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1.0 INTRODUCTION

This manual was originally developed in 2006 through the collaborative efforts of representatives from six family violence shelter outreach programs in Calgary and area. Since that time much has changed in both domestic violence research and in local family violence outreach programming. Outreach to individuals, couples, and families experiencing domestic violence has been expanded beyond shelter programs to include outreach workers operating from non-shelter community programs. Outreach workers now operate from Shelters, Family Resource Centers, Police detachments, Children’s Services offices, and other community organizations, with added specializations in working with families, elders, new immigrants and Aboriginal clients. While much of the original work on this manual remains the same, there are also substantial updates that reflect the new realities of working with families and take into account new research and ideas about family violence. Over the course of many months, outreach workers, managers, and funders came together to share information and expertise, and articulate standards of practice. This manual is intended as a general guide for professionals who are working in the community with individuals and families affected by family violence.

The manual was developed with two purposes in mind:

1) Outline guidelines for practice

While each outreach program is unique in its service offerings and delivery, all meet the standards of professional and ethical practice that are outlined in this manual. These practice guidelines are intended to guide our work and ensure quality, effectiveness, and continuous improvement.

2) Orient new outreach workers

The collective guidance and advice of experienced professionals outlined in this manual is intended to support new outreach workers in understanding the dynamics and demands of their role. However, outreach workers should always seek additional training and/or advice in areas where they are less experienced.

We hope the guidelines, strategies and information offered in this manual will support your work and increase your effectiveness as a Family Violence Outreach Worker.
2.0 UNDERSTANDING FAMILY VIOLENCE

An understanding of the dynamics and impact of family violence is an essential component of effective outreach. Family violence can be understood as:

... the attempt, act or intent of someone within a relationship, where the relationship is characterized by intimacy, dependency or trust, to intimidate either by threat or by the use of physical force on another person or property. Abusive behaviour can take many forms including: verbal, physical, sexual, psychological, emotional, spiritual, economic and the violation of rights.\(^1\) Abusive behaviors may include neglect, intimidation, manipulation, humiliation, isolation, coercion, blaming, inducement of fear, or infliction of pain.

Family violence can happen to anyone regardless of race, age, sexual orientation, religion, gender, socioeconomic background or education level. Family violence includes the abuse of the youngest to the most senior members of our society, in relationships including dating, cohabiting, marital, parent-child, grandparent-grandchild and caregiver and person requiring care. Family violence not only affects those who are abused but also has a substantial effect on children, family members, friends, co-workers, other witnesses and the community at large.\(^2\)

Core Principles for Family Violence Outreach

- Violence is unacceptable
- Violence is the responsibility of the perpetrator
- Victims of violence will be the primary reference point for safety planning and case planning

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\(^2\) The terms domestic violence, domestic abuse, intimate violence, and family violence are used interchangeably.
2.1 Who Is Affected by Family Violence?

According to the 2009 General Social Survey (GSS)

- Self reported spousal violence remained stable from 2004, with 6% of Canadians reporting physical or sexual assault by their spouse or ex-spouse in the previous 5 years
- 7% of females (653,000 women) and 6% of males (546,000 men) in Canada reported violence within a domestic relationship (source: 2004 General Social Survey on Victimization Statistics Canada, 2005)
- Those aged 25 to 34 years old were three times more likely than those aged 45 and older to report physical or sexual assault by their spouse
- 22% of spousal violence incidents were reported to the police, less than the 28% reported in 2004
- In addition to physical and sexual violence, 17% of Canadians also reported being the victim of emotional and financial abuse in their current or previous relationship
- People living in common-law relationships were 3 times more likely to report spousal violence than those reported to be married
- People living in blended families were 3 times more likely to report spousal violence than those living in intact families or families without children
- The rate of spousal violence reported by gays or lesbians was twice that of heterosexuals and those identifying as bi-sexual reported 4 times the rate of violence than heterosexuals.
- People who reported an ‘activity limitation’ or disability reported a 2% higher rate of spousal violence
- People who identified as Aboriginal reported spousal violence at twice the rate of non-Aboriginals
- People who identified as either visible minorities or non-visible minorities reported similar rates of spousal violence (5 and 6% respectively)
- People who identified as immigrants reported less spousal violence (4%) than non-immigrants (7%)
- Of all the provinces, Alberta and Saskatchewan have the highest rates of family violence (8%)


- People with disabilities generally are 1.5 to 2 times as likely to suffer from crime, violence, and/or abuse as their able-bodied counterparts (Sobsey, 1994). The risk of being sexually abused in institutions is 2-4 times as high as the risk for being sexually abused in the community. (Sobsey &
Mansell, 1992). But despite this increased level of vulnerability, the number of family violence related complaints involving persons with disabilities remains very low.


Family Violence in Canada in 2010:

Spousal Assault:

• 48,656 victims of police-reported spousal violence
• 81% of victims were female and 19% were male
• Note that only 17% of those men who have experienced abuse actually report it to police compared with 36% of females, highlighting the underreporting being done by male victims. (Source: family violence in Canada: a statistical profile, 2008. P. 10)

Dating Violence:

• 54,823 victims of police-reported dating violence
• 69% of victims were female and 31% were male

Children/Youth:

• 18,710 children and youth aged 17 and under were victims of police-reported family violence
• Family violence was more prevalent among female children/youth with higher rates of both physical assault (51% of victims) and sexual assault where female children/youth were four times more likely to be victimized by a family member than males and represented 81% of victims
• 25% of police-reported violence against children and youth is committed by a family member, including a parent, sibling, extended family member or spouse, while more than half (54%) of violent crimes involved other accused known to the victim (e.g. friend, acquaintance, dating partner)

Seniors:

• 2,800 seniors were victims of police-reported family violence
• The most frequent perpetrators of family violence against senior women were spouses and adult children while senior men were most often perpetrated against by their adult children
• 52% of police-reported family violence offenses were common assaults
Family Homicides in Canada in 2010:

- The spousal homicide rate was 3.5 per million spouses, which was the lowest since 1978
- 74% of victims of spousal homicide were female
- Rates were highest for partners/spouses aged 15 to 24 years, at just below 17 per million spouses
- More than half (65%) of spouses accused of homicide had a history of family violence involving the victim
- Approximately 9% of all homicides were perpetrated against children and youth; 54% of these were committed by a family member (54% by fathers and 34% by mothers)
- 50% of all family homicides perpetrated against seniors are committed by adult children
- Older female victims of family homicide were killed by their spouse (40%) or adult son (36%) and older male victims of family homicide were killed by adult sons in two thirds of the cases (this statistic taken from 2007 data as reported in Family Violence: A Statistical Profile 2009)
- Accused family members of senior homicides cited frustration (32%), and escalation of an argument (26%) as their motive and accused non-family members motivation was most often financial gain (30%)

Source: Family violence in Canada: A statistical profile, 2010

Certain segments of the population are at higher risk for intimate partner violence than others, including people who:

- Are women
- Are young (15-34); 15-24 years of age experience most violent types
- Live in a common-law relationship or blended family
- Are lesbian, gay, or bisexual
- Are 'activity limited' or disabled
- Are Aboriginal
- Have a partner who is a heavy drinker

Sources: Statistics Canada. Family Violence in Canada: A Statistical Profile

Family Violence in Canada: A Statistical Profile, 2011
Some researchers have noted that although reports of family violence cross all income and education levels, poverty is a risk factor for family violence for women (Gurr, Pajot, Nobbs, Mailleux, Archambeault 2008). However, Michael Johnson notes that “the higher rates of intimate partner violence among the poor are due primarily to situational couple violence.”


Who Accesses Shelters and Shelter Services

Results from the Transition Home Survey (THS) ‘snapshot’ day (April 16, 2008), provides a picture of who accessed these services across Canada that day:

- 4,300 women and 3,400 dependent children
- 75% accessed service because of abuse and the remaining 25% reported other issues such as housing needs or addiction issues
- 80% of the women who access shelters because of abuse were under age 45, 36% of them were 25 to 34 years of age.
- 2 out of 3 women reported their reason for fleeing was psychological abuse and just over half the women reported they were fleeing physical abuse
- 64% of women were fleeing their current partner or spouse and 12% were seeking refuge from an ex-partner/spouse
- Only 25% had reported the most recent incident of abuse to the police
- 70% of mothers fleeing abuse brought their dependent children to the shelter; 69% of the children were under the age of 10

Source: Family Violence: A Statistical Profile 2009

In Alberta, a sub-committee of representatives from eight shelters participated in a project designed to examine promising practices in a number of program areas. Client demographic data collected from those shelters over an 11 month period from 2009 to 2010 indicated that at the time of admission:

- The average age of women in shelters was 32 years old, with 30% of those 24 and under
- 58% identified as Aboriginal, Métis, First Nations or Inuit
- 9% represented other visible minority groups
- In northern Alberta there were proportionately more Aboriginal women in shelters and in Southern/Central Alberta there were proportionately more immigrant/visible minority women in shelters
- Approximately 46% of shelter users had been living with their partners
- 47% of children admitted to shelter were 3 years of age and younger; 21% were between 4 and 6 years old; 67% were pre-schoolers
- Close to 80% of women in shelters were unemployed; 77% needed financial support
- 41% had a physical health concern
- 28% had an addiction


Despite the fact that an estimated 7,500 women and their children stayed in shelters across Canada on a snapshot day in 2006 (Statistics Canada June 2007), they are believed to constitute only 10% of those who are abused at any given time (Canadian Centre for Justice Statistics June 2007).
2.2 Different Types of Family Violence

Recent research has broadened our understanding of family violence. In 1995 Johnson categorized domestic abuse into two main groups: “coercive controlling violence” (also known as patriarchal terrorism” or “intimate terrorism”), and “situational violence”. Both of these categories of domestic violence share a central feature of physical aggression or intimidation, but the origins, motivations and patterns are quite different.

“Coercive controlling violence” was identified based on research from women’s shelter populations, and is generally considered the more dangerous of the two. “Coercive controlling violence” involves a batterer who terrorizes and takes complete control of his/her partner or victim through the use of violence in combination with other control tactics such as threats and intimidation, economic control, psychological abuse, isolation, and the assertion of male privilege. The violence is usually perpetrated by a male against a female. Individuals in this category who commit acts of abuse are characterized by a need to be in charge and to control the other person (their victim) by any means necessary. The Minnesota Power and Control Wheel describes this type of abuse. (See Appendix)

“Situational violence,” in contrast, is an intermittent response to the occasional conflicts of everyday life, motivated by a need to control a specific situation. The complexities of family life produce conflicts that occasionally get out of hand – a disagreement turns into an angry argument that escalates into violence. The violence can be mild or severe, and although this violence is often an isolated incident in a relationship, some couples have a recurring pattern of such violence that is extremely dangerous. Potential causes of recurrent situational violence include chronic conflict, poor communication, substance abuse, or poor anger management skills. Although this type of violence is almost as likely to be perpetrated by women as by men, men do more serious damage and their violence is more likely to introduce fear into a relationship and to get the authorities involved.

Johnson identified two additional types of family violence, considered to be sub-categories related to the two main categories described above.

“Violent resistance” occurs when a victim of intimate terrorism fights back. This is the violence of women trying to physically resist domination by abusive men. It is often transitory because of men’s usual ability to
dominate a woman physically, and most women who resist violently soon turn to other means of coping with their abuse.

"Separation instigated violence" is a sub-category of "situational violence" in which the conflict is over the separation itself and occurs for the first time in that context. The violence is usually perpetrated by the person who is being left. Although brief, this type of violence can be extremely dangerous with high risk for homicide.


"Honour based violence" is another type of violence that may be considered a sub-category of "coercive power and control" or "patriarchal terrorism". "Honour based violence" may occur within certain ethnocultural communities. These communities have two distinct features: "they are ‘classically patriarchal’" (Sev’er 1999), and they are communal cultures, where ‘honour’ is “a collective term, referring not simply to the social behaviour of one person, but of the collective behaviour of a family. Within ‘honour’ cultures, an individual is expected to be responsible for the behaviour of other members of his or her family, tribe, community, faith, or other form of social identity grouping. This licensing of collective social control, when viewed within the context of patriarchal structures of family and marriage, creates an intense form of oppression for women.” The violence is usually perpetrated by a male relative (father, brother, uncle) against a female, often with the collusion of other family or community members, both male and female.

Source: Anatomy of Honour Based Violence http://www.stophonourkillings.com/node/3773
### Types of Family Violence

<table>
<thead>
<tr>
<th>Description</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coercive Controlling Violence – also referred to as</td>
<td>A pattern of emotionally abusive intimidation, coercion, and control coupled with physical violence against partner/victim – as described in the Power and Control Wheel (Appendix 7.1) Usually perpetrated by men against women.</td>
</tr>
<tr>
<td>Patriarchal Terrorism or Intimate Terrorism</td>
<td></td>
</tr>
<tr>
<td>Violent Resistance</td>
<td>Also described as Self Defense. In an attempt to get the violence to stop or to stand up for themselves, the individuals react violently to their partners who have a pattern of Coercive Controlling Violence.</td>
</tr>
<tr>
<td>Situational Violence</td>
<td>Does not have its basis in the dynamic of power and control. It results from situations or arguments between partners that escalate on occasion into physical violence. One or both partners appear to have poor ability to manage their conflicts or poor control of anger. For example, for some men and women the problem may be poor communication skills, impulsivity, and high levels of anger, while for others it may be alcohol abuse. The violence is usually less frequent and less severe when compared to Coercive Controlling Violence. This type of violence is initiated at similar rates by men and women and may be perpetrated by both partners. It is less likely to escalate over time and more likely to stop after separation. However, it is important to note that women are at much greater risk of injury than men.</td>
</tr>
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</table>

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### Types of Family Violence (continued)^4

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Separation-Instigated</strong></td>
<td>Violence instigated by the separation where there was no prior history of violence in the intimate partner relationships or in other settings. The violence represents an atypical and serious loss of psychological control. It is typically limited to one or two episodes which range from mild to more severe forms of violence. It is more likely to be perpetrated by the partner who is being left. This type of violence is unlikely to occur again and protection orders usually result in compliance. However, this type of violence can be extremely dangerous with high risk for homicide.</td>
</tr>
<tr>
<td><strong>Honour Based Violence^5</strong></td>
<td>A type of “patriarchal terrorism” specific to some ethno-cultural communities characterized by a communal and patriarchal culture where the violence is typically perpetrated by one or more male family members against a female. Other members of the family and/or the community, both male and female may collude with the perpetrator who is carrying out the violence. This type of violence can result in homicide.</td>
</tr>
</tbody>
</table>

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^5 Honour Based Violence is a type of violence added by the author and does not appear as part of Johnson’s work on different Types of Intimate Partner Violence.
2.3 Understanding Family Violence in an Aboriginal Context

In order to work most effectively with Aboriginal clients who are experiencing family violence, it is important for workers to understand the special context within which this violence originates. Research indicates that Aboriginal family violence and abuse:

1. is a multi-factoral social syndrome and not simply an undesirable behaviour;
2. resides within Aboriginal individuals, families and community relationships, as well as within social and political dynamics;
3. typically manifests itself as a regimen of domination that is established and enforced by one person over one or more others, through violence, fear, and a variety of abuse strategies;
4. is usually not an isolated incidence or pattern, but is most often rooted in intergenerational abuse;
5. is almost always linked to the need for healing from trauma;
6. is allowed to continue and flourish because of the presence of enabling community dynamics, which, as a general pattern, constitutes a serious breach of trust between the victims of violence and abuse and the whole community; and finally,
7. the entire syndrome has its roots in Aboriginal historical experience (including residential school), which must be adequately understood in order to be able to restore wholeness, trust and safety to the Aboriginal family and community life.


2.4 Understanding Honour Based Violence

‘Honour’ as a social concept has different meanings from society to society. Within the modern-day individualistic society of the West, ‘honour’ is synonymous with integrity, with a person’s individual actions; however, within more communal cultures, ‘honour’ is a collective term, referring not simply to the social behaviour of one person, but of the collective behaviour of a family. According to the former UN Special Rapporteur on violence against women:

“Honour is generally seen as residing in the bodies of women. Frameworks of ‘honour’, and its corollary ‘shame’, operate to control, direct and regulate women’s sexuality and freedom of movement by male members of the family. Women who fall in love, engage in extramarital relationships, seek a divorce, choose their own husbands are seen to transgress the boundaries of ‘appropriate’ (that is, socially
sanctioned) sexual behaviour. ‘Regulation’ of such behaviour may in extreme cases involve horrific direct violence – including ‘honour’ killing...In these contexts, the rights of women (and girls) to control their own lives, to liberty and freedom of expression, association, movement and bodily integrity mean very little” (Coomaraswamy 2005)

In some cases, an ‘honour’ killing may be a formal collective decision, made by a council of family members, who not only decide whether a girl or woman’s behaviour merits death, but may also plan how the murder will be committed and who will carry it out. Where this has occurred, the chances of the family ‘forgiving’ the insult to their ‘honour’ are slight, and a potential victim may need protection in perpetuity, particularly where the family can call upon an extended network of relatives, friends, and associates to assist them. Other ‘honour’ killings are less structured, but still carry the same collective pressure and the same motivation.

Some actions which are strongly linked with ‘honour’-based violence are:

- Loss of virginity outside marriage
- Pre-marital pregnancy
- Infidelity
- Having unapproved relationships – the existence of a boyfriend
- Refusing an arranged/forced marriage
- Leaving a spouse or seeking divorce
- Asking for custody of children after divorce
- Leaving the family or marital home without permission
- Inappropriate make-up or dress (as determined by the family)
- Interfaith relationships
- Kissing or intimacy in a public place
- Causing scandal or gossip in the community
- Falling victim to sexual assault

Evidence from research in the UK suggests that where murders occur, most often wives are murdered by their husbands, and daughters by their fathers. Honour Based Violence is often a child protection issue. Males can also be victims, sometimes as a consequence of their involvement in what is deemed to be an inappropriate relationship, if they are gay or if they are believed to be supporting the victim.
Relatives including females may conspire, aid, abet, or participate in the killing. Younger relatives may be selected to undertake the killing, to avoid senior family members being arrested. Sometimes contract killers are employed. Evidence shows that these types of murders are often planned and are sometimes made to look like a suicide, or an accident. There tends to be a degree of premeditation, family conspiracy, and a belief that the victim deserved to die.

Shame and therefore the risk to a victim may persist long after the incident that brought about dishonour occurred. Consider whether the victim’s partner (if new), children, associates, or their siblings are at risk. They may also suffer communal/family pressure not to assist you.

These murders are often the culmination of a series of events over a period of time. Remember, reporting is a brave step and an inappropriate response could put victims at further risk. Victims often have no experience with the Police and by getting into contact could be deemed to have brought further shame on the household. Authorities in their countries of origin may support this practice and victims may be concerned that you share this view, or that you may return them to their family. They often carry guilt about their rejection of cultural/family expectations. Their immigration status may be dependant on their spouse and it may be used to dissuade them from seeking assistance. Victims are sometimes persuaded to return to their country of origin under false pretences, when in fact the intention could be to kill them.
2.5 Understanding Patterns of Abuse

The *Power and Control Wheel* (Appendix 7.2) is a helpful tool in understanding the overall pattern of abusive and violent behaviors in *Coercive Controlling* violence. Some of the tactics individuals use to gain power and control in a relationship include:

- coercion and threats
- intimidation
- emotional abuse
- isolation
- denial and/or blame
- using the children
- economic abuse

These same control tactics are used by both male and female perpetrators.

Ethno-culturally diverse individuals are vulnerable to additional power and control tactics, such as threatening to report the person to immigration in a way that may affect her/his status, hiding important documents, isolating the person from those who speak his/her language, not allowing the person access to ESL classes, lying to the person’s family in the home country and here about the person’s behaviour, threatening to report the person’s “under the table”/illegal work, threatening to take the person’s children out of the country, etc.

While the types of abuse tactics described above are less visible and more difficult to identify than physical abuse, they’re important to understand because they are part of a pattern of behaviors that help to establish control. In “coercive controlling violence,” one or more of these types of abuse almost always precede and/or accompany physical violence.
Emotional Abuse

The Public Health Agency of Canada describes emotionally abusive tactics (which includes psychological and verbal tactics) as follows:

- **Rejecting** – refusing to acknowledge a person’s presence, value or worth; communicating to a person that she or he is useless or inferior; devaluing her or his thoughts and feelings.

- **Degrading** – insulting, ridiculing, name calling, imitating and infantilizing, and behaviour which diminishes the identity, dignity, and self-worth of the person. Examples include yelling, swearing, publicly humiliating or labelling a person as stupid; mimicking a person’s disability; treating a senior as if she or he cannot make decisions.

- **Terrorizing or Intimidating** – inducing terror or extreme fear in a person; coercing by intimidation; placing or threatening to place a person in an unfit or dangerous environment; physically hurting or killing a person or pets the victim cares about; threatening to destroy the victim’s possessions; threatening to have a person deported or put in an institution; stalking.

- **Isolating** – physically confining; restricting normal contact with others; limiting freedom within the victim’s environment. Examples include: keeping a senior from participating in decisions about her or his own life; locking a child in a closet or room alone; refusing a partner or a senior access to her or his own money and financial affairs; withholding contact with grandchildren; depriving a person of mobility aids or transportation.

- **Corrupting and Exploiting** – socializing a person into accepting ideas or behaviour that are inconsistent with legal standards; using a person for advantage or profit; training a child to serve the interests of the abuser and not of the child. Examples include: child sexual abuse; permitting a child to use alcohol or drugs; enticing a person into the sex trade.

- **Denying Emotional Responsiveness** – failing to provide care in a sensitive and responsive manner; being detached and uninvolved; interacting only when necessary; ignoring a person’s mental health needs. Examples include: ignoring a child’s attempt to interact; failing to show affection, caring, or love for a child; treating a senior who lives in an institution as though she or he is an object or a burden.

- **Stalking** – creates psychological harm such as fear and loss of control over the victim’s life. It may be a precursor to subsequent violent acts.


**Sexual Abuse**

Abusers will sometimes use sexual acts or words to control and humiliate their victims. This form of abuse is psychologically harmful and may be physically harmful. Examples include:

- Using sex and/or derogatory names to humiliate
- Unwanted sexual touching
- Forced/unwanted sex
- Forcing sex with objects, other people, animals
- Physical attacks on breasts or genitals
- Unsafe sexual behaviour (unprotected sex, not allowing birth control, intentional exposure to STIs)
- Humiliating, painful, degrading sex
- Sex after physical assault
- Denying the person’s sexuality


In Alberta, “a child is sexually abused if the child is inappropriately exposed or subjected to sexual contact, activity or behaviour including prostitution related activities”


Individuals with disabilities may experience sexual abuse that can include denial of the person’s sexuality or denial of information, forced abortion or sterilization, violating the individual’s space and privacy during routines such as inappropriately watching or touching the person during bathing, dressing, or toileting.

Source: Alberta Council of Women’s Shelters. *Women with Disabilities and Violence.*

**Economic/ Financial Abuse**

Economic/ financial abuse is a way of controlling a person by withholding money or other resources that may be needed for the welfare of self or children. Examples of economic abuse include:

- Preventing the person from getting or keeping a job
- Withholding financial information/money
- Not allowing the person to spend available funds on self and/or children

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- Controlling access to the family vehicle
- Spending the grocery or rent money in inappropriate ways (e.g., gambling, drinking, non-essential items)
- Doling out money a bit at a time so that the victim is constantly having to ask for money and account for it
- Using immigration sponsorship as a control issue
- Forcing someone to sign over or give their paycheques, signing authority, property, or possessions
- Misusing a power of attorney
- Fraud, embezzlement or theft (particularly with seniors)

Physical Abuse

Physical abuse is when one partner uses physical force and injury to control or dominate a partner or resolve a conflict. In “Coercive Controlling Violence,” physical abuse is always accompanied by psychological abuse. Examples include:

- Throwing things, breaking things, hitting walls
- Slapping, pushing, hitting, punching
- Kicking, choking (strangulation), pulling hair, biting
- Physically restraining or holding a person against their will
- Locking out of the house
- Abandoning in an unsafe place
- Using weapons or objects to intimidate or hurt the person


For elders and individuals with disabilities or mobility restrictions physical abuse can include:

- Rough or inappropriate handling
- Inappropriate personal or medical care
- Overuse of restraints
- Confinement
- Being forced to eat at a pace beyond the individual’s ability and comfort
- Leaving the individual in soiled clothes/bed sheets

Source: Alberta Council of Women’s Shelters. Women with Disabilities and Violence
Strangulation

Note that strangulation is one of the most lethal forms of domestic violence. More than two thirds of victims are strangled at least once, with an average 5.3 times per victim (Chrisler & Ferguson, 2006). When perpetrators use strangulation to silence their victims, this is a form of power and control. This form of power and control has a devastating psychological effect on victims, with a potentially fatal outcome. Ten percent of violent deaths in the U.S. each year are due to strangulation. Victims may have no visible injuries whatsoever, with only transient symptoms – yet because of underlying brain damage from lack of oxygen and blood flow to and from the brain during the strangling, victims have died up to several weeks later. The cartilage and bones in the throat can break or collapse instantly under pressure. The victim is at risk of dying within hours or days if these structures are damaged. If your client has experienced a recent strangulation, make sure to refer them for a medical assessment as quickly as possible.


Medication Abuse

This type of abuse is common with victims who are elderly or those who have disabilities.

- Not allowing medical care
- Not allowing access to prescription medicine or over-medicating the victim

Religious or Spiritual Abuse

While this form of abuse often refers to exploitation and manipulation by religious leaders, it also occurs in family settings and intimate partner relationships where religion or spirituality can become another means of exerting power and control. Examples include:

- Destroying scriptures or religious articles
- Using scriptures selectively to control or manipulate
- Forcing the person to accept spiritual beliefs or engage in spiritual practices
- Attempting to stop the person from practicing or participating in spiritual practices

Neglect

This is a form of abuse directed at those who are dependent upon others for personal care, such as seniors, persons with disabilities/illnesses, and children. Neglect includes withholding medication or food, and not assisting with matters of hygiene or other basic daily needs.

- Active neglect is the intentional withholding of clothing, food, personal or health care, or leaving the dependent person in an unsafe place or in isolation.
- Passive neglect occurs when the caregiver unintentionally does not provide necessities because of lack of information, skill, or interest. Passive neglect can include self-neglect, which is not a lifelong pattern, but rather reflects a change in cognition, or a change in the individual’s behaviour from previous experience.


Violence Against Males

Although police-reported family violence is more often perpetrated by males against female victims (81% of cases), there are still a substantial number of males who experience abuse perpetrated by their female partners (19% of cases). Working with males as victims and females as perpetrators is a relatively new area of practice. It is however an important area to be aware of and alert to. Abuse of males by their female partners happens in the same way as other types of family violence, when the partner uses emotional, physical, sexual or intimidation tactics (as described above) to control the victim, get their own way and prevent the victim from leaving the relationship. The cycle of abuse proceeds in the same way as in other family violence situations. The victim is always adapting their behaviour to do what their partner wants, in the hopes of preventing further abuse, and may resist attempts by the perpetrator to control them. In turn, the perpetrator takes additional steps to regain control over their partner.

Research into violence against males found that much of the abuse that male victims were experiencing was psychological rather than physical. However, several of the men in that study also stated that they found the emotional abuse worse. Source: Husband Abuse: An overview of research and perspectives Tutty, 1999

Keep in mind that abuse in intimate relationships is not typically an isolated incident. Abuse happens over time. Typically, if abuse is allowed to continue, it becomes more frequent and more severe. Abuse is always a choice. Whatever people’s background or experience, they must take responsibility for their actions.
2.6 Impact of Abuse

In addition to the physical harm inflicted by abuse, the emotional impact of living with family violence can have a significant impact on the physical and mental health of adults who are directly victimized, as well as children who are directly victimized or exposed to violence. Many studies have shown that adult victims of family violence are more likely to experience:

- Frequent stomach aches or headaches
- Low self-esteem
- Insomnia
- Anxiety/nervousness
- Depression
- Thoughts of self-harm or suicide
- Post-traumatic stress disorder
- Substance abuse
- Eating disorders
- Isolation from family and friends
- Loss of trust in others
- Loss of sense of self
- Poverty and homelessness
- Stress that negatively impacts parenting

Evidence suggests that exposure to family violence may indirectly increase risk for a variety of diseases, including heart disease, high blood pressure, sleep disorders, lung and liver disease, lupus, irritable bowel syndrome, and fibromyalgia. Family violence can also lead to complications in pregnancy and childbirth.


2.7 Impact on Children

“Children are often called “witnesses” to domestic violence. This term implies a passive role—but children living with conflict and abuse will actively interpret, predict, assess their roles in causing a “fight,” worry about the consequences, engage in problem solving, and/or take measures to protect themselves or siblings, both physically and emotionally” (p.8).


Children are very resilient. However, being exposed to family violence or directly being victimized by a parent or caregiver can negatively affect their social, emotional, psychological and/or cognitive development. While living with family violence, children may experience many of the following emotions: fear, distress, anxiety, self-blame, guilt, anger, grief, confusion, worry, embarrassment, and hope for rescue (Baker & Cunningham, 2007). They are also exposed to beliefs and behaviours that may teach them that:

- violence and threats get you what you want
- victims are to blame for violence
- when people hurt others, they do not get in trouble
- women are weak, helpless, incompetent, stupid, or violent
- anger causes violence or drinking causes violence
- people who love you can also hurt you
- anger should be suppressed because it can get out of control
- unhealthy, unequal relationships are normal or to be expected
- men are in charge and get to control women's lives
- women don't have the right to be treated with respect

Without intervention, children are at risk to perpetuate these dynamics in their relationships in childhood and adolescence and continuing on into adulthood.

Whether children are exposed to family violence or are the direct victims of it, impacts can include:

- Nightmares, bedwetting, intestinal problems
- Irritability, nervousness, anxiety, insecurity
- Depression, low self-esteem, suicidal thoughts
- Separation anxiety, fear of being abandoned, inability to trust
- Isolation and lack of social skills
- Changes in typical behaviours and attitudes, such as withdrawal from friends and usual activities previously enjoyed
- Cognitive problems, such as significant decreases in school performance, difficulties concentrating, decrease in attention span
- Behavioural problems, such as running away from home, eating disorders, substance abuse, using violence as a means of control or to solve problems and conflicts, criminal activities
- Children sometimes assume the parental role of other siblings or even their parents


**Brain Development and Family Violence**

Over the past two decades or so, research has been conducted to explore the effects of family violence on the developing brains of children. The Child Trauma Academy has spearheaded much of this research. The organization has taken a leadership role in educating professionals and community members about these impacts as well as potential interventions to address the damage done to children by abuse and neglect. Outreach workers are encouraged to obtain more information about this issue at [www.childtrauma.org](http://www.childtrauma.org).

In "Family Violence: It's Your Business" (Government of Alberta) the following points are made:

- Exposure to domestic violence during the early years affects a child’s brain development, as well as every developmental process the child experiences. This occurs even when the child is not consciously aware of violence in the home
- Eighty-five per cent of a child’s core brain structures are developed by the time the child is three years old. This development will lay the foundation for every level of development in the child’s life, including the ability to form emotionally healthy relationships
- Exposure to family violence is linked to compromised brain development and lower IQ measures

Children use many strategies to cope with the violence. Some strategies may be helpful but some can be unhealthy or harmful to the child, immediately or over time. Strategies include:

- Mental blocking or disconnecting emotionally
- Making it better through fantasy
- Physical avoidance
- Looking for love and acceptance in all the wrong places
- Taking charge through caretaking
- Reaching out for help
- Crying out for help
- Redirecting emotions into positive activities
- Trying to predict, explain, prevent, or control the abusive person's behaviour


### 2.8 Why Individuals Stay in Abusive Relationships

There are a number of factors that may influence a person's decision to stay in an abusive relationship:

- **Financial dependency**—unsure of how she/he will support their self or the children or worried about their future financial security
- **Pressure to keep the family together**—often by family for religious or cultural reasons, or for the sake of the children
- **Optimism**—things will change and improve, it won't happen again (also called “fantasy of change”). The victim still has hope for the relationship.
- **Denial**—the situation could be worse or is not really abnormal to the person (particularly if the person was raised in an abusive household where it was considered acceptable and normal)
- **Role responsibility**—many people believe it is the wife's responsibility to keep the home in proper order and the marriage together. She may feel she has failed to meet her husband’s needs. Males may feel they have failed as a lover and partner, or may feel guilty about leaving their partner. Either victim may feel somehow that they deserve the abuse.
• **Identity**—a person may feel their life is not whole without a partner. Males may feel panicked that they will lose their male identify if people find out they are being abused.

• **Loyalty**—many individuals do not wish the relationship to end, only for the violence to stop. They may feel confused because sometimes their partner acts loving and kind. They may be frustrated and sad because they have tried everything to please their partner.

• **Fear of partner’s suicide**—partner has threatened to kill him/herself if the partner leaves

• **Fear for safety**—lack of safe places to stay, especially if the perpetrator has threatened to harm or kill the victim, the children, any pets, or those who try to help them

• **Depressed, humiliated, embarrassed, afraid to tell anyone**

A special note on male victims of family violence:

The factors that influence a person’s decision to stay in an abusive relationship (as described above) are similar for both female and male victims. However male victims may be particularly uncomfortable reporting the abuse due to society’s attitudes toward males and family violence. In addition, some professionals may not take a male’s claims of abuse seriously.

**A male victim with children** may stay in the relationship because:

• He doesn’t want to lose access to his children

• He doesn’t want to leave the children with his abusive partner

• He may not trust the courts to handle child custody fairly

• He doesn’t want to be the one that “breaks up” the family

Source: Men Abused by Women in Intimate Relationships, Government of Alberta

http://www.child.alberta.ca/home/documents/familyviolence/doc_opfvb_booklet_men_colour.pdf

For ethno-culturally diverse individuals, these additional factors may be important:

• **Shame and stigmatization**—concern for image and belonging within the community

• **Language barriers**—person is unable to express themselves to service providers or seek help

• **Deportation threats**—person is unaware of their own immigration status and believes they will be deported if the perpetrator is their sponsor
For individuals in same-sex relationships, these additional factors may be important:

- **Shame and stigmatization**—concern for image and belonging within gay/lesbian community
- **Fear**—may have to “out” themselves and may be fearful of homophobic reactions from family and friends


For individuals who are disabled, there may be particular barriers to getting assistance.

- **Loss of Essential Personal Care**—a person with a disability may be more dependent on the perpetrator of abuse for affection, communication, and financial, physical, and medical support. The victim may fear that she/he will lose essential services such as personal care, transportation, and homemaking, if they talk about the abuse in the relationship. The victims may fear living in poverty and loss of housing

- **Fear of System Repercussions**—the person with a disability may fear institutionalization or loss of their children

- **Communication and Perceived Credibility Issues**—some individuals with disabilities fear that police will not give credibility to their concerns, particularly if the individual has a developmental disability, are non-verbal or have severe communication difficulties, such as a person with cerebral palsy

- **Lack of Options**—the person with a disability may not have a means of physically leaving the home because of lack of accessible transportation or lack of mobility. Many individuals feel there are a lack of options for them and therefore feel powerless to do anything about their situation

Source: *Alberta Council of Women’s Shelters. Women with Disabilities and Violence.*

**Acknowledging Resistance and Resilience**

While the consequences can be severe, it is important to understand that exposure to family violence does not predestine individuals to negative outcomes and life-long ill health. It is also critical to recognize the resistance, resilience, and positive coping strategies demonstrated by many victims of family violence.
“Considerable research has documented the traumas and negative consequences for [individuals] who live with abusive partners. We are at risk of perceiving [these individuals] as ‘helpless’ victims—not seeing their strengths and coping abilities to both endure abuse and, ultimately, decide to leave. Acknowledging their resilience and finding ways to support their strengths are critical aspects of intervention.”

Source: Government of Alberta.

2.9 Family Violence and the Link to Social Inclusion

Research indicates that “social exclusion” is influenced by many aspects of a person’s life, including, though not limited to, poverty and income, unemployment, housing and environment, disability and chronic illness, crime, and discrimination. Other vulnerabilities may include age, education, literacy level, poor health, and isolation. Some researchers believe that the root cause of social exclusion is, in fact, inequality: the inequalities of power, status, and resources. Individuals experiencing family violence may already be part of a vulnerable or marginalized group, and may become even further isolated as a direct result of the abuse and its impact on their personal wellbeing (e.g. health, self esteem), their situational wellbeing (e.g. economic, housing, resources), and their social wellbeing (e.g. disconnection from friends, family, home, community). Social isolation affects not only the adult victim of family violence, but the children who witness the violence as well. Children may be directly impacted in a number of ways, including the disruption to their own lives and social networks as they move or change schools. Aboriginal persons in Canada are often particularly vulnerable to “social exclusion” due to the systemic and historic discrimination and mistreatment of this group, and their over-representation in family violence situations.

Social inclusion is improved when clients are safe and free from abuse, when their basic income, housing, and other situational needs are being met, when they are connected to the community resources that help increase self reliance, when they are able to make positive choices for themselves and their children, and when they have opportunities to build positive social support networks in their lives.

The Importance of Social Supports

Social isolation is a risk factor for abuse, a mechanism of abuse, and an outcome of abuse. Domestic Violence research indicates that both tangible aid (practical supports) and emotional support are strongly associated with positive mental health outcomes including lower levels of depression, anxiety, and PTSD
(Thompson et al., 2000; Coker et al., 2002). The research also speaks to the importance of positive social ties for families as a protective factor against vulnerabilities, including abuse. Victims of family violence report many benefits from participation in support or therapeutic group programs for abuse victims; benefits that include the development of positive social ties and an increase in mental and emotional well-being. In addition to support groups, the following examples of social connection are noted as preventative or protective factors for vulnerable families with or without experiences of family violence:

- Connection to positive role models for parenting and positive parenting education
- Connection to/active involvement of parents in schools
- Connection of parents and children to school and community based supplemental support and education programs


Supporting Clients Experiencing Family Violence

The literature identifies four types of social support that mirror some of the key functions for Family Violence Outreach Workers.

<table>
<thead>
<tr>
<th>Types of Social Support</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instrumental</td>
<td>Financial, housing, transportation, child care</td>
</tr>
<tr>
<td>Informational</td>
<td>Resources, programs, activities, options available; Increased understanding of the issue (e.g. cycle of violence); Information on specific skills (e.g. problem solving, decision making)</td>
</tr>
<tr>
<td>Emotional</td>
<td>Empathy, concern, love, trust and caring</td>
</tr>
<tr>
<td>Appraisal</td>
<td>Affirmation or feedback; Reassurance and support for personal decisions</td>
</tr>
</tbody>
</table>

2.10 Coordinated Community Response to Family Violence

Family violence requires a coordinated, community response, with formal and informal systems working together as partners to promote safety, healing, accountability, and justice. Below is a list of agencies that you might consider partnering with as you work to support victims of family violence.

<table>
<thead>
<tr>
<th>Potential Partners in a Coordinated Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Police</td>
</tr>
<tr>
<td>Victim’s Services</td>
</tr>
<tr>
<td>Legal Aid</td>
</tr>
<tr>
<td>Criminal Court</td>
</tr>
<tr>
<td>Crown Attorney</td>
</tr>
<tr>
<td>Justice of the Peace</td>
</tr>
<tr>
<td>Probation and Parole</td>
</tr>
<tr>
<td>Child and Family Services</td>
</tr>
<tr>
<td>Women’s Services</td>
</tr>
<tr>
<td>Men’s Programs</td>
</tr>
<tr>
<td>Children’s Mental Health</td>
</tr>
<tr>
<td>Adult Mental Health</td>
</tr>
<tr>
<td>Supervised Access Centers</td>
</tr>
<tr>
<td>Immigrant Services</td>
</tr>
<tr>
<td>Aboriginal Services</td>
</tr>
<tr>
<td>Public Housing Programs</td>
</tr>
<tr>
<td>Human Resources and Employment</td>
</tr>
<tr>
<td>Addictions Services</td>
</tr>
<tr>
<td>School based programs</td>
</tr>
<tr>
<td>SPCA/animal shelters/veterinarians</td>
</tr>
<tr>
<td>Health Care Service Providers</td>
</tr>
<tr>
<td>Sexual Assault Centers</td>
</tr>
<tr>
<td>Community Support Services</td>
</tr>
<tr>
<td>Clergy</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

http://www.acws.ca/news/data/upimages/ACWS_protocol_final_draft_June.doc
Additions to this list made in 2011.
3.0 PURPOSE OF FAMILY VIOLENCE OUTREACH

The goal of outreach services is:

1) **Engagement**: Engage individuals experiencing family violence in a professional relationship built on understanding and trust

2) **Assessment**: Identify needs of persons experiencing family violence, and link them to available community resources

3) **Build Awareness/Understanding**: Increase knowledge and understanding about the impact of family violence and the cycle of abuse

4) **Community Resources**: Provide, connect to and/or coordinate resources required by persons affected by family violence

5) **Capacity Building**: Build capacity in individuals (including children), couples, and families to live in the community free from family violence

6) **Advocacy**: Advocate for services on behalf of persons affected by family violence

Family violence outreach services and approach may vary depending on the organization or service provider’s mission and the program’s specific service goals, as well as the context for the work (e.g. Shelter, police detachment, community resource centre, Children’s services organization, partnership approach, etc.). The following are some examples of how family outreach services are provided to individuals and families:

- **Overflow**
  Outreach services provided to individuals and families who want to access an emergency shelter but are unable to because shelters are full. These services focus on securing immediate safety, crisis support, and housing

- **Follow-up**
  Follow-up outreach services are an extension of residential services, and are provided to women and their children at the end of their stay in a short or long-term shelter. Services often focus on instrumental support such as accessing housing, furniture, basic needs, support to engage with
employment or school, emotional support and encouragement, and building social support networks and community inclusion

- **Community Outreach**
  Community outreach services are provided to people who have experienced family violence but who may not choose to access a shelter. Outreach workers report that clients may seek support over an extended period of time (e.g. 6 months) in the community before making a decision to leave the abusive situation. Additional support may be required as the client transitions to being on their own after leaving the abusive situation. Other individuals experiencing “situational violence” may not wish to leave the relationship but may prefer to seek counselling or other supports in an effort to improve family relationships

- **Community Education and Prevention**
  Outreach programs also include community education and prevention activities such as workshops, information sessions, networking, and collaboration

### 3.1 Outcomes

Family violence outreach work is intended to support individuals and families in achieving an increased ability to live a full and harmonious life in the community by impacting several key areas:

- Safety
- Basic Needs
- Community Resources
- Personal Growth
- Awareness/Knowledge
- Social Support Networks

Short-term and medium-term outcomes in each of these key areas are outlined in the table below. (For more information, see the *Logic Model* in the Appendix).
<table>
<thead>
<tr>
<th>Area</th>
<th>Short-Term Outcomes (Direct result of program interventions)</th>
<th>Medium-term Outcomes (Influenced by program interventions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety</td>
<td>Clients have developed a safety plan for themselves and their children.</td>
<td>Clients are more aware and knowledgeable about how to be safe.</td>
</tr>
<tr>
<td>Basic Needs</td>
<td>Clients identify their basic needs and are assisted to meet them.</td>
<td>Clients are more connected with community resources that help increase self reliance.</td>
</tr>
<tr>
<td>Community Resources</td>
<td>Clients gain knowledge about available community resources related to their needs.</td>
<td></td>
</tr>
<tr>
<td>Personal Growth</td>
<td>Clients have an increased awareness of their personal strengths and needs.</td>
<td>Clients have the ability to make positive choices for themselves and their children.</td>
</tr>
<tr>
<td>Awareness and knowledge</td>
<td>Clients have an increased understanding of the dynamics of family violence.</td>
<td>Clients have an increased ability to reduce abuse in their lives and the lives of their children.</td>
</tr>
<tr>
<td></td>
<td>(i.e. types of abuse, cycle of abuse, effects/impact)</td>
<td></td>
</tr>
<tr>
<td>Social Support Networks</td>
<td>Client can identify some existing social ties that provide social support when needed.</td>
<td>Clients have a stronger, healthier social support network.</td>
</tr>
</tbody>
</table>
4.0 CORE FUNCTIONS AND COMPETENCIES

Outreach counsellors provide information, support, advocacy, and referral services to families in the community impacted by family violence. Key activities include:

- Client Engagement
- Risk Assessment and Safety Planning
- Assessment of Situational Needs
- Assessment of Social Support Networks
- Case Management
- Addressing Basic Needs
- Advocacy and Referrals
- Individual, Family, and Group Informal Counselling
- Court Support
- Education and Prevention
- Networking and Case Consultation

Each of these activities is discussed briefly below.

Case Management

As an outreach worker, you are a connector, linking clients with community resources and coordinating services. This is an important aspect of case management, and includes the following activities:

- Assessing your client’s strengths, challenges, and needs
- Co-developing goals and a service plan with the client
- Advocating on behalf of the client and consulting with other service providers (with client consent)
- Data collection and evaluation
- Follow up
Risk Assessment and Safety Planning

One of the central tasks of a family violence outreach counsellor is to encourage steps towards increased safety and well-being. Risk assessment and safety planning involves assisting your client in thinking through probable scenarios, and identifying concrete actions that can be taken in advance to help increase safety and minimize harm (See Developing a Safety Plan, p. x). Specific attention should be paid to planning for the children’s safety with the client and possibly with the child (depending on their age). In cases of “situational violence” where you are planning to work with both individuals involved in the violence, the outreach worker can facilitate the development of a “responsibility plan” with the identified perpetrator (see Section 5 – Working with Clients).

Basic Needs

Some of your clients will have difficulties meeting basic needs, including: housing, food, clothing, and transportation. You may be able to address immediate needs through shelter resources (e.g., food hampers, bus tickets, clothing) or other community programs. You can also advocate on your client’s behalf and help to connect the client with community services and supports.

Advocacy and Supported Referrals

A large part of your work centres on making referrals. The concept of “supported referrals” goes beyond offering clients the name and number of a particular service. Providing supported referrals often involves one or more of the following:

- Helping clients make initial contact with a community resource
- Setting up appointments on their behalf
- Encouraging/empowering clients to make their own appointments or, where necessary,
- Assisting clients in filling out forms
- Accompanying clients to appointments (e.g., going to court with them)

(See Making Referrals 5.9)

Informal Counselling (Individual, Family, and Group)

While family violence outreach workers do not offer therapeutic counselling, they do offer informal support for coping with trauma, restoring self-esteem, and taking steps towards increased safety and well-being. As an outreach worker, you can:
- Ask questions
- Listen and offer encouragement
- Validate your client’s experience
- Identify issues
- Identify strengths
- Nurture problem-solving and coping skills
- Assist in identifying goals
- Identify and celebrate successes

Some outreach workers also work with groups. These may include drop-in support groups, healing circles, psycho-educational sessions, parenting groups, and recreational events. Group work can help to increase social supports for the individual and/or family. The Healing Circle is a particularly powerful and effective approach to working with Aboriginal clients.

**Early Intervention, Education and Prevention**

Outreach work provides opportunities for individual or group learning and development in several areas, including:

- Understanding the cycle of violence and types of abuse
- Setting boundaries
- Problem solving
- Budgeting, financial literacy
- Life skills
- Parenting skills
- Understanding Canadian culture and rights

In cases of “situational violence” prevention, education may also include: helping the perpetrator acknowledge and take responsibility for their actions, identify triggers, and develop alternative responses that help to avoid violence in the future.

Some outreach programs also include public education and prevention components. In these instances, outreach counsellors offer workshops or information to community groups such as schools, town councils, politicians, churches, and professionals.
Building Social Connections and Support Networks

Social support networks may be weak or disrupted in family violence situations. It is important to make a careful assessment of the existing social support available to the family and to what extent this support might be helpful in meeting identified needs. In many cases, intentional work may need to be done to help clients build healthy social ties and social networks. The outreach worker can assist with assessment, planning, and connecting clients to supportive services and activities within the community, as well as to more specialized peer support or parenting groups. It is in the “emphasis on mobilizing the social environment to meet people’s psychosocial needs that support interventions differ from other clinical and community interventions” (Cohen p. 196).

Networking and Case Consultation

In order to offer a coordinated community response, outreach workers need to actively network. Part of your time will be spent connecting with other outreach programs and service providers to learn about the resources and opportunities available in the community.

4.1 Required Competencies, Knowledge, and Skills

Each outreach program will have specific requirements around the level of training, knowledge, and experience they expect of their employees. At a minimum, however, the following competencies and skills are essential to your work:

- Knowledge of domestic violence issues
- Knowledge and skills in crisis management and supportive counselling
- Creative problem solving
- Good communication and interpersonal skills
- Good organizational and multi-tasking abilities
- Assessment skills
- Case planning, report writing skills
- Ability to work with all members of a family
- Knowledge of community resources
- Cultural competency, cultural diversity training
- Ability to work independently and as part of a team
- Current CPR and First Aid Certification
- Danger Assessment Certification
- Suicide Intervention training (ASIST)
- Basic knowledge of legal remedies (e.g. RO, EPO, Parenting Orders, etc.)
- Valid driver’s license and reliable vehicle

4.2 Ongoing Training

Your organization will likely have a budget for professional development courses. Family Violence Outreach Workers are encouraged to pursue ongoing training and skills development, especially in the following areas:

- ASIST (Applied Suicide Intervention Skills Training)
- First Aid
- CPR
- Legal issues, court system
- Children’s Services mandates and procedures
- Child custody
- Cultural competency, cultural diversity training
- The Awo Taan Self Assessment Wheel© training (for Aboriginal assessment and goal planning)
- Drug and Alcohol Addictions
- Self-care (coping with vicarious trauma)
- Crisis intervention
- Parenting skills
- Communication skills
- Counselling skills
- Worker safety training

4.3 Self-Care

Anti-violence work is very challenging. The cumulative effect of working with individuals who have experienced trauma can affect one’s sense of identity, world view, psychological needs, beliefs, and memory systems. The term that is often used to describe these impacts is vicarious trauma (also known as compassion fatigue and secondary trauma). Heath Canada’s Guidebook on *Vicarious Trauma: Recommended Solutions for Anti-Violence Workers* describes it this way:
“The effects of vicarious trauma are cumulative and build upon memories obtained through listening to the stories of one inhumane act of cruelty after another. This creates a permanent, subtle or marked change in the personal, political, spiritual and professional outlook of the counsellor or advocate. Vicarious trauma has a life-changing effect on individuals, ultimately affecting their view of the world and their relationships and connections to families, friends and community. Understanding and working with the trauma is both an individual and organizational challenge.”

Vicarious trauma is different from burnout. Burnout is related to stress and fatigue, whereas vicarious trauma is the cumulative effect of hearing traumatic stories of abuse. Continued exposure can result in heightened feelings of vulnerability, an extreme sense of helplessness and/or exaggerated sense of loss of control, chronic bitterness, cynicism, and alienation. Sometimes workers take on behaviors and attitudes that parallel those of individuals impacted by trauma— isolation, disconnection, and mistrust.

The following are some warning signs of vicarious traumatization:

- No time or energy for oneself
- Disconnection from loved ones
- Social withdrawal
- Increased sensitivity to violence
- Cynicism
- Generalized despair and hopelessness
- Nightmares

It is important that you are aware of the signs and take preventive steps to maintain your emotional and psychological health. The following are self-care suggestions that have worked well for other outreach workers:

- Establish a ritual for leaving the emotions that arise at work
- Debrief with a co-worker or supervisor before the end of the day
- Establish a routine at home that results in a transition from work to home—listening to music, lighting a candle, having a warm bath, having a snack, talking with a friend or family member, writing in a journal
- Take care of your physical health—eat well, exercise, get massages, get enough sleep
- Stay in contact with important people in your life
- Seek out/remain engaged in activities you find fun/joyful


For more information about vicarious trauma and suggestions for self-care, see *Guidebook on Vicarious Trauma: Recommended Solutions for Anti-Violence Workers*. This book can be ordered from the Public Health Agency of Canada free of charge, or downloaded from the internet at [http://www.mollydragiewicz.com/VTguidebook.pdf](http://www.mollydragiewicz.com/VTguidebook.pdf)

### 4.4 Safety Guidelines for Working Alone

You will be working alone most of the time, and some of your work will involve home visits, so it is very important that you know how to keep yourself safe. Ask for a copy of your organization’s working alone policy, and be sure that you are familiar with it.⁶

The following guidelines will help you develop good habits and instincts for keeping yourself safe.

**General Guidelines**

- Be vigilant and aware of your surroundings at all times
- Carry a fully charged cell phone at all times. Have 911 on speed dial
- Leave a list of the day’s scheduled appointments with your supervisor or colleagues
- Maintain regular contact with the office throughout the day
- Phone a designated person before each home visit. Let them know the address of the home you are visiting and the time you expect to be finished. Call to check in with them again when you have completed the visit
- Call your client an hour before the visit to confirm the appointment and ensure that the circumstances have not changed
- Wear comfortable and appropriate clothing (e.g., avoid wearing scarves, wear shoes you can move quickly in)

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⁶ Any agency that employs outreach workers is required to have a working alone policy. For more information on Working Alone requirements, contact Alberta Human Resources and Employment at 1-866-415-8590.
- Arrange for visits in public places anytime you have safety concerns (e.g., the shelter, coffee shops, community resource centres, malls) or conduct the session by phone
- Have a co-worker accompany you if you have safety concerns
- Have a code word that you can use to indicate danger

Before the Visit

When scheduling a visit, be sure to gather enough information to be able to assess whether or not you are comfortable meeting in the client’s home. Before the visit, find out:

- The history of violence
- Nature of relationship, living arrangements
- Whether anyone else will be present
- The predictability of the abuser (Is he likely to arrive home unexpectedly? Are there drug and alcohol issues? Are there any mental health issues? Has a Restraining Order been issued?)
- Any safety concerns regarding pets, weapons, second-hand smoke, mental health issues, addictions

TRUST YOUR INSTINCTS. If you have any safety concerns, arrange to meet your client at a public location.

During the Visit

As you approach the site of a home visit:

- Look for anything that might indicate that the situation is unsafe (e.g., unexpected vehicle in the driveway; all of the curtains and/or blinds shut)

7 For example, one shelter uses the word “Lethbridge”. If an outreach counsellor is in danger, she is to let the aggressor know that someone at the office is expecting her to call in. When she calls, she says that her next appointment is in Lethbridge (an area the shelter does not service) and the office contact knows to call the police.
8 If the client has said she will be alone and you can see that another person is present when you are approaching the client (e.g., if you are meeting in a coffee shop), it is best to walk away. This protects your own safety as well as that of the client, who may be being monitored by the abuser or someone with allegiances to the abuser.
9 These guidelines have been written for home visits, but the same general principles apply for community visits (e.g., coffee shops, malls). Be aware of your surroundings, watch for signs that something is wrong, and map an escape route in advance.
- Listen briefly at the door before knocking
- Knock on the door and stand to one side

Once inside the house:
- Make a mental note of all exits
- Keep car keys within reach
- Do a quick check for behavioural indicators that might suggest that the situation is unsafe
- Ensure your access to the door is not obstructed (e.g., Position yourself so that no one is between you and the door)
- Always have an escape route planned

**TRUST YOUR INSTINCTS.** If you feel unsafe at any time during this process, leave and arrange to meet at a public location next time.

If your safety becomes threatened:
- Leave immediately
- If someone tries to prevent you from leaving, try to remain calm. Do whatever you can to de-escalate the situation. Talk quietly and explain that you are expected back at the office.

The following de-escalation techniques are suggested:
- Appear calm, centered, and self-assured even if you don’t feel it
- Use a modulated, low, monotonous tone of voice
- Do not be defensive. Even if comments or insults are directed against you, they aren’t about you
- Be respectful, even when setting limits firmly or calling for help
- Never turn your back for any reason. Always be at the same eye level, but do not maintain constant eye contact. Allow extra physical space between you. Keep your hands out of your pockets
- Do not get loud or try to yell over a screaming person. Wait until he or she takes a breath; then talk
- Do not argue or try to convince

Source: Safety First: Paying Heed to and Preventing Professional Risks, The Online Social Worker
http://www.socialworker.com/home/Feature_Articles/General/Safety_First%3A_Paying_Heed_to_and_Preventing_Professional_Risks/
5.0 WORKING WITH CLIENTS

This chapter outlines some of the guidelines for working with clients, including ways to support your clients in achieving increased safety and stability. It discusses key attitudes, behaviours, and messages that supporters should bring to individuals experiencing domestic violence in the first moments of crisis and disclosure, and throughout the person’s decision making processes and healing. In addition, it explains how individuals experiencing family violence benefit from specific information and social supports to empower them to make choices about their safety, their relationship, and their children’s wellbeing.

5.1 Basic Principles for Working with Clients

Family violence workers may be working with individual clients or with families in situations ranging from “coercive controlling violence” to “situational violence”. Keep in mind that there is not yet a good way of assessing exactly which type of violence any given situation stems from and therefore you should always proceed with caution. The following principles should apply to all family violence work.

1. Family violence workers will actively promote the following fundamental principles:
   a. Violence is unacceptable
   b. Violence is the responsibility of the perpetrator
   c. Victims of violence will be the primary reference point for safety planning and case planning

2. Family violence workers will at all times promote the safety of children and adult victims, other members of the family, and the family violence worker.

3. A careful assessment of the risk to children, victim, and the family violence worker will precede any decision to work with the perpetrator as part of a family approach. This risk assessment must take into account the views of the adult and child victims about safety and risk. Where it is identified that assessed risks preclude implementing a family approach, established approaches to supporting
the victim and other family members will remain the focus of the work, including safety planning, criminal justice, and other service strategies.

4. Family violence workers will acknowledge the implementation of legal sanctions as an important step in establishing safety while the family works towards bringing about change. The pace and focus of change will generally be dictated by the needs of children and adult victims of violence.

5. Family violence workers will take culture and associated issues into account, using appropriate consultation with multicultural staff or local agencies to support case planning and casework with Aboriginal and ethno-culturally diverse families.


5.2 Engagement

The first task for the Family Violence Outreach Worker is to engage the individual or individuals who are experiencing family violence or who are impacted by the family violence (e.g. in some cases it may be friends or relatives who are seeking assistance on behalf of another). While Outreach Workers from Shelter organizations may be working primarily with the victim (typically a coercive control type violence), for other outreach workers from community based organizations, the primary client may be less obvious (e.g. as in “situational violence”) and the worker may be called on to work with the entire family where the role of victim and perpetrator may be less clearly defined. In these cases, it is important not to lay blame, but to listen to all sides of the story and try to engage all individuals involved in the family violence in a commitment to change their behavior. There is a difference between “blaming” and asking individuals to take “responsibility” for their actions.

Note: It is important that details of violence and personal relationship matters are not discussed in front of children. Sometimes, you may need to re-schedule your appointment for a time when children will not be present. Also, when working with families, interview each partner separately when collecting information on the family violence incident (see PPP Screening procedures).
At Disclosure/Immediately after Disclosure:
The following responses are suggested for all community members when hearing a disclosure; however, these responses are important for outreach workers to keep in mind as well. While the following steps were originally designed to apply to female victims of family violence, the same engagement strategies may be used with male victims and with families where multiple members of the family may be involved in service. This list, as well as additional information, can be found in the Government of Alberta publication, “Women Abused in Relationships”, but the same strategies may be applied when working with male victims.

Seven Things You Can Do:

1. **Let the client know you believe them.** Listen to what the client is saying

2. **Tell the client that they don’t deserve to be hurt.** Tell the client the abuse is not their fault. The abusive person is responsible for their own actions. The client does not deserve to be abused. Nobody does

3. **Express your concern and ask, “How can I help?”** Encourage the client to talk to someone who can help identify the risks and develop safety plans. If you can do this, let the client know that

4. **Honour the client’s feelings and experiences.** They may need to talk about the good stuff as well as the bad stuff in their relationship

5. **Find out what the client wants to do** and support that. The client may be confused—abuse will do that to a person. The client may decide something and then change their mind. That is okay

6. **Accept that the client may want to stay** in the relationship or try again to make it work. The client may need to test out if it is possible to stop the abuse and save the relationship. Don’t criticize. Just remind the client that you are there for them, no matter what they decide

7. **Be prepared for many different feelings or reactions.** The client may feel guilty or embarrassed for telling you—or even angry that you know. Don’t take any reactions personally. Keep reminding the client that you are there for them, that you accept them exactly as they are, and that you will back them in their choices
Five Things Not To Do:

1. **Do not make judgments or give advice.** You don’t know what the client’s experience is like. You don’t know what is right for them, even if you have been in a similar situation. You can be helpful without telling the client what they should do. Listen and accept the client no matter what.

2. **Do not criticize the partner.** Abusive partners may not be bad all the time—in fact, good times may keep people in abusive situations. If you criticize the client’s partner, they may feel forced to defend the partner or they may believe you think they are stupid for being involved with the partner.

3. **Do not ask unnecessary questions.** A client who feels uncomfortable discussing the abuse may shut down if you ask them questions. To the client, any question may feel like prying. Open the door for the client to talk and just listen.

4. **Do not over-react.** If you express shock or horror, the client may stop talking.

5. **Do not confront the partner.** Standing up to the partner and confronting them about the abuse could make a bad situation worse. Instead, talk to the client about what options they have. Ask the client how you can help and keep reminding the client that you are there for them.


The Missouri Coalition Against Domestic Violence offers the following guidelines for working with victims in crisis (See *Empowerment through Advocacy Wheel*, Appendix p. x).

- Believe the victim and affirm her/his experiences—let them know they are not alone
- Acknowledge the injustice—no one deserves to be abused
- Respect the person’s autonomy and right to make decisions in their own life
- Help the person plan for their own safety and the safety of their children
- Promote access to community services
- Respect confidentiality—this is essential to building trust and ensuring safety
They also emphasize the importance of:

- **Encouraging clients to decide their own pace for change**
  Empower the client you are helping to decide on their own plan of action. Some people in crisis have never recognized their own resources. Others have lost touch with their resources. Respect and believe in the client’s capacity to change and grow.

- **Not imposing your own values**
  This does not mean you cannot express concern about a client’s choices if you believe she/he is in danger. It does mean you must be careful not to reject the client, even if you disagree with their behavior. Understanding the dynamics of domestic violence can help you avoid anger and despair when clients struggle with decisions about ending a violent relationship or ‘giving it one more try’

- **Encouraging each person to accept responsibility for their own future**
  There might be a tendency for you to want to do things for the client that they can do for their self. Even though you can and should help the client, she/he will become stronger and more self-sufficient as they assume responsibility for their own life.


It is also critically important to help victims understand that they are not to blame for their abuser’s behavior. Abused individuals need to hear over and over again that:

- The abuse is not their fault
- They are not to blame for the abuser’s behaviour
- They are not alone
- They cannot change the behaviour of the abusers—apologies and promises will not stop the abuse
- Nothing someone says or does justifies being mistreated—no one has a right to abuse another person

Engaging with Aboriginal Clients

Many Aboriginal families are reluctant to trust and deal with mainstream services, due to previous experience of prejudice or stereotypes. Some of this reluctance can be around a fear that their families or parenting will be perceived as ‘not good enough’ and could incur a range of consequences, including the removal of their children. Aboriginal parents want what all parents want for their children and families—success, happiness, safety, and improvements in life. Aboriginal people have strengths and competencies that they and others lose sight of when problems and grief dominate their lives and their communities. Working with Aboriginal families is always about working with community. Understanding community and keeping family work in context will help ground effective engagement. Following are some suggestions to assist outreach workers to engage with Aboriginal clients:

• **Understand that you do not fully understand.** You do have expertise of your own to offer, but it’s important to acknowledge that Aboriginal clients are the experts in what it means to be an Aboriginal family. No matter how sensitive and well informed you are, unless you are Aboriginal you cannot know the experience of being Aboriginal. Be empathetic without being overly-familiar and take opportunities to learn from Aboriginal families and communities. Familiarize yourself with the historical context of Aboriginal experience and trauma

• **Network with Aboriginal workers and agencies.** Get advice and assistance from Aboriginal colleagues and workers to inform your ongoing work with Aboriginal families—e.g. protocols in Aboriginal communities. Ask family members if they want a support person, as some Aboriginal people feel more comfortable speaking about personal issues with a support person present

• **Broaden your concept of family.** Aboriginal people understand ‘who is family’ and ‘what is family’ differently than non-Aboriginal people and this influences decision-making. Decisions are often based on a consensus of extended family and kin (community) views rather than on the opinion of key individuals in the ‘immediate’ family group

• **Express genuine inquisitiveness.** Some non-Aboriginal workers say that asking *genuine* and *appropriate* but *non-intrusive* questions about family and culture can be useful as both a learning and relationship building strategy

• **Source and use culturally appropriate resources** (e.g. Awo Taan Self-Assessment Wheel or other Aboriginal materials)

• **Be patient.** Many Aboriginal people understandably mistrust mainstream agencies and it takes respectfully persistent work over time to earn trust. In addition Aboriginal clients often spend
considerable time on ‘general talk’ and interaction as part of business. Don’t assume Aboriginal people have missed the point or don’t understand; recognize this is a different—and legitimate—way of doing business. Workers who demonstrate a willingness to take time and genuinely listen may find their views are more respected

- **Respect and understand silence.** Silence may mean people are not ready to express an opinion yet, or they are listening and reflecting on what has been said. Respecting silence and not interrupting unnecessarily can be an important step in creating trustful relationships.

- **Never make promises or even suggest outcomes that you cannot produce.** Instead, be very clear about the purpose of your involvement and your commitment to work together with the family to promote and achieve their goals using a strengths based approach

- **People skills are important.** Remembering names and the relationships between people will help you engage and earn trust and be viewed as credible

- **As a general rule, avoid too much direct eye contact.** Aboriginal people easily and commonly read body language and direct eye contact may be inappropriate. Remember though, this will vary, and you need to rely on local knowledge. In some communities respected community members might tell you, ‘don’t believe him, he couldn’t even look you in the eye when he was talking!’


**Engaging with Ethno-culturally Diverse Clients**

In order to engage with ethno-culturally diverse clients, you should first know yourself (your own attitudes, perceptions, prejudices, stereotypes), and try to familiarize yourself with the ethnic or cultural groups you are working with. Seek advice and assistance from multi-cultural colleagues, workers, and immigrant serving agencies to inform your ongoing work with ethno-culturally diverse families. You may need to arrange for an interpreter to assist with communication. Be aware that refugees or immigrants may have experienced trauma in their home countries and may be reluctant to share personal details of their family life with you. In addition, Western notions about the self and interpersonal relationships often do not match the norms and views in other cultures. Clients may feel ashamed to acknowledge the abuse to others or to seek help outside their family.
Engagement Strategies for Honour Based Violence

When dealing with potential victims of Honour Based Violence, it is important to recognize the seriousness/immediacy of the risk. **Do not underestimate the risk.** Consider the possibility of forced marriage, abduction, missing persons, and murder. Incidents that may precede a murder include:

- Forced marriage
- Domestic violence
- Attempts to separate or divorce
- Starting a new relationship
- Pregnancy
- Threats to kill or denial of access to children
- Pressure to go abroad
- House arrest and excessive restrictions
- Denial of access to the telephone, internet, passport, and friends

Source: Stop Honour Killings. Anatomy of Honour Based Violence  
http://www.stophonourkillings.com/node/3773

Shame, and therefore the risk to a victim, may persist long after the incident that brought about ‘dishonour’ occurred. Consider whether the victim’s partner (if new), children, associates or their siblings are also at risk. They may be under communal/family pressure not to assist you.

Honour based violence is often the culmination of a series of events over a period of time. **Remember, reporting is a brave step and an inappropriate response could put victims at further risk.** Victims often have no experience of the police or may come from a country where this type of violence is condoned. Getting into contact with you could place them at further risk.

When dealing with victims, do not speak with them in the presence of their relatives. Women that return to their families should be offered support, including assistance to plan their escape (e.g. securing their documents, ensuring a safe time to leave and somewhere to go, etc.). Ensure that you make a full record of what is said, what you have done, and to whom you have referred the client.
Where a victim has fled, be aware that members of the family may make false allegations against them in an attempt to enlist your support to track them down. Carefully consider information presented by the family. Relatives may seek to mislead. They may also employ other relatives or members of their community (e.g. taxi driver), bounty hunters/contract killers, to trace and return the victim. Take allegations of threats to kill seriously and assess the credibility of such threats based on the cultural context and circumstances.

In cases of honour based violence, Outreach Workers should:

- See the victim on their own in a secure and private place
- Recognize and record the victim’s wishes
- Reassure the victim about confidentiality
- Agree to a means of discreet future contact
- Seek the advice of your supervisor
- If under 18 years old, connect with Children’s Services

Source: Metropolitan Police Services, UK
http://www.londonscb.gov.uk/files/honourbasedviolence.doc

5.3 Intake and Assessment

Experienced outreach counsellors suggest that you book a couple of hours for the first meeting with a new client. While you may not use all of that time, it will allow you to begin to develop a working relationship with the client. It will also give you time to:

- Ask about the client’s situation
- Conduct an initial needs assessment
- Assess the family’s level of risk (see Danger Assessment in the Appendix)
- Assess for type of violence (see PPP Screening) —for workers considering family work
- Explain the services you offer
- Ensure you review the limits to confidentiality— (i.e. you are required to report suspected child abuse)
- Develop a preliminary service plan (see Developing a Service Plan, below)
- Develop a safety plan for the victim and children (see Developing a Safety Plan, below)
- Offer information and support around legal remedies (e.g. RO; EPO; etc.)
• Fill out forms for intake, consent, pre-test surveys, etc. (see Intake Guidelines, next chapter)\textsuperscript{10}

It is extremely important to note that while family violence research has identified different types of violence (e.g. coercive controlling, situational violence, honour based violence) there are as yet no good ways of assessing which type of violence you are dealing with. "Other than clinical descriptive criteria, instruments to reliably differentiate between types of violence . . . have yet to be developed."\textsuperscript{11} Researchers recommend that three basic factors should be considered: the potency, pattern, and primary perpetrator of the violence (i.e. PPP screening).

**Potency:** the degree of severity, dangerousness, and potential risk of serious injury and lethality is the foremost dimension that needs to be assessed and monitored.

**Pattern:** the extent to which the violence is part of a pattern of coercive control and domination (rather than a relatively isolated incident) is a crucial indicator of the potential for future violence. Keep in mind that overt acts of violence are often mere tips of the iceberg in a deeply embedded pattern of coercive control that can be long hidden from public scrutiny. It is important to consider the degree of submission induced in the victim, and the control asserted by a partner’s insistence on authority in multiple areas.

**Primary Perpetrator:** Is there a primary perpetrator of the violence (rather than it being mutually instigated or initiated by one or the other party on different occasions). Accounts of the violence incident(s) by the participants themselves should be assessed with caution, because victims may tend to assume more blame, and abusers usually minimize or deny their conduct. If you are planning to work with a whole family, it is helpful to obtain a detailed account of the violent incidents from each party separately.

\textsuperscript{10} In some cases, you will not be able to get through all of the forms and assessments in the initial visit. In those instances, use your discretion to prioritize what needs to be done. The first priority in any situation is the client’s safety.

In general the PPP screening provides the outreach worker with a "working hypothesis" as to the type of violence involved in any case.

- **Multiple indicators**, especially those that are more potent, signal the more difficult and high-risk cases where full measures of protection are needed for the victim and child.

- **Multiple indicators of potency** and a clear pattern of using coercive-controlling tactics by a primary perpetrator indicate a probable high-risk abusive controlling relationship.

- **Several indicators of moderate severity or potency** and use of violent tactics to resolve conflict with neither party as the primary perpetrator suggest moderate-risk situational violence.

- **A few indicators of potency with acts of violence** only around the time of separation instigated by one or both parties suggest an isolated incident related to the separation.

Because the risks of misdiagnosis can have very serious consequences, the outreach worker should proceed with extreme caution when deciding to work with families. Keep in mind that “separation instigated violence” can be deadly even when there are no previous indicators or history of abuse.

Always ensure safety as the primary concern when initiating service.
Note: Accounts of the violent incident(s) by the participants themselves should be assessed with caution, because victims may tend to assume more blame, and abusers usually minimize or deny their conduct. It is helpful to obtain a detailed account of the violent incidents from each party separately. However, professionals need to be wary of differentiating the abuser from the victim based on who claims to be the victim; who is more charming, charismatic, and liable; who appears more organized, reasonable, and sensible; and who feels more entitled and morally outrage. Sociopath, narcissists, and chauvinists—who use violence for interpersonal control—can make a very smooth presentation whereas the victim can appear emotionally distraught and disorganized (Bancroft & Silverman, 2002; Herman, 1997).


Danger assessment and PPP Screening tools are contained in the Appendix.

Intake Data Collection

Most outreach programs have an intake form and/or list of questions to guide your initial assessment. The initial assessment usually involves asking some or all of the following questions:

- Demographic and contact information
  - Client’s name, date of birth, gender
  - Name and date of birth of child/children
  - Address, telephone number (Is the number safe to call/leave a message?)
  - Alternative and/or emergency contact number
  - Employment status
  - Marital status
  - Ethnic background (including Aboriginal identity)
  - Language spoken at home (Are translation services required?)
  - Name and description of abuser
  - Referral source
  - Household composition (number of adults, number of children in household)

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1 Note: You are unlikely to get to all of these questions during your first visit. You will need to use your judgment to determine which questions are most important. You will also need to pay attention to the client’s level of openness and comfort.
- Presenting situation/issues
  - How did the client hear about the program?
  - What made the client seek out this service?
  - Did the client or children sustain any physical injuries as a result of the abuse?
  - Has there been recent police intervention? If yes, have charges been laid? Is there a restraining order or a peace bond?
  - What is the current status of the relationship? (e.g., separated, living together)
  - Does the client feel safe? Why/why not? What would the client need to feel safe?
  - Are there children? If yes, what have they witnessed or experienced? Are they safe?
  - Has there ever been harm to pets or destruction of property?

- History
  - What kinds of abuse has the client experienced (physical, emotional, financial, sexual, spiritual) in this relationship? In past relationships?
  - When did the abuse begin?
  - How frequent is the abuse?
  - Were weapons involved?
  - Were charges laid?
  - Has the abuser threatened to kill the client or anyone else?

- Support
  - Who currently offers support? How do they help?
  - Are there other friends or family who could offer the client support? What type(s) of support could they offer? How can the client let them know when this kind of help is needed?
  - Has the client sought out help from any other agencies or professionals?
  - What kind of information would be helpful? (Legal, financial, safety, community resources, family violence dynamics and impact)
  - What kind of support would be helpful? (Basic needs, practical help such as babysitting or driving, legal referral, shelter, health, mental health, parenting, emotional support)
  - What options does the client have to protect their own safety? (See Developing a Safety Plan, below)
  - What strengths does the client have to get through the difficult times? (coping strategies)
You should record your client’s responses to these questions in the case file, along with any available
sources of support, observations you make, any goals you set, and any actions you take (See Case Files,
next chapter). The S.O.A.P. approach to case files may provide a helpful format (Subjective impressions,
Objective details, Assessment, Plan).²

Things to Discuss With Your Supervisor

Be sure to inform your supervisor if any of the following come up in discussion or seem likely based on your
observations:

- Threat of suicide
- Threat of imminent harm
- Suspicion of child abuse and neglect
- Drug or alcohol abuse that may impact the capacity to care for a child
- Mental health issues (e.g., delusions, hallucinations, severe mood swings, irrational behavior)
- Families that are unable to meet basic needs

Note: You have a legal obligation to report all suspected cases of child abuse. The duty to report
overrides any right of confidentiality or privilege.

www.unm.edu/~clinic/Procedures/Forms/soap%20notes.pdf
5.4 Developing a Safety Plan

One of your first tasks with a new client is to help develop a safety plan. Safety planning involves thinking through likely scenarios and identifying concrete actions that can be taken in advance to help increase safety and minimize harm. Safety planning usually includes helping your client to:

- Identify partner’s cues/triggers so the client can seek safety before an incident occurs
- Prepare an emergency plan, in case the client needs to leave in a hurry. This may include things like:
  - Identify people the client can go to for help
  - Packing a bag of essential items and leaving it somewhere it can be easily accessed (e.g., extra set of keys, money, documents, clothes, prescriptions, etc. could be left with a friend)
- Prepare an emergency plan for how to keep safe during violent episodes. This may include things like:
  - Choosing a code word that signals someone to call the police
  - Going to a safer room (e.g., one that locks from the inside, one with a telephone)
  - Planning an escape route
- Preparing the children to keep themselves safe during violent episodes. This may include things like:
  - Identifying a safe spot to hide
  - Knowing how to call for help
  - Knowing that they should not try to intervene

Most Outreach Programs have a Safety Plan template that you can use to facilitate this process (See the Appendix for a sample template). Using the template, work with your client to identify steps they could take to increase their safety. Encourage the client to review and rehearse their safety plan on a regular basis.

Develop a separate safety plan for the child(ren) if they are old enough to understand (See Appendix for sample).
5.5 Working with Families in Cases of Situational Violence

Remember that in cases of situational violence, the perpetrator of the violence is equally likely to be male or female, although female victims still remain at higher risk for physical injury. For those outreach workers who choose to work with the whole family, the following guidelines should be applied:

Focus of Casework with the Family

1. Keep victim and children’s safety at the forefront of case planning, decision making, and intervention

2. Make sure the adult victim has information regarding their legal options (e.g. RO, EPO, etc.)

3. Ensure routine monitoring of safety plans and mechanisms to ensure these are up to date and reflect any increasing risk

4. Maintain a focus on the perpetrator’s use of non-violent practices with partners and children, and support the family to develop and maintain boundaries around acceptable and non-acceptable behaviours in the family relationship

NOTE: In order to do this work, you need to be able to engage the perpetrator. Placing blame on perpetrators and encouraging them to take responsibility are two very different processes. Blame is associated with shaming, which is not conducive to learning or to changing behaviour. Perpetrators who learn to take responsibility for abusive behaviour through recognition of the impact of the behaviour tend to go through a grieving process that involves shame and self blame and, importantly, coming to recognize on their own that their behaviour has been harmful.
Key Areas of Activity with Perpetrators of Domestic Violence  * for Situational Violence ONLY

1. Conversations that encourage perpetrators of violence to take responsibility for their use of violence, whether it be physical, verbal, emotional, or otherwise.

   - Maintain a clear position on violence (i.e. that it is never appropriate)

   - Make the perpetrator’s use of violence overt through your use of language and questioning techniques (that is, bring it out into the open and fully acknowledge it)

   - Engage in conversations with perpetrators that encourage them to develop insight into their responsibility for their violence. This is different from trying to ‘convince’ them that they must take responsibility of the violence

   - Discussing the violence/safety planning with parents separately to give a clear message to the perpetrator and the rest of the family about the responsibility for the violence belonging to the perpetrator

2. Facilitating the development of insight in perpetrators of domestic violence into the impact of violent behaviour on children and partners.

   - Engage the perpetrator in conversations that explore the possible impact of their violent behaviour on their children and partner

   - Encourage the development of empathy in the perpetrator in relation to the impact of their violence on their children and partner

   - Provide information to perpetrator about the impact of violent behaviour and practices on children in the short and long term, in a manner that does not create shame or blame the perpetrator.

   - Encourage the development of a motivation to change or address violent conduct
3. Engage perpetrators of violence in the development and implementation of appropriate “responsibility planning” that is focused on adult victim and children’s safety and the well-being of the family unit as a whole.

   - Engage the perpetrator in conversations that explore the impact on the family and on the perpetrator's own satisfaction with their family life. These conversations should not be undertaken if the worker considers that this may escalate risks to children and/or adult victims

   - Develop ideas that may act as a catalyst for change through questioning about what a satisfying family life could look like

   - Refer to appropriate services that work with perpetrators of domestic violence to address the violence and underlying issues.

4. Engage perpetrators of violence in the development and implementation of appropriate case planning that is focused on the adult victim and children’s safety, and which reflects differences in responsibility within the family.

   - Ensure that safety planning is explored with victims separately from perpetrators to provide opportunity for them to speak and participate freely

   - Ensure that victims are not made to feel responsibility for monitoring or stopping the violence

   - Assist perpetrators to develop a “Responsibility Plan” that reflects their taking responsibility for their own behaviour. For example, this might include helping the perpetrator to recognize triggers and signs of pending violence before it escalates, and then developing a plan to choose a non-violent alternative, such as taking a Time Out before the violence escalates (See Appendix for sample Responsibility Plan and use of Time Out)

   - Ensure that perpetrator's “Responsibility Plan” matches their current capacity to recognize signs of escalation and take appropriate related action. They may need to develop these skills over time through more in-depth clinical counselling or group work (e.g. Abusers Group)
5. Referring perpetrators to appropriate services for therapeutic intervention when perpetrators express a willingness to address violence issues.

- It is not the role of the outreach worker to provide therapeutic intervention in relation to the violent behavior or its underlying causes. The outreach worker is in a position to help raise the perpetrator’s awareness of the violence, and their responsibility and commitment to change the violent behavior. For more in-depth work on skill building and behaviour change, the outreach worker should refer the perpetrator to other specialized community services.

5.6 Developing a Service Plan (Goal Setting)

You will need to work collaboratively with your client to develop a service plan. A service plan outlines the rationale for service. It helps to clarify:

1) Why the service is being provided (identified issues and needs)
2) What resources and referrals you will be providing to your client
3) What social supports are currently available and how new sources of support can be developed

Planning also involves working with your client to set goals. By developing a plan with clear, measurable goals, and tracking the movement towards meeting those goals, you will have a good sense of how the client is progressing and what other supports may be needed. More importantly, your client will be able to see the progress she is making. For Aboriginal clients, consider accessing the Awo Taan Self Assessment Wheel© provided through Awo Taan Native Women’s Shelter and based on the Medicine Wheel.

It is critical that the client be involved in the goal setting and support planning process as they are the only ones that can create real change in their lives. The client will only be committed to working towards goals that they themselves find meaningful and important. Furthermore, helping professionals need to respect the right of clients to make their own choices.

Clients should be supported in:

1. Assessing their current strengths and resources
2. Assessing their current social support network and social support needs
3. Creating goals that are:
Goals should be concrete enough to be measurable. This is the only way that both you and your client will be able to know whether the goals are accomplished, and only with the establishment of measurable goals can a profession establish its accountability. Long term goals should be broken down into steps (short and medium term goals) as much as possible.

Examples of goals for domestic violence clients include:

- Develop and implement a safety plan
- Learn about the cycle of violence and effects of abuse
- Learn about boundaries
- Increase one’s level of social support
- Get legal information
- Increase one’s financial independence
- Be connected to community resources for assistance with:
  - Social and recreational needs
  - Finances
  - Interpretation
  - Employment
  - Parenting
  - Other
5.7 Building Support for Families

It is fundamental that support workers, family, and friends recognize the strengths and resiliencies in adults and children who have experienced family violence, and that they respond in ways that encourage each person to recognize their strengths, and to use and build on them as they move forward.

It is important for workers to know the scope of community services available in terms of financial support, housing options, legal supports, and counseling for adults and children. It is also important to recognize the personal impact of the violence and current life stressors on the abused person for their own sake, and when they are a parent, for the sake of their children’s well-being. There may be ongoing challenges to feeling safe, or dealing with symptoms of PTSD, issues of grief and loss, health, or legal issues. The stresses of ‘starting over’, managing financially, and/or parenting can be very challenging.

Building Social Connections, Positive Social Ties, and Support Networks

Social networks are personal communities that can influence the development of social identity as well as provide comfort and security (Hirsch, 1981; Lin & Peek, 1999). The following chart outlines various sources of social support, and when they might be appropriate:

<table>
<thead>
<tr>
<th>Sources of Social Support</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outreach Worker, Counsellor, Therapist</strong></td>
</tr>
<tr>
<td><strong>Family</strong></td>
</tr>
</tbody>
</table>
Sources of Social Support

| Friends          | Research shows that women who have experienced more severe family violence have fewer friends, fewer contacts with their friends, fewer long-term friendships, and fewer friends who really listen to them. Again, the quality of friendship support is important to consider. Clients need affirmation, encouragement, and support for their personal decisions, as well as emotional support. |
| Peer Support     | Research specific to battered women living in the community suggests that, although women benefit from support groups where they can talk about the abuse in an empathetic, noncritical environment, “network members who have, themselves, experienced violence, may have fewer psychological resources to offer” and may be more prone to criticism. |
| New Positive Social Ties | Researchers suggest that workers should assist battered women in locating new sources of support (e.g. parenting classes, parent-child play groups, religious organizations) in order to develop a social network composed of more women who have not been battered. “Having contact with and support from network members who are not experiencing violence offers alternative social norms and role models and bolsters hope about the possibility of a different future.” Theses sources of support also tend to be less critical and therefore have a stronger positive impact on mental/emotional wellbeing (e.g. decreased depression, anxiety). |

Supporting Children and Youth

As mentioned earlier, children and youth are significantly impacted by exposure to family violence. Parents should be educated about the needs of their children and referred to programs and materials that will help their children heal. Children and youth benefit from understanding and being supported regarding:

- trauma symptoms or traumatic grief symptoms
- distorted thoughts about abuse (e.g., self-blame, victim blaming, and shame)
- management of intense emotions, such as anger or anxiety
- stress management and relaxation techniques
- modifying or extinguishing costly coping strategies
- building constructive problem-solving skills
- improving self-confidence and perceived capacity for self-protection
Supporting Parenting

In addition to helping women with the instrumental and general social supports mentioned above, it can be helpful for parents to learn:

- parenting skills designed for children who have lived with violence
- modelling of constructive problem solving and management of emotions
- safe ways to talk with children about the past
- to identify activities and engage in family “fun”


To Increase Social Support

A careful assessment of the client’s social environment, personal characteristics, and unmet needs is recommended in order to take advantage of “opportunities to boost the effects of [the outreach worker’s] interventions by enlisting the aid of key associates in the client’s social orbit,” or develop new social networks.

Conditions Warranting the Introduction of New Social Ties

- When the existing social network is impoverished, drained, or conflictual
- When the existing social network reinforces undesirable behaviours or identities
- When the existing network lacks experiential knowledge
- When specialized knowledge and expert opinion are required

Conditions Warranting Intervention with the Natural Network

- When the attainment of goals strongly depends on the behaviour of one or more network members
- When the existing networks needs strengthening to meet long term, continuing support needs
- When the presenting problem or outside intervention is highly stigmatizing
- When there is a cultural gap between the support recipient and external providers

Practical Steps in Building Social Ties and Social Networks

- Engage client in the goal of building supports
  - Normalize use of supports by using nonjudgmental language that makes sense to the client
  - Align potential social supports with the client’s desired outcomes
- Help client identify available resources
  - Refer to client’s strengths/needs
  - Complete an assessment of client’s potential sources of social support (see Appendix 7.5)
  - Brainstorm with client about personal support networks that might be available
  - Share knowledge about community resources
- Develop new sources of support when needed
  - The outreach worker may initially provide support, until other supports are established. However the longer term goal is to develop a network of natural supports that the client can rely on
  - Identify activities to attend as an avenue for meeting other adults/potential supports
  - Find creative avenues of support from someone in the natural ecology
  - List the specific support needs to be met and list possible supports available
  - Choose a support best suited to meet the needs
- Overcome barriers to use of available supports (e.g. cost, transportation, child care)

Remember to…

- Revisit plans and goals regularly with the client and adjust them as necessary
- Note any progress made on goals
- Review social support networks
- Involve community resources to support goals
- Celebrate accomplishments
- Consult with your supervisor when no progress is being made
5.8 Legal Issues
You cannot offer legal advice to clients; however, it is helpful to know something about victims’ rights and the legal avenues that are available to protect them and their children (e.g., peace bonds, restraining orders, emergency protection orders, custody orders, supervision orders). A major part of your role will be connecting clients with legal resources through organizations such as Legal Aid Alberta and Calgary Legal Guidance. For culturally specific populations, legal resources and information can be accessed through Native Counselling of Alberta and Calgary Catholic Immigration Services. Other helpful sources for legal resources and information include:

- Family Justice Services
- The Women’s Centre of Calgary—Legal Advice Clinic
- The Law Society of Alberta—Lawyer Referral Services
- University of Calgary—Student Legal Assistance Society

To find additional resources for clients, search “legal” on informcalgary.ca.

To find out more about family violence and the law, go to:

- PLENA (Public Legal Education Network of Alberta) http://plena.org/
- Homefront http://www.homefrontcalgary.com/

5.9 Making Referrals
An important part of your job as an outreach counsellor is to connect your clients with appropriate community resources. To do this effectively, you will need to remain current about the resources available in the following areas:

- Addictions
- Basic needs (food, clothing, shelter)
- Counselling
- Education
- Emergency services
- Employment
- Health
- Housing
- Immigrant services
- Legal
- Supports for families
- Connection to community services/activities that build social ties and healthy social networks

A quick way to access current information on community resources is to use the 211 service (dial 211) where a live operator is available 24 hours a day to provide the most up to date information and referral for community resources, services, and programs. The 211 service is linked to InformAlberta.ca, an on-line directory with information about community, health, social, legal, and government services across the province. For information or access to City of Calgary services, dial 311, a 24/7 service with live operators to connect you with City services and programs. Outreach counsellors can also use networking opportunities as a way to find out about community resources.

Another important aspect of this work is advocacy. Some clients have difficulty accessing services for a number of reasons, including not meeting the criteria (e.g. ‘on paper’ their income is too high), having a historically negative relationship with a service provider, and fear of making the call. You can support clients by:

- Advocating on their behalf
- Helping them to get by the “gatekeepers”
- Making the call with them rather than simply giving them the number
- Role playing
- Helping to repair relationships

Be sure to ask your clients whether they are following up on the referrals you have made, as this is an important part of assessing progress. If a client is not following up on a referral, try to find out what the barriers are and work with her to address them.
5.10 Working with Diverse Populations

You will be working with a range of families and clients, including:

- Clients from a variety of cultural, ethnic, and religious backgrounds
- Clients who are gay, lesbian, bisexual, or transgender
- Clients who are physically or mentally challenged
- Clients with mental health issues

It is important to examine your own biases and assumptions, guard against stereotyping, seek to understand the people you are working with, and develop cultural competency. One of the biggest challenges may be balancing acceptance, openness, and understanding with the ability to recognize when a particular belief or practice may be harmful or abusive.

Working with Aboriginal Clients

The incidence of family violence in Aboriginal communities is significantly higher than for mainstream communities. Family violence issues in Aboriginal communities must be understood within the context of the colonial experience. Wellness in the Aboriginal context is not limited to physical well-being but is understood in the context of “balance” in one’s life, where physical, mental, emotional, and spiritual well-being are equally important. In the Aboriginal understanding of well-being, overcoming adverse life experiences is facilitated through a “healing” rather than a “treatment” process. Healing is a natural process in response to injury or trauma. Healing comes from within the person, the family, and the community.³ To heal is to become whole. From a Medicine Wheel perspective, this healing process incorporates the four dimensions of human functioning simultaneously and in balance.⁴ Some suggested best practice processes⁵ for working with Aboriginal families and communities include:

- As a service provider, your role should be as a supporter, facilitator, and information provider, rather than a “case manager”


- Be aware of cultural values, norms, and attitudes within the Aboriginal community, as these will influence the client’s thinking, actions, and ability to be successful in their attempts to change
- Offer families the opportunity to connect with a respected Aboriginal Elder for support and guidance
- Offer families the opportunity to participate in an Aboriginal Healing Circle for mutual support and healing
- Connect the community's men through cultural activities and family programs
- Make use of oral traditions including both traditional and contemporary forms of storytelling
- Use mentoring for and by community members, particularly fathers and youth. Concepts of mentoring in Aboriginal communities tend to be group mentoring, peer mentoring, and viewing the mentee’s family as an important partner in the mentoring process
- Examine reasons for feelings of social exclusion in specific programs or initiatives and addressing them through community development processes using Aboriginal cultural practices
- Provide information in ways that are more compatible with Aboriginal values

**Working with Ethnically Diverse Clients**

Ethnically diverse clients experiencing family violence may face significant barriers to service, including: lack of knowledge about the unacceptability of domestic abuse in Canadian law and culture; lack of linguistically and culturally accessible information about available resources and how to access them; lack of access to legal and social services; lack of resources (such as money, transportation, childcare, free time); lack of privacy and control over personal circumstances; cultural issues about privacy and shame; and the ongoing, multiple stresses associated with adjusting to a new country and culture.

Ethno-culturally diverse clients who experience abuse “need a range of culturally-competent services offered through immigrant, mainstream and ethno-cultural specific agencies. Remember that some immigrants, for reasons including assurance of confidentiality and privacy, may prefer to obtain help from outside their own cultural communities.”

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may lead to over generalization and stereotyping.”

For example, a family recently immigrated to Canada may be very different from a family who has lived in Canada for many years. Remember that each family has its own unique structure, beliefs about power relationships, roles, and rules, some of which may be related to the cultural background of the family.

Some suggested best practices for working with ethnically diverse clients include:

- When assessing the situation, consider the client’s preferred language (first language, ability to speak, understand, read/write English, need for interpreter), legal status, time in the community, contact with cultural and religious organizations, values, family structure, and beliefs about roles, rules, and power relationships

- Partner with local immigrant services organizations

- It is vital that programs serving immigrants address isolation and instrumental needs

- Facilitate access to services by providing services and information in multiple languages, assisting clients with childcare and transportation needs (including covering transportation costs, giving detailed instructions on how to use public transportation and/or accompanying the client to appointments), providing services at no cost, and providing services in the communities where the clients reside

- Assist immigrants to access legal services, along with information about the rights and laws for immigrants

- Using venues frequented by members of different cultural communities, such as women’s organizations and places of workshop, can be an effective means of targeting isolation, as well as providing information and support to abused immigrant women

- Support groups are an excellent means of breaking isolation and providing support and information

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8 Ibid

Working With Gay Lesbian Bisexual and Transgendered Clients

The prevalence of abuse in gay and lesbian relationships appears to be at least as high as in heterosexual relationships. Although domestic violence is largely the same in heterosexual and homosexual relationships, gay, lesbian, and bisexual victims of domestic violence have some additional barriers, including fewer services specific to this population, increased isolation due to homophobia in the general community, a tendency to want to protect the LGBT community resulting in less open reporting of the problem, and “heterosexist control.”

**Heterosexist Control**

One of the weapons that batterers in same-sex relationships may use involves “heterosexist control.” This means that the batterer takes advantage of the homophobic and heterosexist nature of the larger society to further dominate and control their partner. Heterosexist control can take a variety of forms, such as threats to "out" the victim and can include an increased risk of losing custody of children.

While there is little domestic violence research specific to the LGBT community and no identified best practices, the following suggestions may be of some help:

- Do not assume that an abused person’s partner is of the opposite sex
- Upon disclosure, it is very important to impart an attitude of acceptance about the client’s sexual orientation
- Ensure that confidentiality is respected and the client's choices about disclosure are honoured
- Recognize that sexual assault and sexual coercion (or coercion to take part in sexual activity) are not uncommon forms of abuse

Several organizations offer professional training to support competency in working with diverse populations. To find diversity resources and support, check the listings on InformAlberta.ca or call the 211 line. The agencies listed in the appendix (Supports for Working with Diverse Populations) may also help.

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10 Canadian Women’s Health Network. (2000). Domestic Violence in the LGBT Community. [http://www.cwhn.ca/node/39623](http://www.cwhn.ca/node/39623)
6.0 CLIENT FILES AND RECORD MANAGEMENT

6.1 Opening and Closing Case Files

Case files are opened for clients only. Contacts (also known as non-caseload clients or non-file clients) are documented, but are not assigned a client number or case file. A contact may become a client case over time. If, for example, you have transitioned from simply offering information to developing a service plan, a case file should be opened.

Distinguishing Between Clients and Contacts

For the purposes of data collection and reporting, it is important to distinguish between clients and contacts. One of the key factors that distinguishes a client from a contact is the range of supports required. For a client, you are developing a service plan and seeking to measure the impact of your intervention. For contacts, you are simply documenting any communication you have had. The table below outlines the key differences between clients and contacts.

<table>
<thead>
<tr>
<th>Clients</th>
<th>Contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ case file is opened</td>
<td>× case file is not opened</td>
</tr>
<tr>
<td>✓ contact is documented</td>
<td>✓ contact is documented</td>
</tr>
<tr>
<td>▪ Involves case management</td>
<td>▪ Information and support are offered informally (e.g., when the contact calls; not at scheduled sessions)</td>
</tr>
<tr>
<td>▪ Client is accessing a range of program supports</td>
<td>▪ Does not require a full assessment</td>
</tr>
<tr>
<td>▪ Client belongs to the program’s primary target population</td>
<td>▪ Service plan is not developed</td>
</tr>
<tr>
<td>▪ Client participates in scheduled outreach sessions (either in-person or on the phone)</td>
<td>▪ Impact of intervention is not measured</td>
</tr>
<tr>
<td>▪ Impact of intervention is measured (where possible)</td>
<td></td>
</tr>
<tr>
<td>▪ Client is registered to the “program”</td>
<td></td>
</tr>
</tbody>
</table>

A contact might call several times. For reporting purposes, each telephone call (or email) counts as one contact. For example, if the same client calls an outreach counsellor twice asking for information, the counsellor would record two contacts.
In some circumstances contacts might become clients (e.g. if they decide they want to see you, or if you develop a more extensive service plan for them and are planning to measure impact). In this case, a file should be opened.

**Reopening a File**

Some clients will return after a file has been closed. In these cases, you will need to reopen the file. This will involve completing a new intake and registration form, conducting another assessment, completing a new pretest survey, and/or developing a new service plan. Despite this, the client should be considered a returning client rather than a new client. Use the same client number and count the client as a “reopened” file. This will help you to track the number of returning clients.

**Closing a File**

Follow-up and community outreach counsellors generally follow clients for about six months to a year, depending on the client’s needs. It may be helpful to offer clients this information about length of service early in your work, so that they understand that the service you are providing is relatively short term.

When a client has met their goals, you can discuss closing the file. It is important to help the client achieve a sense of closure and to reassure the client that they can call on you again if the need arises.

Planned termination is one reason for closing a file. There are several others. They include:

- Client is not a fit for the services available
- Client is referred to another service or agency
- Client asks to terminate service
- Client cannot be reached

When a client cannot be reached, the file should stay open for a while as you try to reinstate contact. The length of time that a file stays open varies with the type of outreach. Generally, the following guidelines are used:

- Overflow—1 to 4 weeks
- Follow up—4 to 6 weeks

There are always exceptions, of course. Exceptions should be discussed with your supervisor on a case-by-case basis.
• Community—3 months
• Rural and remote clients—6 months

The file closure process is a good time to complete a post test survey. However, since file closure is not always planned (e.g. client no longer requires service) you may wish to collect interim survey data at a fixed point (e.g. three or four months into service) or collect the survey data through a follow-up contact with the client.

**Caseloads**
Outreach worker caseloads vary depending on the service but generally range from about 15 to 20 active files. The caseload may be larger when inactive files are included.

**6.2 Intake Guidelines**
Upon intake, there are a number of forms that need to be completed. These forms are important because they help to:

- Ensure that the client understands and agrees to the type of service being offered
- Protect confidentiality (and outline the limits of confidentiality)
- Protect the outreach counsellor and program from liability
- Aid in assessment
- Aid in data collection, evaluation, and continuous program improvement

Below are a list of documents that are usually completed upon intake.

**Intake Form**
At a minimum, intake forms help you collect contact and demographic information. Most also include questions that aid in assessment. See 5.3 Initial Contact and Assessment for suggestions around the types of information you should be collecting on intake. Some or all of this data is entered into a system for reporting purposes. Organizations who are members of the Alberta Council of Women’s Shelters use the Vista Share Outcome Tracker database to collect and maintain their data.
Agreement for Service

The Agreement for Service outlines the parameters and conditions of the service. Sometimes it is combined with the Confidentiality Agreement and the Release of Information agreement.

Confidentiality Agreement

All clients are required to sign a Confidentiality Agreement (see Appendix for an example). The agreement advises the client that no information will be shared with anyone else outside the program without their permission except in circumstances where the outreach counsellor becomes aware of imminent harm to the client or others, or if the counsellor suspects child abuse or neglect. They are also told that non-identifying information will be collected and shared with funders and partners for purposes of accountability and improvement.

Maintaining confidentiality is an important requirement of your work. In the course of providing outreach services to people who have experienced family violence, you will learn a lot of personal information. Legally and ethically, you are required to keep that information confidential. This means that you are not free to talk about the client or their situation with friends or other professionals (except your supervisor and team members) unless you have permission to do so. Breach of confidentiality is very serious, and can be considered grounds for dismissal.

For more information on confidentiality, see Case Files, below.

Release of Information

Client information can only be released to another agency with the written consent of the client. The exception, again, is cases of imminent harm and suspected child abuse or neglect. A signed Release of Information form authorizes the outreach counsellor to obtain and release relevant information about the client from and to other agencies. It is important to understand that the Release of Information grants you permission to release only relevant information. Be careful to share only what is absolutely necessary—even with other service providers.

If the client refuses to sign a Release of Information form, they will be informed that the outreach counsellor will not be able to provide information to any other person or agency, and that this might limit the counsellor’s ability to provide appropriate service.
Note: Client’s cannot sign a Release of Information on someone else’s behalf. For instance, they cannot authorize you to release information about a partner.

**Needs Assessment**

A “needs assessment” helps you to determine the type of services and supports that will be most helpful. Some outreach counsellors do this informally by asking their clients questions. Others use assessment forms to help them keep track.

**Surveys**

In order to track program effectiveness and quality, outreach programs use a variety of measurement instruments or surveys. While pre and post test measures that are completed at the beginning and end of service are preferable, some measures such as client satisfaction may be implemented as a post test only sometime after the service has been delivered (e.g. at last contact or as a follow up).

**6.3 Case Files**

All work you do with and for your client needs to be documented in the case file. This includes all telephone calls, visits, referrals, and critical incidents. As well, you need to document the client’s history, reason for referral, issues/concerns, goals, and actions taken. The listing below outlines some of the components that usually make up a case file.

- **Contact and Attempted Contact**
  - Contact information
  - Date and location of visits
  - Any cancelled visits
  - Telephone calls to client
  - Attempted telephone calls

- **Relevant background and observations**
  - Presenting situation/issues
  - Reason for referral
  - History of abuse
  - Critical incidents
- Current relationship with abuser
- Strengths and challenges
- Concerns expressed by client

**Service Planning and Implementation**
- Goals
- Progress on goals
- Action taken—what was done and why
- Referrals
- Telephone calls you are making on the client’s behalf

**Confidentiality of Files**

Client files are the property of the agency providing services. Clients may have access to their files under the supervision of an appropriate person within the agency. Clients may not remove items from the file, but they may add items.

All files must be stored in locked filing cabinets. In general, files should not be transported. When visiting clients off-site, take only the contact information and the forms that you need to fill out. Take notes on blank paper (you can add them to the client file when you return to the office). If you must carry a file, it should be carried in a locked briefcase and kept in the trunk of your car.

Files must be kept for a minimum of seven years and then disposed of in a manner that ensures that the information will not become public (i.e. burning or shredding).
6.4 Measuring Outcomes

As an outreach counsellor, you will need to be aware of the outcomes towards which you are working. You will need to collect data that will help you to know whether the work you are doing is having an impact on these outcomes.

Outreach programs in Calgary and area have developed outcomes in five areas: safety, basic needs, community resources, personal growth, and awareness/knowledge. At the program level, outcomes measurement facilitates quality improvement. At the sector and community level, collective measurement aids community-level planning and advocacy. Together with your program team, you will be measuring and reporting on the indicators outlined in the table below.

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12 Some outreach programs have a public education component and are therefore also reporting on short-term outcomes related to community awareness and knowledge. For the outcomes, indicators and measures in this area see the Logic Model on p. x of the Appendix.
<table>
<thead>
<tr>
<th>Area</th>
<th>Short-Term Outcomes (Direct result of program interventions)</th>
<th>Medium-term Outcomes (Influenced by program interventions)</th>
<th>Indicator</th>
<th>Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety</td>
<td>Clients have developed a safety plan for themselves and their children.</td>
<td>Clients are more aware and knowledgeable about how to be safe.</td>
<td># of clients with a safety plan or who report feeling safer as a result of specific safety goal completion.</td>
<td>Client Goal Sheet or Awo Taan Self Assessment Wheel®. Worker report.</td>
</tr>
<tr>
<td>Basic Needs</td>
<td>Clients identify their basic needs and are assisted to meet them.</td>
<td>Clients are more connected with community resources that help to increase self reliance.</td>
<td># of clients who have identified and made progress on meeting their basic needs.</td>
<td>Client Goal Sheet or Awo Taan Self Assessment Wheel®.</td>
</tr>
<tr>
<td>Community Resources</td>
<td>Clients gain knowledge about available community resources related to their needs.</td>
<td></td>
<td># of clients who say they have increased knowledge of community resources/services.</td>
<td>Client Goal Sheet or Awo Taan Self Assessment Wheel®. Client survey.</td>
</tr>
<tr>
<td>Personal Growth</td>
<td>Clients have an increased awareness of their personal strengths and needs.</td>
<td>Clients have the ability to make positive choices for themselves and their children.</td>
<td># of clients making progress on their personal goals,</td>
<td>Client Goal Sheet or Awo Taan Self Assessment Wheel®. Client Survey.</td>
</tr>
<tr>
<td>Awareness and Knowledge</td>
<td>Clients have an increased understanding of the dynamics of family violence.</td>
<td>Clients have an increased ability to reduce abuse in their lives and the lives of their children.</td>
<td># of clients who say they have an increased understanding of family violence.</td>
<td>Client Goal Sheet or Awo Taan Self Assessment Wheel®. Client Survey.</td>
</tr>
<tr>
<td>Social Support Networks</td>
<td>Client can identify some existing social ties that provide social support when needed.</td>
<td>Clients have a stronger, healthier social support network.</td>
<td># of clients who can identify a source of social support or social support network</td>
<td>Client Goal Sheet or Awo Taan Self Assessment Wheel®.</td>
</tr>
</tbody>
</table>
# 7.0 APPENDIX

## 7.1 Family Violence Outreach Program Common Logic Model

<table>
<thead>
<tr>
<th>Target Group</th>
<th>Short Term Outcomes (direct result of program interventions)</th>
<th>Medium Term Outcomes (influenced by program interventions)</th>
<th>Long Term Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clients</td>
<td><strong>Safety:</strong> Clients have developed a safety plan for themselves and their children.</td>
<td><strong>Safety:</strong> Clients are more aware and knowledgeable about how to be safe.</td>
<td>Clients have increased ability to live a full and harmonious life in the community.</td>
</tr>
<tr>
<td></td>
<td><strong>Basic Needs:</strong> Clients identify their basic needs and are assisted to meet them.</td>
<td><strong>Basic Needs &amp; Community Resources:</strong> Clients are more connected with community resources that help increase self reliance.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Community Resources:</strong> Clients gain knowledge about available community resources related to their needs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Personal Growth:</strong> Clients have an increased awareness of their personal strengths and needs.</td>
<td><strong>Personal Growth:</strong> Clients have the ability to make positive choices for themselves and their children.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Awareness/Knowledge:</strong> Clients have an increased understanding of the dynamics of family violence (i.e. types of abuse,</td>
<td><strong>Awareness/Knowledge:</strong> Clients have an increased ability to reduce abuse in their lives and the lives of their children.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>cycle of abuse, effects/impact).</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Social Support Network:</strong> Client can identify some existing social ties that provide social support when needed.</td>
<td><strong>Social Support Network:</strong> Clients have a stronger, healthier social support network.</td>
<td></td>
</tr>
<tr>
<td>Community at Large</td>
<td><strong>Community Awareness/Knowledge, Support</strong></td>
<td><strong>Community Awareness/Knowledge, Support</strong></td>
<td>Communities work together to create social norms for a violence free society.</td>
</tr>
<tr>
<td></td>
<td>Community members are more aware of abuse/family violence related issues and services available.</td>
<td>Community members have increased capacity to respond to abuse/violence in their community.</td>
<td></td>
</tr>
</tbody>
</table>

* use as appropriate
<table>
<thead>
<tr>
<th><strong>Outcome Statement</strong></th>
<th><strong>Success Indicator</strong></th>
<th><strong>Measurement Tools</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Short Term – Safety</strong></td>
<td># of clients who have completed a safety plan.</td>
<td>Personal Goal Sheet or Awo Taan Self Assessment Wheel©. Worker Report.</td>
</tr>
<tr>
<td>Clients have developed a safety plan for themselves and their children.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Short Term – Basic Needs</strong></td>
<td># of clients who have identified and made progress towards meeting their basic needs.</td>
<td>Personal Goal Sheet or Awo Taan Self Assessment Wheel©.</td>
</tr>
<tr>
<td>Clients identify their basic needs and are assisted to meet them.</td>
<td></td>
<td>Client Survey.</td>
</tr>
<tr>
<td><strong>Short Term – Community Resources</strong></td>
<td># of clients who say they have increased knowledge of community resources/services.</td>
<td>Personal Goal Sheet or Awo Taan Self Assessment Wheel©.</td>
</tr>
<tr>
<td>Clients gain knowledge about available community resources related to their needs.</td>
<td></td>
<td>Client Survey.</td>
</tr>
<tr>
<td><strong>Short Term – Personal Growth</strong></td>
<td># of clients who make progress on personal goals.</td>
<td>Personal Goal Sheet or Awo Taan Self Assessment Wheel©.</td>
</tr>
<tr>
<td>Clients have an increased awareness of their personal strengths and needs.</td>
<td></td>
<td>Client Survey.</td>
</tr>
<tr>
<td><strong>Short Term – Awareness/Knowledge</strong></td>
<td># of clients who report they have an increased understanding of family violence.</td>
<td>Personal Goal Sheet or Awo Taan Self Assessment Wheel©.</td>
</tr>
<tr>
<td>Clients have an increased understanding of the dynamics of family violence (i.e. types of abuse, cycle of abuse, effects/impact).</td>
<td></td>
<td>Client Survey.</td>
</tr>
<tr>
<td><strong>Short Term – Social Support Network</strong></td>
<td># of clients who can identify a source of social support or social support network.</td>
<td>Personal Goal Sheet or Awo Taan Self Assessment Wheel©.</td>
</tr>
<tr>
<td>Client can identify some existing social ties that provide social support when needed.</td>
<td></td>
<td>Client Survey.</td>
</tr>
<tr>
<td><strong>Optional Short Term – Community Awareness/Knowledge</strong></td>
<td># of participants who report they are more informed about specific elements or issues related to abuse/family violence.</td>
<td>Education/presentation feedback surveys.</td>
</tr>
<tr>
<td>Community members are more aware of abuse/family violence related issues and services available.</td>
<td># of community members reached with messages about family violence.</td>
<td>Count of community members exposed to messages (e.g. through displays, booths, handouts, brochures, etc.).</td>
</tr>
</tbody>
</table>
7.2 Family Violence “Wheels”

- **Using Coercion and Threats**: Making and/or carrying out threats to do something to hurt her, threatening to leave her, to commit suicide, to report her to welfare, making her drop charges, making her do illegal things.
- **Using Economic Abuse**: Preventing her from getting or keeping a job, making her ask for money, giving her an allowance, taking her money, not letting her know about or have access to family income.
- **Using Male Privilege**: Treating her like a servant, making all the big decisions, acting like the “master of the castle,” being the one to define men’s and women’s roles.
- **Using Children**: Making her feel guilty about the children, using the children to relay messages, using visitation to harass her, threatening to take the children away.
- **Using Isolation**: Controlling what she does, who she sees, and talks to, what she reads, where she goes, limiting her outside involvement, using jealousy to justify actions.
- **Using Intimidation**: Making her afraid by using looks, actions, gestures, smashing things, destroying her property, abusing pets, displaying weapons.
- **Using Emotional Abuse**: Putting her down, making her feel bad about herself, calling her names, making her think she’s crazy, playing mind games, humiliating her, making her feel guilty.
- **Using Minimizing, Denying and Blaming**: Making light of the abuse and not taking her concerns about it seriously, saying the abuse didn’t happen, shifting responsibility for abusive behavior, saying she caused it.
NONVIOLENCE

NEGOTIATION AND FAIRNESS
Seeking mutually satisfying resolutions to conflict • accepting change • being willing to compromise.

NON-THREATENING BEHAVIOR
Talking and acting so that she feels safe and comfortable expressing herself and doing things.

ECONOMIC PARTNERSHIP
Making money decisions together • making sure both partners benefit from financial arrangements.

RESPECT
Listening to her non-judgmentally • being emotionally affirming and understanding • valuing opinions.

SHARED RESPONSIBILITY
Mutually agreeing on a fair distribution of work • making family decisions together.

TRUST AND SUPPORT
Supporting her goals in life • respecting her right to her own feelings, friends, activities and opinions.

RESPONSIBLE PARENTING
Sharing parental responsibilities • being a positive non-violent role model for the children.

HONESTY AND ACCOUNTABILITY
Accepting responsibility for self • acknowledging past use of violence • admitting being wrong • communicating openly and truthfully.

DOMESTIC ABUSE INTERVENTION PROJECT
202 East Superior Street
Duluth, Minnesota 55802
218-722-2781
www.duluth-model.org
Advocacy

Promote Access to Community Services...
Know the resources in your community. Is there a hotline and shelter for battered women?

Believe and Validate Her Experiences...
Listen to her and believe her. Acknowledge her feelings and let her know she is not alone. Many women have similar experiences.

Help Her Plan for Her Future Safety...
What has she tried in the past to keep herself safe? Is it working? Does she have a place to go if she needs to escape?

Respect Her Autonomy...
Respect her right to make decisions in her own life, when she is ready. She is the expert in her life.

Respect Confidentiality...
All discussions must occur in private, without other family members present. This is essential to building trust and ensuring her safety.

Acknowledge Injustice...
The violence perpetrated against her is not her fault. No one deserves to be abused.
7.3 Danger Assessment

The Danger Assessment has been used by law enforcement, health care professionals, domestic violence advocates, and researchers for 25 years. Please note that training is required to properly score and interpret any data generated by this instrument. For further information, visit www.dangerassessment.com.

What is the Danger Assessment?
The Danger Assessment (DA) was originally developed by Co-Investigator Campbell (1986) with consultation and content validity support from battered women, shelter workers, law enforcement officials, and other clinical experts on battering. The first portion of the measure assesses severity and frequency of battering by presenting the woman with a calendar of the past year. The woman is asked to mark the approximate days when physically abusive incidents occurred, and to rank the severity of the incident on a 1 to 5 (1=slap, pushing, no injuries and/or lasting pain, through 5=use of weapon, wounds from weapon) scale. The calendar portion was conceptualized as a way to raise the consciousness of the woman and reduce the denial and minimization of the abuse, especially since using a calendar increases accurate recall in other situations (Campbell, 1995; Ferraro et al., 1983). In the original scale development, 38% of women who initially reported no increase in severity and frequency changed their response to “yes” after filling out the calendar (Campbell, 1986; Campbell, 1995).

The second part of the Danger Assessment is a 20-item instrument which uses a weighted scoring system to count yes/no responses of risk factors associated with intimate partner homicide. Some of the risk factors women are asked about are: whether or not their partner owns a gun, their partner’s employment status, whether or not he has ever threatened to kill the woman, etc. The training module, offered on this website, provides training on how to score the tool and offers score interpretations and recommendations for the different score levels.


The Danger Assessment is intended to assess risk for lethality.
Several risk factors have been associated with increased risk of homicides (murders) of women and men in violent relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of abuse and for you to see how many of the risk factors apply to your situation.

Mark Yes or No for each of the following.
(“He” refers to the client’s husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting them.)

Yes    No
____   ____  1. Has the physical violence increased in severity or frequency over the past year?
____   ____  2. Does he own a gun?
____   ____  3. Have you left him after living together during the past year?
     3a. (If you have never lived with him, check here____)
____   ____  4. Is he unemployed?
____   ____  5. Has he ever used a weapon against you or threatened you with a lethal weapon?
     5a. (If yes, was the weapon a gun? _____)
____   ____  6. Does he threaten to kill you?
____   ____  7. Has he avoided being arrested for domestic violence?
____   ____  8. Do you have a child that is not his?
____   ____  9. Has he ever forced you to have sex when you did not wish to do so?
____   ____ 10. Does he ever try to choke you?
____   ____ 11. Does he use illegal drugs? By drugs, I mean “uppers” or amphetamines, speed, angel dust, cocaine, “crack”, street drugs, or mixtures?
____   ____ 12. Is he an alcoholic or problem drinker?
____   ____ 13. Does he control most or all of your daily activities? (For instance: does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car?)
     (If he tries, but you do not let him, check here: ____)
____   ____ 14. Is he violently and constantly jealous of you?
     (For instance, does he say, “If I can’t have you, no one can”?)
____   ____ 15. Have you ever been beaten by him while you were pregnant?
     (If you have never been pregnant by him, check here: ____)
____   ____ 16. Has he ever threatened or tried to commit suicide?
____   ____ 17. Does he threaten to harm your children?
____   ____ 18. Do you believe he is capable of killing you?
____   ____ 19. Does he follow or spy on you, leave threatening notes or messages on answering machines, destroy your property, or call you when you don’t want him to?
____   ____ 20. Have you ever threatened or tried to commit suicide?

Thank you. Please talk to your nurse, advocate, or counselor about what the Danger Assessment means in terms of your situation.
Danger Assessment Calendar

Several risk factors have been associated with homicides (murders) of both batterers and battered women in research conducted after the murders have taken place. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of severe battering and for you to see how many of the risk factors apply to your situation.

Using the calendar, please mark the approximate dates during the past year when you were beaten by your husband or partner. Write on that date how bad the incident was according to the following scale:

1. Slapping, pushing; no injuries and/or lasting pain
2. Punching, kicking; bruises, cuts, and/or continuing pain
3. "Beating up"; severe contusions, burns, broken bones
4. Threat to use weapon; head injury, internal injury, permanent injury
5. Use of weapon; wounds from weapon

(If any of the descriptions for the higher number apply, use the higher number.)
7.4 PPP Screening Tool  (Potency; Pattern; Primary Perpetrator)

Part A: Potency of Violence (level of severity, dangerousness, or risk of lethality)

1. Are there any threats or fantasies of homicide and/or suicide? If so, does the person have a specific plan to act on them?

2. Are weapons available (guns, knives, etc.) indicating the means are accessible?

3. How extreme was any prior violence? Were injuries caused, and if so, how serious?

4. Is the person highly focused upon/obsessed with the specific victim as a target of blame?

5. Is there a history of mental illness—especially thought disorder, paranoia, or severe personality disorder?

6. Is the person under the influence of drugs or alcohol, indicating diminished capacity to inhibit angry impulses? Is there a history of substance abuse?

7. Does the person express a high degree of depression, rage, or extreme emotional instability (indicating a propensity to act irrationally and unpredictably)?

8. Is the party recently separated or experiencing other stressful events like loss of job, eviction from home, loss of child custody, severe financial problems, etc.?

Part B: Pattern of Violence and Coercive Control

1. Is there a history of physical violence including: Destruction of property? Threats (to hurt self or loved ones)? Assault or battery? Sexual coercion or sexual assault/abuse?

2. Has there been disregard or contempt for authority (e.g. refusal to comply with court-ordered parenting plans, violation of protective orders, a criminal arrest record)?

3. How fearful and/or intimidated is the partner?

4. Is there a history of emotional abuse and attacks on self-esteem?

5. Does one party make all decisions (e.g. about social, work, any leisure activities; how money is spent; how children are disciplined and cared for; household routines and meals; personal deportment and attire, etc.)?

6. Has the partner been isolated/restricted from outside contacts (e.g. with employment, friends, and family)?

7. Is there evidence of obsessive preoccupation with, sexual jealousy, and possessiveness of the partner?
8. After separation, have there been repeated unwanted attempts to contact the partner (e.g. stalking, hostage-taking, threats or attempts to abduct the partner or child)?

9. Have there been multiple petitions/litigation that appear to have the purpose of controlling and harassing?

**Part C: Primary Perpetrator Indicators: Who is the primary aggressor, if either?**

1. Who provides a more clear, specific, and plausible account of the violent incident(s)? Who denies, minimizes, obfuscates, or rationalizes the incident? (The victim more likely does the former; the perpetrator the latter).

2. What motives are used to explain why the incident(s) occurred? (Victims tend to use language that suggests they were trying to placate, protect, avoid, or stop the violence, whereas perpetrators describe their intent being to control or punish).

3. What is the size and physical strength of each party relative to the amount of damage and injury resulting from the incident(s)? Does either party have special training or skill in combat? (Perpetrators who are better equipped are able to cause the greater damage).

4. Are the types of any injuries or wounds suffered likely to be caused by aggressive acts (the Perpetrator's) or defensive acts (the victims')?

5. If the incident(s) involved mutual acts of violence, were the violent acts/injuries by one party far in excess of those of the other? (Violent Resistors tend to assert only enough force to defend and protect; when primary perpetrators retaliate, they are more likely to escalate the use of force aiming to control and punish).

6. Has either party had a prior protective order issues against them—whether in this or a former relationship (indicating who was determined to be the primary aggressor in the past)?

In general, the PPP screening provides the outreach worker with a “working hypothesis” as to the type of violence involved in any case.

- Multiple indicators, especially those that are more potent, signal the more difficult and high-risk cases where full measures of protection are needed for the victim and child

- Multiple indicators of potency and a clear pattern of using coercive-controlling tactics by a primary perpetrator indicate a probable high-risk abusive controlling relationship

- Several indicators of moderate severity or potency and use of violent tactics to resole conflict, with neither party as the primary perpetrator, suggest moderate-risk situational violence

- A few indicators of potency with acts of violence only around the time of separation, instigated by one or both parties, suggest an isolated incident related to the separation

**Note:** Accounts of the violent incident(s) by the participants themselves should be assessed with caution, because victims may tend to assume more blame, and abusers usually minimize or deny their conduct. It is...
helpful to obtain a detailed account of the violent incidents from each party separately. However, professionals need to be wary of differentiating the abuser from the victim based on who claims to be the victim; who is more charming, charismatic, and liable; who appears more organized, reasonable, and sensible; and who feels more entitled and morally outrage. Sociopaths, narcissists, and chauvinists—who use violence for interpersonal control—can make a very smooth presentation, whereas the victim can appear emotionally distraught and disorganized (Bancroft & Silverman, 2002; Herman, 1997).

7.5 Sample Safety Planning Template

Personalized Safety Plan

The following steps represent my plan for increasing my safety and preparing in advance for the possibility for further violence. Although I am not responsible for my partner’s violence, I do have a choice about how to respond to him/her and how to best get myself and my children to safety.

STEP 1: SAFETY WHEN RETURNING HOME WITH OR WITHOUT PARTNER/WHEN MOVING INTO A NEW PLACE AND DURING A VIOLENT INCIDENT

I can use some or all of the following strategies:

a) If I need to get out of a dangerous situation, I will ________________ (think about and plan how to get out, i.e. doors, windows, stairwells etc.)

b) I could park my car facing the exit so I can leave quickly such as, ________________ or ________________

_________________.

c) I can use ________________ bus route or ________________ as a different route for transportation.

d) I can keep my purse and car keys ready and keep them ________________ so I can leave quickly.

e) I can trust ________________ and ________________ to tell about the abuse in case I need help.

f) I will use ________________ as my code word with these people so they can call for help or know that I need help if I answer a call and use that word.

g) I will use ________________ as my code word with my children ________________

__________________.

h) If/when I leave my home I can go ________________ or ________________

(friends/shelter).

i) Sometimes arguments end in violence and it is important to stay as safe as possible during that time. There are places in my home that are less safe than others. If I am in an unsafe place during an argument, such as my kitchen or bathroom, I can move to a safer place such as _________________. I can also go to ________________ and lock the door.

j) When I sense a violent incident is about to happen, I notice the following in my partner’s behaviour or words ________________ and ________________

__________________.

k) I notice in myself ________________ and ________________. This can trigger me to knowing a violent incident is about to occur. I can leave before the
violence occurs.

l) I will practice emergency exiting with my children on ________________________ (days) to make sure we are well prepared. I will tell my children we practice this in case of emergency, such as fire.

STEP 2: SAFETY WHEN PREPARING TO LEAVE

Women planning to leave an abusive situation must keep their safety in mind. Leaving the relationship is the most dangerous time for an abused woman. Individuals who are abusive often become more abusive and controlling when they sense their partner is about to leave.

a) I will photocopy all important documents by ________________________ date.

Examples of important documents:
• Identification for myself and the children
• School records for the children
• Money
• Bank cards, bank book, credit cards, financial documents
• Prescriptions
• Lease/rental agreements, separation/divorce documents
• Immigration/citizenship documents
• Address book

b) I will have an extra set of keys cut by ________________________ (date) and will keep originals at __________(name) house.

Examples of keys:
• House
• Car
• Mailbox
• Safety deposit box
• Garage

c) I will open an individual bank account by ________________________ (date) at ______________(bank). I will keep money in a safe place ________________________


d) I will check with ________________________ (name) and ________________________ to see if I can stay with them temporarily in case all the shelters are full.

Examples of people I can stay with:
• Family
• Relatives
• Friends
• Neighbors

e) I will gather clothing and extra essential items for myself and the children and pack them
in a suitcase and leave it with _______________________________(name).

Examples of essential items:
- Special items for the children such as photos, toys, and books
- Extra diapers, formula, or items for an infant
- Medication
- Other _______________________________

f) I will keep the name of ______________________________ and ______________________________ (support people) confidential in case the children tell my partner our plans to leave or he tries to find us once we have left.

g) I will review my safety plan regularly ______________________________ (weekly, monthly) in order to plan the safest way to leave my home.

Additional Safety measures When Preparing to Leave

a) If I have been injured, I will go to the doctor or an emergency room and report what happened and ask that they document the visit.

b) I will have pictures taken of the injuries and keep them in a safe place. If I go to the doctor, I will ask that they take the pictures and keep them on file.

c) I will memorize or keep in a safe place the telephone number for at least one shelter.

d) After calling a shelter or my safe alternative, I will immediately call another number such as 411 or a friend to remove any possibility to trace the call or push redial to see where I have called.

e) I will keep a journal of violent incidents and visits with the doctor or hospital, with dates and times.

f) Record any violent incidents your partner has with others, with dates and times.

STEP 3: SAFETY ONCE I HAVE LEFT THE RELATIONSHIP

a) I will change the locks on my doors and windows as soon as possible. I will look under “Locksmiths” in the phone book by ______________________________ (date) and ask for information on cost and installation.

b) I will talk to ______________________________ (counsellor) about:
   - Having a security system installed for my safety or
   - Wearing a body alarm or
   - A cellular phone connected to 911.
c) I will inform my landlord and/or __________________________ that my partner no longer lives with us and they should call the police if he/she is seen near my place.

d) I will teach my children how to use the telephone to make a call to me and to ______________ __________________________ in the event that my partner takes them.

e) I will tell people who take care of my children which people have permission to pick up my children and whether or not my partner is permitted to. Those I will inform will include:

__________________________ School

__________________________ Day Care Staff

__________________________ Babysitter

__________________________ Teacher

__________________________ Others

__________________________ Others

f) I can screen my calls using an answering machine, or have my partner’s number blocked.

g) If necessary I will change my phone number. Telus phone number is 310 – 3100.

STEP 4: SAFETY ON THE JOB AND IN PUBLIC

a) I will inform my boss (if safe to do so) by ________________________________ date and ________________________________ at work of my situation.

b) When leaving work/school I will call ________________________________ and let them know I am leaving. I will walk out with ________________________________.  

c) If I use public transit, I can use it at the busy times of the day. I can also change the times and/or route of travel to ________________________________ if I suspect my partner will be watching for me.

d) If I drive my own car I will park in well lit areas and I will back into parking spots for easy escape. When returning to the car, I will check the back seat.

c) I will carry a personal alarm with me when I leave the house or my office or school.

d) I will use different grocery stores, malls, and banks to vary my routine.
STEP 5: SAFETY WITH A RESTRAINING ORDER OR NO CONTACT ORDER

a) I will keep a copy of the Restraining/No Contact Order with __________________________
____________________________ (relative, friend, safety deposit box).

b) I will call the police if my partner attempts to contact me.

c) I will let __________________________ and __________________________ know that I
have the order and they should contact the police if he contacts them to find me.

d) I will carry a copy of the order with me at all times.

STEP 6: SAFETY AND MY EMOTIONAL HEALTH

a) Whether or not I choose to return to my partner, I will remind myself my feelings are
important and I always deserve to be treated with respect and dignity.

b) When I have to talk with my partner in person or by phone I will __________________________
____________________________ to protect myself emotionally.

c) I will end the conversation if __________________________ occurs.

d) I can remind myself "______________________________” when I think
others are trying to control or abuse me (I have a right to make my own choices; I can
control my own feelings).

e) I can do __________________________, and __________________________
______ to help me feel emotionally stronger anytime.

f) I can call __________________________ and/or __________________________
to talk to when I need support.

g) I can use my journal to write about an event or feelings.
Other Things to Consider

a) If necessary, to protect yourself consider giving the abusive person what he/she wants during an incident to calm him/her down until you can get to safety.

b) Have several reasons why you need to leave the house at different times of the day and night.

c) Trust your instincts and judgments when feeling unsafe.

d) If you have children tell them that violence is never right, even when someone they love is being violent. Explain to them it is not your fault or their fault that the abuse is happening. Develop a safety plan with each of your children.

e) Decide what to do if your children find out you are planning to leave and they tell your partner.

f) Avoid wearing scarves or long necklaces that could be used to choke you.

g) If possible stay away from rooms where weapons are kept.

h) Consider getting new job skills such as upgrading, computer, trades, others.

i) Pay attention to your surroundings. Know where the exits are and where there is a phone.

j) By participating in community activities you may decrease any sense of isolation, and meet new people.

k) If you need to serve your partner with legal papers, ask someone you trust to do it or look under the yellow pages for “process servers”.

Source: YWCA/Sheriff King Home
7.6 Sample Child’s Safety Plan

This plan was developed to help mothers teach their children some basic safety planning. It is based on the belief that the most important thing that children can do for their mothers and their families is to get away from the area of violence! They cannot stop the abuse, although they often try by distracting the abuser or directly interfering in the abusive episode. It is important to tell the child that the best and most important thing for them to do is keep themselves safe.

Children who witness family violence can be profoundly affected. It is very traumatic for them to be faced with violence directed at them or at someone they love. Personal safety and safety planning are extremely important and necessary for children whose families are experiencing violence. Children should learn ways to protect themselves. There are several ways to help you develop a safety plan with your children.

- Have your child pick a safe room/place in the house, preferably with a lock on the door and a phone. The first step of any plan is for the children to get out of the room where the abuse is occurring.
- Stress the importance of being safe, and that it is not the child’s responsibility to make sure that his/her mother is safe.
- Teach your children how to call for help. It is important that children know they should not use a phone that is in view of the abuser. This puts them at risk. Talk to your children about using a neighbour’s phone or a pay phone if they are unable to use a phone at home. If you have a cell phone, teach your children how to use it.
- Teach them how to contact police at the emergency number.
- Ensure that the children know their full name and address (rural children need to know their Concession and Lot #).
- Rehearse what your child/children will say when they call for help.
- It is important for children to leave the phone off the hook after they are done talking. The police may call the number back if they hang up, which could create a dangerous situation for yourself and your child/children.
- Pick a safe place to meet your children, out of the home, after the situation is safe for you and for them (so you can easily find each other).
- Teach your children the safest route to the planned place of safety for them.

Sample Rehearsal of Call for Help

Dial 911
An operator will answer: “police, fire, ambulance”
Child says: Police
Then child says:
My name is ___________. I am ________ years old. I need help. Send the police. Someone is hurting my mom. The address here is ______________. The phone number here is _________.

7.7 Sample Responsibility Plan

Time Out Plan

What will tell you that you need to go? *(list triggers)*

1.

2.

Where will you go, what will you do?

3.

4.

Good Friend’s Phone Number ____________________________

Previous Plans

List three ways in the past that you have cooled down or controlled your anger:

5.

6.

7.

Physical Exercise Plan

Stress Management Plan

List three things that you enjoy doing, relax you, and help you think straight:

8.

9.

10.

Nine Commandments for Perpetrators

1. We are all 100% responsible for our own behaviour.

2. Violence is not an acceptable solution to problems.

3. We do not have control over any other person, but we do have control over ourselves.

4. When communicating with someone else, we need to express our feelings directly rather than blaming or threatening.

5. Increased awareness of self-talk, physical cues, and emotions is essential for progress and improvement.

6. We can always take a time-out before reacting.

7. We can’t do anything about the past, but we can change the future.

8. Although there are differences between men and women, our needs and rights are fundamentally alike.

9. Counsellors and case managers cannot make people change—they can only set the stage for change to occur.

Note that abuse is not necessarily a result of anger management issues. In cases of “situational violence,” where you have assessed one of the underlying issues to be difficulty with anger management, the following information may be useful.

**Understanding Anger**

Anger is normal—but it tells us there is something wrong that needs changing. The behavior that follows anger may not be normal. It may be very destructive, like physical violence, threats, verbally abusive comments, and sexual abuse. Anger is always a secondary emotion. It follows something else, like frustration, extreme stress, feeling put down, or fearing rejection.

### Signs of Anger

<table>
<thead>
<tr>
<th>Body:</th>
<th>Emotions:</th>
<th>Self-talk:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tense muscles</td>
<td>Tense</td>
<td>“It’s not fair.”</td>
</tr>
<tr>
<td>Sweating</td>
<td>Agitated</td>
<td>“I can’t think straight!”</td>
</tr>
<tr>
<td>Increased heart rate</td>
<td>Hurt</td>
<td>“Nobody treats me like this!”</td>
</tr>
<tr>
<td>Quickened Breathing</td>
<td>Outraged</td>
<td>“She/he deserves this!”</td>
</tr>
<tr>
<td>Trembling</td>
<td>Insulted</td>
<td></td>
</tr>
<tr>
<td>Face flushing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Ways to Deal with Anger

10. Recognize the red flags: be aware of your body cues.

11. Identify the source of the anger. Why are you angry?

12. Deal with the situation or problem causing the anger.

13. Talk to someone.

14. Accept anger as normal—but remember that inappropriate behaviour is not “normal.”

15. Sometimes it makes sense just to wait it out.

Appropriate Alternatives to Violence

1. **Jogging or Walking Briskly**: This is a benefit both for stress reduction and general health. When you feel good physically, you are able to confront stressful situations better. Also, the physical activity helps divert attention away from the stressful environment. A walk around the block is good for people who cannot jog.

2. **Physical Work**: Physical work can release energy in the same manner as jogging while at the same time getting something accomplished. The work can be at home or place of employment.

3. **Quiet Time**: This is getting off alone for awhile. Listen to music, just sit quietly and daydream, or walk along someplace that is restful, such as a park, woods, etc. You may also have a room at home where you can go to be away from everything for awhile.

4. **Deep Breaths**: Just stop for a minute when you feel tension and take some deep breaths. This adds oxygen to your body and helps you think more clearly, calm down, and shift your focus from the situation. Stretching or walking around while taking deep breaths help.

5. **Talking**: Talking about the stress to another person is helpful. Talk about what is bothering you to someone you trust. If you are aware of the symptoms prior to anger and you talk about them instead of acting, it will help reduce your stress.

6. **Relaxation Procedures**: Tense and relax muscle groups.

Using Time Out

Note to Outreach Worker: In some cases, aggression can be averted if the perpetrators can recognize the early warning signs of anger, non-aggressively say they need to leave for a while, and then take a time-out. The technique does not help the couple resolve the issue at hand; it is a stopgap measure. However, it often prevents violence, which is the primary goal. Communication skills can be learned later after the fear of violence is gone.

**How to Take a Time-Out**

The time-out is an emergency strategy to prevent dangerous escalation of conflicts. It should only be used during crisis—and as you learn better communication and self-management skills, it may never have to be used at all. But you must know how to use it effectively.

Time-out should not be used as a weapon against the other person. It should not be used as a way of avoiding conflicts. It should not be used as a way of making the other person feel abandoned. Instead, time-out should be used as a sign of respect for the relationship. The message is this: “I care enough about us that I don’t want any more damage to this relationship.”

It is essential that your partner understand this message of respect. It is your job to clearly explain this to them in advance and to follow it up by your actions when using the time-out correctly.

1. “I’m beginning to feel like things are getting out of control.”
2. “And I don’t want to do anything that would mess up our relationship.”

3. “So I need to take a time-out.”

4. “I’m going out for a walk around the neighbourhood (or the gym, etc.)”

5. “I’ll be back (five minutes, or one hour, etc.)”

6. And let’s try talking about this again when I get back, OK?”

If partner does not acknowledge, begin the time-out anyway—without making any physical contact or threats!

- Leave silently—no door slamming
- While away, don’t drink or use drugs—and don’t drive if your temper is out of control
- Try using “self-talk” that will help you keep this in perspective:
  - “I’m getting upset, but I don’t have to lose my cool!”
  - “I’m frustrated, but I don’t have to control anybody else or always get my way.”
  - “I can calm myself and think through this situation.”
  - “I’ve got to think about what will be most important for the future.”
- Do something physical (walking, playing sports, working out, etc.) if it will help you discharge tension. Try distracting yourself with any activity that temporarily takes your mind off the intensity of the argument.
- You must come back when you said you would, or call and check in. When you come back, decide together if you want to continue the discussion. Here are the options:
  - Discuss it now: This is usually the best and most respectful action
  - Drop the issue: Maybe you both realize now that it was really not that big a deal
  - Put the issue on hold: This may be important to discuss, but it would be better to do it at later time. As long as both parties agree, this can work
- Each person has the right to say “no” to further discussion at that time and to suggest a time for discussion. If anger escalates again, take another time-out

### 7.5 Sample Social Network Assessment

<table>
<thead>
<tr>
<th>Type of Support</th>
<th>Question to Ask Client</th>
<th>Person(s) Identified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instrumental</td>
<td>If you needed a ride or care, whom would you ask?</td>
<td></td>
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<tr>
<td></td>
<td>If you needed to borrow money, whom would you ask?</td>
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<tr>
<td></td>
<td>If you needed someone to watch the kids, whom would you ask?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If you needed food or clothing, whom would you call?</td>
<td></td>
</tr>
<tr>
<td>Emotional</td>
<td>If you needed someone to listen, whom would you call?</td>
<td></td>
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<tr>
<td></td>
<td>Who would you call in an emergency with the kids?</td>
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<tr>
<td></td>
<td>Who would you go to for a shoulder to cry on?</td>
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<td></td>
<td>With whom do you share good news?</td>
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<tr>
<td>Appraisal</td>
<td>If you needed a second opinion about parenting, whom would you ask?</td>
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<tr>
<td></td>
<td>Whose opinion do you value?</td>
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<tr>
<td></td>
<td>Who has given you good advice?</td>
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<tr>
<td>Informational</td>
<td>If you needed information about something at the school or in the neighbourhood, whom would you ask?</td>
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<tr>
<td></td>
<td>Where can you find out about kids activities?</td>
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<td></td>
<td>Who can tell you where to go for financial help?</td>
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</tbody>
</table>

Source: Adapted from MST Helping Families Build Support Systems 2010
### 7.6 Sample Goal Planning Sheet

Planning for your future is very important, even if those plans may change. One way in which you can plan for the future is by setting goals. Goals clarify our desires and, in doing so, help us to focus on those activities that will lead us to what we want. Setting clearly defined goals provides you with a framework for choices that will help you meet your goals. Our goal is to build capacity in women and their families to live free from violence, by focusing on one or more of the following areas: safety; social support/relationships; assistance with basic needs and connection to community resources; family violence and abuse awareness; emotional health and wellness; and life skills. By knowing what you want to work on, we can help you work toward your goal(s). Using a scale from 1 to 10 (where 10 = achieved the goal), rate where you think you currently are in regards to reaching your goal(s).

**Remember:**
- Goals are framed in positive terms (what you want) and need to be important to you
- We believe that everyone has strengths, skills, and abilities; together, we highlight yours to help you work toward your goals
- Goals are manageable and achievable—this helps us both to recognize your progress and build upon success

<table>
<thead>
<tr>
<th>Goal Categories</th>
<th>Initial rating: (date)</th>
<th>2nd rating: (date)</th>
<th>3rd rating: (date)</th>
<th>4th rating: (date)</th>
<th>Final rating: (date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Safety goal(s):</td>
<td></td>
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<tr>
<td>2. Social Support/Relationships goal(s):</td>
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<tr>
<td>3. Basic Needs/Community Resources goal(s):</td>
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<tr>
<td>4. Family Violence and Abuse Awareness goal(s):</td>
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<tr>
<td>5. Emotional Health and Wellness goal(s):</td>
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<tr>
<td>6. Life Skills goal(s):</td>
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</table>

Source: Calgary Womens’ Emergency Shelter 2010
7.7 Sample Confidentiality Agreement

OUTREACH PROGRAM — CONFIDENTIALITY AGREEMENT

I understand that the information I give to the Calgary Women’s Emergency Shelter is private and confidential within the Outreach Program at the Calgary Women's Emergency Shelter.

Information collected by your Outreach Counsellor is stored in a secure electronic database system developed by Vista Share and/or in a locked filing cabinet. Non-identifying information is used to measure and report outcomes of service to funders of the Outreach Program, and also used to help the Outreach Program meet your needs. During and/or following your participation in the Outreach Program, you may be asked to tell us about your experience with the program and give us any suggestions/comments you may have. It is your choice to participate in this evaluation and your answers will not affect your service.

Your Outreach Counsellor is a professional who is bound by strict codes of ethics, including confidentiality requirements. All meetings are confidential. Your name or personal information will not be given out to anyone. If communication with a third party is considered necessary or helpful, your consent will be requested.

However, legal exceptions to the confidentiality agreement exist:

- In cases of imminent danger to you or to others, or suspected or actual child abuse, your Outreach Counsellor is legally obliged to report to the proper authority.
- In case of a subpoena to a court of law, your Outreach Counsellor will be required to answer questions and submit files.

The Calgary Women’s Emergency Shelter is dedicated to a high quality of care. In order to ensure expertise in each case, consultation is available to Outreach Counsellors. If they discuss you or your family in consultation with others, they will take every means to protect your privacy.

If you have any questions or want more information, you can talk to your counsellor, or call the Outreach Program Supervisor at (403) 213-5160.

I, ____________________________________________, understand and consent to the above conditions.

______________________________________________
Client’s Signature

______________________________________________
Outreach Counsellor’s Signature

______________________________________________
Date

Source: Calgary Women’s Emergency Shelter (updated 2011)
7.8 Supports for Working with Diverse Populations

Calgary and area organizations that offer professional support around cultural competency and/or client support include:

- Calgary Catholic Immigration Society
- Calgary Coalition on Family Violence (support for professionals only; not clients)
- Immigrant Services Calgary
- Calgary Immigrant Women's Association
- Centre for Newcomers
- Ethno Cultural Council of Calgary

Calgary and area organizations that offer training for working with Aboriginal clients and families include:

- Alberta Native Friendship Centre Association
- Homefront—Strengthening the Spirit
- Awo Taan Healing Lodge
- Black Powder Tipi Teachings
- Ghost River Rediscovery
- Hull Child and Family Services (Casey Eaglespeaker)
- Metis Calgary Family Services

For resources and support around working with gay, lesbian, bisexual or transgendered clients, contact:

- Safety Under the Rainbow (SUTR)
- Calgary Outlink: Centre for Gender and Sexual Diversity

For contact information and other sources, call 211 or go to [www.informalberta.ca](http://www.informalberta.ca)
7.9 Canadian Association of Social Workers Code of Ethics

Core Social Work Values and Principles

Social workers uphold the following core social work values:

Value 1: Respect for Inherent Dignity and Worth of Persons
Value 2: Pursuit of Social Justice
Value 3: Service to Humanity
Value 4: Integrity of Professional Practice
Value 5: Confidentiality in Professional Practice
Value 6: Competence in Professional Practice


Guidelines for Ethical Practice

7.10 Additional Resources

Alberta Centre for Child, Family and Community Research
https://mobile.cihr.ca/cristest/search?p_language=E&p_version=ACCFCR&p_session_id=446085042
Some research articles/reports related to family violence and child abuse. Research grant information available as well.

Alberta Council of Women’s Shelters (ACWS)
http://www.acws.ca/reports.php
Research and reports on various issues related to family violence, shelter specific issues, and standards of practice.

Alberta Human Services: Children Services
http://www.child.alberta.ca/home/programs_services.cfm
Links to Government of Alberta published informational resources for the public and professionals on family violence and child abuse.

Calgary Domestic Violence Collective
http://www.endviolence.ca/resources-family/
Calgary based virtual resource centre that offers many resources on Family Violence including Violence Knows No Boundaries: Diverse Cultural Perspective, Legal Resources, and Safety Information on DV. Calgary Coalition for Family Violence.

Canadian Child Welfare Research Portal
http://www.cecw-cepb.ca/publications/434
Several articles on child welfare issues / incidence rates, etc.

Centre for Children and Families in the Justice System
http://www.lfcc.on.ca/
Several resources available to support professionals who work with children and parents dealing with family violence and child abuse.
Child Trauma Academy
http://www.childtrauma.org/
Research on the effects of trauma on child development and promising interventions are available on this site. Online and other professional education options as well as a certification program are available on this site.

City of Calgary-Family and Community Support Services
http://www.calgary.ca/CSPS/CNS/Pages/FCSS/Research-Briefs.aspx
Research briefs on several topics related to child/youth, family and community vulnerability factors and prevention/intervention approaches/programs that support resiliency and growth in individuals, families, and communities.

Department of Justice
http://www.justice.gc.ca/eng/pi/fv-vf/about-aprop/
Research and informational articles on family violence and justice issues.

Inform Alberta/ Calgary
http://www.informalberta.ca
Referral resources in and around the city of Calgary specific to Family Violence and other topics.

National Center on Domestic and Sexual Violence
http://www.ncdsv.org/publications_wheel.html
An American source for Power and Control and Equality “wheels” charts and many other publications. Additional “wheels” available for LGBT relationships, caregivers and people with disabilities, institutions, etc.

Public Health Agency of Canada-National Clearing House on Family Violence
Online publications as well as publications and video materials available for order.

Resolve Alberta
http://www.ucalgary.ca/resolve/links.shtml
References research reports, book series, and website links to resources on family violence, bullying, child abuse/at-risk youth.
Statistics Canada

http://www5.statcan.gc.ca/researchers-chercheurs

Search “family violence”

Research articles on many aspect of family violence including police reporting statistics, general social survey information, specific population research such as effects of family violence on children and youth, Aboriginal peoples, etc.