3 Resources for Victims/Survivors

Risk Identification and safety planning resources and references are listed at the end of this document. The following resources may also be useful if you are working with women with disabilities.

Vancouver Coastal Health Deaf, Hard of Hearing, Deaf-Blind Well Being Program provides mental health and other services to clients all over BC. #300-4211 Kingsway Voice: 604-456-0900 tty: 604-456-0901, fax 604-456-0904. http://deafwellbeing.vch.ca/home.htm

BC Coalition of People with Disabilities offers assistance and advocacy for those applying for or appealing a decision on benefits, as well as other programs. #204-456 W. Broadway, Vancouver Voice: 604-875-0188 TTY: 604-875-8835 Error! Hyperlink reference not valid.

Wisconsin Coalition Against Domestic Violence. 2000. Safety Planning: A Guide for Individuals with Physical Disabilities. Retrieved May 23, 2013 from http://www.vaw.umn.edu/documents/safetyplandisability/safetyplandisability.pdf

DisAbled Women's Network (DAWN) Canada /Réseau d'action de femmes handicapées (RAFH) Canada: http://www.dawncanada.net





# 2.7 Risk Identification and Safety Planning for Lesbian, Bisexual, and Queer Women<sup>20</sup>

#### 2.7.1 Introduction

The questions and actions included in this section address considerations that are specific to lesbian, bisexual, and queer women. This section is intended to be read in conjunction with *Part 1. General Risk Identification and Safety Planning with Women Who are Victims of Violence in an Intimate Relationship*, which includes a more comprehensive list of risk factors and safety planning actions. By their very nature, these identities may intersect and more than one of these sections may apply to a woman with whom you are working.

Attempts have been made to maintain consistency among risk factor categories in the general section and in the sections specific to each social location. Common language has been used wherever possible. However, adaptations have been made in order to reflect the realities of each distinct group.

Relationship violence between women is often different from violence in heterosexual relationships. One cannot overlay the same constructs of socialization and of power and control when working with women who are abused in their relationships. Generally, men are larger and have more physical power than women and therefore women are at more physical risk when being abused by men. Generally, men are socialized not to express their feelings but instead to externalize them, thus the acting out of anger and frustration is something more commonly seen in men and not women. Generally, women are socialized to be more relational, to have empathy for others and are therefore less prone to violent outbursts as a means to work something out. Most often, when women use violence, they use it differently; for different reasons and with different intent. This is not to say that abuse and violence in same sex relationships is not a concern; it is, however when attempting to understand risk for the purpose of safety planning it is important to understand the dynamic and not make assumptions. This section will describe some of these differences.

<sup>&</sup>lt;sup>20</sup> While much of this section could also be relevant to trans individuals, see the next section for safety planning specifically for trans people.





The unique contexts and dynamics in same-sex/gender relationships should be taken into account when safety planning with lesbian, bisexual, and queer women. Many women do not report violence or turn to the justice system for protection because of historical and widespread homophobia, heterosexism, and the potential for revictimization by various systems through harassment, assault, blame, 'outing', dismissal, or ignoring the violence. Often when women do report, the violence is not identified as being violence in relationships, but considered a common assault.

It is important to understand that many of the terms that are used to describe relationship violence are considered by many queer women to be more representative of a heterosexual experience of violence and not reflective of their own experiences. For example, for many lesbians, bisexual, or queer women terms such as domestic violence and sexual assault are equated with male violence against women. Language is important because it can impact the ways in which women understand their experiences and identify what is happening in their relationships.

The woman may not experience the violence in her relationship as "abuse", or her partner as "abusive". She may refer to the violence as "fighting". It is important to describe what you mean when you use particular language to reframe her experience.

Where violence in heterosexual relationships is usually conceptualized as male violence against women, there may be more opportunity for violence to go both ways in same-sex relationships. There may be a higher tendency for lesbians to fight back in self-defence or to retaliate. (Durish, 2007; Marrujo and Kreger, 1996; Ristock, 2002; Ristock and Timbang, 2005). Like many women, experiences of violence in their family or in the community may have been a factor in the earlier lives of lesbian, bisexual, and queer women and can set the backdrop for violence in intimate relationships. Sometimes the woman who is most at risk of experiencing future violence is not the one we would initially think. In a relationship where there are shifting dynamics, or where a woman may retaliate for past abuse the conditions may be such that her partner is the one at risk. Risk and who is at risk may change over time. These situations indicate a need for a thorough and comprehensive assessment to understand the complexities at work in some lesbian, bisexual, queer women's relationships.

Therefore, our understanding of power and control in intimate partner violence, especially when working with lesbian, bisexual, and queer women, needs to encompass the realty that someone can be both a victim and a perpetrator. In addition, some women who have been abused in one relationship become abusive in another relationship in a sort of self-protection to ensure that they do not repeat the violence from the past. A woman who is using violence in this way believes she is using it as a strategy for keeping herself safe from further victimization. These dynamics are especially important to keep in mind when working with lesbian, bisexual, and queer women.

When you are working with lesbian, bisexual, and queer women, it is important to understand that 'coming out' is a very individual and ongoing process. How a woman





moves through her process is dependent on a multitude of factors and carries with it very real costs and losses as well as benefits. Even though there has been an increase in acceptance and visibility of lesbian, bisexual and queer women, some women remain closeted and continue to hide their sexuality and gender identity, in at least certain aspects of their lives. When two partners are at different places in this process of 'coming out', tensions can arise. In an abusive situation, an abusive partner can use this issue as part of a dynamic of coercion or threats. Lesbians, bisexual and queer women living in rural and remote communities may be especially vulnerable to threats of being 'outed' by an abusive partner.

Prejudice and discrimination can exist within the LGBTQ community just as it can in any community. For example, bisexuals often face discrimination and marginalization from both the heterosexual and lesbian/gay communities, vulnerabilities that can be exploited by an abusive partner. Lesbian, bisexual, and queer women of colour, immigrants, and Aboriginal people may experience both racism from within their queer community and homophobia from their families and cultural community, which may cause greater isolation for these women.

When working with LGBTQ families with children it is important to be familiar with BC's new *Family Law Act* and BC adoption legislation, both of which codify significant rights for LGBTQ parents. It is also important to understand that in many same-sex relationships with children, there is often an 'extended' family of other adults (non-biological family) who play significant roles in the lives of the children.

Some of the misconceptions about women that can result in minimizing the seriousness of violence in same-sex/gender relationships and make it difficult to name the experience as abuse or sexual assault are:

- Women are not violent
- A woman cannot inflict serious harm on another woman
- It is not possible for a woman to sexually assault another woman; sexual assault always involves a male
- If there is violence in a same-sex relationship, it is mutual
- It is easier for lesbians to leave abusive relationships than it is for heterosexual

These misconceptions impact not only the woman who is being abused, but also the LGBTQ community as well as the broader community. They can result in service providers not asking questions or thinking about violence in same-sex/gender relationships; lead to arrest of both women, no arrests and/or arrest of the survivor; or leave abused women without a language to talk about their experiences.

For resources that will be helpful to LGBTQ women who are survivors of violence in their intimate relationships, see *Resources for Victims* at the end of this section.





#### 2.7.2 Safety Planning Actions

In many ways, safety planning with LGBTQ women is no different than safety planning with other women. However, the following questions and actions will help you to identify particular risk factors and engage in effective safety planning specific to LGBTQ women.

QUESTIONS TO ASK ABOUT RISK FACTORS	ACTIONS YOU CAN SUGGEST OR HELP HER TO TAKE	
RELATIONSHIP RISK FACTORS		
Status of the Relationship		
Is the abusive partner dependent on her for basic needs? In what ways?	Are there ways that her partner resents her for her dependency? How does her partner let her know that she is resentful?	
	Does her partner's dependency keep her in the relationship?	
Children		
Are the children in the	Ask her how the family is defined in the relationship.	
relationship hers or her partner's biological children? If so, whose children are they?	Ensure that the woman understands her rights as a parent. It is important that she knows that BC adoption legislation recognizes same-sex partners and that in	
Are the children from a previous relationship, either heterosexual or same-sex?	same-sex relationships where partners have a child together via donor insemination, the non-biological mother is automatically recognized as a legal parent	
Is there a biological father in the picture? What is the relationship with him?	Refer her to the Legal Services Society website listed at the end of this document for resources to help her understand these laws.	
Is there a concern that he will use knowledge of the violence	Discuss with her the fact that such threats are control strategies used by an abusive partner.	
in the current relationship to seek custody of the children or report to the Ministry of Children and Family Development (MCFD)? Does the abusive partner threaten to report her to MCFD?	Ask her about the roles and relationships of all the adults considered to be part of the family, and whether these adults understand that this is an abusive relationship and are supportive of her.	
Are there other adults who are considered part of the family?		





#### Mutual Violence: Fighting Back, Self-Defense, Retaliation

Has she fought back, acted in self-defense, or retaliated?

How did her partner respond to her fighting back, defending herself, or retaliating?

Has her partner used her fighting back against her with friends and family or in the broader community?

Does she or her partner have a history of childhood abuse or neglect?

Has she or her partner experienced other forms of violence in childhood, such as bullying, racism, and/or homophobic violence?

Has she or her partner ever been sexually assaulted?

Has she or her partner ever been abused in a relationship before (same-sex or opposite sex)?

Talk to her about how she feels about her own behaviour. Ask her if she is concerned about her behaviour.

Discuss with her the fact that women who retaliate may experience a range of reactions to their own use of violence. She may be surprised about her own use of violence; she may be ashamed, confused, or even like the sense of power she felt.

If she has used violence in retaliation, ask her what motivated her to use violence.

Ask her what she was hoping would happen by fighting back.

Ask her what has been the effect or outcome of fighting back or retaliation – for her? for her partner? in the relationship? in their community?

Discuss with her the fact that women who fight back, act in self-defense, or retaliate for violence they have experienced can be at risk for more severe violence from an abusive partner.

Be sensitive about the fact that women who have used violence in defending themselves may feel very ashamed about their behaviour, may feel that they deserve to be abused because of their actions.

Discuss the dynamics of abuse with her, including the fact that women who fight back or act in self-defense may not identify the relationship as abusive. They may believe that the violence is mutual and that they are therefore not at risk. Help her to understand her risks.

As you explore past experiences of violence in her or her partner's life, it may help her to understand that these experiences can set the backdrop for violence in current relationships.

Help her understand that abusive dynamics in adult relationships can mirror or replicate the dynamics and experiences of childhood or at another period of their lives, creating a situation where the abuse feels familiar and perhaps inevitable. Understanding this dynamic may help her to break that pattern.





Let her know that feelings of anger and engaging in controlling behaviours are normal responses to being violated and can be triggered in intimate same-sex/gender relationships where one or both of the partners is a survivor of childhood abuse or has experience other violence in her life. Help her to understand the risks associated with controlling behaviour and anger that leads to violence and to develop ways to deal with these feelings in non-abusive ways and to keep herself safe.

Discuss with her how she and her partner deal with these experiences of violence.

Provide her with information about counselling services in the community, including Stopping the Violence Counselling programs. Offer to make a proactive referral to these services.

Ask her if she is aware of ways that triggers of past abuse contribute to the violence in the relationship.

Help her to find ways to use this awareness of triggers to keep herself safe. When helping her to develop a safety plan, include strategies for dealing with triggers – hers and her partner's.

It is important not to minimize the seriousness of violence in same-sex relationships. Do not make assumptions about who is abusive and who is not (e.g. assuming that the butch or more masculine woman is the abuser)

When safety planning with women who use violence in self-defense, fighting back, or in retaliation, you may need to include strategies for staying safe, managing strong emotions, understanding her own impulses to use violence, and refraining from violence.

Some service providers have suggested that safety plans need to incorporate talking about developing skills such as de-escalation and strategies for setting boundaries. Explore whether this may be the case in this relationship.





# QUESTIONS TO ASK ABOUT RISK FACTORS

# ACTIONS YOU CAN SUGGEST OR HELP HER TO TAKE

#### ABUSER RISK FACTORS

#### **Violence in the Current Relationship**

Is she 'out' in her community? Is she 'out' in all aspects of her life?

Is her partner 'out'? Is she 'out' in all aspects of her life?

Are there tensions in her relationship about being 'out' or 'passing' as straight?

Is she being coerced to remain closeted or to be more 'out' than she is comfortable with?

Does her partner threaten to 'out' her to family, employer, and friends?

For bisexual women, does her partner ridicule or put down her bisexuality? Does she threaten to 'out' her?

Does her partner control who she sees?

Does her partner become jealous when she tries to visit with other LGBTQ friends, with family, etc.?

Is this her first relationship with a same-sex partner?

Does her partner tell her that all 'lesbians' are like this, thus minimizing the violence as being 'normal'?

Does her partner put her down as "not being a real 'lesbian'"

Discuss with her how it is for her/her partner to be 'out'. Does it feel safe?

Discuss with her the fact that when two women in a relationship are in very different places in their processes, this can create tensions and an imbalance of power in the relationship and may lead to a potential for violence.

Ask her what happens when these tensions arise - what does she do? what does her partner do?

Discuss what effect her partner's threats to 'out' her have on her.

Help her to understand these taunts, threats, and attempts at coercion are part of the control dynamic in an abusive relationship and put her at risk.

Tell her that many lesbians cite abuse occurring in their first lesbian relationship (Ristock, 2002) and that this can set a pattern for future relationships but by no means should violence and abuse be considered 'normal' or acceptable.

Discuss with her the fact that the abuser may be trying to normalize the violence as an integral part of being in a same-sex/gender relationship and that this may play on her fears of losing a relationship, which may have confirmed a new-found identity for her.





#### QUESTIONS TO ASK ABOUT RISK FACTORS

# ACTIONS YOU CAN SUGGEST OR HELP HER TO TAKE

#### **VICTIM SAFETY FACTORS**

#### **Differing Social Locations**

Is she bisexual?

Does she experience discrimination or feel marginalized?

Does the abuser exploit the fact that she is bisexual by ridiculing or threatening her?

Has she been further isolated because she is a woman of colour, an immigrant, or Aboriginal? Explain to her that taunting and threatening behaviour is part of the dynamic of abuse.

Offer to advocate for her to help ensure that she gets the specialized support services she needs without discrimination.

Find out about LGBT support groups to break her isolation.

#### **Level of Personal Support**

What kinds of personal supports does she have?

Is she connected to other LGBTQ people?

How safe is it for her to be 'out' in her community?

Explore where her supports are, including who are her closest friends. Ask her if she can she talk to them about these issues.

Be aware that an abusive partner may be the only other lesbian or queer woman the abused woman knows.

Be aware that the LGBTQ communities can be very small and that, while she may be connected to other LGBTQ people, they may also be her partner's friends.

Be aware that the smallness of the LGBTQ communities can make it hard to avoid abusive expartners. Help her to make safety plans for social/community events where she expects to see her abusive ex-partner and her friends.

Explore with her whether reaching out for help means 'coming out', 'outing' her partner and potentially having to leave her 'community'.





#### QUESTIONS TO ASK ABOUT RISK FACTORS

## ACTIONS YOU CAN SUGGEST OR HELP HER TO TAKE

#### SYSTEM/COMMUNITY RISK FACTORS

#### **Availability and Accessibility of Services**

Are there services that specifically address intimate partner violence in same-sex relationships in her local community?

Are there services, support groups in the LGBTQ community that would be helpful to her? Are there on-line services for LGBTQ people that you can help connect her to?

Is she experiencing or has she experienced barriers to accessing service?

Are abusive women in same-sex relationships inappropriately referred to abusive men's programming?

Provide her with information about social and support services in the LGBTQ community and in the wider community.

If there are services specific to violence in same-sex relationships, offer to make a proactive referral and to accompany her if that is what she wishes.

If she lives in a small town or rural area where there are no services that she feels comfortable using, discuss her options with her and how you can help, including helping her to access services from a neighbouring community or online.

Be aware that the woman might see all social services as dealing only with heterosexual clients and might fear or expect homophobia or heterosexism or may fear 'coming out' or 'outing' her partner if she uses these services.

Reassure her that anti-violence services serve women in both heterosexual and same-sex relationships. Offer to accompany her and to advocate for her to help ensure that she gets the services that she needs.

If she is experiencing barriers to services, discuss her options with her and offer to act as her advocate to help ensure that she gets the services that she needs.

Point out to her that an abusive partner can use a lack of services or perceived lack of services to control and keep her partner in the relationship, by convincing her that there is no help available.

Be careful of making promises about things that you cannot control, such as asserting that if she goes to the police she will be believed and that she and/or her partner will not be subjected to homophobia.

If she uses violence herself, ask her if she would be willing to seek help. If there are no services for women who use violence in the community, help





her to explore other options, including accessing services in another community. Offer to help her by doing the research and by making a proactive referral.

Ask her if the lack of services in her community specifically for abusive women is a factor in her decision to report the abuse or seek help. If so, help her to explore other options for abusive women, including accessing services in a neighbouring community.

#### 2.7.3 Resources for Victims/Survivors

Risk Identification and safety planning resources and references are listed at the end of this document. The following resources may also be useful if you are working with lesbian, bisexual, or queer women.

Qmunity (formerly The Centre) and Ending Violence Association of BC (formerly BC Association of Specialized Victim Assistance and Counselling Programs). Undated. *Abuse in Same-Sex Relationships*. Retrieved May 14, 2013 from <a href="http://resources.lss.bc.ca/pdfs/pubs/Abuse-in-Same-Sex-Relationships-eng.pdf">http://resources.lss.bc.ca/pdfs/pubs/Abuse-in-Same-Sex-Relationships-eng.pdf</a>

The Safe Choices Program of the Ending Violence Association of BC focuses on improving the health and safety of women who are currently or have been in abusive same-sex/gender relationships by empowering women and strengthening our communities to respond to this issue. Safe Choices services are available only in areas served by Vancouver Coastal Health. All services are free of charge. The Safe Choices Program can be contacted at <a href="http://www.endingviolence.org/safe">http://www.endingviolence.org/safe</a> choices

Pride Line BC Confidential phone line providing information, referrals, peer support. Nightly from 7-10 pm (604) 684-6869 Vancouver/Lower Mainland. 1-800-566-1170 elsewhere in BC

Prism Services Prism is Vancouver Coastal Health's clinical, education, information and referral service for the lesbian, gay, bisexual, trans, queer and Two Spirit (LGBTQ2S) communities. <a href="http://www.vch.ca/403/7676/?program\_id=265">http://www.vch.ca/403/7676/?program\_id=265</a>

Vancouver Family Services: LGTB Service Options. Counselling for LGTB people. Fee: sliding scale. Ask for intake. Also has a Stopping the Violence counseling program for lesbian, bisexual and transgender women who have experienced violence which is a free service. (604) 731-4952





# 2.8 Risk Identification and Safety Planning With Trans People

#### 2.8.1 Introduction

The questions and actions included in this section address considerations that are specific to this particular social location. This section is intended to be read in conjunction with *Part 1. General Risk Identification and Safety Planning with Women Who are Victims of Violence in an Intimate Relationship,* which includes a more comprehensive list of risk factors and safety planning actions. By their very nature, these identities may intersect and more than one of these sections may apply to a person with whom you are working.

Attempts have been made to maintain consistency among risk factor categories in the general section and in the sections specific to each social location. Common language has been used wherever possible. However, adaptations have been made in order to reflect the realities of each distinct group.

In order to effectively assess risk and develop safety plans for people in trans communities, basic familiarity with trans people's experience, including factual information, is important. For example, it is important to be aware that some FtMs (trans men) can get pregnant, as taking testosterone may not always prevent ovulation; also, some FtMs do not take, or stop taking, testosterone. However, if he has had a hysterectomy or his ovaries removed then there is no pregnancy risk. Pregnancy or the threat of pregnancy for a trans man could have a significant effect on the dynamics of violence.

It is also important to be familiar with how a trans experience is expressed in concepts and language. Anti-violence workers need an understanding of how trans identities, transphobia, and discrimination directly affect survivors and perpetrators, as well as their access to supports and services. A glossary of terms and concepts is provided at the end of this section.

Trans people face a tremendous amount of discrimination and abuse which can have severe consequences. Approximately 50% of trans people have survived sexual violence and approximately 25% have experienced "catastrophic levels of discrimination," (Grant et al, 2011) where bias has resulted in three or more of the





following: physical assault, sexual assault, loss of employment, eviction, homelessness, loss of relationship with partner or children, denial of medical services, dropping out of school because of severe bullying and harassment by students or teachers, or incarceration because of gender identity or expression.

When trans people try to access services, they often experience discrimination, denial of service, and poor quality of care. As a result, they may have significant fears about accessing support of any kind. Intersecting forms of discrimination can exacerbate poorer treatment, poorer outcomes, and barriers to accessing support. Trans people whose physiology (genitals, secondary sex characteristics, presentation in the world, etc) does not conform to ideas of what women's or men's bodies "should" look like, may be very fearful and uncomfortable about seeking health care or other support that would require disrobing or disclosing their gender identity.

A high proportion of trans people have concerns about any contact with the police. Trans people report high rates of physical and sexual assault within jails and prisons. If the survivor does not "pass" (i.e. is not perceived to be their "target" gender) and is visibly trans, then they are more likely to experience discrimination, harassment, and violence in daily life.

Racism, classism, poverty, and insecure immigrant or refugee status can significantly increase trans people's vulnerability and result in poorer outcomes for trans people. In addition, widespread employment discrimination against trans people results in a disproportionately high number of trans women working in the sex trade.

The discrimination can result in hate crimes against trans people. These hate crimes are often physically and sexually violent, and perpetrators often are known to the trans person. Trans people's histories of violence and discrimination are also linked with high rates of suicide and attempted suicides.

For resources that will be helpful to trans people who are victims of violence in their intimate relationships, see *Resources for Victims* at the end of this section.

#### 2.8.2 Safety Planning Actions

In many ways, safety planning with trans people is no different than safety planning with others. However, the following questions and actions will help you to identify particular risk factors and engage in effective safety planning specific to trans people.





#### QUESTIONS TO ASK ABOUT RISK FACTORS

## ACTIONS YOU CAN SUGGEST OR HELP HER TO TAKE

#### **RELATIONSHIP RISK FACTORS**

#### Status of the Relationship

What is the gender identity of the survivor/perpetrator?

If relevant, what is the survivor's degree of comfort or concern in talking about trans issues?

How relevant or pressing are trans issues for the survivor?

What is the relationship between the survivor and the perpetrator?

Is the perpetrator a partner, a friend, a co-worker, a neighbour, an acquaintance, a stranger?<sup>21</sup>

Does the perpetrator know about the survivor's trans status?

If the perpetrator is a partner, had the survivor transitioned prior to the relationship?
During the relationship? After?

Was a change in gender identity, sex, presentation, or transition linked with an onset or escalation of violence?

Were the survivor's choices to be 'out' or not about trans issues related to changes in relationship dynamics? It is important that you respect the privacy of a trans person regarding their gender identity and status. Do not assume the gender identity of either the survivor or the perpetrator.

It is important to build in routine questions about gender identity, to be clear that all people are asked these questions, and to reassure them about confidentiality.

Take your cues from the trans person regarding how comfortable or urgent it is to talk about trans issues.

Talk to the survivor about the fact that if the abuser is someone known to the survivor, there is a risk of repeated violence or escalation.

Talk to the survivor about the fact that risk of violence or escalation tends to be greater just after 'outing'/disclosure of trans status.

Discuss with the survivor their thoughts about the connections among gender identity/trans status, whether and when they 'came out', an apparent or felt change in sexuality or sexual orientation, whether this is the first relationship for either partner, and the abuse, violence, or sexual assault.

Tell the survivor that this information will help in understanding the patterns of violence or escalation, which in turn will help you to help the survivor develop an effective safety plan.

Emphasize that the abuse is not their fault and that the responsibility lies with the abuser

Talk to the survivor about the fact that there is a risk of the survivor being 'outed' to the perpetrator or others (e.g. through involving police and the criminal justice

<sup>&</sup>lt;sup>21</sup> The focus of this document is on violence in intimate relationships. However, it is recognized that trans people are often the victims of violence, abuse, and discrimination from a wide range of people, including friends, co-workers, neighbours, acquaintances, or strangers.





Has there been an apparent or felt change in sexuality or sexual orientation related to trans status?

Is this the first trans relationship for either the partner and/or the perpetrator?

Are there trans-specific elements to the violence itself?

Are there trans-specific risks to escalation?

system). Tell the survivor that you will be there as support throughout the criminal justice process if she/he choose to make a report to police.

Discuss how any trans-specific risks can be reduced; e.g. finding a safe place to store identification, important medical information, or hormones.

#### Children

Does the survivor have fears about losing parenting time or responsibility for their children?

What is the risk of loss of parenting time or responsibility because of trans status?

Do the children know that the survivor is trans?

Is the perpetrator threatening to 'out' the survivor to the children?

If a child is gender variant, is there a link between their gender identity or presentation and the violence?

Is pregnancy an issue?

Discuss the issue of children with the survivor, including the potential for a battle over parenting time and responsibility, the threat of 'outing', and options for reducing or addressing these risks.

Ensure that you are familiar with the new *BC Family Law Act* and *BC* adoption legislation, both of which codify significant rights for LGBTQ parents.

Offer to make a proactive referral to family law services and to accompany the survivor to these services to act as their advocate.

Carefully explore the sensitive area of possible pregnancy with the survivor. If pregnancy is relevant, ask routine questions to determine if immediate medical care is required, and if/how pregnancy is related to the violence.

You should be aware that because of hormone interactions, the Morning After Pill may not be effective for FtMs who are using testosterone. If there is a pregnancy risk, consult a GP or endocrinologist who is knowledgeable about hormones for FtMs.

### ABOUT RISK FACTORS

## ACTIONS YOU CAN SUGGEST OR HELP HER TO TAKE

#### ABUSER RISK FACTORS

Have trans-specific forms of power, control, violence, and

Discuss with the survivor how these trans-specific forms of abuse might be addressed and their options





abuse been used by the perpetrator?	for increasing their safety. Emphasize that this abuse is not their fault and that the responsibility lies with the
Was hate a factor in the violence?	abuser.  If hate was a factor, talk to the survivor about the risk of escalation and their options for increasing their safety.

#### QUESTIONS TO ASK ABOUT RISK FACTORS

### ACTIONS YOU CAN SUGGEST OR HELP HER TO TAKE

#### **VICTIM SAFETY FACTORS**

#### Victim's Perceptions of the Violence

Does the survivor understand the perpetrator's behaviour as abuse/

violence/assault?

Are their trans-specific issues related to rationalization or denial of abuse?

Talk to the survivor about the fact that trans people—especially trans women—may not be familiar with the dynamics and impacts of abuse and sexualized violence and that trans-specific tactics may not be understood as violence because they are not often included in examples of abuse.

Help the survivor understand the perpetrator's behaviour as abuse/violence/assault, how their trans status may affect how they understand the violence; and how this can help in understanding patterns of escalation.

#### **Differing Social Locations**

Is the survivor currently affected by severe discrimination? Is the survivor experiencing other forms of violence? Are there other relevant factors such as racism, immigrant or refugee status, poverty, or homelessness?

Does the survivor have previous experiences of violence or discrimination? If so, what were these experiences? Has transphobic economic discrimination (e.g. loss of employment, inability to secure references, significant under-employment)

Discuss with the survivor how these experiences can impact their safety.

Discuss with the survivor how economic discrimination may be contributing to the risks of violence or escalation.

Understanding these dynamics and inter-relationships may help survivors to be better able to protect themselves from the violence.

Discuss options with the survivor, including reporting to police, referral to counselling, or possible ways to address issues related to immigration, refugee status, or employment.





contributed to the survivor's vulnerability?	
Is the survivor involved in sex work? Is the survivor visibly trans?	If she doesn't already have safety plans for doing sex work, help her to develop some. If necessary, discuss with her the risks she faces as a trans person engaged in sex work.
	Ask the survivor about their current coping and safety strategies. Discuss options for additional ways to increase safety.
	If the survivor would like to "pass" more consistently, offer to help them access materials and resources to do that.  Explore options for obtaining toiletries, clothing, etc. for the survivor as appropriate (e.g., a razor that can be used on the face, shaving cream, foundation for covering beard shadow, wigs, women's shoes, and clothing in larger sizes) and help the survivor to access these.
Level of Personal Support	
Does the survivor have supports other than their partner, e.g. from family, friends, the trans community, neighbours?	Be aware that transphobia and rejection can affect whether the survivor has support from family, friends, community, or neighbours.
	Encourage the survivor to seek help from their support network if it is safe to do so.
Are there safety risks to accessing other supports?	If the survivor does not have a supportive network of friends and family, explore with them the availability of a peer support network or the availability of transspecific or other supportive services in the community. Offer to make proactive referrals or to accompany them to their first appointment or meeting if appropriate.
Mental Health Issues	
Is the survivor experiencing internalized transphobia?	Help the survivor explore their own attitudes, beliefs, and fears about trans issues and their own trans status, including internalized transplaces.
Is the survivor experiencing suicidal thinking?	including internalized transphobia.  Be aware that suicidal thoughts and attempt rates are
Has the survivor tried to commit suicide in the past or have they had suicidal thoughts?	extremely high for trans people, especially for people who experienced hate-driven physical or sexual assault.  Take these matters very seriously. Discuss these
If the perpetrator is trans, have suicidal thoughts/attempts impacted the relationship?	concerns frankly with the survivor, tell them about available services, including counselling, and encourage them to access these services. Offer to make proactive referrals and to accompany them to





	their first appointment.
Is the perpetrator preventing access to surgery (e.g. through controlling finances or destroying needed documentation)?	Be aware that trans people who strongly desire surgeries but have little hope for access to them may be at risk for self-harm to gendered body parts (e.g. genitals, breasts) or attempting self-performed surgeries.
If so, what is the degree of the survivor's distress? Is the survivor at risk of self-harm?	Discuss these matters with the survivor very sensitively. Explore with them how you can help, including making referrals to trans-specific services if they exist in your community, or to medical services or information and support online. Offer to accompany them to access medical services if appropriate.

<b>QUESTIONS TO ASK</b>		
ABOUT		
RISK FACTORS		

## ACTIONS YOU CAN SUGGEST OR HELP HER TO TAKE

#### SYSTEM/COMMUNITY RISK FACTORS

#### **Availability and Accessibility of Services**

Does the survivor have access to medical care?

Does the survivor have transspecific concerns about seeking help for injuries? About a rape kit? About getting information about the risk of pregnancy and whether the Morning After Pill would work?

Has the survivor reported the violence to police?

If not, what are their reasons for not reporting?

Has the case moved through the criminal justice system?

If not, why not?

Has the survivor sought help

Ask the survivor what can help reduce their vulnerabilities and how you can assist.

Explore with the survivor whether there are allies or trans-competent staff who can work with the survivor (police, health care providers etc.).

Ask whether the survivor wants to disclose their trans status before seeking further support or not. Ask if they want you to do this for them. Ask if they want you or another support person to be present with them.

Offer to accompany them to and advocate for them at

Offer to accompany them to and advocate for them at the hospital or clinic.

Explore with the survivor their specific concerns about reporting to the police, if there ways that these concerns could be addressed, and how you can help.

Try to find specific police officers who may be knowledgeable about trans issues. Find out if your city has LGBTQ liaison officers or diversity officers.

If the perpetrator is trans, explore with the survivor whether their decision not to involve the police/criminal





from anti-violence agencies, emergency social services, or other community supports?

Are trans-specific supports available in the community? Has the survivor accessed these?

justice system is impacted by concern for their partner being at risk of experiencing discrimination or abuse from the system. If so, talk to the survivor about how this might best be addressed and offer to assist them in addressing it.

If the survivor has gone to anti-violence agencies or emergency supports before, explore with them what affect this had on the survivor and perpetrator.

Discuss with them whether trans-related issues arose (e.g. welcoming or denial of service) and how this affects their concerns/decisions now.

Explore whether the survivor would be able to access gender-specific emergency residential services. If so, explore how their privacy and dignity can be protected, and how safety and respect can be created, including how accommodations could be made regarding bathrooms, showers, sleeping arrangements, personal care supplies and other matters.

Find out if there are trans-specific social and support groups, and supports for partners, available in the local community. These might include on-line or telephone-based supports and information, or trans-competent health and mental health providers. Offer to make proactive referrals to services and to accompany the survivor to their first appointment if appropriate.

Discuss with the survivor how the availability or lack of trans-specific supports impacts their risk, what their other options might be, and how you can help

#### 2.8.3 Resources for Victims/Survivors

Risk Identification and safety planning resources and references are listed at the end of this document. The following resources may also be useful if you are working with trans people.

Qmunity (formerly The Centre) and Ending Violence Association of BC (formerly BC Association of Specialized Victim Assistance and Counselling Programs). Undated. *Transgender People and Relationship Violence*. Retrieved May 14, 2013 from <a href="http://resources.lss.bc.ca/pdfs/pubs/Transgender-People-and-Relationship-Abuse-eng.pdf">http://resources.lss.bc.ca/pdfs/pubs/Transgender-People-and-Relationship-Abuse-eng.pdf</a>

The Safe Choices Program of the Ending Violence Association of BC focuses on improving the health and safety of women who are currently or have been in abusive





same-sex/gender relationships by empowering women and strengthening our communities to respond to this issue. Safe Choices services are available only in areas served by Vancouver Coastal Health. All services are free of charge. The Safe Choices Program can be contacted at <a href="http://www.endingviolence.org/safe">http://www.endingviolence.org/safe</a> choices

The Transgender Health Program, operated by Vancouver Coastal Health, is a resource hub that provides information to anyone in BC with a transgender health question. It provides information directly to individuals via group format, email, phone, and in person. In order to build capacity in local communities, it also provides information to health care professionals to help them support their clients and connects health professionals with colleagues who specialize part of their practice in transgender health care. Services are free, anonymous, and confidential. The Transgender Health Program can be contacted at http://transhealth.vch.ca/

FORGE is a US-based non-profit peer-facilitated organization that provides peer support, training, and technical assistance to those in the transgender community, including SOFFAs (significant others, family, friends, and allies). FORGE can be contacted at http://forge-forward.org/

Survivor Project is a US-based non-profit organization dedicated to addressing the needs of intersex and trans survivors of domestic and sexual violence. Survivor Project can be contacted at <a href="http://www.survivorproject.org/">http://www.survivorproject.org/</a>

PACE Society offer low-barrier programming and support services to survival sex workers. They can be contacted at <a href="http://www.pace-society.org/">http://www.pace-society.org/</a>

#### 2.8.4 Glossary

Terms and Concepts Related to Gender Identity and Trans Identities

<u>Bashing</u> is physical or verbal assault against people who are, or are perceived to be, lesbian, gay, bisexual or transgendered. Sometimes this is called "gay bashing". Bashing directed against trans people often happens in combination with anti-gay /anti-lesbian language.

<u>Cisgender refers to people whose gender identity, gender expression and gender role</u> are considered socially appropriate for people of their sex at birth (cisgender = non-trans). Substantial privilege comes with being cisgendered.

<u>Closeted or in the closet</u> describes someone who has not disclosed their sexual orientation and/or gender identity to at least some others, and perhaps has not admitted it to themselves.





<u>FtM (or F2M):</u> Female-to-male. Generally used to refer to anyone assigned female at birth who identifies or expresses their gender as male/masculine/man part or all of the time. An FtM who identifies as male may describe himself as a **trans man**.

<u>Gender dysphoria</u> describes the feeling of anguish and anxiety stemming from the mismatch between a trans person's physical sex and their gender identity; and from familial and societal pressure to conform to gender norms.

<u>Gender expression</u> relates to how we demonstrate our gender to others through our clothing, social roles, and language, and is often described in a polarity of 'feminine' or 'masculine.'

<u>Gender identity</u> is one's internal and psychological sense of one's gender. 'Woman' and 'man' are the two most common gender identities; there are many other gender identities as well.

<u>Gender norms</u> are inherently tied to other cultural norms relating to ethnicity, class, physical ability, age, etc. Whether people perceive you as a man or a woman, masculine or feminine, depends on how your gender expression and physical characteristics "fit" with their perceptions of other attributes you have.

<u>Gender roles</u> are the socially constructed and culturally specific behaviours and expectations imposed on women (femininity) and men (masculinity). Society uses gender roles as well as other signifiers to differentiate females from males.

<u>Intersex</u> is a general term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that doesn't seem to fit the typical definitions of female or male. Some intersex people see themselves as part of trans communities, and others make every effort to remain separate from it. Intersex is a term that has replaced "hermaphrodite" or "hermaphroditism."

MtF (or M2F): Male-to-female. Generally used to refer to anyone assigned male at birth who identifies or expresses their gender as female/feminine/woman part or all of the time. An MtF who identifies as female may describe herself as a **trans woman**.

<u>'Out', 'coming out', or 'out of the closet'</u> is the more or less public act of declaring one's gender identity or sexual orientation. It is important to remember that a person may be 'out' in selected circumstances, such as to certain friends, but not family, co-workers or neighbours. 'Coming out' is a process that usually occurs in stages, and is a non-linear, and life-long, process. Trans people who are also lesbian/gay/bi/queer may choose to be 'out' in regards to their sexual orientation, while also choosing to be 'stealth' about being trans. Some trans people prefer 'disclosure' to 'coming out'.

<u>'Outing' someone</u> is revealing someone's gender identity without their permission (either accidentally or deliberately). This can have serious consequences, which may include potential loss of employment, loss of family support, harassment, and violence.





<u>Passing</u> refers to people who are not visibly recognizable as trans. Some trans people make considerable efforts to pass, some are not able to pass, while others choose to make a political statement through their appearance. It can be much more difficult for trans women to pass, as trans women may be taller and larger than the average cisgender woman; feminizing hormones do not impact male secondary sex characteristics (facial hair, voice, adam's apple, male pattern baldness); people who do not pass tend to experience higher levels of discrimination, harassment and violence in their daily lives.

SOFFA refers to trans people's significant others, friends, families and allies.

**'Stealth'** is a choice some transsexual men and women make, when living full time as members of their target gender, to avoid revealing their past and to avoid 'outing' themselves as trans. This often involves detaching from trans communities and avoiding people who knew them prior to transitioning. People choose to "go stealth" for many reasons, including avoiding harassment and violence and/or because they now see themselves as being their target sex, and no longer identify as transsexuals.

Trans is often used as an umbrella term to describe people who:

- may have gender identities that are not as simple as 'man' or 'woman';
- may express their genders in ways that contravene societal expectations of the range of possibilities for men and women (cross dressers, drag kings/queens; butches /sissies)
- may identify as more than one gender (bi-gender, multi-gender, pangender);
- may identify as not having a gender or being an equal mix of male and female (androgynous),
- may have a very fluid sense of gender identity and sexual orientation (genderqueer)
- may have a gender identity that is not congruent with their natal sex, (transsexuals) and may desire or have accessed hormones, surgeries, electrolysis or other means to align their bodies with their identities (transition)

<u>Transition</u> refers to a change in the way a person presents themselves in their social environment and daily life – for example, from living as a woman to living as a man, or from unigendered to bi- or pangendered. Transition usually involves a change in physical appearance, behaviour, and identification. Not all trans people transition physically or visibly. Transition often involves losses of family, friends, social networks, and/or employment, as it necessitates coming out as trans.

<u>Transphobia</u> is the aversion to, or prejudice against, or discrimination directed toward trans people, such as the refusal to accept the individual's expression of their gender identity, violence, or denial of service due to trans status.





<u>Two-Spirit</u> is used by some First Nations people to describe themselves in a way that is closer to their cultural construct of sex/gender/sexuality than the dominant Western view. In some First Nations cultures, the term Two-Spirit can have specific meaning that is not about sexuality or gender, but rather describes the spiritual makeup of a person.





### Part 3

# Resources Available to Women Who Are Victims of Domestic Violence





#### 3.1 Services

#### 3.1.1 Specialized Services For Women

#### Community-Based Victim Services Programs (CBVS)

There are over 60 Community-Based Victim Assistance Programs in BC funded by the Ministry of Justice. These community-based programs, established in the late 1980s, provide crucial emotional support, information, referrals, justice system support and liaison services for survivors of sexual assault, violence in relationships and violence against children and youth. Programs also work to ensure that a coordinated response is in place in their community. Some specialized programs provide support to survivors of violence who have specific needs, such as adult male survivors and survivors from Aboriginal and multicultural communities.

#### Stopping the Violence (STV) Counselling Programs

There are over 90 Stopping the Violence Counselling programs in BC, funded by the Ministry of Justice. These programs provide essential counselling and support (including information, referrals and in some cases, system liaison services) for women who have experienced sexual assault, violence in relationships, and/or childhood abuse.

#### STV Outreach Programs

There are over 50 Stopping the Violence Outreach programs in BC, funded by the Ministry of Justice. These programs respond to the needs of adult women and their dependent children who have experienced or are at risk of violence. Programs support women to identify and access the services they need. They provide counselling, referral to other community services and assistance with systems such as child protection and family court. They also work to ensure that a coordinated response is in place in the community. Programs provide community education to raise awareness about the effect of violence against women and the services needed to address it. As needed, they provide local transportation, accompaniment and advocacy.





#### Multicultural Outreach Programs

There are a dozen Multicultural Outreach Services Programs in BC that support women and their dependent children from diverse cultures who have experienced, or are at risk of violence. The program services include supportive counselling for women, referrals to appropriate community services, local transportation, accompaniment and advocacy. These services are provided in up to 24 languages to ensure women are assisted by people who speak their own language and are familiar with their culture.

#### Sexual Assault/Woman Assault Centres

Sexual Assault Centres were established in BC throughout the 1970s to provide crisis intervention, hospital and police accompaniment, counselling and advocacy for women and girls dealing with sexual assault and historical child sexual abuse. While funding was cut to the 23 centres in 2003, many of these programs still exist through Community-Based Victim Assistance program funding and other fundraised resources.

#### **Transition Houses**

Provide short to long term shelter and related services to women, youth and children who have experienced or are at risk of violence.

#### Services for Children

- Children Who Witness Abuse programs provide individual and group counselling for children who have been exposed to violence in their home
- The Helpline for Children is a toll-free number that connects with a child welfare worker 24 hours a day, 7 days a week. Call 310-1234 (no area code needed) if you think that a child may be abused, neglected, or in need of protection for any other reason.
- The Kids Help Phone is a confidential, anonymous line for children who need to talk to someone about what's going on at home, at school, or anywhere else. Children can call 1-800-668-6868. For more information, you can go to ww.kidshelpphone.ca

#### Police Based Victim Assistance Programs

A police-based victim assistance program is a support service for victims that operates under the direction of a local police department. Services may include emotional support, information, referral, assistance with forms and court accompaniment. In addition to the services listed above, police-based victim service programs respond to police call-outs and provide critical incident response to victims and their family members in the immediate aftermath of crime or trauma. Victims of family and sexual violence are then referred to a local community-based victim service program (if there is one) for further support and assistance.





#### 3.1.2 Other Services For Victims

#### VictimLink BC

Victims can call VictimLink BC (1-800-563-0808) for immediate crisis support on issues relating to family and sexual violence or a referral to a community or government service such as Victim Service programs, Transition Houses or other safe shelters, Stopping the Violence Counselling programs, Stopping the Violence Outreach services, and Children Who Witness Abuse Programs. This line:

- Is toll-free anywhere in B.C. or Yukon
- Is available 24 hours a day, 7 days a week
- Provides services that are confidential and anonymous
- Is available in 130 languages, including 17 North American Aboriginal languages
- Is TTY accessible

Programs are free and are available in communities across the province. For more information on available services, visit *Domestic Violence – It's Never OK* at <a href="http://www.domesticviolencebc.ca/">http://www.domesticviolencebc.ca/</a>. For more information on women's transition houses, safe homes, and second stage housing go to <a href="https://www.bchousing.org">www.bchousing.org</a>.

#### Victim Safety Unit

This unit within the BC Ministry of Justice promotes victim safety by:

- Working with victim service programs to ensure victims are aware of and have access to safety services
- Notifying victims and civil protected parties about the status of offenders supervised by BC Corrections, either in custody or in the community
- Administering a cell phone and home alarm program for high risk victims
- Administering a Victim Travel Fund to provide travel assistance to a maximum of \$3,000 per victim to attend legal proceedings

For more information on this program, call toll-free 1-877-315-8822 or go to http://www.pssq.gov.bc.ca/victimservices/victim-safety/

#### <u>Crime Victim Assistance Program (CVAP)</u>

This program within the BC Ministry of Justice offers financial assistance to victims, their immediate family members, and witnesses dealing with the effects of violent crime to help with some of the costs and services needed to assist in recovering from or coping with the effects of crime. Benefits which may be available include:

Medical, dental and prescription drugs





- Counselling
- Protective measures
- Replacement of damaged or destroyed eyeglasses, clothing, disability aids
- Income support or lost earning capacity
- Transportation and related expenses
- Funeral expenses

For more information on CVAP call toll-free 1-866-660-3888 or go to <a href="http://www.pssg.gov.bc.ca/victimservices/financial/">http://www.pssg.gov.bc.ca/victimservices/financial/</a>

#### 3.1.3 Family Law Services

#### Legal Representation

- Legal aid provides legal representation on family law matters on a limited basis according to strict eligibility criteria. For more information, contact Legal Services Society by calling toll-free 1-866-577-2525 or go to <a href="http://www.lss.bc.ca/">http://www.lss.bc.ca/</a>
- Access Pro Bono provides limited free family law legal services throughout the province. For more information, you can go to <a href="http://accessprobono.ca/">http://accessprobono.ca/</a>
- Some services may be available in particular communities, such as for Aboriginal people on reserve

#### Legal Information and Advice

- Family LawLINE, operated by Legal Services Society (LSS), provides legal advice about family Law matters by phone in a number of different languages. Hours of operation are limited. For more information, you can go to <a href="http://www.familylaw.lss.bc.ca/help/who-telephoneAdviceLine.php">http://www.familylaw.lss.bc.ca/help/who-telephoneAdviceLine.php</a>
- Lawyer Referral Service provides a half hour of legal consultation with a lawyer for a nominal fee. For more information, you can go to http://www.cba.org/bc/initiatives/main/lawyer referral.aspx
- Legal advocates are sometimes available through community agencies. You or the woman can call 211 to try to find a legal advocate in her community.
- Clicklaw, an on-line resource operated by Court House Libraries BC, is a legal information hub that can provide information about other available family law resources such as the location of duty counsel and legal clinics. It can also provide some legal information on family law and other legal matters. For more information go to <a href="http://www.clicklaw.bc.ca/">http://www.clicklaw.bc.ca/</a>





#### Mediation

For more information about Family Court Counsellors and about Family Justice Centres and other family justice matters, you can go to <a href="http://www.familylaw.lss.bc.ca/help/who">http://www.familylaw.lss.bc.ca/help/who</a> JusticeCounsellors.php

#### 3.1.4 Health Services

HealthLinkBC is a provincial resource that provides health information and advice. Call 811 to speak with a nurse or pharmacist 24 hours a day, 7 days a week. You can go to <a href="https://www.healthlinkbc.ca">www.healthlinkbc.ca</a> for more information.

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# Part 4

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