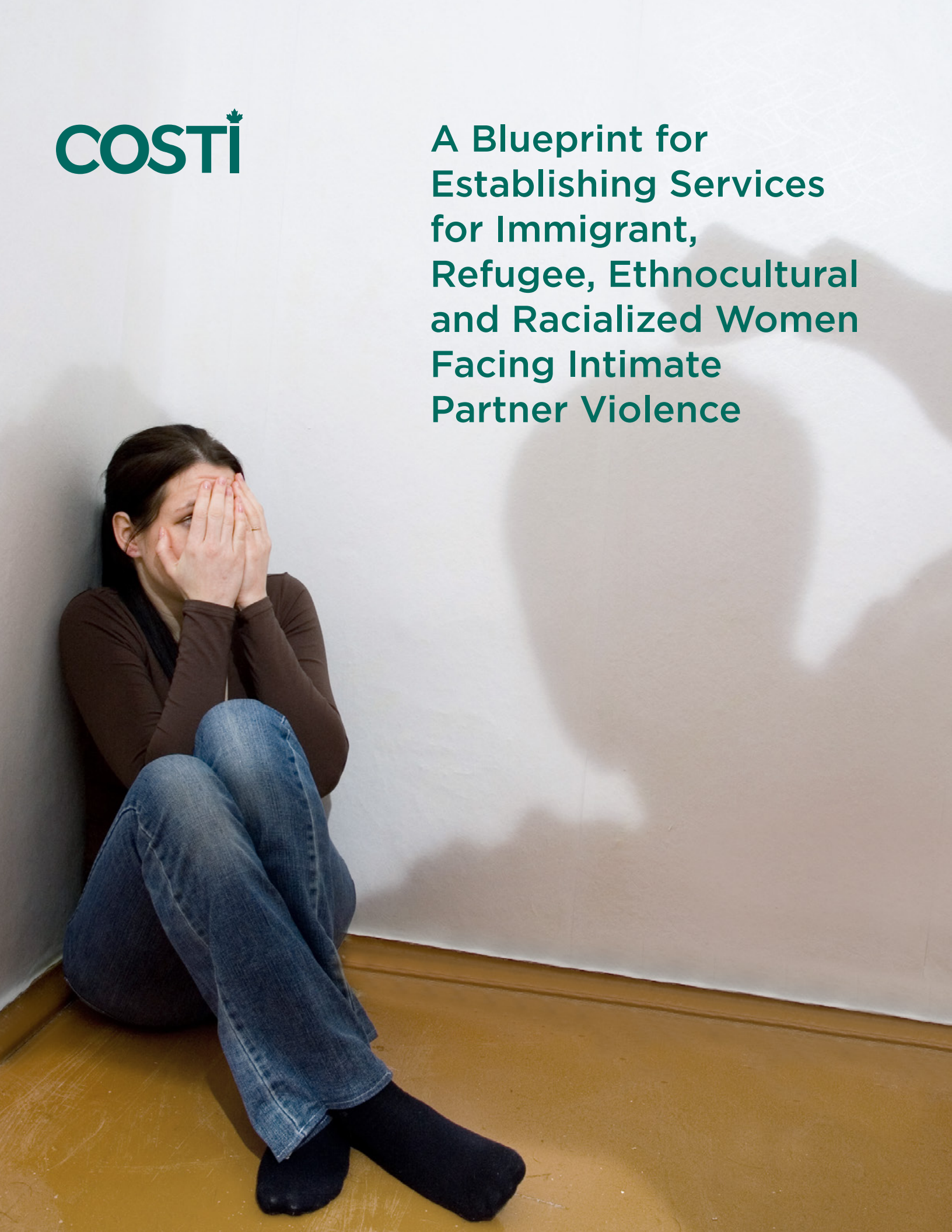
COSTI

A Blueprint for Establishing Services for Immigrant, Refugee, Ethnocultural and Racialized Women Facing Intimate Partner Violence



ACKNOWLEDGMENTS

PROJECT FUNDER

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PROJECT PARTNERS

COSTI would like to thank the project partners for their participation in the research study and the development of the Program Model.

- **La Maison,** Scarborough
- **Settlement Assistance and Family Support Services** (SAFSS), Scarborough
- **Safe Centre of Peel** (SCOP), Brampton
- **York Region Centre for Community Safety** (YRCCS), Markham

ADVISORY TEAM

COSTI would also like to thank the team that provided insights and guidance to make the Program Model effective, culturally safe and replicable.

- **Lena De Nicola** and **Rosalie Ricupati** (COSTI Immigrant Services)
- **Myriam Marika Pierre-Louis** and **Adama Touré** (La Maison)
- **Tatiana Dociu**, **Soraya Khaleeli**, **Sudip Minhas**, and **Zarina Sherazee** (SAFSS)
- **Shelina Jeshani** and **Molly Judson** (SCOP)
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VICTIMS/SURVIVORS

COSTI is grateful to the Victims/Survivors from immigrant, refugee, ethnocultural and racialized communities who shared their experiences of accessing services for Intimate Partner Violence as Participatory Researchers and focus group participants. Their input has been incorporated into the Program Model on which this blueprint is based.

COSTI PROJECT MANAGEMENT TEAM

Acknowledgment is also due to COSTI staff who conceptualized and managed the research study, "Evaluation of Wraparound Services for Immigrant, Refugee, Non-Status and Ethnocultural Women Facing Gender-Based Violence" that culminated in the development of this blueprint.

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EXECUTIVE SUMMARY

A Blueprint for Establishing Services for Immigrant, Refugee, Ethnocultural, and Racialized Women Facing Intimate Partner Violence is based on the findings of a research project led by COSTI Immigrant Services, "Evaluation of Wraparound Services for Immigrant, Refugee, Non-Status and Ethnocultural Women Facing Gender-Based Violence 2019-2023".

The purpose of the research project, funded by Women and Gender Equality Canada, was to develop an implementation blueprint featuring components of a Program Model shown to be effective, culturally safe, and replicable for serving immigrant, refugee, ethnocultural, and racialized (IRER) women facing intimate partner violence. The Program Model was developed by analyzing the elements of the practices used to deliver effective and culturally responsive services to IRER women by five agencies in the Greater Toronto Area.

The blueprint describes the recommended Program Model which has four core elements:

1. Processes that ensure the safety of women including (1) initial intake and screening, (2) risk assessment, (3) detailed needs assessment and safety planning, (4) active referral, and (5) documentation and record-keeping.
2. Qualified staff who receive ongoing training and support.
3. Intersectoral collaborations, at minimum with children's protective services and shelter/housing.
4. Continuous feedback from clients which is used to improve services.

To assess how faithfully the Program Model is executed, organizations will need to demonstrate that:

1. Up-to-date protocols and procedures for intake, assessment, safety planning, referrals and documentation are being used consistently.
2. Vast majority of referrals (e.g., 80%) including self-referrals, completed initial intake within 48 hours of first contact, and most eligible intakes (e.g., 70%) completed a full assessment and safety plan within two weeks, rising to almost all (e.g., 95%) within four weeks.
3. Staff received training and supervision to ensure that they were familiar with the protocols and procedures and used them consistently.
4. Core partners (at minimum children's protective services and housing) were in frequent and meaningful communication around issues or client-specific needs over a period of a year.
5. Client feedback collected over the period of a year was used to improve services.

If these key performance indicators are not met, organizations will need to proactively assess the existing processes to identify areas that can be improved upon to maintain program fidelity.

Women and Gender Equality Canada / Femmes et Égalité des genres Canada

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KEY TERMS AND ACRONYMS USED IN THE BLUEPRINT

IMMIGRANT

An immigrant is a person who has chosen to settle permanently in Canada. Immigrants have legal status in Canada as permanent residents, which means they have the right to live, work and study in Canada on a permanent basis.[1]

REFUGEE

A refugee is a person who is outside their home country or the country where they normally live and who is unable or unwilling to return there because of a well-founded fear of persecution based on race, religion, nationality, political opinion or membership in a particular social group. Refugees seek the protection of another country and must meet the criteria set out in the United Nations Convention Relating to the Status of Refugees.[2]

ETHNOCULTURAL

An ethnocultural community or group is defined by the shared characteristics unique to, and recognized by, that group. This includes characteristics such as cultural traditions, ancestry, language, national identity, country of origin and/or physical traits.

To the extent that religion is inextricably linked to the group's racial or cultural identity, it can also be recognized as a defining characteristic. In some cases, a group may view its common origin as pan-national, or it may be based on geographic region of origin. These characteristics are the basis on which, generally speaking, one group culturally distinguishes itself from another. Groups that identify as ethno-racial or racialized are sometimes encompassed by the term ethnocultural.[3]

RACIALIZED

Racialization is the process by which societies construct races as real, different and unequal in ways that matter to economic, political and social life. Racialized groups are defined by their perceived racial or ethnic background.[4]

[1] Government of Canada, "Immigrate to Canada: Immigration, Refugees and Citizenship Canada", www.canada.ca, (n.d.), https://www.canada.ca/en/immigration-refugees-citizenship/services/immigrate-canada.html

[2] Government of Canada, "Refugees and Asylum", www.canada.ca, (n.d.), https://www.canada.ca/en/immigration-refugees-citizenship/services/refugees.html

[3] Government of Canada, "Applicants Assisting Ethnocultural Communities", www.canada.ca, 2005, https://www.canada.ca/en/revenue-agency/services/charities-giving/charities/policies-guidance/policy-statement-023-applicants-assisting-ethnocultural-communities.html

[4] Ontario Human Rights Commission (OHRC), "Racial Profiling and Racial Discrimination, www.ohrc.on.ca, (n.d.), http://www.ohrc.on.ca/en/racial-profiling-and-racial-discrimination-definitions

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INTIMATE PARTNER

An intimate partner is a person with whom one has a close personal relationship that can be characterized by emotional connectedness, regular contact, ongoing physical and/or sexual involvement and/or shared activities and interests. Intimate partners can be current or former spouses, dating partners or sexual partners.[5]

INTIMATE PARTNER VIOLENCE (IPV)

Intimate partner violence, also known as domestic violence or domestic abuse, refers to any form of physical, sexual, emotional or economic abuse that occurs within a current or former intimate relationship. It is characterized by a pattern of coercive control that may include behaviors such as physical assault, sexual coercion, emotional manipulation, financial exploitation, stalking and threats.[6]

VICTIM/SURVIVOR

The word "victim" is used by members of law enforcement and within the context of courtroom proceedings, but for many of our organizations, "survivor" speaks to the sense of empowerment our coordinated response aims to encourage in the people we serve. To that end, this document uses the term **Victim/Survivor (V/S)** to represent this continuum.[7]

COUNSELOR

In this document, the term counselor is used to refer to a professional who provides guidance and support to V/S or groups experiencing emotional, psychological or social challenges. Although many counselors are licenced social workers, some may have other qualifications such as degrees in social service, psychology, mental health counseling or Domestic Violence Professional certifications with related experience in the field. Counselors use therapeutic techniques to help individuals overcome obstacles, improve their mental well-being and achieve personal growth.

RELATED ACRONYMS

GBV	Gender-based Violence
IPV	Intimate Partner Violence
IRER	Immigrant, Refugee, Ethnocultural and Racialized
NGOs	Non-government Organizations
SAMHSA	Substance Abuse and Mental Health Services Administration
VAW/G	Violence Against Women/Girls
V/S	Victim/Survivor
WAGE	Women and Gender Equality Canada

[5] Centers for Disease Control and Prevention (CDC), "Intimate Partner Violence: Definitions.", www.cdc.gov, 2021, https://www.cdc.gov/violenceprevention/intimatepartnerviolence/definitions.html

[6] Canadian Women's Foundation, "What is Gender-Based Violence?", www.canadianwomen.org, (n.d.), https://canadianwomen.org/the-facts/gender-based-violence/

[7] Women Against Abuse, "The Language We Use", www.canadianwomen.org, (n.d.), https://www.womenagainstabuse.org/education-resources/the-language-we-use

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THE RESEARCH REPORT

This blueprint is based on the findings of a research project, "Evaluation of Wraparound Services for Immigrant, Refugee, Non-Status and Ethnocultural Women Facing Gender-Based Violence".

The purpose of the research project, funded by Women and Gender Equality Canada, was to develop an implementation blueprint featuring components of a Program Model shown to be effective, culturally safe and replicable. The blueprint contains mandatory components for establishing services for immigrant, refugee, ethnocultural, and racialized (IRER) women facing intimate partner violence.

This project studied two promising practices that are both based on Coordinated Community Response (CCR) models, in which a bundle of services for GBV Victims/Survivors and their families is provided in one location. The two models were the Family Justice Center model and a single multi-service agency model. The Family Justice Center (FJC) model was first developed in the early 2000s, with the opening of the San Diego FJC in 2002. According to an environmental scan of FJC's in the U.S., four elements define the model; co-location, multi-agency, multi-disciplinary and targeting provision of services to adult survivors of family violence and their families.[8] The FJC model was first introduced to Ontario in 2006, when the Family Violence Project of Waterloo Region was established. Centres in other towns including Brampton, Oshawa, Newmarket, Peterborough and Scarborough followed, with the Ontario Collaborative Response to Family Violence (OCRFV) forming to share best practices among the different centres. For the purpose of the project, this model of services was named Hub Model.

The second model, dubbed the Single Agency Model, was practiced by the lead research agency, COSTI Immigrant Services, Toronto (COSTI). COSTI Immigrant Services (COSTI) is a community-based, multicultural, multi-service agency providing employment, educational, settlement and social services to immigrants, refugees, international students and ethno-racial individuals. It uses a client-focused, proactive, and innovative approach in planning, developing, and delivering services. Operating from 18 locations in Toronto, the Region of Peel and York Region, COSTI provides services in more than 60 languages to over 39,000 people annually.

COSTI's Gender-Based Violence program has much in common with the FJC model, growing as it did out of a community-based, integrated multi-service agency that provides a range of programs to a vulnerable community. Like the FJC hubs, COSTI provides a safety planning

[8] Ahmad, F., Driver, N., McNally, M. J., & Stewart, D. E., "Why doesn't she seek help for partner abuse?", Abt Associates. (2018), Environmental Scan of Family Justice Centers (P.111), National Institute of Justice, U.S (2009), An exploratory study with South Asian immigrant women, Social Science & Medicine (1982), 69(4), P.613–622. https://doi.org/10.1016/j.socscimed.2009.06.011

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service and offers links and referrals to housing, legal and court support-related services. Its counselling program includes a comprehensive range of client-centred services including individual and group therapies. Survivors with transportation barriers can access services over the phone or online or receive transit tokens at the centre.

Unlike most of the FJCs, COSTI's program targets newcomers primarily. Their GBV services evolved as a response to the needs of women in the communities they serve who are at risk of or are impacted by GBV. COSTI facilitates access for women from immigrant, refugee, ethnocultural and racialized communities by providing linguistically appropriate, culturally-sensitive services. Their program is staffed with multilingual, multicultural staff, all of whom have knowledge and training with respect to the sensitivities, intervention and treatment strategies related to immigration and refugee issues and their relevance to women and children who are impacted by abuse.

For comparison, some identified differences between Single Agency Model and the Hub Model are:

- The Single Agency services, by definition, are provided by a single agency. Its integration is not merely administratively convenient – it increases efficacy by providing depth and a common set of principles, protocols and training across a wide range of services.
- The Single Agency Model is less proactive in multi-sectoral coordination. The Hub Model by the very nature of its service model works toward cross-sectoral integration of services.
- The Single Agency model may have fewer entry pathways for women to seek services than Hub models that have multiple entryways through their network of partner organizations and sectors.

RESEARCH PARTNERS

The research project evaluated the program models implemented by COSTI and four partner organizations serving over 2500 women from immigrant, refugee, ethnocultural, and racialized (IRER) communities in the Greater Toronto Area (GTA).

Single Agency Models

Besides, COSTI, two other agencies represented this Model.

- **La Maison, Scarborough**, is a multi-services centre, serves Francophone women (16 years and older) and their children, who experience partner and family violence. Trained staff and volunteers offer support and programs to their clients, helping them to regain their autonomy. La Maison employs a feminist framework and provides a safe environment open to all Francophone women and their dependents living with violence. True to its commitment to see an end to violence against women, La Maison also provides shelter to Francophone women and their children who experience Domestic and Family Violence in Toronto. In addition, it provides awareness of legal rights and prevention through public and community education, supporting women in their journey towards safety.

- **Settlement Assistance and Family Support Services (SAFSS), Scarborough** is a community-based non-profit, charitable organization which provides linguistically and culturally appropriate services serving the Greater Toronto Area (primarily Scarborough). Established in 1989 as South Asian Family Support Services, the organization was initially founded to support women and children who were victims of domestic violence, to prevent wife, child, youth and senior abuse through individual and group counselling, education, crisis intervention and referrals. SAFSS has since evolved and expanded to provide settlement and language services to new immigrants and refugees. The Violence Against Women program offers counselling and mental health support, assistance with applying for legal aid, subsidized housing and social assistance, works closely with the Police and Probation Office and provides referrals to shelters and other essential community resources.

Hub Models

- **The Safe Centre of Peel, Brampton,** provides co-located, integrated and coordinated services through 17 partner organizations, which address the needs of individuals experiencing Intimate Partner Violence (IPV). The delivery model is based on a single point of access and intake process, which reduces barriers to service, minimizes fragmentation, avoids duplication and ensures responsive service delivery, especially to those living in high-risk situations and/or have complex needs.
- **York Region Centre for Community Safety (YRCCS), Markham** founded in 2013 is a co-located, coordinated single-access point for services within York Region to meet the needs of those affected by intimate partner violence, family violence, human trafficking and sexual violence. Through an integrated holistic approach, YRCCS provides ongoing case management and advocacy, safety planning, exit planning and finding client-centred services while reducing the risk of re-traumatization.

THE PROGRAM MODEL

The Program Model was developed by analyzing the elements of the practices of the five partner agencies used to deliver effective and culturally responsive services, including physical facilities, staff, training, procedures, partnerships, and information systems. A comprehensive Program Quality Checklist based on partner responses and literature review was prioritized and distilled to the core elements needed to effectively serve women from immigrant, refugee, ethnocultural and racialized communities facing intimate partner violence.

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Four Core Elements of the Program Model

Processes

that ensure the safety of women including (1) initial intake and screening, (2) risk assessment, (3) detailed needs assessment and safety planning, (4) active referral, and (5) documentation and record-keeping.

Qualified staff

who receive ongoing training and support.

Intersectoral collaborations

at minimum with children's protective services and shelter/housing.

Continuous feedback

from clients which is used to improve services.

To assess how faithfully the Program Model is executed, organizations will need to demonstrate that:

1. Up-to-date protocols and procedures for intake, assessment, safety planning, referrals and documentation are being used consistently.
2. within 48 hours of first contact, and most eligible intakes (e.g., 70%) completed a full assessment and safety plan within two weeks, rising to almost all (e.g., 95%) within four weeks.
3. Staff received training and supervision to ensure that they were familiar with the protocols and procedures and used them consistently.
4. Core partners (at minimum children's protective services and housing) were in frequent and meaningful communication around issues or client-specific needs over a period of a year.
5. Client feedback collected over the period of a year was used to improve services.

If these key performance indicators are not met, organizations will need to proactively assess the existing processes to identify areas that can be improved upon to maintain program fidelity.

THE BLUEPRINT

PURPOSE OF THE BLUEPRINT

The Program Model on which this blueprint is based draws upon primary information sources including interviews and group discussions with partner agencies and a review of secondary sources to develop evidence-based recommendations that are effective, culturally safe and replicable.

The Program Model is for services for immigrant, refugee, ethnocultural, and racialized (IRER) women affected by or at risk of violence by a current or former intimate partner. Although the blueprint primarily addresses intimate partner violence, the issues discussed may be relevant to other forms of relationship-based violence against women perpetrated by a father, a brother (in place of a parent) or an in-law/extended family member. This blueprint focuses on the needs of the defined target group i.e. IRER women in intimate partner relationships. The model does not explicitly address people who identify as trans or non-binary, nor experience violence in a school and/or workplace.

The blueprint's specific goals are:

1. To share a Program Model that is effective, culturally safe and replicable.
2. To identify standards of care that organizations can use to better identify and respond to the needs of IRER women facing violence.
3. To strengthen the capacity of organizations to deliver a minimum suite of services for effective care of IRER women's needs.

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PRIMARY USERS

The intended users of the blueprint are non-profit organizations, community-based groups and women's organizations that provide support and resources to immigrant, refugee, ethnocultural and racialized women. The blueprint can assist these organizations in establishing a new program or enhancing existing IPV services.

The blueprint can also provide valuable insights and recommendations for further research, program evaluation and evidence-based practices for researchers and academics interested in the field of IPV, immigrant and refugee studies, ethnocultural and racialized communities and intersectionality.

ORGANIZATION OF THE BLUEPRINT

The blueprint is organized into four sections.

Understanding Intimate Partner Violence in Immigrant, Refugee, Ethnocultural and Racialized (IRER) Communities

This section is included because it is essential for organizations to have a thorough understanding of intimate partner violence in order to provide effective services to Victims/Survivors (V/S). It provides information on the dynamics of abusive relationships within immigrant, refugee, ethnocultural and racialized communities and the impact of intimate partner violence on V/S. By understanding the nature of intimate partner violence, you can develop services that are tailored to the specific needs of IRER women in your community.

Minimum Requirements for Response to Victims/Survivors

This section describes the evidence-based Program Model that was distilled from evaluating the service models of five agencies working with IRER women.

The Program Model focuses on five core processes in establishing and implementing an effective program for V/S from immigrant, refugee, ethnocultural and racialized communities:

1. initial intake and screening
2. risk assessment
3. needs assessment and safety planning
4. referral and
5. documentation and record keeping as minimum requirements

This section also includes sections on staff training, intersectoral collaboration, and continuous feedback.

Ensuring the Success of the Program

This section provides guidance on monitoring and evaluating the effectiveness of the program, how to identify areas for improvement and how to make necessary changes to the program. It also lists the basic key performance indicators (KPIs) for evaluating if a program is successful in meeting the needs of its clients.

Annexures

This section of the blueprint contains annexures for all stages of the service setup process. These annexures provide additional resources and tools to help organizations establish effective and efficient services for V/S from IRER communities. The annexures cover a range of topics relevant to the Program Model, including guidelines and sample forms.

PRONOUNS

Gender-Based Violence (GBV) is an umbrella term, which includes all violence directed at a person because of their gender. It affects women and girls disproportionately. This blueprint focuses on women impacted by intimate partner violence (IPV), which is a form of GBV.

IPV occurs in every sector of society, regardless of age, sexual orientation, gender identity, religion, ethnicity or race. However, men are most often the perpetrators of IPV against women and are responsible for more severe degrees of violence and injury - including death. In comparison to men, women are significantly more likely to be targets of IPV and are at heightened risk of injury and death in intimate contexts.[9] While we recognize that intimate partner violence impacts a spectrum of gender identities in heterosexual and LGBTQ+ relationships and that there are women who use violence against men, this blueprint is primarily reflective of the widespread scale of women abused by men.

For this reason, and for ease of reading, abusers are referred to as him/he and the targets of violence are referred to as she/her when a gendered pronoun is required.

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[9] Cotter, Adam. "Intimate Partner Violence in Canada 2018 (Overview)", Canadian Centre for Justice and Community Safety Statistics, www.150.statcan.gc.ca, 2021, https://www150.statcan.gc.ca/n1/pub/85-002-x/2021001/article/00003-eng.htm

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UNDERSTANDING INTIMATE PARTNER VIOLENCE IN IMMIGRANT, REFUGEE, ETHNOCULTURAL AND RACIALIZED (IRER) COMMUNITIES

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INTIMATE PARTNER VIOLENCE (IPV) AS A FORM OF GENDER-BASED VIOLENCE

Gender-based violence (GBV) refers to harmful acts directed at an individual or a group of individuals based on their gender. It is rooted in gender inequality, the abuse of power and harmful norms. The term is primarily used to underscore the fact that structural, gender-based power differentials place women and girls at risk for multiple forms of violence. Women's experiences of violence are shaped by multiple forms of discrimination and disadvantage, which intersect with race, ethnicity, religion, gender identity, sexual orientation, immigrant and refugee status, age, and disability.[10]

While women and girls suffer disproportionately from GBV, men and boys can also be targeted. The term is also sometimes used to describe targeted violence against LGBTQ+ populations when referencing violence related to norms of masculinity/femininity and/or gender norms".[11]

Gender-based violence can take many forms such as intimate partner violence, sexual harassment in the workplace or on campus, sex trafficking and pornography. It can include sexual, physical, mental and economic harm inflicted in public or in private. It also includes threats of violence, coercion and manipulation.[12] Some forms are specific to some cultural communities including child marriage, female genital mutilation, 'honour killings", dowry-related deaths, son preference and female foeticide.

Intimate-partner violence (IPV) is a form of gender-based discrimination, perpetrated by a current or former intimate partner. It also includes relationships described as "hooking up", "dating", "friends with benefits" or any other way of describing a romantic and/or sexual relationship.

IPV refers to any act, intention or threat of physical and sexual violence or other forms of abuse (emotional, psychological, financial, verbal) that result in harm or suffering, including restrictions on freedom, safety and full participation as a member of society.

INTIMATE PARTNER VIOLENCE IN IMMIGRANT, REFUGEE, ETHNOCULTURAL AND RACIALIZED (IRER) COMMUNITIES

Intimate partner violence is a prevalent form of gender-based violence. It is perpetuated by intimate partners driven by a desire for power and control.

[10] Canadian Network of Women's Shelters & Transition Houses, "Blueprint for a National Action Plan on Violence Against Women and Girls", www.endvaw.ca, p.2, 2015, http://www.endvaw.ca/wp-content/uploads/2015/10/Blueprint-for-Canadas-NAP-on-VAW.pdf

[11] UN Women, "https://www.unwomen.org/en/what-we-do/ending-violence-against-women/faqs/types-of-violence

[12] The UN Refugee Agency (UNHCR), "Gender-based Violence", www.unhcr.org, (n.d.), https://www.unhcr.org/what-we-do/protect-human-rights/protection/gender-based-violence

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Any woman is vulnerable to abuse by a partner, regardless of age, race, ethnicity, education, cultural identification, social level, occupation, religion, sexual orientation, mental or physical capabilities or personality. Intimate partner violence may happen from early dating years through to old age. Abuse against women who are in their reproductive years may increase especially during pregnancy and have an impact on their reproductive health. However, the experience of IPV in IRER communities differs in several ways, which may create barriers to seeking help or leaving the relationship.[13]

- **Cultural Factors:** Cultural beliefs, religious beliefs, family honour and societal expectations can play a significant role in the decision to stay. Some cultures may view violence as acceptable in certain situations as when a wife 'disobeys' her husband or the belief that a wife must submit to her husband's authority including submitting to sex. For some women, the need to preserve their marriage supersedes their own safety, therefore, promoting 'surviving violence' as the only option. This may be because of personal beliefs (e.g., divorce is a sin, it is her karma), interpersonal reasons (e.g., financial dependence on her partner, socialized gender roles, stability for the sake of their children) and community (e.g., cultural expectations, fear that she and her family will be ostracized or isolated). They may face pressure to maintain the appearance of a stable family or fear negative consequences, judgment, stigma or social repercussions within their cultural community if they leave the relationship, particularly in communities where divorce or separation is heavily stigmatized. Additionally, IRER women often have to navigate the challenges of maintaining their cultural identity while adapting to the norms and values of their new host country. They are expected to be the gatekeepers of their culture. Conflicts arising from differing cultural values and generational gaps can impact power dynamics within relationships and potentially contribute to IPV.
- **Immigration Status:** Many non-status residents or asylum seekers are hesitant to report abuse to authorities because of their precarious immigration status. Although Canada allows sponsored spouses living in abusive situations to request permission to stay in the country on humanitarian and compassionate grounds, the application process is time-consuming and expensive. Even for those who have legal permanent residence, fear of deportation or visa revocation, fear of never seeing their children again, or other risks can prevent them from seeking help. Some immigrant women may be financially dependent on their partners if they are not authorized to work in Canada.
- **Stigma and Shame:** Some cultures may view IPV as a private family matter that should not be discussed outside of the immediate family, encouraging V/S to keep silent about the abuse they have been subjected to and prevent them from seeking help.
- **Lack of Awareness or Information:** Some V/S may not recognize their experiences as abuse or may not be aware of available resources and support services. They may also lack information about legal rights and options for seeking help.

[13] Park, T., Mullins, A., Zahir, N., Salami, B., Lasiuk, G., & Hegadoren, K., "Domestic Violence and Immigrant Women: A Glimpse Behind a Veiled Door", 27(15–16), P.2910–2926, www.journals.sagepub.com, 2021, https://doi.org/10.1177/1077801220984174

- **Language and Communication Barriers:** Limited English/French proficiency or lack of access to interpretation services can make it difficult to seek help, understand their options and navigate support systems effectively.
- **Lack of Support Systems:** Newly-arrived immigrant and refugee women may have limited social networks, as they may be separated from their families or support systems in their home countries. This lack of support can make it harder to leave an abusive relationship or find alternative housing and support. Some cultural and religious traditions may isolate women from mainstream spaces, limiting their access to services and support. This isolation can result in women depending on their abusers for social and financial support, posing further barriers to leave the abusive situation.
- **Financial Dependence:** IRER women may rely on their abusive partners for financial support, particularly if they have no previous job experience, limited language skills, face discrimination in the job market or lack access to education and skills training.

Refer to Annex 1 for the Power and Control Wheel for Immigrant Women adapted from the Power and Control Wheel developed by the Domestic Abuse Intervention Project, (Duluth, MN).

BARRIERS TO ACCESSING SERVICES

The geographic and administrative fragmentation of support services presents barriers to accessing services. These barriers can result in the V/S from immigrant, refugee and ethnocultural communities dropping out of the systems that are meant to provide them support and returning to unsafe situations.[14]

Lack of Information and Culturally-Informed Services

Newcomers may lack information about free services and supports available. They may also face challenges navigating the complex health care and social service systems in Canada. They may encounter barriers when accessing services due to cultural norms and values such as a preference for service providers of the same sex. They may also face biases and prejudice based on their faith or race.

V/S require multiple forms of support in their path to healing. A woman seeking to leave a violent domestic situation requires help to develop a safety plan, and access safe housing and financial support. She may need assistance with transportation, medical care, childcare, legal advice and support, assistance with settlement-related issues, mental health counseling, addiction services and appropriate counseling services for her children. Her case may require law enforcement investigation and prosecution-related services. Later in her journey, she may benefit from ongoing therapy and participation in peer support groups. In most communities, accessing these services involves arranging and traveling to appointments at multiple

[14] COSTI Immigrant Services (Project Submission Excerpt), "Evaluation of Wraparound Services for Immigrant, Refugee, Non-Status And Ethnocultural Women Facing Gender-Based Violence", www.canada.ca, 2019, https://www.canada.ca/en/women-gender-equality/news/2019/05/backgrounder--government-of-canada-announces-investment-in-womens-organizations-in-davenport.html

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locations, which adds time and financial constraints to seeking help. Their assumptions about the availability or efficacy of services, and the risks entailed in accessing services, may be very different from those of most Canadian-born survivors. They may have trouble accessing information resources in their own language. And they may feel overwhelmed by the information they do receive, which directs them to a complex and unfamiliar service landscape.

Scheduling and Attending Multiple Appointments

The task of making appointments with multiple service providers is complicated by barriers around finance and language. Not all V/S have easy access to a phone - mobile phones and phone plans are expensive and phones are easily broken or taken away. Indeed, abusive partners may restrict access to a phone to systematically isolate survivors. Where V/S do have access to a phone, language barriers can make calls to new agencies intimidating and confusing.

The prospect of traveling to multiple, unfamiliar destinations to attend appointments is often intimidating for newcomers. Where public transit is available, fares and travel times represent real barriers to many V/S, who may feel pressure to return home from appointments before an abusive partner returns or calls. Travel to attend just one or two appointments or submit paperwork might require a full day off work. For women with young children, long travel times are more stressful.

Travel barriers are further heightened for V/S living in rural areas, where public transit options may not exist. IPV survivors from rural areas may not have access to a vehicle for many reasons and it is not uncommon for abusers to restrict survivors' mobility, in part by keeping them financially dependent. V/S with disabilities face further challenges around transportation and physical access; attending multiple appointments is particularly difficult for this group.

Childcare

V/S from immigrant and refugee communities often experience social isolation and are less likely than Canadian-born women to have access to free informal care for their children. Financial barriers restrict their access to paid childcare. In the absence of childcare options, women often have to bring their children with them to appointments. They may feel constrained in what they can say in the presence of their children. This decreases the efficacy of services.

Language Barriers

Most service providers in Canada offer services in English and French and may not have interpretation services or the cultural competency to address the needs of individuals whose primary language is different from the official languages. This may make it harder for them to seek help or express their needs adequately, leaving them vulnerable to ongoing abuse. Non-professional interpreters may lack training in confidentiality, which can increase the risk to V/S, particularly if the interpreter comes from the same community as the woman.

Uncoordinated Service Response

The experience of navigating different organizational cultures, terminologies, protocols and messaging around IPV can be disorienting, stressful and re-traumatizing for V/S. With every new intake process, survivors are forced to re-tell their stories and thus relive their experiences of violence. Studies show that having to respond to repetitive questions regarding experiences of violence and abuse can contribute to depression, anxiety disorders and post-traumatic stress disorder among V/S.

Fear of Police, Child Welfare Authorities and Immigration Authorities

V/S may fear the prospect of police involvement, which many women perceive as potentially dangerous to themselves and their families based on their experiences with law enforcement in the countries of origin. They may also fear further stigmatizing of their ethnocultural community. V/S who are dependent on an abusive spouse for sponsorship, or whose refugee claims are attached to an abusive partner, are less likely to seek help in response to IPV, for fear of jeopardizing their immigration status.

V/S who have achieved permanent residence or citizenship may hesitate, as fear of immigration authorities is sometimes stoked by abusive partners as a means of exerting control. Fear of immigration authorities may be further heightened for V/S who have experienced a breakdown in their spousal sponsorship or whose immigration status has otherwise been rendered precarious, leading them to avoid any interaction with healthcare providers or police.

Culturally Insensitive Service Provision

V/S face overwhelming legally, emotionally and financially complex and challenging situations. Their perceptions of their circumstances and the options available to them will be informed both by culturally-inflected values and assumptions and by their personal character, immigration status and larger biography. Service providers who lack insight into these contextual factors are unlikely to provide effective support.

RESILIENCE OF IRER WOMEN

While working with women from immigrant, refugee, ethnocultural and racialized communities, it is important to move away from a perception of them as powerless victims. It is generally accepted that resilience is the ability to cope with adversity, adapt, and grow from the experience. Despite numerous challenges, V/S demonstrate the four dimensions of resilience[15] in dealing with intimate partner violence and its aftermath:

- **Physical dimension:** The physical dimension of resilience refers to the ability to maintain physical health and well-being in the face of adversity. It involves factors such as genetic predispositions, healthy lifestyle choices, access to healthcare and adaptive physiological responses to stress.

[15] Polk, L. V., "Toward a middle-range theory of resilience. Advances in Nursing Science", 19(3), P.1-13., 1997

- **Psychological dimension:** The psychological dimension focuses on cognitive and emotional aspects of resilience. It encompasses factors such as positive self-concept, cognitive flexibility, problem-solving skills, self-regulation, optimism and the ability to cope with stress and trauma. This dimension explores how individuals' thoughts, beliefs and emotional processes influence their ability to adapt and bounce back from challenging situations.
- **Social dimension:** The social dimension emphasizes the importance of social relationships and support systems in fostering resilience. It recognizes the role of family, friends and broader social networks in providing emotional support, practical assistance, and a sense of belonging. Social connections, community resources and social integration are key factors within this dimension.
- **Spiritual dimension:** The spiritual dimension involves beliefs, values and meaning-making processes that contribute to resilience. It encompasses a sense of purpose, inner strength, faith, hope, and the ability to find meaning in adversity. This dimension recognizes that individuals draw on spiritual or existential resources to navigate and make sense of challenging experiences.

These dimensions highlight the interconnectedness of factors that contribute to an individual's ability to adapt, thrive and maintain well-being in the face of adversity. IRER women use both internal (e.g. faith beliefs, optimism) and external factors (e.g. housing, financial assistance, legal advice and job training) to build resilience.

Some of the strengths of women from IRER communities are[16]:

- They informally support each other, outside of social service structures.
- They often have multiple language skills.
- They develop creative ways to build community, become economically independent and heal from their experiences of violence.
- They are leaders in the anti-Gender-Based-Violence movement.

The Program Model puts the woman at the forefront by taking a strengths-based, trauma-informed approach that values safety, collaboration and connectedness.

RESOURCES: COMMUNITY NEEDS ASSESSMENT

This section gives a general overview of intimate partner violence in IRER communities. You may need to conduct a localized needs assessment to gather important information about the needs and experiences of women from IRER populations in your community as well as any existing services and resources available to them.

A useful resource is a workbook on "Community Needs Assessment", 2013 Atlanta, GA: Centers for Disease Control and Prevention (CDC)
Community Needs Assessment (cdc.gov)

[16] Learning Network, "Intimate Partner Violence Against Immigrant and Refugee Women", www.vawlearningnetwork.ca, Issue 26, September 2018, https://www.vawlearningnetwork.ca/our-work/issuebased_newsletters/issue-26/Issue_26.pdf

MINIMUM REQUIREMENTS TO RESPOND TO VICTIMS/SURVIVORS

30 POLICIES, PROTOCOLS AND PROCEDURES

32 Regular Review of Policies, Protocols and Procedures

1 Initial Intake and Safety Screening
- Assess Immediate Safety Needs
- Safety Tips

2 Risk Assessment

3 Needs Assessment and Safety Planning
- Safety Planning with Women from IRER Communities
- Measure of Victim Empowerment Related to Safety (MOVERS)

4 Referrals

5 Documentation and Record Keeping
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44 QUALIFIED AND TRAINED STAFF

44 Core Competencies of Qualified Staff

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52 Key Collaborators

53 Memorandum of Understanding

54 In-House Capacity Building

55 CONTINUOUS FEEDBACK

PROCESS FOR ENSURING SAFETY OF CLIENTS EXPERIENCING INTIMATE PARTNER VIOLENCE

1

Initial Intake and Screening

- Collect personal information (e.g. name, contact, number of children).
- Determine language preferences and accessibility needs.
- Obtain consent for services.
- Assess immediate safety needs.

2

Risk Assessment

- Assess potential safety risks for server injury or lethality.
- Identify immediate safety concerns and emergency needs.
- Determine the level of risk the woman may face in her current situation.
- Evaluate the presence of any protective factors or support networks.

3

Needs Assessment and Safety Planning

- Identify the woman's specific needs (e.g., legal, housing, healthcare, counseling).
- Develop a personalized safety plan addressing her immediate safety concerns.
- Collaborate with the woman to set goals and prioritize actions.
- Ensure cultural and language considerations are integrated into the plan.

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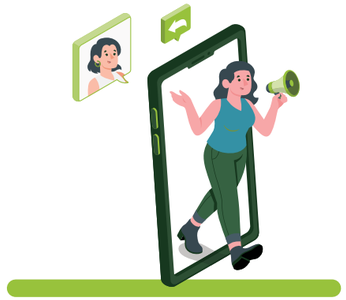
PROCESS FOR ENSURING SAFETY OF CLIENTS EXPERIENCING INTIMATE PARTNER VIOLENCE

4



Referral

- Provide information about available services and resources (e.g., shelters, legal aid).
- Offer referrals to specialized service providers as needed (e.g., counseling, immigration assistance).
- Coordinate with community organizations and support networks.
- Facilitate connections to relevant agencies and professionals.

5

Documentation and Record Keeping as Minimum Requirements

- Maintain clear and accurate records of all interactions with the woman.
- Document assessments, safety plans, referrals made, and client consent.
- Ensure records are securely stored and accessible only to authorized personnel.
- Comply with privacy and confidentiality regulations.

POLICIES, PROTOCOLS AND PROCEDURES

Developing policies, protocols and procedures for a Hub is more intricate and requires a higher level of collaboration, coordination, and adaptability compared to a single agency, which has more autonomy. In the Hub, the focus shifts from internal efficiency to harmonizing practices, achieving shared goals and effectively leveraging the strengths of each agency within the collaborative framework. Effective communication and alignment are also critical to address potential conflicts and ensure that all agencies are on the same page. Regular feedback is essential for maintaining effective collaboration and coordination.

Policies

Policies are high-level statements that outline an organization's goals, values and expectations. They provide guidance for decision-making and establish a framework for action. Policies are typically broad in scope and are designed to be flexible enough to accommodate a range of situations. Examples include:

- **A confidentiality policy:** This outlines the organization's commitment to protecting the privacy of clients and their personal information.
- **A data-sharing and storage policy:** This outlines the rules and procedures for storing and disseminating data, including the types of storage media that can be used, how data should be backed up and how long data should be retained.

Protocols

Protocols are specific guidelines that outline the steps to be taken in a particular situation. They are often used to ensure consistent and effective service. Protocols are typically more detailed than policies and are designed to be followed precisely. Examples include:

- **A safety protocol:** This outlines the steps to be taken in a crisis situation, including assessing the level of danger, contacting law enforcement if necessary and providing emotional support and safety planning for the V/S.
- **A documentation protocol:** This outlines the steps to be taken for keeping accurate, complete and up-to-date records so that they can be easily located and accessed when needed. It can also help to ensure that documents are consistent in style and format, which can improve readability and reduce margin for errors.

Procedures

Procedures are step-by-step instructions for carrying out a particular task or process. Procedures are typically more detailed than protocols and provide specific instructions for each step of a process.

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- **An intake procedure:** This outlines the steps to be taken when a new woman seeks services, including collecting information about the woman's needs and history.
- **A risk assessment procedure:** This outlines a series of questions that are designed to identify the woman's level of risk. These questions may include inquiries about the abuser's history of violence, the V/S's level of fear, the presence of weapons in the home and the access to resources such as money and transportation. A validated tool must be used during the risk assessment procedure.
- **A referral procedure:** This outlines the steps to be taken to provide effective referrals to women, including obtaining consent, identifying the appropriate referrals and following up to ensure that the referral was successful and that the woman's needs were met.

Your program will need to ensure that core policies, protocols and procedures related to service delivery (with appropriate training and continual support) are in place.

List of Policies, Protocols and Procedures Related to Service Delivery

CORE	RECOMMENDED
Safety	
• Risk Assessment Procedure	• Procedure for Debriefing to Ensure Staff's Emotional Safety • Case Consultation Protocol
Privacy And Confidentiality	
• Confidentiality Policy • Data Sharing and Storage Policy	
Autonomy	
• Informed Consent Procedure	• Refusal of Service Protocol • Complaint Procedure
Non-Judgemental Service Provision	
• Intake and Screening Procedure • Documentation Protocol • Procedure for Making Referrals	• Language Access Protocol (Working with Interpreters)

REGULAR REVIEW OF POLICIES, PROTOCOLS AND PROCEDURES

Regular reviews of policies, protocols and procedures ensure that an organization remains adaptable, efficient, compliant and focused on providing high-quality services. This process enables continuous improvement, risk management and the ability to effectively meet the needs of clients and stakeholders.

Regular reviews also help ensure that staff are properly trained and informed about the latest processes and protocols. This leads to consistent service delivery and reduces the likelihood of errors or misunderstandings.

KEY PERFORMANCE INDICATOR (KPI)

One of the key performance indicators is up-to-date protocols and procedures for intake, assessment, safety planning, referrals and documentation are being used consistently.

1 Initial Intake and Safety Screening

When a person seeking services first contacts your organization through a phone call, via email or text, or in-person as a walk-in, designated staff need to gather information from them to determine their eligibility for support, priority of services and the appropriate level and type of intervention needed to address the woman's needs.

The intake and screening process helps service providers deliver the necessary support and resources that are available or refer them to other sources that may be better equipped to help.

1. Create a welcoming script to provide a safe space for V/S to share their story.
2. Use an interpreter if necessary and ensure that the interpreter is trained in working with V/Ss.
3. Obtain informed consent before beginning the intake and assessment process. Explain the purpose of the intake and assessment, the type of information that will be collected and how the information will be used. Also share the limits of confidentiality before filling in any forms.
4. Collect basic demographic information such as the woman's name, age, address, phone number and emergency contact information.
5. Ask questions to assess immediate safety needs.

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Refer to:

- Annex 2 for a script for intake.
- Annex 3 for a sample intake and screening form.
- Annex 4 for A Guideline for Confidentiality in Working with Women Experiencing Intimate Partner Violence.
- Annex 5 for A Guideline for Informed Consent and a Sample Form.

Trauma-Informed Client Rights

1. **The right to safety and security:** Clients have the right to feel safe and secure in their interactions with staff and in the physical environment of the organization.
2. **The right to be informed:** Clients have the right to be informed about the services and resources available to them, as well as their rights and responsibilities as clients.
3. **The right to confidentiality:** Clients have the right to ensure their personal information will be kept confidential, except in cases where disclosure is required by law or necessary to protect their safety or the safety of others.
4. **The right to participate in their own care:** Clients have the right to be involved in decisions about their care and to have their preferences and needs considered.
5. **The right to access their records:** Clients have the right to access their own records and to request corrections or additions to those records.
6. **The right to complain:** Clients have the right to make complaints about any aspect of their care or treatment without fear of retaliation.
7. **The right to be heard:** Clients have the right to have their concerns and feedback heard and taken seriously by staff and management.
8. **The right to be treated with respect and dignity:** Clients have the right to be treated with respect and dignity, regardless of their background or circumstances.
9. **The right to cultural sensitivity:** Clients have the right to receive services that are sensitive to their cultural background and beliefs.
10. **The right to receive trauma-informed services:** Clients have the right to receive services that are informed by an understanding of trauma and its effects on individuals and communities.

Based on the SAMHSA's principles of Trauma Informed Approach and COSTI Immigrant Services' Bill of Client's Rights.

Assess Immediate Safety Needs

Conducting a risk assessment during intake is a fundamental step to ensure safety, well-being and appropriate support for clients. It informs decisions, interventions and resource allocation while also helping to prevent further harm.

A validated tool needs to be used for risk assessment and the counselor should know how to use the tool effectively to evaluate the level of risk. In the intake process shared in this document, questions from the Danger Assessment-5 (DA-5)[17] have been incorporated. However, any validated Risk Assessment tool may be substituted.

Refer to Annex 7 for a list of commonly used tools in domestic violence risk assessment and best practices in doing a risk assessment.

The DA-5 is a brief five-question tool that identifies if the woman is at high risk for femicide or severe injury. It was developed as a short form of the Danger Assessment tool for use in emergency and urgent care settings. The DA-5 also includes an item on strangulation, a harmful and potentially fatal IPV assault tactic often used by dangerous abusers. This tool may be used to gauge immediate safety needs.

Refer to Annex 6 for instructions on using and scoring the DA-5.

Evidence-based risk assessments should be used in combination with survivor self-determination and practitioner expertise to collaboratively develop the best way forward for each client. Based on the client's level of risk and need, service providers should be prepared to assist the woman immediately to keep her and her children and pets safe, such as referring her to a shelter or for medical care.

Safety Tips

For women who are not facing immediate or serious risk, if they have time and are amenable, create a safety plan. If they have a plan in place, they will be better able to manage the situation if violence occurs suddenly.

If they do not have time or are not in an emotional space to work on a detailed safety plan, offer them safety tips. In some cases, women may not follow up after the first contact so it is important to share safety tips with her as soon as possible.

Refer to Annex 2 for safety tips to share with clients during the intake process.

[17] Campbell, JC., "Danger Assessment", http://www.dangerassessment.org, 2004

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KEY PERFORMANCE INDICATOR

One of the minimum requirements of this Program Model is that **within 48 hours of first contact**, most referrals (e.g., 80%) (including self-referrals) will have completed initial intake, including a brief risk assessment, initial safety tips and advice on appropriate resources.

During the intake process, if the client is not eligible for services, document any referrals made or information provided.

2 Risk assessment

There are many IPV risk assessment tools that assess the risk for re-offense (recidivism), severe violence, strangulation and lethality (death). These validated risk assessment tools are based on evidence of use by the dominant population in North America. Currently, no tools are available that consider the unique vulnerabilities associated with V/S from immigrant, refugee, ethnocultural and racialized communities although the Danger Assessment is currently being adapted for immigrants. Also, bear in mind that V/S may underestimate their level of risk as a coping mechanism, or they may have chronic trauma that may have affected their memory. As a result, it is crucial to allow a trained, culturally-responsive professional discretion in determining risk.

Refer to Annex 7 for a list of commonly used tools in domestic violence risk assessment and best practices in doing a risk assessment.

As part of comprehensive care, these steps may be used by your staff to guide the risk assessment process.

a. **Assess the level of danger:** Use a validated risk assessment tool and ask questions about the abuser's past behavior, including any reports of violence or stalking, access to weapons and threats of suicide. Determine the level of physical and emotional harm the abuser may cause to the victim or others.

b. **Assess the level of control:** Ask questions about the abuser's level of control over the woman, including any financial or emotional dependence, isolation from friends and family and monitoring of phone and internet activity.

c. **Assess the level of planning:** Determine if the abuser has made any plans to harm the woman, stockpiled weapons, or exhibited patterns of aggression or escalation.

d. **Determine the lethality risk:** Based on your assessment, assign a score that determines the risk level for lethality, including a description of the potential harm and the likelihood of it occurring.

e. **Create a safety plan:** Work with the woman to create a safety plan that includes steps to protect themselves and any children from harm.

3 Needs Assessment & Safety Planning

Needs Assessment

Women may experience stress during the assessment process and it is crucial to prioritize their care and immediate needs over conducting assessments so that they are not retraumatized. It is essential to respect their autonomy and provide necessary support and flexibility to engage in assessments according to their comfort and capabilities.

The procedure includes:

1. Conducting a needs assessment by asking about:
    a. history of abuse including the type of abuse, the frequency and duration of the abuse and any injuries sustained as a result of the abuse
    b. children and involvement of child protective services
    c. accommodation needs
    d. involvement of law enforcement and legal needs
    e. employment and financial situation
    f. strengths and resources, including coping skills, support network and any community resources that may be available to the V/S
2. Documenting the assessment findings in a clear and concise manner, using objective language and avoiding any personal opinions or judgments
3. Storing the documentation securely in a locked cabinet or electronic database that is only accessible to authorized staff

Refer to Annex 8 for A Sample Needs Assessment Form.

A Detailed Safety Plan

A part of the needs-assessment process is to develop a safety plan with the woman. The Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations (CDHPIVP) defines safety planning as "strategies to protect the woman and individuals close to her (e.g. children). Strategies may include educating women about their level of risk, changing residence, planning a method of escape and relocating elsewhere, an alarm for a higher priority police response, a different work arrangement and/or readily accessible items needed to leave the home in an emergency, including contact information about local/ closest domestic violence resources." While working with women from IRER communities, considering legal status is important for developing a safety plan specifically if they are undocumented or they are sponsored by the abuser.

No safety plan is a one-size-fits-all solution as it needs to be tailored to the woman's specific needs.

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KEY PERFORMANCE INDICATOR

One of the requirements of this Program Model is that within two weeks of first contact, most eligible intakes (e.g., 70%) will have a full assessment and safety plan, rising to almost all (e.g., 95%) within four weeks.

The sample plan suggested in this document is used with permission from "Safety Assessment and Safety Planning Tool for Supporting Women with Precarious Immigration Status, Refugees, Refugee Claimants and Immigrant Women Facing Domestic Violence" developed by Rosa Elena Arteaga – Manager, Direct Services and Clinical Practice, Battered Women's Support Services (BWSS), in partnership with the BC Refugee Hub.

Refer to Annex 9 for the Sample Safety Plan.

There is additional information available that focuses on different aspects of safety planning such as:

- How to plan for safety during a violent incident at home
- How to plan for safety during an emergency escape
- What to pack in an emergency bag
- How to plan for safety in public, at work, and at school

Refer to Annex 10 for more information on safety planning.

Assessing and planning for safety is not just a one-time conversation but an ongoing process. Ideally, the counselor should go over the safety plan at every meeting.

Safety Planning with Women from IRER Communities

Cultural Responsiveness

Staff will need to tailor safety planning interventions to align with their cultural backgrounds, considering language preferences, religious or spiritual beliefs and traditions. For example, provide space for prayer or meditation if needed, or schedule appointments that consider cultural and religious holidays. Culturally-specific interventions may involve incorporating culturally-relevant practices, healing modalities or community support networks.

Language Accessibility

You may need to provide interpreters or bilingual counselors to facilitate effective communication. The safety planning materials, brochures and emergency number should be also available in multiple languages according to your client base.

Trauma-Informed Approach and Intersectional Perspective

IRER women's intersecting identities and experiences, including race, ethnicity, class, immigration status, disability and sexual orientation should be central to safety planning with the understanding that these multiple identities can influence the nature and impact of IPV and shape safety planning needs. Recognize the socio-economic constraints faced by IRER women and provide information about resources and services that are accessible to them. Address financial barriers, housing insecurities, and transportation challenges that may impact their safety planning options. Also, recognize that they may have a mistrust of authority based on experience in countries of origin, so encourage them to seek help from police and inform them about what to expect if they call 911.

Evaluation and Feedback

It is vital to continuously assess the effectiveness and cultural responsiveness of safety planning interventions through feedback from clients. One of the key elements of the Program Model is to incorporate clients' insights and recommendations to improve and refine the interventions.

Measure of Victim Empowerment Related to Safety (MOVERS)

MOVERS is a 13-item scale that measures survivor empowerment related to safety. It focuses on the V/S's own perception of their empowerment, "the extent to which a survivor has the internal tools to work towards safety, knows how to access available support, and believes that moving towards safety does not create equally challenging problems"[18].

Assessing from the survivor's perspective promotes a woman-centered approach that recognizes the V/S as the expert in their own safety needs. It also helps counselors identify areas for additional support or skill-building to promote the woman's autonomy in decision-making.

MOVERS is a copyrighted measure and COSTI Immigrant Services acquired permission from the authors to adapt it for this study. During the research project, the partner organizations used MOVERS as a tool to evaluate intervention outcomes over time. By assessing the V/S's perception of empowerment related to safety at different points in the counseling process, counselors were able to identify areas of improvement and measure the effectiveness of the interventions.

[18] Goodman, L.A., Thomas, K.A, & Heimel, D. "A guide for using the Measure of Victim Empowerment Related to Safety (MOVERS)", www.dvevidenceproject.org, 2015, P.5, https://www.dvevidenceproject.org/evaluation-tools/

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Across the five organizations involved in the research, the counselors found MOVERS to be an effective tool but suggested using it as part of ongoing case management after immediate safety planning needs had been met rather than an initial safety planning tool as it requires a degree of reflection and emotional detachment which may not be possible for a woman in crisis.

Refer to Annex 11 for the MOVER's scale and guide to using it.

RESOURCES: SCREENING AND SAFETY APPS

Although these are self-directed screening and safety resources that women can use by themselves on their phone or computer, it is may be helpful for service providers to introduce these apps so the women become familiar with them.

The **WITHWomen** screening app is a quick web-based app featuring nine validated questions that women can use at any time to quickly assess the level of safety in their relationship. Women can also explore information on the differences between safe and unsafe relationships and access links to community resources around housing, legal, financial and counseling services in the GTA.

Link to app: http://withwomen.ca/

Pathways and **PROMiSE** apps are web-based apps to support safety planning for women experiencing intimate partner violence. The PROMiSE app specifically addresses safety planning during public health emergencies such as the COVID-19 pandemic.

Both comprehensive safety planning tools ask users to first complete 19 questions to assess the risk of lethality in her relationship. Following this, the user will be asked to select options that are of most priority to her. Priorities include housing, legal, finance, social support and health. Once complete, the user will receive a tailored action plan with accompanying resources around the priorities. Users can also explore information on inmate partner violence and access further safety tips and strategies to stay safe online.

Link to Pathways: https://withwomenpathways.ca/
Link to PROMiSE: https://withwomenpromise.com/

All three web-apps are now available in English, Spanish and French and are available for users to come back to at any point, should behaviours and circumstances change in their relationship.

The website i**DETERMINE.ca** is a project led by The Redwood, and developed in partnership with TechnicalitiesPlus and Calibrate Consulting. It offers safety plans in over 100 languages that are tailored based on the user's risk assessment.

Link to iDETERMINE: https://www.idetermine.ca/

4 Referrals

Referrals are an integral part of comprehensive care. They enable the V/S to access the specific support they need, ensure a coordinated approach to care, enhance safety and optimize resource allocation. Referrals also prevent duplication of services, which is useful in a sector that often faces budget constraints.

Key points for staff to remember when making referrals include:

- Know the eligibility criteria of the service to which you refer the woman to avoid unnecessary and unproductive referrals. For example, when referring a woman to a shelter, investigate whether the shelter is ready to accommodate her cultural needs and follow-up on her experience at the shelter.
- Ensure that the woman's consent is obtained before sharing any information with other service providers.
- Utilize secure communication channels when sharing sensitive information such as encrypted email systems, secure file-sharing platforms, or password-protected documents.
- Provide the required details only to facilitate the referral process, but avoid sharing excessive or unnecessary personal information that may compromise the woman's privacy or safety.
- Use non-identifying information, whenever possible, during communication or documentation to protect the woman's confidentiality. This may include using woman reference numbers or codes instead of their full name.
- Provide resources such as websites, brochures and information cards with information that may be of use to clients including legal rights and options, protection orders and immigration status.

There are some practice traps to keep in mind when making referrals.

- **Assuming that the woman is ready to leave the abusive situation:** It is important to remember that leaving an abusive relationship is a complex and difficult process that can take time.
- **Focusing solely on physical violence:** Abuse can take many forms, including emotional, psychological and financial abuse. It is important to recognize and address all forms of abuse when providing support and making referrals.
- **Failing to follow up:** It is important to follow up with women after making referrals and providing support to ensure that they are receiving the help they need and to address any ongoing concerns or issues.

Refer to Annex 12 for A Guideline for Referring Clients to Appropriate Resources.

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5 Documentation and Record Keeping

Documentation

One of the World Health Organization's minimum requirements for programs working with V/S is documentation and maintaining records that are confidential and do not put women at risk. Maintaining records is an important aspect of case management. It helps to ensure that accurate and complete information is collected and maintained, which can be used to inform decision-making, monitor progress and evaluate outcomes.

All interactions with the V/S should be documented in a timely and accurate manner. This includes notes from meetings, phone calls and other interactions.

Some points for appropriate documentation include:

- **Simple language:** Documentation should be clear and concise so it accurately reflects the situation and the experiences of the V/S. It should also be objective to avoid bias and judgment, which can undermine the credibility of the documentation for legal and law enforcement purposes.
- **Obtain consent:** Before documenting any information, obtain consent to do so. Explain why the information is being collected and how it will be used. Referrals should be done with informed consent as well and in compliance with relevant privacy laws and policies.
- **Maintain confidentiality:** Whenever possible, use pseudonyms or codes instead of real names to further protect the identities of survivors and other individuals involved.
- **Use clear and concise language:** Avoid using jargon or medico-legal terms e.g. Traumatic Brain Injury or protection order, without an explanation. Take the time to explain the paperwork. Avoid terms that suggest moral judgment, as case notes might be interpreted negatively by third parties. Agency records can sometimes be inappropriately used to discredit a victim/survivor during family custody cases and assault. This can be very traumatic for women.
- **Document demographic and logistical information:** Records should include information about the woman's personal and demographic information, as well as contact information. This could prove crucial if there is an emergency that requires police or medical intervention. Also, note the date and time of each interaction to ensure that the information is accurate and up-to-date.
- **Document the personal account:** Record the account of the abuse in the V/S's own words and use direct quotes wherever possible to capture their voice.
- **Document any injuries:** Document any injuries in detail. Include the location, size and colour of the cuts or bruises, as well as any other relevant information. Photos with phone cameras may be an asset but require additional steps to maintain confidentiality and privacy.
- **Document any actions taken:** Record any actions taken during the interaction, such as

referrals to other services or agencies/organizations.

- **Keep the information confidential:** Keep all information confidential and secure. Only share the information with others who need to know, such as for case management, referrals or law enforcement purposes. This is important for protecting the privacy and safety of the woman and for maintaining trust between the V/S and the service provider, which are fundamentals of trauma-informed practice. Once a file is subpoenaed by the court, no material of any kind should be removed from it.
- **Review and update regularly:** Regular reviews will help to ensure that the woman receives the appropriate support and services.
- **Analyze data:** Collect information in a standardized and consistent manner to ensure that it can be easily analyzed and compared for use in case management and service improvement.

Documenting Violence

Documenting is important to providing ongoing sensitive care, to remind yourself, or to alert another provider at later visits. Documentation of injuries could be important if the woman decides to go to the police.

- Tell her what you would like to write down and why. Ask her if this is okay with her. Follow her wishes. If there is anything she does not want written down, do not record it.
- Enter in the record any health complaints, symptoms and signs as you would for any other woman, including a description of her injuries. It may be helpful to note the cause or suspected cause of these injuries or other conditions, including who injured her.
- Do not write anything where it can be seen by those who do not need to know.
- Be aware of situations where confidentiality may be broken. Be cautious about what you write where, and where you leave the records.
- For greater confidentiality, some facilities use a code or special mark to indicate cases of abuse or suspected abuse.

World Health Organization. (2014). Health care for women subjected to intimate partner violence or sexual violence: a clinical handbook. World Health Organization. (pg 12) https://apps.who.int/iris/handle/10665/136101

Refer to Annex 13 for A Guideline for Documenting Case Files

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Record Keeping

Policies and protocols should be in place to guide the collection, storage and dissemination of information related to these cases.
Here are some key considerations for record-keeping:

- **Consent:** Clients should be informed about the purpose of record-keeping and asked to provide their consent for their information to be collected and used. They should also be informed of their right to access their records and to request that their information be corrected or deleted.
- **Confidentiality:** This includes ensuring that records are stored securely and that access is restricted to authorized staff only.
- **Retention:** Records should be retained for a specified period of time, in accordance with legal and regulatory requirements. According to the Ontario College of Social Workers and Social Service Workers, V/S records are preserved in a secure location for at least seven years from the date of the last entry or, if the woman was less than 18 years of age at the date of the last entry, at least seven years from the day the woman became or would have become 18, after which they may be destroyed.[19] The specific practices may vary among organizations and may depend on factors such as the type of services provided, funding requirements and legal obligations. Provincial and territorial laws may also apply to how long a woman's file must be kept open to ensure that information is available for reference, follow-up, evaluation or in case any legal or ethical obligations arise. At the end of the retention period, organizations are required to shred physical documents or permanently delete electronic records to protect a woman's privacy. Once the retention period has expired, records should be securely destroyed.

For those organizations providing digital or hybrid services:

- Use encryption and other security measures to protect information from unauthorized access, theft, or loss. This may include using secure servers, firewalls and other security software to prevent hacking and other cyber threats.
- Access to records should be restricted to authorized staff only through two-step authentication and implementing role-based access to specific records based on job responsibilities.
- Regularly review and update the system to ensure that it remains effective as new data privacy risks emerge.

Refer to Annex 14 for A Guideline on Data Sharing and Storage.

[19] Ontario College of Social Workers and Social Service Workers, "Code of Ethics and Standards of Practice, Second Edition - Principle IV: The Social Work and Social Service Work Record", 2008, P.19-25

Closure

The effects of IPV can be long-lasting and V/S may require ongoing assistance, counseling, or access to resources. In practice, many organizations do not officially "close" client files and continue to provide ongoing support even after their immediate safety needs have been addressed.
However, some clients may wish to close their case file, for instance, if they are moving. When there is a proactive decision to close the file, steps may include:

- Providing the woman with any necessary information or referrals for ongoing support.
- Ensuring that all necessary documentation has been completed and filed appropriately.
- Archiving the file in a secure location according to the organization's record retention policies.
- Updating any relevant databases or tracking systems to reflect file closure.

This is also the time when the woman may be invited to complete an evaluation of the services received such as a Client Satisfaction Survey (often a funder expectation) or an exit interview.

Refer to Annex 15 for an example of a client satisfaction survey.

QUALIFIED AND TRAINED STAFF

CORE COMPETENCIES OF QUALIFIED STAFF

Cultural responsiveness

It is important for counselors to create an environment that encourages open communication and active participation from the woman about their cultural preferences. In collectivist cultures, the emphasis is on collective well-being and group harmony. Women from these cultures may prioritize family and community values over personal needs. Counselors may need to consider the impact of these cultural beliefs on the woman's decision-making, identity formation, and coping strategies.

Cultural responsiveness encompasses several competencies including:

- **Cultural awareness:** Staff should understand the cultural backgrounds and experiences of the women they serve, including their beliefs, values, and customs. For example, in some cultures with high respect for authority figures, women may not question the counselors' suggestions even if they do not agree with them.
- **Language proficiency:** Staff should be proficient in the languages spoken by the women they serve, or have access to interpretation services to ensure effective communication.

- **Sensitivity to trauma:** Staff should be trained in trauma-informed care and understand the impact of trauma on individuals from diverse cultural backgrounds.
- **Knowledge of community resources:** Staff should have knowledge of community resources that are available to women from diverse cultural backgrounds, including legal, medical and social services provided in in multiple languages.
- **Flexibility:** Staff should be flexible and adaptable in their approach to working with women from diverse cultural backgrounds, recognizing that different approaches may be needed to meet the unique needs of each woman.
- **Self-awareness:** Staff should be aware of their own cultural biases and how these biases may impact their interactions with women from diverse cultural backgrounds. This is part of "cultural humility", with the recognition that no individual can be an expert on all cultures and that cultural competence is a lifelong process of growth and understanding. available to women from diverse cultural backgrounds, including legal, medical and social services provided in in multiple languages.

BEING CULTURALLY AWARE

- Many cultures hold stigmatizing beliefs about violence in the home. Clients may fear social judgment, ostracism or negative consequences if these matters are disclosed. This stigma can hinder disclosure of details during counseling.
- Cultures often have specific gender roles and expectations that influence behavior, roles, and responsibilities. Addressing gender-related issues during counseling may involve challenging ingrained stereotypes or exploring alternative perspectives.
- Many cultures have strong religious or spiritual beliefs that are deeply intertwined with daily life and well-being. Counselors need to be sensitive to and respectful of these beliefs, integrating them into the therapeutic process when appropriate and within the woman's comfort level.
- Different cultures have distinct communication styles. Counselors need to be attuned to these cultural nuances, such as direct vs. indirect communication, the use of silence, or the importance of nonverbal cues. Adjusting therapeutic approaches to align with a client's communication styles can enhance rapport and understanding.

- In some cultures, the family and community play a significant role in decision-making and problem-solving. Counselors may need to involve family members or community leaders in the therapeutic process, with the woman's consent, to address the interconnectedness of relationships and support systems.

STAFF TRAINING

Client-serving staff may have educational qualifications that give them an understanding of gender-based violence, but all staff within the program (and volunteers if possible) should have a basic understanding of the impact of violence. It is also important to provide ongoing training and professional development opportunities to ensure that staff are up-to-date with the latest research and best practices in the field.

TOPICS FOR STAFF TRAINING		
CORE	**RECOMMENDED**	**OPTIONAL**
• Confidentiality and Informed Consent • Risk Assessment • Safety Planning • Trauma-Informed Practice • Vicarious Trauma and Self-Care	• Understanding the Impact of Racism and Oppression • Working with LGBTQ+ Clients • Working with Clients with Disabilities • Impact of IPV on Children	• Becoming an Advocate for Your Clients • First Aid

Training On Protocols And Procedures

The quality of service provided to clients is dependent on the training staff receive from the organization when they are onboarded and in-service.

It is essential that staff are familiar with organizational protocols and procedures that cover the process of service to clients – (1) initial intake and screening, (2) risk assessment, (3) detailed needs assessment and safety planning, (4) active referral and (5) documentation and record keeping. Training should include an overview of the protocols, step-by-step guidance and case studies.

The protocols in this Blueprint focus on IRER women's needs. Staff will require additional training to support clients from the LGBTQ+ and gender non-conforming communities.

Confidentiality and Informed Consent

Besides understanding the limitations of confidentiality and the process of administering informed consent, staff should be trained in creating a safe space where V/S feel comfortable sharing their stories and seeking help without the fear of judgment or reprisal, as many women - especially those from IRER communities - may fear the consequences of disclosing their experiences.

"Danger Assessment" Training

In this Blueprint, the Danger Assessment-5[20] (DA-5) - a brief risk assessment that identifies victims at high risk for homicide or severe injury by a current or former intimate partner - has been suggested for assessing risk at the initial intake. It is a validated, copyrighted derivative of the 20-question tool originally developed by Jacquelyn Campbell (1986).

Although the DA-5 has been simplified for quick use, the longer Danger Assessment tool is best used by a person certified to administer the assessment and interpret the scoring system. Certification programs in various formats can be found at www.dangerassessment.com

Safety Planning

Ongoing training about creating safety plans is vital when working with IRER who often depend on staff's knowledge of new or relevant immigration policies, legal protections, and resources available to support V/S. Also, staff who consistently build their effective communication skills, especially for working with women with limited English proficient and interpreters can ensure that safety planning discussions are understood and meaningful to the client.

Documentation and Record-Keeping

Staff need regular refreshers about the organization's policies on documentation and record-keeping to follow the law and to keep up with changes related to digital collection and storage of information. Multiple staff members may be involved in providing services and support to a client, especially in a Hub Model. Ongoing training ensures consistency and continuity in documentation practices.

[20] Campbell, JC., "Danger Assessment", http://www.dangerassessment.org, 2004

Training on Trauma-Informed Practice

Staff should be trained in the principles of trauma-informed care and possess the skills to recognize trauma symptoms and appropriate responses.

It is essential that all staff members understand how to create a safe and trusting environment when interacting with both clients and colleagues. This includes not just social workers and clinical staff, but receptionists, administrative staff, security, custodial team, and any other staff who come into contact with clients. By providing trauma training to all staff members, organizations ensure that everyone understands the importance of their role in creating a supportive environment.

Topics for training include:

- **Principles of Trauma Informed Care:** They should have a thorough understanding of trauma-informed care principles identified by the Substance Abuse Mental Health Services Administration of the USA (SAMHSA), which emphasize safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment and choice, as well as cultural, historical and gender issues.
- **Recognizing Trauma Symptoms:** Staff members should be trained to recognize common signs and symptoms of trauma, such as hypervigilance, anxiety, dissociation, emotional distress, avoidance, and difficulties with trust and relationships. This includes the impact of trauma on individuals' lives, including physical, emotional and psychological effects and being aware of the potential triggers or situations that may retraumatize individuals.
- **Trauma-Sensitive Practices:** Staff members should be trained in trauma-sensitive practices that help minimize re-traumatization and support the empowerment process. This may include techniques such as grounding exercises, emotional regulation strategies and providing choices and agency to individuals whenever possible. This also includes how to work with interpreters.

CARE FOR STAFF

Staff should be supported in recognizing and addressing signs of vicarious trauma and have access to resources for their own well-being.

Burnout and Vicarious Trauma

Burnout is a state of emotional, physical and mental exhaustion caused by prolonged and excessive stress. It is often associated with work-related stress and can lead to feelings of cynicism, detachment, and a reduced sense of accomplishment. Burnout can affect anyone, but it is particularly common among people in helping professions, such as healthcare workers, social workers and counselors.

Vicarious trauma, also known as secondary trauma or compassion fatigue, is a type of trauma that occurs when a service provider is exposed to the traumatic experiences of others, such as abused women. It can lead to symptoms similar to those of post-traumatic stress disorder (PTSD), including intrusive thoughts, nightmares and avoidance behaviors.

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Needs of Staff from Immigrant, Refugee, Ethnocultural and Racialized Communities

Many staff serving IRER clients may also belong to these communities. This personal investment can be both a strength and a trigger. Witnessing the challenges and injustices faced by women from their own communities can evoke strong emotions and further intensify the impact of their work.

Also, they may have similar personal experiences of the issues their clients face. For example, they may mistrust police because they may come from countries where they were ill-treated, tortured or criminalized by law enforcement and/or criminal justice systems.

Staff from racialized communities may face direct or indirect discrimination and racism in their professional settings, as well as racist reactions from clients. Experiences of racism can trigger emotional distress, impact job satisfaction and lead to feelings of isolation and exclusion, ultimately contributing to burnout.

Care Strategies

Organizations can validate the work of their frontline staff by putting care strategies in place[21]:

- **Provide training and support:** You can provide training and support to service providers to help them recognize and manage the signs of burnout and vicarious trauma. This can include training on self-care techniques, stress management and coping strategies.
- **Foster a supportive work environment:** You can foster a supportive work environment by promoting open communication, providing opportunities for staff to debrief and share their experiences, and encouraging a culture of self-care. Supporting reflective supervision, in which a service provider and supervisor meet regularly to address feelings regarding patient interactions is crucial as well.
- **Encourage work-life balance:** You can encourage work-life balance by offering flexible work arrangements, such as tele-commuting or flexible scheduling, and promoting the use of vacation time and other benefits such as incentivizing physical activity, yoga, and meditation and allowing "mental health days" for staff.
- **Provide access to mental health resources:** Offer opportunities for staff to explore their own trauma histories. You can provide access to mental health resources, such as counseling services or employee assistance programs, to help service providers manage their mental health and well-being.
- **Recognize and appreciate staff:** You can recognize and appreciate staff by acknowledging their hard work and contributions, providing opportunities for professional development and offering incentives and rewards for exceptional performance.

[21] Menschner, C. & Maul, A., "Key Ingredients for Successful Trauma-Informed Care Implementation", Center for Health Care Strategies, https://www.samhsa.gov, 2016, https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/atc-whitepaper-040616.pdf

INTERSECTORAL COLLABORATION

GBV is influenced by various factors, including social, cultural, economic and legal dimensions. Collaboration between different sectors such as healthcare, law enforcement, social services, education and financial organizations allows for a comprehensive response to the complex needs of V/S. Each sector brings unique expertise, resources and perspectives, which can ensure that women have access to a comprehensive set of services. Intersectoral collaborations also facilitate the sharing of resources, expertise and best practices across different sectors. Collaboration with child welfare authorities, law enforcement, and shelter services is one of the minimum requirements to ensure an effective response to IPV cases.

Coordinated efforts help streamline reporting processes, improve evidence collection and enhance survivor-centered investigations. Additionally, intersectoral collaborations contribute to holding perpetrators accountable through the criminal justice system and providing support for survivors throughout the legal process. In cases where child survivors of GBV are involved in legal processes, such as custody disputes or criminal proceedings, child welfare authorities can provide expert testimony, guidance and support to ensure that the best interests of the child are prioritized and that legal processes are conducted in a manner that considers the child's well-being and safety.

SOME TYPES OF INTERSECTORAL INTERACTIONS

- **Formal Partnerships** involve a structured and legally binding agreement between two or more organizations. They typically have clearly defined roles, responsibilities and shared goals and often involve resource-sharing, joint programming, and long-term commitments.
- **Collaborations** are voluntary relationships between organizations that involve sharing resources, knowledge, and expertise while maintaining a level of autonomy for each organization. Collaborations may be project-based and range in duration.
- **Cooperation** refers to informal and less structured interactions between organizations. It involves a willingness to work together on shared interests or objectives without necessarily establishing formal agreements. Cooperation can occur through information sharing, joint activities or referrals.
- **Coalitions** are similar to alliances but typically involve a broader range of organizations or individuals coming together around a shared purpose. They often focus on addressing complex social issues or systemic challenges that require collective action. Coalitions can be temporary or ongoing and may involve a diverse range of stakeholders, such as community-based organizations, government agencies, businesses and individuals.

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Building and maintaining intersectoral collaborations require ongoing effort, open and transparent communication, flexibility and a shared commitment to survivor-centered approaches, cultural sensitivity and inclusivity.

COLLECTIVE IMPACT FRAMEWORK

The Hub Model particularly relies on the Collective Impact framework[22] for addressing complex social issues through collaboration among multiple stakeholders. It emphasizes the need for diverse organizations, government agencies, businesses, community groups and individuals to work together in a coordinated manner to achieve common goals. The concept was popularized by John Kania and Mark Kramer in a 2011 article in the Stanford Social Innovation Review.

Collective Impact is characterized by five key components:

1. Common Agenda: All stakeholders involved in the effort agree on a shared vision, goals and key measurable outcomes. This helps to ensure that everyone is aligned and working toward the same objectives.
2. Shared Measurement Systems: A system is established to collect and track data on progress and outcomes. This shared measurement system allows for continuous monitoring and accountability.
3. Mutually Reinforcing Activities: Rather than duplicating efforts, different organizations and stakeholders contribute their unique strengths and expertise to a coordinated set of actions. These activities complement and reinforce each other.
4. Continuous Communication: Regular and open communication among all stakeholders is crucial for maintaining alignment, sharing progress and addressing any challenges that arise.
5. Backbone Support: An organization or group takes on the role of "backbone support" facilitating and coordinating the efforts of all participants. This entity helps to keep the initiative on track, manage resources and foster collaboration.

Collective Impact is often used to address complex and systemic issues such as poverty, education disparities, public health challenges and environmental sustainability. It recognizes that no single organization or entity can tackle these problems alone and that a collective effort is needed to create sustainable and impactful change.

Collective Impact offers a powerful framework for collaboration, although it requires careful planning, strong leadership and ongoing commitment from all involved parties to be successful.

[22] The Collective Impact Forum, "What is Collective Impact?", www.collectiveimpactforum.org, (n.d.), https://collectiveimpactforum.org/what-is-collective-impact/

KEY COLLABORATORS

Intersectoral collaborations, including formal coordinated partnerships and informal networks, are important as they work in conjunction with each other to keep women safe. The Program Model considers the following as core collaborators with whom you would need to establish relationships to maintain program fidelity.

- **Child welfare authorities:** Collaborate with local child welfare agencies to ensure the safety and well-being of children in abusive situations. Share information, establish protocols for coordination and joint assessment and work together to develop appropriate intervention plans.
- **Emergency shelters:** Partner with shelters and safe houses that specialize in providing refuge to IRER women and their children. Establish referral pathways, coordinate services and ensure that staff are familiar with eligibility criteria and special considerations.

KEY PERFORMANCE INDICATOR

One of the minimum requirements of this Program Model is that core partners (at minimum children's protective services and housing) were in frequent and meaningful communication around issues or specific clients over a period of a year.

Other partners could include:

- **Local law enforcement:** Collaborate with the local police divisions or the Royal Canadian Mounted Police (RCMP) to ensure the safety of IRER women, establish trauma-informed protocols for responding to IPV cases in IRER communities and facilitate cultural sensitivity training for officers.
- **Housing assistance:** Collaborate with housing assistance programs, such as public housing authorities or non-profit organizations, to secure safe and affordable housing options for IRER women and their children. This includes permanent housing options that are safe and secure for IPV survivors with basic amenities and security measures, such as security cameras and secure entrances.
- **Counseling services:** Collaborate with mental health professionals or organizations to offer trauma-informed counseling services. This may include services for acute stress/Post-Traumatic Stress Disorder, depression, substance abuse problems, suicidal ideation or self-harm.
- **Sexual Assault and Rape Crisis Centres**: Establish partnerships with sexual assault and rape crisis centers, often a part of local hospitals and community health centres, to ensure comprehensive support for survivors of sexual violence. This collaboration can provide access to specialized medical services, evidence collection, counseling and legal support.

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- **Legal aid and lawyers:** Collaborate with legal aid organizations to provide immigration and legal assistance, including help with obtaining protective orders, navigating the legal system, and addressing immigration-related issues. Lawyers specializing in family law can provide legal expertise and pro bono services around child custody and division of property.
- **Language and Cultural Organizations:** Establish partnerships with language schools, cultural centres, or community organizations that work with IRER communities. This collaboration can facilitate language support, cultural orientation and access to resources for IRER women. Other local non-profit and ethno-cultural organizations that serve overlapping populations or have complementary services can foster knowledge sharing, joint programming and resource sharing to create a more comprehensive support network for survivors.
- **Financial assistance:** This includes government programs and non-profit organizations that help with accessing public benefits, such as food stamps and housing assistance, as well as financial counseling and job training. Collaborate with employment agencies to offer job training, skills development and employment opportunities specifically tailored to the needs of IRER women, helping them gain financial independence and stability.
- **Support groups:** This includes peer support groups for survivors to connect with others who have experienced similar situations.
- **Faith-based organizations:** Partnering with faith-based organizations can help provide emotional and religious/spiritual support for V/S. It can also help debunk myths and taboos surrounding IPV if faith leaders are seen as supporting women living in abusive situations.
- **Educational institutions:** Partnering with educational institutions can help provide access to educational resources and training for survivors.

MEMORANDUM OF UNDERSTANDING (MOU)

Although the GBV sector thrives on informal connections, developing a Memorandum of Understanding (MOU) with partners ensures that the partnership is effective and sustainable over the long term. This is particularly beneficial if your program is part of a Hub Model. The MOUs clearly outline the roles and responsibilities of each partner, the resources that will be provided and the expected outcomes. Additionally, regular monitoring and evaluation of the partnerships are essential to identify areas for improvement and ensure that the services provided are meeting the needs of the community.

The following points outline the process of developing an MOU:

1. **Clearly define the scope and objectives of the partnership:** It is crucial to have a clear understanding of what the partnership aims to achieve, who it will serve and how it will operate. This information should be stated in the MOUs.

2. **Define the roles and responsibilities of each partner:** Each partner should have a clearly defined role in the partnership, with specific responsibilities and deliverables. This will help ensure that everyone is on the same page and that the partnership is productive.
3. **Establish communication channels and protocols:** Communication is key to any successful partnership. It's important to establish communication channels and protocols early on to ensure that everyone is informed, involved and updated throughout the partnership.
4. **Address legal and financial issues:** It is important to address legal and financial issues upfront, such as liability, confidentiality and fund-sharing. This will help ensure that the partnership is legally sound and financially sustainable.
5. **Establish monitoring and evaluation mechanisms:** To ensure that the partnership is meeting its objectives, it's important to establish monitoring and evaluation mechanisms. This will help identify any issues or challenges early on and allow for corrective action to be taken.

Refer to Annex 16 for an MOU document structure.

IN-HOUSE CAPACITY BUILDING

Organizations can also foster less formal intersectoral collaborations to grow institutional capacity through improving governance structures, strategic planning, strengthening staff development through knowledge enhancement and skills building and responding to changing needs and contexts by sharing resources and expertise. Some of these capacity-building collaborations can be with:

- **Experts with Lived Experience:** Collaborate with local disability organizations to gain insights, receive training, and access resources on best practices for serving individuals with disabilities. They can provide guidance on accessibility standards, training opportunities and inclusive service delivery training for staff on topics such as respectful communication, understanding different disabilities, and providing appropriate support. In the same way, provide support for staff members to ensure they have the knowledge and resources to best support LGBTQ+ clients. This may include regular staff training, debriefing sessions and access to LGBTQ+ cultural competency consultants.
- **Universities and Research Institutions:** Collaborating with academic institutions can offer research expertise, data analysis and evaluation support to strengthen the organization's evidence-based practices and program effectiveness.
- **Health and Mental Health Services:** Partnering with healthcare providers, hospitals and mental health professionals can offer training, referral pathways and collaborative efforts in addressing the health and well-being needs of survivors of violence.

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- **Legal Professionals and Law Firms:** Collaborating with lawyers and law firms can support in developing and advocating for policy reforms related to domestic violence legislation and protection mechanisms.
- **Philanthropic Trusts and Foundations:** Building relationships with philanthropic trusts and foundations can lead to potential grant opportunities and access to funding for capacity-building projects, program expansion and sustainability planning.

Advisory and Working Groups

Advisory groups and working groups serve specific roles within a collaborative environment. Advisory groups provide guidance, expertise and recommendations to decision-makers or leadership, while working groups actively cooperate to complete projects, execute tasks and achieve objectives.

Establishing an advisory or working group that includes representatives from the community, local agencies and other stakeholders can provide feedback and guidance on your program and help build capacity within the community. Creating Terms of Reference (TOR) as a foundational document that shapes the structure, expectations and success of advisory and working groups helps ensure that these groups operate smoothly and effectively in order to achieve their intended goals. The advisory or working group should also monitor progress and provide ongoing feedback to ensure that the programs remain culturally responsive and effective.

You can also participate in existing advisory groups to exchange best practices, expertise, and training opportunities. This strengthens the skills and knowledge base of all stakeholders involved, leading to improved service quality and more informed approaches to GBV.

CONTINUOUS FEEDBACK FROM CLIENTS

Trauma-informed services create secure and supportive settings that promote clients' feelings of competence, autonomy, respect and agency and provide opportunities for them to communicate openly, express emotions in a non-judgmental space and foster a collaborative approach to determining plans of action. By regularly involving women in assessing their needs, you can ensure that programs and services are relevant, effective and responsive to changing needs and circumstances.

Continuous needs assessment is essential for program improvement because it allows organizations to identify gaps in their services and make necessary adjustments to better meet the needs of their clients.

KEY PERFORMANCE INDICATOR

One of the minimum requirements of this Program Model is that core partners - at minimum children's protective services and housing - were in frequent and meaningful communication around issues or specific clients over a period of a year.

Fundamental findings from this research project, "Evaluation of Wraparound Services for Immigrant, Refugee, Non-Status and Ethnocultural Women Facing Gender-Based Violence", included factors related to data collection that should be kept in mind when implementing the Program Model.[23]

- **Use the key performance indicators identified in the Program Model to improve program quality:** Organizations should track the five key performance indicators that show whether the most important elements of service delivery are on track. This information should be embedded into the case management system as a regular part of service delivery.
- **Use survivor-informed practice:** Feedback from clients should be continuously collected and used in service delivery. This approach prioritizes the empowerment and engagement of survivors in the services they receive and recognizes the intersectional nature of gender-based violence. You can gather feedback from V/S and other stakeholders through surveys, interviews and focus groups to about the program's effectiveness.
- **Use client data only to improve services:** Data should be clearly useful, either to individual clients or to the program. If data is not being used to improve services, it should not be collected. Analyze the data collected to identify trends, patterns and areas for improvement.
- **Build in the cost for data collection and analysis:** The costs of data collection, analysis and security should be adequately funded, including ongoing technical support and staff training. This may require negotiations regarding funder-mandated surveys to improve their timeliness and usefulness.
- **Delay outcome measurement:** It is difficult to measure outcomes. Delay focusing on outcome measure until the client feedback process and the Program Model key performance indicators are implemented.

[23] Statistics Canada, "Evaluation of Wraparound Services for Immigrant, Refugee, Non-Status and Ethnocultural Women Facing Gender-Based Violence" Report, www.150statcan.gc.ca, 2021, https://www150.statcan.gc.ca/n1/pub/82-003-x/2021006/article/00001-eng.htm

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Refer to Annex 17 for a sample suggestion poll and Annex 18 for impact interview questions.

Along with collecting information from V/S, programs can also gather staff feedback on topics such as the quality of supervision they received, how supported they feel in maintaining a healthy work-life balance, and whether they are valued for their talents and contributions to the organization. Specifically in a Hub Model, collaborating organizations should consider a formal partner survey to gauge the partnerships, the Hub's ongoing needs and satisfaction of its collective staff.

It is recommended that continuous feedback include a mechanism for clients to share complaints related to service delivery including:

- dissatisfaction with service provision
- accuracy and timeliness of information
- communication breakdown
- cultural issues
- stress and fatigue
- incidents of conflict
- inappropriate behaviour of staff and volunteers
- client abuse, harassment, discrimination, and neglect
- breach in client confidentiality.

The specific client complaint rights and procedures may vary depending on the organization and applicable laws or regulations.

Refer to Annex 19 for more information about Client's Right to Complain.

ENSURING THE SUCCESS OF THE PROGRAM

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PROGRAM EVALUATION

"Evaluation is used to demonstrate how effective programs have been in achieving their targets and results. The data used for program evaluation will be drawn from a number of different sources, such as program indicators, periodic data collection from surveys or special studies. The information from program evaluations can be used to revise program practices, achieve better-desired outcomes, as well as a reporting tool for donors. Program evaluations require funding, planning and time. Because they rely on quality data to measure key indicators, the M&E [Monitoring and Evaluation] system that the program uses must be sound."[24]

INDICATORS OF A SUCCESSFUL PROGRAM MODEL

Key performance indicators (KPIs or metrics) are specific measures used to assess the performance, effectiveness and impact of the program. These indicators provide evidence-based data to determine whether the program is achieving its intended targets and to identify areas for improvement.

In any evaluation process, it is important to set key performance indicators that are realistic and achievable. If the performance indicators are too ambitious or unrealistic (e.g. 98% of the clients received the services they requested), it may create unnecessary pressure on the teams and low morale.

You may use key performance indicators defined by your organization's mandate or funder, but the following key performance indicators have been identified after many conversations with program partners as the minimum required indicators for the Program Model.

[24] Bloom, S., University of North Carolina at Chapel Hill Carolina Population Center, "Violence against Women and Girls: A Compendium of Monitoring and Evaluation Indicators MEASURE Evaluation", (n.d.), http://www.cpc.unc.edu/measure/publications/pdf/ms-08-30.pdf

Key Performance Indicators for Measuring the Success of the Program Model

1. Up-to-date protocols and procedures for intake, assessment, safety planning, referrals and documentation are being used consistently.

3. Staff received training and supervision to ensure that they were familiar with the protocols and procedures and used them consistently.

5. Client feedback collected over the period of a year was used to improve services.

2. Vast majority of referrals (e.g., 80%) including self-referrals, completed initial intake within 48 hours of first contact, and most eligible intakes (e.g., 70%) completed a full assessment and safety plan within two weeks, rising to almost all (e.g., 95%) within four weeks.

4. Core partners (at minimum children's protective services and housing) were in frequent and meaningful communication around issues or client-specific needs over a period of a year.

1. Use of Protocols

To be consistent with the Program Model, organizations should be able to demonstrate the consistent use of up-to-date protocols for intake, assessment, safety planning, referrals and collaborations which incorporates feedback from clients, staff and other stakeholders. There should also be staff training and supervision to ensure that new staff are familiar with and actually use the protocols and procedures defined by your organization.

2. Safety

a. Within 48 hours of first contact, most referrals (e.g., 80%) including self-referrals will have completed initial intake, which includes a brief risk assessment, initial safety tips and advice on appropriate resources (at a minimum, basic necessities such as food, shelter and emergency response).

b. Within two weeks of first contact, most eligible intakes (e.g., 70%) will have a full assessment and safety plan, rising to almost all (e.g., 95%) within four weeks.

3. Staff Training

Staff received training and supervision to ensure that they were familiar with the protocols and procedures and used them consistently.

4. Collaborations

Demonstrated problem-solving and collaboration with core referral partners over the period of a year (e.g., as evidenced in notes of case conferences). Core partners include (at minimum) children's protective services and housing. It is not enough to show that meetings are occurring; the agency should show evidence of troubleshooting and frequent communication around issues or specific clients.

5. Continuous Feedback

Demonstrate the use of client feedback in service delivery over the period of a year (e.g., as evidenced in notes of program changes). It is not enough to show that client feedback is being collected; the agency must be able to show evidence that the feedback has been used to improve services.

TROUBLE-SHOOTING UNMET TARGETS

If your organization does not meet these five key performance indicators associated with the Program Model, there are several steps you can take to address the issue. Each organization is different so you may need to pick and choose the actions that will meet your needs.

- Begin by conducting a thorough analysis to determine the underlying reasons behind the failure to meet the key performance indicators.
- Engage with the staff involved to gather their insights and suggestions for enhancing efficiency and effectiveness.

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- Assess if your staff has the necessary skills, knowledge and resources. You may have to offer training programs or workshops to enhance their capabilities and allocate additional resources including tools, technology and support staff.
- Encourage staff to come up with creative solutions and new approaches to address the challenges. For example, you may need to call clients back in the evenings, change the way you do follow-ups, work with referral partners to improve processes, make a case for additional funding or advocate publicly for better services.
- If you are unable to identify the root causes or implement effective solutions, it may be a good idea to seek external advice. Organizations with similar programs or subject matter experts can provide fresh perspectives and insights to overcome the challenges.

AN IMPLEMENTATION PLAN

When an organization is starting this Program Model from the ground up, rather than expanding or refining an existing initiative, a clear and structured implementation plan helps guide the work from the beginning and build a strong, sustainable foundation. Implementation is not a single event. It is a phased and intentional process that supports organizations in moving from commitment to consistent practice. This Implementation Plan operationalizes the Four Core Elements of the Program Model outlined in this Blueprint and supports fidelity, accountability, and continuous improvement.

The Four Core Elements are:

1. Processes that ensure the safety of women, including intake and screening, risk assessment, detailed needs assessment and safety planning, active referral, and documentation and record-keeping.
2. Qualified staff who receive ongoing training and support.
3. Intersectoral collaborations, at a minimum with children's protective services and shelter/housing.
4. Continuous feedback from clients is used to improve services.

Throughout this section, implementation steps are explicitly linked to these Core Elements and to the relevant tools in the Annexures

STEP 1: FORM A WORKING GROUP

A multidisciplinary Working Group provides the structure and accountability required to implement the Program Model with fidelity. The Working Group oversees implementation across all Four Core Elements, ensuring that safety processes, staffing, partnerships, and feedback mechanisms are coordinated rather than developed in isolation.

Effective implementation begins with shared leadership. Establishing a Working Group ensures that planning and decision-making are collaborative, informed, and grounded in organizational realities.

The Working Group should include:

- Leadership or management representation
- Front-line staff with direct service experience
- Program, policy, or quality-assurance staff
- Human resources, training, or organizational development staff (where applicable)

The purpose of the Working Group is to:

- Guide implementation planning
- Review findings from audits and assessments
- Set priorities and timelines
- Monitor progress and address barriers

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Working Groups should meet regularly (e.g., bi-weekly or monthly) during early implementation stages and shift to quarterly meetings once systems are established.

Creating Terms of Reference for the Working Group

Clear Terms of Reference (ToR) help define the purpose, scope, roles, and responsibilities of the Working Group. Developing a ToR ensures alignment and accountability among members, supports consistent decision-making, and clarifies expectations.

Key components of a Working Group ToR include:

- **Purpose and Objectives:** Clearly state why the group exists and what it aims to achieve.
- **Membership and Roles:** Identify required members, their responsibilities, and decision-making authority.
- **Scope of Work:** Define the areas of focus and limits of authority.
- **Meeting Schedule:** Establish frequency, format, and duration of meetings.
- **Reporting and Accountability:** Specify how progress will be documented, communicated, and reported to leadership.
- **Review and Revision:** Outline when the ToR will be revisited or updated to reflect changing needs.

Refer to Annex 20 for a Working Group Formation Checklist.

STEP 2: CONDUCT AN INTERNAL AUDIT OF THE FOUR CORE ELEMENTS

This step focuses on reviewing organizational policies, procedures, and systems to assess alignment with the Program Model.

The audit should examine whether formal structures exist to support:

- Safety-focused intake, assessment, referral, and documentation processes (Core Element 1)
- Recruitment, training, supervision, and support of qualified staff (Core Element 2)
- Formal partnerships and information-sharing protocols with key sectors (Core Element 3)
- Mechanisms for collecting, reviewing, and responding to client feedback (Core Element 4)

This audit is not intended to evaluate individual performance. Rather, it focuses on:

- Organizational structures
- Written policies and procedures
- Training and onboarding processes
- Supervision and accountability mechanisms

The audit should assess:

- What currently exists
- How consistently it is applied
- Whether it aligns with Blueprint principles

Organizations may use:

- Document reviews
- Staff surveys or focus groups
- Interviews with leadership and supervisors

This review establishes a baseline for implementation and highlights gaps requiring action.

Refer to Annex 21 for an Internal Audit Tool.

STEP 3: MAP YOUR GAPS AND PRIORITIES

Audit findings should be consolidated and mapped against the Four Core Elements to identify strengths, gaps, and priority areas for action.

Gap mapping involves:

- Comparing current practices against Blueprint expectations
- Identifying areas of partial alignment
- Highlighting strong foundations that can be built upon

This step ensures the organization does not attempt to address everything at once. Instead, it promotes strategic focus, recognizing that meaningful change happens over time.

Key Questions For Prioritizing Actions

The following guiding questions help prioritize actions and support sound decision-making:

1. **Which gaps pose immediate safety risks? (Core Element 1)**
- Are there policies or practices that could result in harm if not addressed?
- Are staff unclear about critical procedures or responsibilities?

2. **Which gaps prevent us from meeting key fidelity indicators? (Core Element 2)**
- What elements are essential for Program Model integrity?
- Where does misalignment significantly affect outcomes?

3. **What can we build on versus what needs to be created from scratch? (Core Element 3)**
- What existing tools, training, or processes can be adapted?
- What requires new development or external support?

4. **Where is client feedback missing or not being used to improve services? (Core Element 4)**
- Are there gaps in how client feedback is collected, documented, or reviewed?
- Is client feedback being used to inform of changes to services, policies, or practices?

5. **What is realistic given our current capacity and resources?**
- What can be implemented with existing staff and funding?
- Where are phased approaches or additional resources required?

Refer to Annex 22 for a table that maps the gaps and sets priorities

These questions should be revisited regularly as implementation progresses.

STEP 4: CREATE A ROADMAP

The roadmap translates priorities into a phased implementation plan aligned with the Four Core Elements. Roadmaps should remain flexible and be reviewed regularly.

Priority Categories

Once gaps are identified, actions should be categorized to support sequencing and realistic workload management.

Critical

These are often linked to Core Element 1. Actions that must be addressed before launch or continuation, including:

- Safety concerns
- Legal or compliance requirements
- Essential policy gaps

Important

These are often linked to Core Elements 2 and 3. Actions required to support program fidelity and consistency within the first six months, such as:

- Staff training
- Supervision structures
- Data tracking systems

Developmental

These are often linked to Core Element 4. Actions that strengthen practice over time (Year 1–2), including:

- Advanced training
- Culture-building initiatives
- Continuous quality-improvement processes

Categorization supports transparency and realistic planning.

Action Plan

Implementing the Program Model requires sustained effort and reflection. Progress may be uneven, and adjustments will be needed as learning occurs. This is expected and aligns with a continuous improvement approach.

Immediate Actions (Months 1–2)

Immediate actions focus on foundational requirements, particularly those related to safety and risk management.

Typical actions include clarifying intake, risk assessment, referral pathways, and documentation practices (Core Element 1), as well as confirming staff roles and responsibilities (Core Element 2).

Short-Term Goals (Months 3–6)

Short-term goals emphasize staff readiness and consistency in practice. This phase often includes staff training, supervision structures, and formalizing referral relationships with

partners. These goals are often linked with Core Elements 2 and 3.

Medium-Term Goals (Months 7–12)

Medium-term goals focus on strengthening partnerships, refining practice based on early learning, and improving data and documentation systems, and are associated with Core Elements 3 and 4. Client feedback mechanisms should be reviewed and strengthened during this phase.

Long-Term Goals (Months 13–18)

Long-term goals support sustainability and continuous improvement and are linked with Core Elements 2 and 4. Practices are embedded into policy, onboarding, and quality assurance processes. Client feedback is systematically analyzed and used to inform service improvements.

Refer to Annex 22 for a table that maps the gaps and sets priorities
Refer to Annex 23 to identify goals.

Resources Needed to Map Out an Action Plan

When translating goals into actionable tasks, organizations need to carefully identify all resources required to ensure successful implementation. The following elements should be considered for each action:

1. **Action/Task**
   - Clearly define the task or activity derived from the goals identified in Annex E.
   - Include specific steps, expected outcomes, and alignment with the relevant Core Elements.
   - Example: “Develop and deliver a staff training module on intake and risk assessment procedures (Core Element 1).”
2. **Staff Responsible**
   - Identify who will lead or be responsible for implementing the action.
   - Include both primary leads and supporting team members.
   - Clarify roles and decision-making authority to ensure accountability.
   - Example: Program Coordinator leads, supported by the Training Officer.
3. **Staff Time Required**
   - Estimate the number of hours, days, or weeks required for each staff member to complete the action.
   - Consider time for planning, execution, meetings, and follow-up.

- Helps with workload management and scheduling.
- Example: 14 hours for content development, plus five hours for delivery.

4. Training Needed

- Identify any training or skill development required for staff to complete the action.
- Include internal or external training, orientation sessions, or refresher courses.
- Example: Staff need two-hour training on updated risk assessment protocols.

5. Financial Cost

- Estimate all costs associated with the action, including materials, staff hours, technology, or travel.
- Helps with budgeting and resource allocation.
- Example: $500 for training materials, plus staff overtime costs.

6. External Support

- Identify any external resources or partners needed to complete the action.
- This may include consultants, partner agencies, funders, technical assistance, or collaborative services.
- Example: Collaboration with a local shelter for joint risk assessment workshops.

Mapping out resources in table format may be a practical way to ensure that each goal from Annex 23 is achievable and adequately supported, while highlighting potential gaps in staffing, training, or funding.

STEP 5: MONITOR PROGRESS QUARTERLY

To correspond with Core Element 4, quarterly monitoring ensures accountability and supports evaluation.

Quarterly monitoring ensures accountability and learning. Reviews should assess:

- Progress against the roadmap
- Fidelity to core elements
- Emerging risks or capacity issues

Monitoring activities may include:

- Progress reports
- Staff feedback

- Data review
- Working Group reflection sessions

Findings should be documented and used to adjust the implementation plan.

Refer to Annex 24 for monitoring progress.

Emerging Risks or Capacity Issues

As implementation progresses, new risks or capacity pressures may emerge that were not identified during initial planning. These may relate to staffing changes, increased demand, partner availability, or shifts in client needs.

As part of Monitoring and Evaluation, organizations should intentionally scan for early warning signs that could affect:

- Client safety
- Service quality and continuity
- Staff capacity and well-being
- Effectiveness of partnerships

Identifying emerging risks early allows organizations to adjust plans, reallocate resources, and prevent service disruption rather than responding after issues escalate.
This review should be built into quarterly monitoring discussions and documented to support accountability and learning.

Refer to Annex 25 to manage emerging risks and capacity issues.

Celebrate Wins and Reinforce Momentum

Continuous improvement is associated with Core Element 4 and thrives in environments where achievements are acknowledged and learning is ongoing. Recognizing progress helps keep teams engaged, motivated, and focused on continuous improvement.

Celebrating wins reinforces the importance of the Program Model and encourages staff and partners to maintain momentum. Suggested strategies include:

- Highlight accomplishments in newsletters, staff meetings, or team huddles
- Thank individuals or groups for contributions to implementation or service improvements
- Share stories that demonstrate positive impact for clients and the organization

The Implementation Plan is a living document and should be revisited as organizational capacity, partnerships, and client needs evolve.

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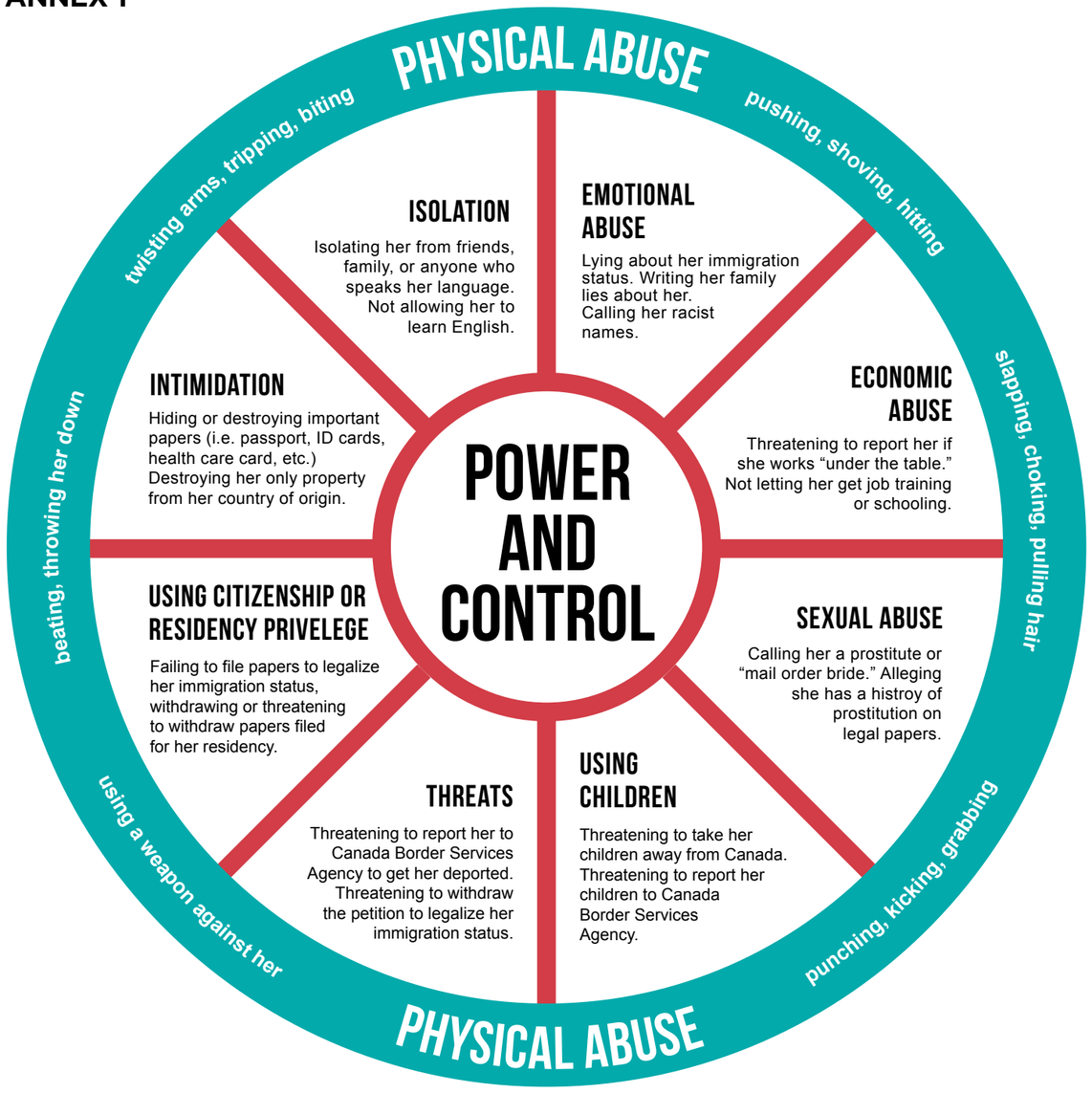
ANNEX 1



Reference
Permitted Adaptation for Canada: Rexdale Women's Centre, the Centre for Research & Education on Violence Against Women and Children (CREVAWC) and the Ontario Council of Agencies Serving Immigrants (OCASI)., "Recognizing and Responding to Intimate Partner Violence Resource Guide for Refugee Resettlement Assistance Programs in Ontario", www.themcc.com, 2017, http://themcc.com/wp-content/uploads/2017/02/VAW-RAP-resource-guide-Updated-Jan2017.pdf

Original Source:
Milani, A., Soares, C & MacQuarrie, B., Domestic Abuse Intervention Project (DAIP), "Power and Control Wheel", 1984

ANNEX 2

A SAMPLE SCRIPT FOR INITIAL INTAKE

When a new client seeks services, it is important to ensure a smooth intake process to collect relevant information about their needs and history. The steps for the intake process, including a script for a telephone or a walk-in intake, are given below:

1. **Introduction and Building Trust**
   "Hello, thank you for reaching out to us today. My name is [Your Name], and I'm here to help. I want you to know that everything we discuss is confidential and your safety is our utmost priority. How can I assist you?"
2. **Active Listening and Empathy**
   "I'm sorry to hear that you're going through a difficult time. Can you share a bit about what's been happening?"

   Use the questions from the sample intake form as prompts.
3. **Assessing Immediate Safety**
   "I want to ensure your immediate safety. Are you in a safe place to talk? Is there anyone present who may pose a threat or overhear our conversation?"

   You could use the questions in Danger Assessment 5[25] *to assess the situation.*

Ask the client to give Yes or No answers for each of the following questions.

1. Has the physical violence increased in severity or frequency over the past year?_____
2. Has your partner (or ex) ever used a weapon against you or threatened you with a weapon?_____
3. Do you believe your parent (or ex) is capable of killing you?_____
4. Has your partner (or ex) ever tried to choke/strangle you or cut off your breathing?
_____ *[can be asked instead of or in addition to: Have you ever been beaten by your partner (or ex) while you were pregnant?]*

4a. If yes, did your partner ever choke/strangle you or cut off your breathing?_____
4b. About how long ago? _____
4c. Did it happen more than once? _____
4d. Did it make you pass out or black out or make you dizzy? _____

5. Is your partner (or ex) violently and constantly jealous of you?_____

Four or five yes responses indicates the woman is at high risk of being killed. If the client is in immediate danger or requires urgent help, encourage them to contact emergency services (e.g., 911) or a local crisis hotline. ***(Refer to Annex 6 for details).***

[25] Campbell, J., "Danger Assessment Scale" (Validated Adaptation), www.dangerassessment.org, 1986, 2003, https://www.dangerassessment.org/about.aspx

4. **Exploring Needs and Concerns**
   "What are your main concerns or needs at the moment? Are you looking for immediate support, information about legal options, or resources for shelter and safety?"

5. **Offering Resources and Assistance**
   Based on their needs, provide relevant information and resources. Some examples are given below:

   - "If you need a safe place to stay, we can help you find local shelters or safe houses where you and your children can receive protection and support."
   - "We offer counseling services and support groups specifically designed to help individuals who have experienced violence. Would you be interested in exploring these options?"
   - "I can provide you with information about local domestic violence hotlines or shelters that can offer you immediate support and a safe place to stay. Would you like me to share those resources with you?"

6. **Safety Planning**
   "Creating a safety plan can help you protect yourself and minimize risks. We can discuss specific strategies to help keep you safe and protect your well-being. Would you like assistance in going over some questions about your situation? It will take about 30 minutes. Are you comfortable doing it right now?"
   Use a safety plan template (example in Annex 9) to guide her through the process. Ask her permission to email the completed versions to her or, if it is a walk-in intake, to print it out for her.

   If the woman refuses to complete a safety plan, offer her safety tips.

   - "I'd like to share some general safety tips that may help you in the meantime. Please remember that your safety is our priority, and you can reach out to us any time you feel ready."
   - "You know your situation best. If you feel that a particular situation or person is unsafe, trust your gut instincts."
   - "It's important to find a safe place within your house where you can go if you ever feel threatened. Is there a specific room or area you can go to that has a lock on the door?"
   - Think about places where you feel safe or where you can go if you need to leave quickly. This could be a trusted friend or family member's house, a shelter, a public space, or a community center.
   - Consider creating a safety bag with essential items like identification documents, money and a change of clothes and keep it in an easily accessible location.
   - Come up with a code word or signal with a friend, family member, or neighbor so they know that you need help or that you're in danger.

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   - Keep a record of any abusive incidents, including dates, times and descriptions of what happened. This documentation can be useful if you decide to involve law enforcement or seek legal assistance later on.
   - If you're using a phone or computer that is monitored by your [partner, husband, boyfriend], be cautious about the information you share and the websites you visit. Consider using a safer device, such as a public computer or a friend's phone, for confidential communications."

   You can also provide her with information about Pathways, a web-based app to support safety planning for women experiencing intimate partner violence. The comprehensive safety planning tool ask users to first complete 19 questions to assess the lethality in her relationship. Following this, the woman will be asked to select between two options, the priority most important to her. Priorities include housing, legal, finance, social support and health. Once complete, the user will receive a tailored action plan with accompanying resources around the priority. Women can also explore information on inmate partner violence, further safety tips and strategies to stay safe online.

Link to Pathways: https://withwomenpathways.ca/

7. **Reassurance and Next Steps**
   "You've taken an important step by reaching out for help. Remember, you are not alone and we are here to support you."

Give her information on how to make an appointment at your organization, timings and address. Also, give her the information about a 24-hour helpline in your area.

Resources
COSTI Immigrant Services, "Needs Assessment Form", 2023

ANNEX 3

Initial Intake Form

This safety assessment and planning tool has been specifically developed for women and self-identified women. From hereon in, for the purposes of this tool, any mention of "woman" or "women" refers to anyone who has self-identified as a woman for their gender identity. If the person comes from the LGBTQ, two spirit, non-gender conforming communities, it's important to have the proper training and adequate resources to support this person internally in your agencies.

Date: Worker: Program:

Client's Information

Name:

Gender Identity:

Pronouns:

Phone Number(s):

Safe to call:

Not safe to call:

Safety plan when calling:

Safety plan if call goes to voicemail:

Address:

Age:

Country of Origin:

Ethnic or Racial Identity:

Immigration Status:

- ☐ *Precarious*
- ☐ *Temporary Worker's Permit*
- ☐ *Visitor's Visa*
- ☐ *Refugee Claimant*
- ☐ *Convention Refugee*
- ☐ *Permanent Resident*
- ☐ *Sponsorship (who is the sponsor):*
- ☐ *Canadian Citizenship*
- ☐ *Other Citizenship (explain):*
- ☐ *Other:*

Partner's Information

Name:

Gender Identity:

Pronouns:

Address:

Age:

Country of Origin:

Ethnic or Racial Identity:

Immigration Status:

- ☐ *Precarious*
- ☐ *Temporary Worker's Permit*
- ☐ *Visitor's Visa*
- ☐ *Refugee Claimant*
- ☐ *Convention Refugee*
- ☐ *Permanent Resident*
- ☐ *Sponsorship (who is the sponsor):*
- ☐ *Canadian Citizenship*
- ☐ *Other Citizenship (explain):*
- ☐ *Other:*

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First Language:

English Level:

- ☐ *None (needs interpreter)*
- ☐ *Beginner*
- ☐ *Intermediate*
- ☐ *Advanced*

Source of Income:

Accessibility needs:

Children's Information:

Indicate children's names, ages, living or not living with mother, immigration status, and relationship to partner

Are there children living abroad?

Does the abusive partner have the power to affect children's mobility from abroad?

Current Relationship Status:

- ☐ *Single*
- ☐ *Dating*
- ☐ *Living Together*
- ☐ *Common-Law*
- ☐ *Married*
- ☐ *Separated (indicate when):*
- ☐ *Other:*

First Language:

English Level:

- ☐ *None (needs interpreter)*
- ☐ *Beginner*
- ☐ *Intermediate*
- ☐ *Advanced*

Source of Income:

Safety Issues (related to abuser)

Has this person ever been abusive or violent towards your client prior to coming to Canada? Explain:

When one or all of the following factors are identified, this case should be highlighted as HIGH RISK and the organization's internal procedures should be followed.

Does this person have power to affect your client's immigration status? Explain:

Has this person ever been charged here or abroad? Explain:

Access to weapons:

☐ *No* ☐ *Yes*

Death threats:

When:

Where:

How would they do it? (provide details if available)

Physical Violence (describe):

Relationship History:

Additional Notes:

Strangulation:

☐ *No* ☐ *Yes*

Member of a gang here or abroad:

Has this person threatened to harm your client's family members here or abroad? Explain:

Additional Notes:

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History of Gender-Based Violence and Abuse/ Violence in Current Intimate Relationship

(provide examples where applicable for her)

Describe Abuse in Intimate Relationship:

Isolation:

Emotional abuse:

Physical violence:

Sexual abuse/violence

Financial abuse/control:

Intimidation and threats:

Other:

Gender-based Violence and Abuse

Childhood Abuse/Violence:

Child-Bride:

Arranged Marriage:

Forced Migration:

Gender-Persecution:

Political-Persecution:

Trafficked:

Displacement:

Other:

Has the person accessed any support as a result of the gender-based violence or abuse they have experienced?

Please include any short-term support, counselling, psychologist or psychiatrist that the person has accessed or is currently accessing:

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Safety Assessment

We understand that many refugee and immigrant people do not trust police because they may come from countries where they were tortured, criminalized or disregarded by the criminal justice system. Also, we know that for many women calling the police is the last resort. It is important to clearly explain to the client their rights and responsibilities as it relates to the criminal justice system.

Provide information about calling 911, about criminal justice system as it relates to domestic violence, as well as the person's right to ask for an interpreter when calling police.

Questions to ask the client:

1. Have you called 911 before? Are you willing to call 911? What could stop you from calling 911?

2. If there is violence or you are in danger what would you do?

3. What are the current safety concerns?

   Physical Safety:

   Threats of being deported:

   Threats of harming or killing a family member here or abroad:

   Children's safety or threatening to take children away:

   Sexual Violence:

Jeopardizing employment:

Other:

4. Has the violence or threats increased over time?

5. Has the past violence ever resulted in injuries? Are there any current injuries?

If yes, have you seen a doctor? Have you, or someone you know documented the incident by telling someone else, writing down dates, times, and details of the incident, as well as taking pictures of marks or injuries? Encourage the person to document the incident and to go to the doctor as soon as possible.

6. Has your partner/ex-partner threatened to hurt or kill you without or with a weapon? What kind of weapon? Be aware that knives and other objects are considered weapons.

7. Has your partner/ex-partner ever threatened to commit suicide or self-injure if you leave, or do not go back with them?

8. Have you been hurt by a member of your extended family or has anyone threatened to hurt you or kill you here or abroad?

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9. Has your partner engaged with the criminal justice system here or abroad? Have there been any charges laid? Is there any kind of protection order here or abroad (e.g. Peace Bond, No Contact Order or Family Law Protection Order). Do you have a copy of it?

10. Has your partner breached the protection order? Describe when and what happened. Have you reported this breach to police? When? *Gather as many details, names and contact information as possible.*

Additional Notes:

Reference
Arteaga, R.E., Battered Women's Support Services (BWSS), in partnership with the BC Refugee Hub, "Safety Assessment and Safety Planning Tool for Supporting Women with Precarious Immigration Status, Refugees, Refugee Claimants and Immigrant Women Facing Domestic Violence", www.bwss.org, 2019, https://www.bwss.org/wp-content/uploads/Domestic-Violence-Tool-Final.pdf

ANNEX 4

GUIDELINES FOR CONFIDENTIALITY WHEN WORKING WITH WOMEN EXPERIENCING INTIMATE PARTNER VIOLENCE

A confidential client communication is any written or spoken information exchanged between a client and a counselor in the course of a counseling relationship, between the client and other recipients of service associated with the organization and between clients and the administrative personnel of a domestic violence program. Any and all knowledge, advice, records, logs, client and organizational records or working papers relating to a service recipient are confidential and not to be shared with any third party. Even the fact that a person is a client or has contact with the agency is privileged information. Communication is confidential even when shared by the client in the presence of the counselor third parties who are working to further the interest of the client. Furthermore, confidential documents received from other agencies for which a client had to execute a written release are likewise, confidential and incorporated within the scope of confidential client communication.

All confidential communications are privileged and may not be disclosed either during the period when the person is associated with or is served by the organization and after termination of service or association.

Confidential client communications are protected by statute. Unless a client waives the privilege or confidentiality in a signed writing, a counselor is not competent or permitted to disclose confidential communications made to or by the counselor to or by the client.

LIMITATIONS OF CONFIDENTIALITY

- Clearly explain the limitations of confidentiality to clients, including situations where there may be a legal obligation to disclose information
  - There is reasonable belief that a health professional, counsellor, teacher, or a person in authority is guilty of sexual abuse.
  - There is suspicion or knowledge of child abuse or neglect. This is known as “Duty to Report”.
  - The client is an imminent and violent threat towards themselves or others. This includes threats of suicide, murder and terrorism. This is known as “Duty to Warn”.
  - A disclosure is ordered by a court.
- Inform your supervisor/manager and consult with HR. Develop protocols and procedures for handling situations where confidentiality must be breached, ensuring that staff members are trained on these procedures and understand their responsibilities.

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ADHERENCE TO CONFIDENTIALITY

Intake

- Inform clients about the agency’s confidentiality policy during the intake process.
- Obtain written or documented verbal consent from clients to disclose or share their information, ensuring they understand the limitations and potential risks.
- Explain the limitations of confidentiality may need to be breached and the steps that will be taken in such situations.
- Use secure and private spaces for intake interviews to protect client privacy.
- Clearly communicate the purpose and use of any forms or documents that require client information.

Case Management

- Limit access to client information to authorized staff members who have signed confidentiality agreements.
- Store client files and records securely, ensuring they are locked and only accessible to authorized personnel.
- Use password-protected electronic systems to store client data and ensure regular backups are performed.
- Minimize the use of client identifying information during case discussions with colleagues or external parties, using pseudonyms or coded identifiers where possible.
- Obtain client consent before sharing their information with other service providers or agencies involved in their case, ensuring the purpose and extent of information sharing are clearly communicated.

Client Files

- Verbatim statements by or about the client are not included in the client file and clients are not allowed to write in the file.
- Certain documents like service plans, rights, rules and releases should be kept in administrative files, not client files.
- Information from sources other than the client may be included in the client file, including copies of protection orders and relevant legal documents.
- Written statements or comments from clients should only be kept if critical to service delivery and advocacy, and clients should be informed about their potential use.
- All entries in the client file should be legible and use language familiar to clients.
- Important communications that cannot be conveyed orally should be documented in memo form and immediately destroyed after being read.

- Students/interns are not authorized to make entries in client files and their counseling notes should be kept separately and anonymized when released to instructors.

Referrals

- Obtain client consent before making referrals to external service providers, explaining the purpose and nature of the referral.
- Communicate with referral agencies using secure methods (e.g., encrypted emails, secure online platforms) to protect client information during the referral process.
- Follow up with clients after making referrals to ensure their needs are being met and address any concerns or issues that arise during the referral process.

Storage

- Store physical documents and files containing client information in locked cabinets or secure rooms.
- Ensure that electronic systems used to store client data have appropriate security measures, including strong passwords, access controls and encryption.
- Regularly review and update access permissions to ensure that only authorized staff members have access to client information.
- Dispose of client records and documents in a secure and confidential manner, following relevant data protection and privacy regulations.

A SAMPLE CONFIDENTIALITY FORM

I, [Client's Full Name], understand and acknowledge that as a client receiving services from [Organization Name], I may be sharing personal and sensitive information. I hereby agree to the following confidentiality provisions:

1. I understand that all information I provide to [Organization Name], including but not limited to personal, medical, legal, and psychological information, will be kept confidential to the extent allowed by law and organizational policies.
2. I authorize [Organization Name] to share my information with its authorized staff members, who have signed confidentiality agreements, for the purpose of providing services, support, and resources to me. Some information, without any details that directly or indirectly identify me or others involved, may be shared between the partners to the extent necessary to consult and coordinate services. I understand that my information will only be shared on a need-to-know basis.
3. I understand that there are limitations to confidentiality, and [Organization Name] may be required to disclose information without my consent in the following situations:
   a. If there is a reasonable belief that I pose a threat to my own safety or the safety of others.
   b. If there is a reasonable belief that a child or vulnerable adult is at risk of abuse or neglect.
   c. If required by a court order or other legal obligation.

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4. I understand that [Organization Name] will take reasonable measures to protect the confidentiality and security of my information. This includes maintaining secure physical and electronic storage systems and using password-protected devices and networks. However, I acknowledge that no data transmission over the internet or electronic storage is entirely secure, and [Organization Name] cannot guarantee absolute data security.
5. I understand that my information will be stored for a period of time as required by law and organizational policies. After this period, [Organization Name] may securely dispose of my records and information in accordance with applicable regulations.
6. I understand that I have the right to access and review my personal information held by [Organization Name], subject to any legal restrictions. I may also request corrections or amendments to inaccuracies in my records.

By signing below, I acknowledge that I have read and understood this Confidentiality Statement, and I consent to the collection, use, and disclosure of my information as described above.

Client's Signature: _____ Date: _____

Printed Name: _____

Witness' Signature: _____ Date: _____

Printed Name: _____

Client's Verbal Consent
The Consent statement was read out to and explained to the client. The client has understood the confidentiality statement.

The client verbally informed the service provider that they understand the confidentiality statement. Date verbal consent was given _____

If applicable: Has the interpreter explained this statement to the client?
Yes _____ No _____

Counselor's Name: _____ **Client Name:** _____

Counselor's Signature: _____ Date: _____

If applicable: (Language Interpreter Name and Signature)

Date:_____

Reference
Hart, Barbara J., Pennsylvania Coalition Against Domestic Violence, "Women's Center's Confidentiality Policy", www.pcadv.org, 1992, https://www.pcadv.org/privacy-policy/#:~:text=We%20will%20not%20share%20your,or%20substantial%20bodily%20harm%3B%20or

ANNEX 5

GUIDELINES FOR INFORMED CONSENT AND A SAMPLE FORM

GENERAL CONSIDERATIONS

Informed consent is needed for all key activities conducted when providing services and assistance, as it ensures women and girls' participation services is based on their full understanding of options available to them.

Consent may be provided verbally or in writing, although it is generally preferable to access written consent. The process of obtaining consent should consider what is reasonable for the individual, the circumstances surrounding information collection, the sensitivity of the information and whether it may be necessary to prove that the individual gave consent.

Written consent should be obtained before:

- Gathering and retaining personal information - women should be informed about why the information is needed and how it will be used.
- Using personal information – women should be provided an explanation regarding how the organization intends to use their information before offering written consent.
- Sharing information – in circumstances where information needs to be shared with other program staff, a lawyer, health care professional or other service provider, information should be disclosed only for the purpose for which consent has been given.
- Accessing information from other sources – the woman should be the primary source of information about herself, but other sources may help identify risk factors and ways to minimize them (e.g. police or court services, health or mental health services).
- Conducting any assessment, including those related to risk, mental or physical health, and any other type of analysis.
- Providing various services, including counseling (therapeutic, legal, other), psychological analysis, medical/health testing, psycho-educational groups, advocacy with external groups and assisting trafficking victims with voluntary returns to their community of origin or reintegration.
- Conducting research activities, including program monitoring and evaluation.

Provide women and girls with access to their personal information whenever requested and correct any inaccurate or incomplete information as requested.

Keep all personal information safe using specific information security practices to ensure it cannot be accessed by unauthorized individuals.

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STEPS FOR OBTAINING INFORMED CONSENT

Prior to requesting consent, provide the woman with relevant information, which may vary depending on the type of service being provided (e.g. counseling, medical interview/ examination), but should consist of the following basic elements:

- Name, position and service role of the person requesting consent (if not already given).
- A detailed description of what consent is being requested for (e.g. collection and retention of information, assessment, service provision) including the time and place the activity is expected to take place, if applicable.
- The purpose of the activity.
- Risks or dangers associated with the activity (short or long term).
- Notice of any particularly sensitive or potentially upsetting topics, procedures or activities.
- Notice of when results of any assessment, examination or procedure will be available.
- Notice of the individual's rights to their records, medical file and personal documents.
- Reassurance that medical records will be kept confidential.
- Confirmation that she will have the opportunity to decide whether or not the organization can use it when referring her case to other service providers, law enforcement or other external actors supporting her case.

It is also important to:

- Reassure individuals that there are no right or wrong answers or reactions, and that questions regarding consent are standard and asked to everyone. Reassure women who have perceived that their survival or safety depends on giving a correct answer or response that they should only express their personal needs or interests.
- Adopt a neutral, professional and sympathetic tone and attitude. Do not pressure the individual to give consent nor imply what is best for her. Allow the woman to choose freely, knowing that her decision will be accepted without judgment or bias.
- Use plain language. By explaining activities and processes in simple terms and avoiding jargon, it is easier for the individual to understand and feel in control of her choices and related outcomes.
- Clarify and rephrase information that may be difficult to understand, watching for signs that the woman may not clearly understand the information provided. This helps to ensure that the content of the information is understood, particularly where language, social or cultural barriers exist.
- Encourage questions, which help ensure that the woman is informed about details/issues specifically important to her.
- Check that the woman comprehends the information provided. For example, formulate

questions that are general (e.g. “Does anything I have told you seem unclear?”); and specific, to confirm consent for any details that might have been confusing (e.g. “Is there anything about how we intend to share information with your legal counsellor that seems unclear or confusing?”).

- Assure the individual that there will be no negative consequences for refusing consent to any part of what is requested or offered.
- Use consent forms to document written consent. It is important to be flexible with such forms, adapting them as needed to the linguistic, operational and legal realities of a particular setting.

(International Organization for Migration, 2007)

BARRIERS TO CONSENT AND ENGAGING SPECIFIC GROUPS

It is important to identify and seek to address potential barriers to informed consent from women escaping situations of violence and find ways to reduce or eliminate them. This is important to promote a woman’s understanding of her options, and ensure her engagement with service providers is based on her full knowledge and agreement with the process.

Barriers to obtaining informed consent may relate to language differences between the service provider and woman seeking assistance; 1) age, where a girl is a minor or is not capable of giving her consent; 2) challenges associated with physical or cognitive abilities, where providers are unable to effectively engage with the woman; 3) or fear and perceptions about the shelter and its services.

For language barriers, where information cannot be understood in either verbal or written formats:

- Engage an interpreter specifically trained in safety and confidentiality of survivors.
- Receive verbal consent and document the reason for not obtaining consent in writing.
- Translate intake forms into languages reflecting the community being served.

In cases where the girl is a minor or due to her age, is not capable of giving consent:

- Consent should be obtained from a safe parent or guardian, where possible.
- Where it is unsafe or otherwise not possible to gain parental or legal guardian consent, the reasons for not gaining consent should be documented and legal counsel should be sought for the girl.
- In addition to gaining legal consent to provide services to girls, informed consent should be sought from the girl specific to the services and supports to be provided. Service providers will need to take extra precautions to ensure the girl is able to understand the information provided, including the nature, consequences, benefits and risks of a particular activity and the overall plan to support her (Reubsaat, 2006).

- Assess the young person’s capacity to understand the information being provided, and the subsequent ability to give informed consent, by considering her developmental level and the nature, complexity and duration of the plan for support and intervention (e.g. if the service or intervention is long-term or complex, more maturity may be required for a young person to understand the associated risks and benefits).
- Indicators which may be used to determine whether a girl is able to understand and give consent include exploring whether she is able to:
  - interpret information accurately and logically
  - suggest alternatives if asked to
  - follow-through on an agreed-upon course of action
  - appreciate benefits and risks of particular activities (e.g. the case plan)
  - assess the credibility of information provided regarding alternatives
- If a girl gives consent on her own behalf and is assessed as being capable of understanding the information, the standard steps in obtaining informed consent should be followed.

If there are capacity issues, “individuals who are mentally disabled, psychologically disabled or individuals who are otherwise unable to fully participate in the informed consent procedure require special assistance, often in the form of a legal guardian or legal counsel. The legal guardian is a person with full power of attorney granted by the individual, or the individual’s legal counsel holding such written power of attorney. Organizations should consult an attorney regarding consent by minors or individuals who, due to a mental or physical condition, are not in a position to give legally valid consent” (IOM, 2007). Caution should also be taken in cases where the legal guardian is the accused perpetrator.

Barriers related to fears or negative perceptions about the shelter or low-levels of trust with service providers may be reduced through careful attention to the approach and process employed in gathering informed consent

A SAMPLE INFORMED CONSENT FORM

I, [Client’s Full Name], understand and acknowledge that I am seeking services from [Organization Name] to address issues related to violence against women (VAW). By signing below, I provide my informed consent to receive services and agree to the following:

1. I understand that [Organization Name] provides support, counseling, advocacy and resources for individuals who have experienced or are at risk of experiencing VAW. The specific services I will receive will be discussed and agreed upon during the intake process.
2. I acknowledge that my participation in the services provided by [Organization Name] is voluntary. I have the right to discontinue or refuse any services at any time without penalty or consequence.

3. I understand that all information I disclose during my involvement with [Organization Name], including personal, medical, legal, and psychological information, will be kept confidential to the extent allowed by law and organizational policies.
4. I understand that there are limitations to confidentiality. [Organization Name] may be required to disclose information without my consent in the following situations:
   a. If there is a reasonable belief that I pose a threat to my own safety or the safety of others.
   b. If there is a reasonable belief that a child or vulnerable adult is at risk of abuse or neglect.
   c. If required by a court order or other legal obligation.
5. I understand that I have certain rights and responsibilities as a client of [Organization Name]. These rights and responsibilities will be explained to me during the intake process, and I will have the opportunity to ask questions and seek clarification.
6. I understand that my information will be securely stored in accordance with applicable laws and organizational policies. I have the right to access and review my records, subject to any legal restrictions.
7. I understand that if my needs extend beyond the scope of [Organization Name]'s services, I have the right to be referred to appropriate resources and organizations.
8. I authorize [Organization Name] to release my information to external service providers or agencies involved in my case, but only with my explicit consent and for the purpose of coordinating services or obtaining necessary support.

By signing below, I acknowledge that I have read and understood this Informed Consent Form, and I freely and voluntarily give my consent to receive services from [Organization Name].

Reference
Updated Source: https://endingviolence.org/resources/records-management-guidelines-march-2022/

Original Source:
Ruebsaat et. al, The Virtual Knowledge Centre to End Violence against Women and Girls, "Records Management - Requesting Informed Consent", www.endvawnow.org, 2006, https://www.endvawnow.org/en/articles/1415-requesting-informed-consent.html
International Organization for Migration, "IOM Handbook on Direct Assistance for Victims of Trafficking)", 2007

For detailed information about informed consent procedures, refer to a new 2022 edition (updated from the 2006 edition) of the Records management guidelines: Protecting privacy for victims/survivors of violence. Records Management Guidelines: Protecting Privacy for Survivors of Violence. BC Association of Specialized Victim Assistance and Counselling Programs. Vancouver.

These guidelines provide clear instructions for those handling sensitive client information on what they need to know to create, update, store, release, and destroy client records.

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Client's Signature: _____ Date: _____

Printed Name: _____

Witness' Signature: _____ Date: _____

Printed Name: _____

Client's Verbal Consent
The Consent statement was read out to and explained to the client. The client has understood the confidentiality statement.

The client verbally informed the service provider that they understand the confidentiality statement. Date verbal consent was given _____

If applicable: Has the interpreter explained this statement to the client?
Yes _____ No _____

Counselor's Name: _____ **Client Name:** _____

Counselor's Signature: _____ Date: _____

If applicable: (Language Interpreter Name and Signature)

Date:_____

ANNEX 6

INSTRUCTIONS ON USING AND SCORING THE DANGER ASSESSMENT-5 TOOL

The Danger Asessment-5 is a brief risk assessment tool that identifies victims at high risk for homicide or severe injury by a current or former intimate partner[26*],[27],[28*]. It should be used when intimate partner violence has been identified in the Emergency Department or other health care settings, protective order or child custody hearings, or other brief-treatment/ practice settings. Presence of these risk factors could mean the victim is in danger of serious injury and/or homicide. Evidence-based risk assessments should be used in combination with survivor self-determination and practitioner expertise to collaboratively develop the best way forward for each individual.

Mark Yes or No for each of the following questions.

1. Has the physical violence increased in severity or frequency over the past year?_____

2. Has your partner (or ex) ever used a weapon against you or threatened you with a weapon?_____

3. Do you believe your parent (or ex) is capable of killing you?_____

4. Has your partner (or ex) ever tried to choke/strangle you or cut off your breathing?

_____ *[can be asked instead of or in addition to: Have you ever been beaten by your partner (or ex) while you were pregnant?]*

4a. If yes, did your partner ever choke/strangle you or cut off your breathing?_____

4b. About how long ago? _____

4c. Did it happen more than once? _____

4d. Did it make you pass out or black out or make you dizzy? _____

5. Is your partner (or ex) violently and constantly jealous of you?_____

Four or five yes responses indicates the woman is at high risk of being killed.

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[26] Campbell, J., "Danger Assessment Scale" (Validated Adaptation), www.dangerassessment.org, 2003, https://www.dangerassessment.org/about.aspx

*This is a brief adaptation of the Danger Assessment (2003). The full DA with weighted scoring provides the most accurate assessment of risk. The DA and its revisions are evidence-based risk assessments intended for use with survivors to educate them and their supports about their risk of lethality or re-assault and to inform their decision-making.

[27] Snider, C., Webster, D., O'Sullivan, S.C., & Campbell, J., Society for Academic Emergency Medicine, "Intimate partner violence: Development of a brief risk assessment for the emergency department", 2009, Volume 16, P.1209-1216

[28] Messing, J.T., Campbell, J.C., & Snider, C., Journal of Advanced Nursing, "Validation and adaptation of the Danger Assessment-5 (DA-5): A brief intimate partner violence risk assessment", 2017, Volume 73, P.3220-3230

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Note: The Danger Assessment is best used by a person certified to administer the assessment and interpret the scoring system. Certification programs in various formats can be found at www.dangerassessment.com

SCORING INSTRUCTIONS

SCORING INSTRUCTIONS

4 or 5 "yes" responses:

- Tell the victim they are in danger. Give them the choice of reporting to the police and/or a confidential hotline (800-799-7233). Make the call with the victim and/or complete an in-person hand-off to a knowledgeable advocate.

3 "yes" responses:

- If the victim is female and you are trained to use the DA: *Complete the full DA using the calendar and weighted scoring. Inform the victim of her level of danger. Do safety planning based on the full DA results.*
- If the victim is female and you are NOT trained to use the DA: *Refer and hand-off the victim to someone certified to administer the full DA (in-person or voice-to-voice hand-off is preferable).*

2 "yes" responses:

- Tell the victim there are two risk factors for serious injury/assault/ homicide. If victim agrees, refer and hand-off to a knowledgeable advocate (in-person or voice-to-voice hand-off is preferable).

0-1 "yes" responses:

- Proceed with normal referral/ procedural processes for domestic violence.

BRIEF STRANGULATION PROTOCOL

If the victim answered **yes to 4a,** follow this strangulation protocol for further assessment and/or refer to someone who is trained to conduct the following assessment.

If the strangulation was less than a week ago:

- Examine the inside of the throat, neck, face, and scalp for physical signs of strangulation.
- Refer to the strangulation assessment and radiographic evaluation information at www.strangulationtraininginstitute.com
- Proceed with emergency medical care for strangulation, especially if loss of consciousness or possible loss of consciousness (victims are commonly unsure about loss of consciousness) particularly if they became incontinent—ask if the victim "wet themselves".

If there were multiple strangulations:

- Conduct a neurological exam for brain injury or refer for examination. Inform the victim of increased risk for homicide.

If the victim wants, notify police and/or prosecutors

- Know state/province/local law on strangulation and mandatory reporting and inform the victim.

Note: Some IRER women may not understand the term "strangulation" so you may have to clarify by asking if the abuser has ever put their hands around their neck and squeezed hard enough for them to have trouble breathing.

References

Campbell, J.C., Danger Assessment, http://www.dangerassessment.org, 2004

Campbell J.C., Webster, D.W. & Glass N., Journal of Interpersonal Violence, "The danger assessment: validation of a lethality risk assessment instrument for intimate partner femicide.", Volume 24(4):, P.653-74, 2009

ANNEX 7

COMMONLY USED TOOLS IN INTIMATE PARTNER VIOLENCE RISK ASSESSMENT AND BEST PRACTICES IN RISK ASSESSMENT

ORGANIZATIONAL RESPONSIBILITY FOR RISK ASSESSMENT

1. Implement a standardized risk assessment tool that has been validated for use with victims of domestic violence.
2. Provide comprehensive training to staff on risk assessment and management protocols, including ongoing training and skills development.
3. Develop clear policies and procedures for conducting risk assessments, documenting and sharing information and communicating with other service providers.
4. Build collaborative relationships with other community agencies and stakeholders to coordinate efforts and services, including sharing risk assessment information.
5. Include risk assessment as part of a holistic service approach, which includes safety planning, referrals for services, and ongoing support.
6. Respect the victim's autonomy and confidentiality, explaining the purpose and limits of risk assessment, obtaining informed consent, and respecting the victim's decisions about next steps.
7. Regularly review and evaluate risk assessment processes and outcomes, ensuring that they are evidence-based, culturally responsive and responsive to the changing needs of victims.

BEST PRACTICES IN DOMESTIC VIOLENCE RISK ASSESSMENT

- Those conducting risk assessments should use structured, reliable, validated and defensible risk assessment tools or guidelines. Some examples of existing tools are the Spousal Assault Risk Assessment Guide, Version 3 (SARA-V3), the Ontario Domestic Assault Risk Assessment (ODARA), the Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER), the Domestic Violence Risk Appraisal Guide (DVRAG), the Danger Assessment (DA), and the Domestic Violence Screening Instrument –Revised (DVSI-R).
- Those conducting risk assessments should receive proper education and training about the use of tools or guidelines. Risk evaluators should understand any unique aspects to the evaluation of domestic violence compared with other criminal offenses and be alert to any changing circumstances or contexts that might affect risk.
- If it is not possible to use an established risk assessment method, those conducting risk assessments should at least consider risk factors that are supported in the empirical or professional literatures.

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- Risk assessments should not consider ascribed characteristics or information that is otherwise discriminatory, such as race, ethnicity and socioeconomic status.
- A risk assessment is only as good as the information upon which it is based. Therefore, those conducting risk assessments should follow risk assessment instrument instructions closely and where appropriate, use multiple sources of information including interviews with the (alleged) perpetrator, victim(s) and other collateral informants, correctional file information, criminal records, mental health reports and so forth.
- Although it is important to incorporate the victim's perspective into a risk assessment, such information is sensitive and should not be disclosed to the perpetrator. The safety of the victim should always be a priority.
- Although most risk assessments will focus on a single, primary victim, it is important to remember that other "at risk" individuals could include children, family members, employers, service providers, or the primary victim's new intimate partner.

COMMONLY USED TOOLS IN INTIMATE PARTNER VIOLENCE RISK ASSESSMENT

Brief Spousal Assault Form for the Assessment of Risk, Second Edition (B-SAFER)	• Condensed version of the SARA • Developed for criminal justice and mental health professionals • Assesses risk of future violence and lethality and includes recommendations for risk management strategies • Considers 10 perpetrator risk factors and five victim vulnerability factors • Includes an interview guide that focus on perpetrator's spousal violence history and psychological and social adjustment problems • Information gathered from a variety of sources including interviews with the perpetrator and victim, standardized measures of psychological and emotional abuse and other records (e.g., police reports) • Translated into eight languages and used in numerous countries
Danger Assessment	• Originally developed for nurses in emergency, but is now used in a variety of settings with the most appropriate assessors being victim advocates, social workers or clinicians • Assesses for risk of lethality (domestic homicide) based on risk factors identified in the literature

Danger Assessment	• Comprised of two parts: 1) a calendar that the victim can indicate the severity and frequency of domestic violence instances they experienced within the last 12 months and 2) a 20-item checklist of risk factors related to intimate partner homicide • Information gathered through collaboration/interviews with the victim • Developed in the U.S. and used in multiple countries • Note: The DA is a commonly used tool to assess the risk of homicide in domestic violence situations, as it bases the assessment on risk factors found in case control research to be associated with lethality or more severe domestic violence
Domestic Violence Risk Appraisal Guide (DVRAG)	• Developed for forensic clinicians and criminal justice professionals or whenever more in-depth information is available • Assesses risk for recidivism among male offenders • Tool uses the same items as the ODARA and incorporates the perpetrator's score on the Psychopathy Checklist – Revised (PCL-R)4 • Should be completed when the ODARA score is at least two and a reliable PCL-R score is available; appropriate for detailed clinical or correctional data of the perpetrator
Domestic Violence Screening Inventory Revised (DVSI-R)	• Developed for criminal justice professionals • Assesses risk of recidivism among male and female perpetrators on probation • Comprised of 11 items that focus on the perpetrator's criminal history including domestic violence, employment status, treatment history, relationship status and information on the current offence • Includes two summary risk ratings based on the assessor's professional judgment that addresses the imminent risk to the victim of the current offence and the imminent risk to another person known to the perpetrator • Developed and used in the U.S.
Ontario Domestic Assault Risk Assessment Guide (ODARA)	• Developed for first responders, primarily law enforcement but also victim services • Assesses risk of re-assault against an intimate partner; higher scores are also related to more frequent and severe violence

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Ontario Domestic Assault Risk Assessment Guide (ODARA)	• Assessment comprised of 13 risk factors identified through follow-up research of case files from the Ontario Provincial Police and municipal police records • Can be completed using police and criminal records or victim interview • Used in Nova Scotia, New Brunswick, Ontario, Saskatchewan, Alberta and Northwest Territories, as well as several US states and other countries; available in French and German
Spousal Assault Risk Assessment Guide Version 3 (SARA-V3)	• Developed for criminal justice and mental health professionals • Assesses risk of future violence and lethality and helps in determining risk scenarios, risk formulation and management plans • Earlier versions of the SARA are comprised of 20 items that focus on the perpetrator's criminal history, psycho-social adjustment, and spousal assault history and information on the current offence • Latest version (SARA-V3) includes 24 risk factors in three domains: Nature of Domestic Violence, Perpetrator Risk Factors and Victim Vulnerability Factors
Spousal Assault Risk Assessment Guide Version 3 (SARA-V3)	• Information gathered from a variety of sources including interviews with the perpetrator and victim, standardized measures of psychological and emotional abuse and other records (e.g., police reports) • Translated into 10 languages and used in 15 countries
Summary of Domestic Violence Risk Factors	• Developed for frontline professionals, police, child protection workers and anti-violence workers • Assesses likelihood of future violence • Intended to assist frontline professionals in conducting quick evidence-based risk assessments during investigations • Contains 19 risk factors • Not as in-depth as the B-SAFER, SARA or ODARA • Used in British Columbia

References
Campbell, M., Hilton, N.Z., Kropp, P.R., Dawson, M. & Jaffe, P., Canadian Domestic Homicide Prevention Initiative, "Domestic Violence Risk Assessment: Informing Safety Planning & Risk Management", Domestic Homicide Brief (2), www.chdpi.ca, 2016, http://cdhpi.ca/sites/cdhpi.ca/files/Brief_2_Final_2.pdf

ANNEX 8

A SAMPLE NEEDS ASSESSMENT FORM

- Confidentiality Statement and Informed Consent Form reviewed and signed
  ☐ Yes ☐ No
- If no, verbal consent taken after explaining confidentiality and informed consent
  ☐ Yes ☐ No

CLIENT INFORMATION

Name:				Client Number		
Date of Birth:	Y	M	D	Cell Phone Number		
Preferred Name:				First Language		
Gender:	M	F	Other	English Proficiency	Interpreter required?	Y / N
Address				Emergency Contact Name	Emergency Contact Phone	

CLIENT SITUATION OVERVIEW

Have you experienced any form of abuse in the past? Was it a one-time incident, sporadic occurrences, or ongoing abuse? Did you experience abuse before coming to Canada?

TYPE OF ABUSE	EXAMPLES	FREQUENCY
Emotional/ Psychological	☐ Constant criticism, belittling or humiliation. ☐ Blaming, manipulating or distorting reality Coercion ☐ Using children ☐ Using faith beliefs, cultural traditions to control or justify ☐ With-holding necessary medication, ☐ treatment, food, clothing, etc.	

CLIENT SITUATION OVERVIEW

TYPE OF ABUSE	EXAMPLES	FREQUENCY
Financial	☐ Controlling or limiting access to finances or resources ☐ Stealing money or property from the victim ☐ Forcing the person to work against their will or exploiting their income ☐ Accumulating debt in the victim's name without their consent	
Digital	☐ Controlling or monitoring someone's online activities or devices ☐ Harassing, threatening or stalking someone through technology ☐ Sharing explicit or private images or videos without consent	
Verbal	☐ Shouting, swearing ☐ Uttering threats	
Physical	☐ Hitting, slapping, punching or kicking ☐ Choking or strangling ☐ Burning or using weapons to inflict harm ☐ Restraining or confining someone against their will	
Isolation	☐ Not allowing her to leave the house without permission ☐ Not letting her contact friends and family	
Sexual	☐ Forcing sexual acts against one's will ☐ Sexual exploitation, such as prostitution or trafficking ☐ Denying reproductive health, forced abortion, forced pregnancy	
Other		

CLIENT SITUATION OVERVIEW

Who were the perpetrator(s)?
Did you sustain any injuries as a result of the abuse? If yes, please describe the nature and severity of the injuries. Have you sought medical help or received treatment for any health issues related to the abuse?
How would you describe your current physical health? Are there any specific health concerns or conditions that you are dealing with?
In terms of mental health, have you experienced any emotional or psychological difficulties as a result of the abuse?
Are you currently receiving any form of mental health support? If so, what kind and how effective has it been?

IMMIGRATION AND SETTLEMENT

Client's status:	Person of Concern (POC) status:	
Concerns regarding client's disclosure of violence/abuse and immigration status?	Yes	No
Has the client provided sponsorship, or is in the process of providing sponsorship to POC?	Yes	No
Has the client provided sponsorship, or is in the process of providing sponsorship to POC?	Yes	No
Has the POC provided sponsorship, or is in the process of providing sponsorship to client?	Yes	No
Do you have access to your immigration/citizenship documents e.g. passport?		
Concerns pertaining to settlement, immigration and integration:		
Additional notes:		

ACCOMPANYING CHILDREN

NAME	AGE	CITIZENSHIP STATUS	ADDITIONAL INFORMATION

CHILD PROTECTION

Have your child/ren witnessed violence and/or abuse between family members?	Yes	No
Have your child/ren tried to intervene in an abusive situation between other family members?	Yes	No
Have your child/ren been physically assaulted by a family member?	Yes	No
Have your child/ren been targeted for emotional abuse by a family member?	Yes	No
Are your child/ren being neglected?	Yes	No
Are your child/ren experiencing serious emotional or behavioural problems?	Yes	No
Do you currently have an assigned child protection worker?	Yes	No
If yes, please list the full name and contact information of client's current worker:		
Was the local child protection agency consulted?	Yes	No
If yes, please list the following information:		
Consultation with:		

CHILD PROTECTION

Full name of worker consulted with:			
Date of Consultation (dd/mm/yyyy):			
Report Made:	Yes	No	If no, please indicate reason(s) why:
Any other information regarding children related to CAS? Special needs? Issues in school?			

POLICE INVOLVEMENT

Do you feel comfortable and safe contacting the police if you need help?			
Do you know which number to call?	Yes	No	(If no, give information about 911)
Have you called 911 before?	Yes	No	What was the outcome?
Are you currently under any legal protection orders, such as a restraining order or emergency protection order, that involve police intervention?			
Additional notes:			

LEGAL AID & FAMILY LAW

Date of Marriage/Cohabitation: _____Date of Separation/Divorce:					
Case Ongoing		Case Finished		No Family Court Involvement	
Regarding:					
Custody	Access	Child Support	Spousal Support	Property	Possession of the home
Restraining Order	Divorce	Separation Agreement – Copy attached:		Yes	No
Please list details of any issues or concerns identified by client:					
Additional notes:					

INCOME & EMPLOYMENT INFORMATION

CURRENTLY UNEMPLOYED	CURRENTLY EMPLOYED
Can you share what is your main source of income?	Employer
Additional financial sources e.g., social assistance, pension, veteran's benefits	Address

INCOME & EMPLOYMENT INFORMATION

CURRENTLY UNEMPLOYED			CURRENTLY EMPLOYED	
Do you have a form of Income	Yes	No	Is your employer aware of the abuse?	Are you currently working remotely? Are there any issues related to abuse because of working from home?
Employment Income	Sponsorship Income			
Ontario Works	Ontario Disability Support Program			
Employment Insurance	OSAP Loans			
No Income at all	Other: Please specify:			
Est. Annual Income:				
Referral for Employment Services	Yes	No	Name of Agency/case worker	
Additional notes				

HOUSING

Do you or POC currently own or mortgage your home?	Yes	No	Do you share a mortgage with POC?	Yes	No
Are you currently renting?	Yes	No	No If so, monthly rent amount:		
If renting, is your name on the lease?	Yes	No	If not, who in relation to you is on the lease?		
Are you currently residing in subsidized housing?	Yes	No	If so, monthly rent amount:		
Are there any pending tenant issues?	Yes	No	If so, please explain:		
Are you currently residing temporarily with family or friends?	Yes	No	If so, are you providing rent?		
Are you currently residing with POC?	Yes	No	Are you financially dependent on POC?	Yes	No
If none of the above, what best describes your housing circumstance?					
Referral to Shelter	Yes	No	Name of shelter/case worker		
Referral for Priority Housing	Yes	No	Name of agency/case worker		
Additional Notes:					

RISK ASSESSMENT AND SAFETY PLAN

Name of Risk Assessment Tool:				
Risk assessment completed:	Yes (copy attached)		No – please indicate why not:	
Risk assessment result:	Low	Moderate	High	N/A
Suicide risk assessment completed:	Yes (copy attached)		No – please indicate why not:	
Suicide risk assessment result:	Low	Moderate	High	N/A
Safety plan completed:	Yes (copy attached) Date on which safety plan completed:		No – please indicate why not:	
Copy of safety plan provided to client:			Yes	No
Additional Notes:				

COPING STRATEGIES

What coping skills or strategies have you developed to manage the impact of the abuse on your life?
Are there any specific strengths or personal qualities that have helped you navigate the challenges resulting from the abuse?
Have you confided in anyone about the abuse you have experienced?

COPING STRATEGIES

Who are the individuals in your support network (family, friends, colleagues, etc.) that you feel comfortable turning to for support?
Besides your immediate social support network, are there any community resources (organizations, hotlines, counseling services, etc.) that you have utilized or are aware of?
Additional Notes:

REFERRALS

NEED	REFERRAL AGENCY	DATE
☐ Childcare		
☐ Counselling		
☐ Education		
☐ Employment		
☐ English language classes		
☐ Mental health services		
☐ Settlement services		
☐ Substance use services		
☐ Other		
☐ Name of Counsellor		
☐ Signature		
☐ Date		

References
COSTI Immigrant Services, “Needs Assessment Form”, n.d.
Safe Centre of Peel, “Needs Assessment”, n.d.

ANNEX 9

Safety Plan

1. What are the actions that you want to take at this time? (Staying, leaving or returning)

2. Is there anyone (friend, neighbor or family member), you might be able to reach out to if you need help? What supports do you currently have? Can you contact any of them in case of emergency?

   Family:

   Friends:

   Neighbors:

   Other:

3. Would you like information about shelters, safe housing, transition houses and emergency lines in your region? (List resources provided)

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Safety Plan if Staying:

Provide information about the cycle of violence and the "honeymoon period." Make note that in our experience violence usually escalates over the time.

1. What is your concrete plan if violence arises?

2. What factors will make you safe while staying?

3. Describe your support system while staying:

Safety Plan if Returning:

Make note that in our experience violence usually escalates after returning.

1. What is your concrete plan if violence arises?

2. What factors will make you safe while staying?

3. Describe your support system while staying:

Safety Plan if Leaving:

Remind the person not to share her plan with her children or someone who may disclose this plan to their partner or extended family. If there are children involved always assess the children's safety and remind the person that whenever possible it is important to bring children with her to a safe place.

Questions to ask the client:

1. When are you planning on leaving?

Throughout the safety plan, provide support and information to the person to make an informed safety plan. It is important to remember that violence and abuse usually escalates after a woman has left or if the abusive person gets any indication that she is planning to leave. It is imperative to highlight that she should not show any hint that she is planning to leave.

2. What steps will you take before leaving?

3. What steps will you take if your partner arrives while leaving?

4. Can you identify signs or situations that would increase your partner's use of violence?

5. Who lives with you? (Refer to information to the right if children live with the woman)

6. Have you shared with anyone that you are planning to leave?

Safety Plan if there are Children Living at Home

Mothers can 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. It is known that children often try to stop the violence by distracting the abuser or directly interfering in the violent incident, it is important to tell children that the best and most important thing for them to do is to keep themselves safe. Children who experience or witness abuse or 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.

Is there a safe room inside your house, preferably with a lock on the door where your child/children can go to? (Whenever possible, the mother should make a safety plan for her children to go to a safe room as soon as violence arises).

Is there a safe place outside your house where your child/children can go to?

Describe the Safety Plan for children:

If there are children living with you, are they able to call 911 in case of emergency?

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7. Do you have an emergency plan in case your partner or other family member stops you from leaving?

8. Is your extended family or your community a resource or a risk for your safety? Explain:

9. Do you need your worker to provide more information or to collaborate with you on making a safety plan? Describe worker's contribution to the person's safety plan:

10. Do you need information on:

- ☐ *Criminal Justice System*
- ☐ *Family Law*
- ☐ *Immigration Law*
- ☐ *CBSA*
- ☐ *Child Protection (MCFD)*

Describe what information and resources were provided:

11. Are you already dealing with any or an intersection of the systems above? Describe:

12. What documents do you have and what documents do you need to get from your partner? Describe:

- ☐ *Birth Certificates*
- ☐ *Passports*
- ☐ *ID*
- ☐ *Bank Statements*
- ☐ *Paystubs*
- ☐ *Other:*

13. How are you coping? Following your organization's internal policies and practices, make an assessment on:

- ☐ *Use of Medication (prescribed or not prescribed)*
- ☐ *Use of Substances*
- ☐ *Suicidal Ideation*
- ☐ *Plan to Commit Suicide (follow your internal policies and practices to make an assessment and safety plan)*
- ☐ *Self-Injurious Behaviors*
- ☐ *Other:*

Resources and Information Provided:

14. Next steps after this appointment:

15. Is there anything else that you want me to know?

Follow up plan:

Write down where the woman has been referred to:

References
Arteaga, R.E., "Safety Plan Form", Safety Assessment and Safety Planning Tool for Supporting Women with Precarious Immigration Status, Refugees, Refugee Claimants and Immigrant Women Facing Domestic Violence, Battered Women's Support Services (www.bwss.org) & BC Refugee Hub (www.bcrefugeehub.ca), n.d.

ANNEX 10

SAFETY INFORMATION TO SHARE WITH CLIENTS

This section includes supplementary information for staff to share with clients when developing a safety plan with clients.

When working with a woman, it is important to highlight the notion of "safety". Making a safety plan involves identifying actions to increase the safety of a woman and that of her children. A woman needs a safety plan regardless of her decision to stay or leave an abusive relationship.

This plan should outline steps a woman can take to protect herself in potentially dangerous situations. Service providers should work with her to plan the following means of safety.

1. **Identify Safe Spaces**
   - Identify rooms with lockable doors, areas with quick access to exits, or trusted neighbors or friends who can provide temporary shelter.
   - Determine safe areas in your home where you can go during an abusive incident (e.g., a room with a lock or a neighbor's house).
   - Identify safe public spaces, such as libraries, community centers, or trusted friends' homes, where you can seek refuge if needed.
2. **Emergency Contacts**
   - Compile a list of emergency contacts, including local law enforcement, domestic violence hotlines, shelters, trusted friends and family members.
   - Memorize important phone numbers or keep them stored in a secure location. Consider programming emergency numbers into your phone.
3. **Safety Signals**
   - Establish a safety signal with a trusted friend, family member, or neighbor to alert them when you're in immediate danger and need help.
   - Discuss a code word or gesture that indicates you require assistance.
4. **Pack an Emergency Bag**
   - Prepare an emergency bag with essential items that you may need if you have to leave quickly. Include important documents (identification, passports, medical records), spare clothes, cash, medication, keys and any necessary items for children or dependents.
   - Make copies of important documents, such as identification, social security cards, birth certificates, financial records and legal documents. Store these copies in a safe place or share them with a trusted individual. Consider keeping originals in a secure location outside of the home.

5. Document Evidence

- Keep a record of abusive incidents, including dates, times and descriptions of what occurred.
- Preserve any physical evidence, such as photographs of injuries or damaged property.
- Store this documentation in a safe place outside of your home, such as a trusted friend's house or a secure online cloud storage account.

6. Financial Independence

- If possible, create a separate bank account in your name to secure your finances.
- Save money in a hidden location or with a trusted friend to ensure access to funds if needed.

7. Managing Risk at Work and School

- Establish a support network within your community, such as neighbors or community organizations, who can provide assistance during emergencies.
- Discuss safety concerns with local law enforcement and explore options for additional security measures, such as alarms or motion-sensor lights.
- Develop a plan for quick evacuation in case of emergency and identify nearby safe locations.
- Inform trusted colleagues, supervisors, or teachers about your situation and provide them with a photo or description of the abuser.
- Develop a plan for safely leaving work or school if necessary, including arranging for escorts or changing your routine.

8. Pet Safety

- Find a safe place for your pets, such as a trusted friend, family member, or local animal shelter.
- Prepare an emergency kit for your pets, including food, medication and important documents.
- Ensure your pets' identification tags are up-to-date.

9. Support for Children

- Talk to your children about safety plans, including what to do if they witness or experience violence.
- Develop a code word or phrase with your children that signals they should seek help or leave the house.
- Explore resources in your area that offer support to children who have witnessed or experienced IPV, such as counseling or support groups.

10. Utilize Technology Safely

- Be cautious when using technology, as abusers may monitor online activities or access devices.
- Consider using secure communication methods and avoid sharing sensitive information or plans through devices or accounts that may be compromised.

11. Coping with Emotional Trauma

- Seek professional counseling or therapy to address the emotional impact of IPV.
- Develop self-care strategies that work for you, such as engaging in hobbies, practicing mindfulness or meditation, or connecting with supportive friends or family members.
- Consider joining a support group to connect with others who have experienced similar situations.

LIST OF ITEMS AND DOCUMENTS

You can share a list of items your client may consider collecting as part of her safety plan:

1. Identification Documents

- Passport
- Driver's license or identification card
- Social Insurance card
- Birth certificate
- Immigration documents (e.g., visa, Permanent Resident card, work permit)

2. Financial and Legal Documents

- Bank account statements
- Credit card statements
- Lease or rental agreement
- Mortgage documents
- Income records (pay stubs, tax returns)
- Copies of any existing legal protection orders (restraining orders, orders of protection)
- Any divorce or custody documents, if applicable

3. Important Contact Information:

- Emergency contacts (friends, family, shelters, helplines)
- Immigration attorney or legal services providers specializing in domestic violence
- Local law enforcement contact numbers (non-emergency and emergency)
- Consulate or embassy contact information for her home country

4. Medical and Health-related Documents

- Health insurance information
- Copies of prescriptions for medications
- Medical records or documentation of any injuries sustained as a result of abuse
- Contact information for healthcare providers or therapists

5. Safety-related Items

- A spare set of house and car keys
- Cell phone with emergency contacts programmed
- Prepaid phone card or spare phone for emergencies
- Personal protection items (pepper spray, whistle, personal alarm)

6. Personal Essentials

- Any necessary medications
- Clothing and personal items for her and her children, if applicable
- Important sentimental or irreplaceable items

MANAGING RISKS IN DIFFERENT SETTINGS

Safety Planning While Living with the Abuser

- Explain to the woman that it is important that she tell someone she trusts about the abuse.
- Let her know that if she tells you about abuse and if it has happened in the reception centre, you are obligated to call the police and CAS (if there are children involved). In these cases, fill out an incident report.
- Tell her to call 911 if she is in immediate danger.
- Ask her to think about her partner's past abuse and his level of force, as this will help her predict what type of danger she and her children are facing and when they might have to leave.
- Ask her to explain to her children that abuse is never right, even when someone they love is being abusive. Also have her tell them the abuse isn't their fault or her fault; they did not cause it and neither did she.
- Ask her to explain to them that it is important to keep safe when there is abuse. It is important for her to tell the children not to get between her and her partner if there is violence. Help her plan a code word to signal to the children that the children should get help or leave.
- Ask her to plan where to go in an emergency and to teach her children how to get help.

- Explain to her that she should not run to the place where the children are, as her partner may hurt them as well.
- Ask her to create a plan to get out of her place safely and practice it with her children.
- Suggest that she ask her neighbours or staff in her hotel to call the police if they hear sounds of abuse and ask them to look after her children in an emergency.
- Suggest to her that when an argument is developing that she should move to a space where she can get outside easily and not go to a room where there is access to potential weapons (e.g. kitchen, workshop, bathroom).
- If she has a vehicle, suggest that she park her car by backing it into the driveway and keeping it fuelled.
- Suggest she hide her keys, cell phone and some money near her escape route.
- Help her compile a list of phone numbers that she might need to call for help. Remind her to call the police (911) if it is an emergency.
- Explain that a local shelter or police station might be able to equip her with a panic button/cell phone.
- Advise her to keep a journal of all violent incidents, noting injuries, dates, events, threats and any witnesses.
- Ask her to make sure all weapons and ammunition are hidden or removed from her place if possible.

Safety Planning While Getting Ready to Leave the Abuser

Explain to her that whether she is deciding to leave the abuser for a short- or long-term period, the following are some suggestions to help her in her planning:

- Tell her that you may be able to assist her with a change of building for a temporary separation from the abuser.
- Suggest she contact the police or a local women's shelter with the assistance of a worker. Ask her to let the staff know that she intends to leave an abusive situation and that she asks for support in developing a safety plan. Explain to her if she contacts the police, she should ask for an officer who specializes in woman abuse cases. Inform her that any information she shares with the police may result in charges being laid against her abuser.
- Advise her to request assistance from a worker to go to a doctor or an emergency room if she is injured and needs medical assistance. Ask her to have them document her visit and injuries.
- Advise her to gather important documents: identification, bank cards, financial papers related to family assets, keys, medication, pictures of the abuser and her children, passports, health cards, personal address/ telephone book, cell phone, and legal documents (e.g. immigration papers, restraining orders/peace bonds).

- Suggest that she ask a friend or neighbour to keep these things for her if she can't keep them stored in her home for fear her partner will find them.
- Suggest she put together pictures, jewelry and objects of sentimental value, as well as toys and comforts for her children.
- Ask her to remember to clear her phone of the last number she called to avoid her abuser utilizing redial.
- Advise her to ask a worker to put her in touch with a transition outreach worker from a shelter to find out if she is eligible for a free two-hour consultation session with a family or immigration lawyer to help with abuse-related issues such as child custody or divorce.

Here are some suggestions for her personal safety when she leaves:

- Advise her if she is leaving her partner to ask a worker to help her. Tell her she can request a police escort to help her leave safely if she wishes.
- Suggest that a women's shelter may be a safer temporary spot than going to a place her partner knows. Also tell her she can ask a worker to help her contact the shelter.

Safety Planning After Leaving the Abuser

- Suggest strongly that she should not tell her partner she is leaving.
- Advise her it is important she leaves quickly.

Here are some actions you may advise a woman to take after she or her partner have left the relationship:

- Advise her to ask a worker to help her contact an organization that can provide interpretation services for her for any appointments she has with police or service providers regarding the abuse.
- Advise her to ask a worker how to apply for a restraining order or peace bond that may help keep her partner away from her and her children. Advise her if she obtains one, she needs to keep it with her at all times.
- Advise her that if she goes to police that she should provide a copy of any legal orders that she has in her possession.
- Suggest that she ask a worker to help her to consult a family lawyer or legal aid clinic about actions to ensure that she will have custody of her children. Advise her to let her lawyer know if there are any Criminal Court proceedings.
- Suggest that she change her telephone number, get caller ID and block her number when calling out.
- Suggest she make sure her children's school or childcare/day care centre is aware of the situation and has copies of all relevant documents.
- Advise her to carry a photo of her abuser and her children with her at all times.

- Advise her to ask her neighbours to look after her children in an emergency and ask them to call the police if they see the abuser.
- Working with Community Services
- Ask her to think about places and patterns that her ex-partner will know about and try to change them. For example, consider using a different grocery store or place of worship.
- Advise her that if she feels unsafe walking alone, to ask a neighbour, friend or family member to accompany her.

Advise her not to return to the home/ hotel where her partner lives unless she is accompanied by the police. Strongly suggest that she never confront the abuser.

Working with Community Services

- Ask her to think about places and patterns that her ex-partner will know about and try to change them. For example, consider using a different grocery store or place of worship.
- Advise her that if she feels unsafe walking alone, to ask a neighbour, friend or family member to accompany her.
- Advise her not to return to the home/ hotel where her partner lives unless she is accompanied by the police. Strongly suggest that she never confront the abuser.

References
Milani, A., Soares, C. & MacQuarrie, B., Rexdale Women's Centre, the Centre for Research & Education on Violence Against Women and Children (CREVAWC) and the Ontario Council of Agencies Serving Immigrants (OCASI), "Recognizing and Responding to Intimate Partner Violence Resource Guide for Refugee Resettlement Assistance Programs in Ontario", www.themcc.com, 2017, http://themcc.com/wp-content/uploads/2017/02/VAW-RAP-resource-guide-Updated-Jan2017.
iDETERMINE.ca, (n.d.), https://www.idetermine.ca
Neighbours, Friends and Families – Immigrant and Refugee Communities, "Safety Planning", www.immigrantandrefugeenff.ca, (n.d.), https://www.immigrantandrefugeenff.ca/need-help/safety-planning

ANNEX 11

MEASURE OF VICTIM EMPOWERMENT RELATED TO SAFETY (MOVERS)

MOVERS is a copyrighted measure, and COSTI Immigrant Services acquired permission from the authors to adapt it.

The Measure of Victim Empowerment Related to Safety (MOVERS) is a self-report questionnaire designed to assess victim empowerment and its relationship to safety in the context of domestic violence. It aims to capture the multidimensional aspects of empowerment that contribute to a victim's sense of safety and agency.

MOVERS was developed by Goodman, Smyth, Borges, and Singer (2009) and has been used in research studies and clinical practice. MOVERS is composed of three subscales that assess distinct domains of safety-related empowerment:

- Internal Tools - assesses the extent to which a survivor has developed a set of safety-related goals and a belief in her ability to accomplish them;
- Expectation of Support - assesses the degree to which a survivor perceives that she has the support she needs to move towards safety;
- Trade-offs - assesses the extent to which the survivor feels that her efforts to achieve safety will trigger new problems.

Participants respond to each item using a five-point Likert scale (from "never true" to "always true"). Scores on each subscale are summed and averaged to produce sub-scale scores.

MOVERS provides a quantitative assessment of victim empowerment and can be used to evaluate the effectiveness of interventions or services aimed at enhancing victim safety and empowerment in domestic violence contexts.

Languages

Downloadable MOVERS Scales are available in the following languages from https://sites.google.com/bc.edu/goodman-research-team/measures/measurement-of-victim-empowerment-related-to-safety

- Arabic
- Bengali
- Burmese
- Chinese (Simplified)
- English
- Farsi
- French
- Gujrati
- Hindi
- Korean
- Nepali
- Persian
- Punjabi
- Russian
- Somali
- Spanish
- Swahili
- Tamil
- Urdu
- Vietnamese

ADMINISTERING THE MOVERS SCALE

The "before" administration: In order to be effective, MOVERS should be administered as soon as possible after a survivor first accesses your program. Because a survivor may be in crisis at intake it may take a few days or meetings to find an appropriate time to administer the survey.

The "after" administration: When using MOVERS to assess the ongoing progress of individual survivors', subsequent administration of MOVERS can be flexible, as a check-in on progress.

Before administering MOVERS, let the client know:

- MOVERS will only take a few minutes to complete.
- Staff takes the results seriously.
- Completing MOVERS is entirely voluntary.
- You are happy to answer questions or address concerns.
- You will provide a pencil or pen.
- You will provide a private and quiet place for the client to complete MOVERS.
- You are happy to read the questions out loud if the client would prefer (posing it this way prevents someone from having to admit literacy issues).

Script for the Counselor

You may be facing a variety of different challenges to safety. When we use the word safety in the next set of questions, we mean safety from physical or emotional abuse by another person.

I'm going to read you some statements that describe how you may be thinking about your safety right now. For each statement, I'll ask you to tell me how true it is on a scale of 1 to 5, where 1 is "never true" and 5 is "always true".

When you are responding to these questions, it is fine to think about your family's safety along with your own if that is what you usually do.

NEED	Never true				Always true
Keeping safe					
1. I can cope with whatever challenges come at me as I work to keep safe.	1	2	3	4	5
2. I know what to do in response to threats to my safety.	1	2	3	4	5

NEED	Never true → Always true				
3. I know what my next steps are on the path to keeping safe.	1	2	3	4	5
4. When something doesn't work to keep safe, I can try something else.	1	2	3	4	5
5. When I think about keeping safe, I have a clear sense of my goals for the next few years.	1	2	3	4	5
6. I feel confident in the decisions I make to keep safe.	1	2	3	4	5
	Subscale score:				
Getting support					
7. I have a good idea about what kinds of support for safety that I can get from people in my community (friends, family, neighbours, people in my faith community, etc.).	1	2	3	4	5
8. I feel comfortable asking for help to keep safe.	1	2	3	4	5
9. I have a good idea about what kinds of support for safety I can get from community programs and services.	1	2	3	4	5
10. Community programs and services provide the support I need to keep safe.	1	2	3	4	5
	Subscale score:				

NEED	Never true → Always true				
Making compromises					
11. I have to give up too much to keep safe.	1	2	3	4	5
12. Working to keep safe creates (or will create) new problems for me.	1	2	3	4	5
13. Working to keep safe creates (or will create) new problems for people I care about.	1	2	3	4	5
	Subscale score:				
	Total score:				

SCORING AND ANALYZING MOVERS

Basic information about scoring the MOVERS scale is given below, but for detailed information please refer to: Goodman, L.A., Thomas, K.A, & Heimel, D. (2015). A guide for using the Measure of Victim Empowerment Related to Safety (MOVERS). Available at: dvevidenceproject.org/evaluation-tools

Once you've administered MOVERS, the next steps are to score the responses and interpret (i.e., analyze) them. This process is relatively easy, as long as you remember these three important tips:

1. Responses are actually numbers! Respondents are asked to answer along a scale from 1-5, with 1 being "never true" to 5 being "always true." Because respondents are answering along a scale, their responses can be quantified and treated as numbers; they can be added together, turned into percentages, or averaged. We'll explain each below.
2. Describe or compare? MOVERS can be used to 1) describe a client or a program at a single time point, or 2) compare scores over time (for one client or all clients).
3. Higher scores aren't always what they seem! The three MOVERS subscales – Internal Resources, Expectations of Support, and Trade-offs – differ in how we think about them, which affects how we score them. What do we mean by this? The first two, Internal Tools and Expectations of Support, are seen as positive; we want survivors to increase their internal tools and expectations of support. Thus, it is a good thing when they score higher on those questions (say, a "4" or "5"). High scores on Trade-offs, however, means that seeking safety has led the client to experience (or expect) costly trade-offs in other areas of life. In other words, a higher score is negative. Ideally, what we want is for those scores to decrease over time (e.g., we want clients to select 0 for "never true" rather than 5 for "always true.") Keep this in mind as you continue through this section; we'll explain more in our examples.

References
Goodman, L.A., Thomas, K.A, & Heimel, D., "A guide for using the Measure of Victim Empowerment Related to Safety (MOVERS)", www.dvevidenceproject.org, 2015, P.5, https://www.dvevidenceproject.org/evaluation-tools/

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ANNEX 12

GUIDELINES FOR REFERRING CLIENTS TO APPROPRIATE RESOURCES

BENEFITS OF REFERRALS

- Referrals ensure that clients who are Victims/Survivors (V/S) of intimate-partner violence (IPV) have access to a wide range of specialized services that address their specific needs. These services may include counseling, legal assistance, medical care, emergency shelter, support groups and financial resources. Referrals help V/S connect with professionals and organizations that have expertise in dealing with IPV and can provide appropriate support.
- IPV V/S often require support from multiple service providers to address the complex challenges they face. Referrals facilitate a coordinated and holistic approach to care by connecting V/S with various professionals who can address their physical, emotional, legal and practical needs. This collaborative effort ensures that V/S receive comprehensive support tailored to their individual circumstances.
- Referrals help match V/S with service providers who specialize in specific areas related to IPV. Each survivor's situation is unique, and they may require assistance from professionals with expertise in trauma-informed counseling, legal advocacy, housing support, substance abuse treatment or child protection services. Referrals ensure that V/S receive targeted assistance from professionals who can meet their specific needs.
- Referrals ensure continuity of care by facilitating smooth transitions between different service providers. V/S may require ongoing support over an extended period, and referrals help them access additional services or transition from one program to another seamlessly. This coordinated approach ensures that V/S do not experience gaps in care and receive consistent support throughout their healing journey.
- Referrals can contribute to the safety and privacy of IPV V/S. Service providers receiving referrals can implement safety protocols, such as keeping survivor information confidential, providing secure environments and ensuring appropriate security measures are in place. Referrals also allow V/S to access services outside their immediate social circle, reducing the risk of disclosure to the perpetrator or others who may jeopardize their safety.
- Referrals foster networking and collaboration among service providers in the IPV field. By referring V/S to other organizations or professionals, service providers can establish relationships and partnerships, share information and learn from each others' expertise. This collaborative approach strengthens the overall response to IPV and enhances the quality of support provided to V/S.

- Referrals help optimize the use of available resources in the community. By referring V/S to specialized service providers, organizations can ensure that their limited resources are directed to the areas where they can have the most significant impact. Referrals also prevent duplication of services and allow organizations to focus on their core competencies.

GUIDELINES

After a conversation with the client about their immediate, short-term and long-term needs, offer referrals to appropriate services, including legal, medical and housing support.

1. **Informed Consent:** Obtain the client's informed consent before sharing any personal information with other service providers. Explain the purpose of the referral and the information that will be shared. Inform the client about the importance of maintaining confidentiality and assure them that their safety is a priority.
2. **Use Secure Communication Channels:** Utilize secure communication channels when sharing sensitive client information. This may include encrypted email systems, secure file-sharing platforms, or password-protected documents. Avoid using regular email or unsecured messaging apps to prevent unauthorized access.
3. **Minimize Information Sharing:** Only share necessary information with the recipient's service providers. Provide enough details to facilitate the referral process, but avoid sharing excessive or unnecessary personal information that may compromise the client's privacy or safety.
4. **Discretion in Communication:** Exercise discretion when communicating with other service providers. Avoid discussing sensitive details in public or open settings where others may overhear the conversation. Maintain a private and confidential environment during phone calls or face-to-face meetings.
5. **Confidentiality Agreements:** Establish confidentiality agreements or protocols with the recipient service providers to ensure they understand the importance of maintaining client confidentiality. This can include guidelines on securely storing client records, protecting personal information and obtaining consent for any further information sharing.
6. **Document Handling and Storage:** Safely handle and store client documentation and records to prevent unauthorized access. Use locked filing cabinets or secure electronic storage systems with restricted access. Implement protocols for securely disposing of confidential information when it is no longer needed.
7. **Training and Confidentiality Policies:** Ensure that all staff members involved in the referral process are trained on confidentiality protocols and aware of the importance of protecting client information. Develop clear policies and procedures outlining how to handle confidential information and regularly reinforce the importance of confidentiality and safety.

8. **Safety Planning:** Collaborate with the client to develop a safety plan that considers their specific circumstances and concerns. This may include discussing strategies to minimize risks during the referral process, such as using pseudonyms, password protection or alternative contact methods.
9. **Non-Identifying Information:** Whenever possible, use non-identifying information during communication or documentation to further protect the client's confidentiality. This can involve using client reference numbers or codes instead of their full name when discussing the case with other service providers.
10. **Regular Communication and Updates:** Maintain ongoing communication with the client throughout the referral process to keep them informed of any actions taken and seek their feedback. Address any concerns they may have and ensure they feel supported and informed about the process.

PROCEDURE

1. **Introduction**
   - Begin by addressing the recipient in a polite and professional manner.
   - Clearly identify yourself and your organization.
   - Express your purpose for contacting them, which is to refer an IPV client for appropriate support and services.
2. **Client Information**
   - Provide relevant details about the IPV client, while ensuring confidentiality and privacy.
   - Include the client's name (if consented), preferred contact information and any pertinent background information that will help the recipient understand their needs.
3. **Reason for Referral**
   - Clearly state the reason for the referral, such as seeking support for an IPV survivor or accessing specialized services related to IPV.
   - Highlight any specific concerns or needs of the client that require attention.
4. **Desired Outcome**
   - Clearly communicate the desired outcome or specific services the client requires.
   - Mention any preferences or considerations that should be taken into account when providing services, such as language preferences, cultural sensitivities or specific program requirements.
5. **Request for Assistance**
   - Request the recipient's assistance in connecting the IPV client with the appropriate resources or services.
   - Specify the type of assistance needed, such as counseling, legal support, emergency shelter, or other relevant services.

6. Additional Information

- Provide any additional relevant information that may assist the recipient in making appropriate referrals, such as the client's availability, urgency of the situation or any specific referral forms or documentation required.

7. Follow-up Expectations

- Clearly communicate your expectations for follow-up communication or coordination between your organization and the recipient.
- Provide your contact information and request that they inform you of any actions taken or outcomes related to the referral.

Possible Script for Email Referral

Dear [Recipient's Name],

I hope this email finds you well. My name is [Your Name], and I am contacting you on behalf of [Your Organization].

We are referring [Client Name] for support related to intimate partner violence (IPV), as they require assistance in [specific areas or concerns].

- Contact Information: [Client's Phone Number/Email Address]
- Background Information: [Briefly describe any pertinent information about the client that will help the recipient understand their needs]

We request your assistance in connecting [Client Name] with the appropriate resources or services. If possible, please help facilitate their access to [specific services required].

[Include any additional relevant information that may assist the recipient in making appropriate referrals, such as availability, urgency or referral forms]

We would greatly appreciate it if you could keep us informed of any actions taken or outcomes related to this referral. Should you have any questions or require further information, please do not hesitate to contact me at [Your Contact Information].

Thank you for your attention to this matter.

[Your Name]
[Your Organization]
[Your Contact Information]

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PRACTICE TRAPS DURING THE REFERRAL PROCESS

There are some practice traps to keep in mind when making referrals.

- **Assuming that the client is ready to leave the abusive situation:** It is important to remember that leaving an abusive relationship is a complex and difficult process that can take time. It is important to support the V/S in making their own decisions and provide them with resources and information to help them make informed choices.
- **Focusing solely on the physical aspects of violence:** Violence can take many forms, including (but not limited to) emotional, psychological and financial abuse. It is important to recognize and address all forms of abuse when providing support and making referrals.
- **Failing to consider cultural and linguistic barriers:** Clients from different cultural backgrounds may have unique needs and experiences related to abuse and violence.
- **Overlooking the importance of safety during the referral process:** It is important to address specific safety needs and concerns during the referral process e.g. using secure communication channels and ensuring that only authorized individuals have access to the client's information.
- **Failing to follow up:** It is important to follow up with clients after making referrals and providing support to ensure that they are receiving the help they need and to address any ongoing concerns or issues.

References
Dinshaw, Farishta M., "Best Practices for Making Referrals", Ishoni Professional Development, PPT., 2013
Levy-Peck, Jennifer Y. "Referrals Make a Difference: Ten Ways to Provide High-Quality Resources and Referrals", Washington Coalition of Sexual Assault Programs (WCSAP), www.doh.wa.gov, (n.d.), https://wscadv.org/resources/assistance-for-immigrants/
Queensland Council of Social Services, "Referrals to other service providers", (n.d.), http://legacy.communitydoor.org.au/resources

ANNEX 13

GUIDELINES FOR DOCUMENTING CASE FILES

Some of the effective documentation practices listed below refer to "case or session notes". However, many of these practices are equally relevant to other documents included in the service record or counselling file, such as assessments or termination summary notes.

These guidelines recommend that service providers use discretion when gathering and recording sensitive information about a client's psychiatric and/or medical history and consider using a checklist approach, as opposed to asking open-ended questions (see Part IV of these Guidelines for information on the intake process and what client information should be included in the intake record). It is also recommended that case notes be brief and succinct. This approach is taken mainly because:

- Canadian privacy laws discourage the collection and/or recording of sensitive personal information unless it is absolutely necessary to provide a particular service.
- Litigation is fairly common in gender-based violence cases, and agency records can sometimes be inappropriately used to discredit a victim/survivor. This can be very traumatic for agency clients.

Agencies can negotiate with accreditation bodies to ensure that standards are applied and interpreted in a way that balances the need for information with the need for privacy.

REASONS FOR DOCUMENTATION

Reasons for maintaining case records include:

- The requirement by some funding ministries that program or agency practices be audited by Canadian accreditation bodies.
- Privacy advocates' concerns that Canadian private sector privacy laws are not strong enough to withstand the American Patriot Act, which gives the U.S. government broad powers to access personal information.
- The removal of the limitation period in civil cases for legal claims related to sexual assaults.
- The increased reporting of historical sexual abuse cases to police.
- The increased number and complexity of sexual and spousal assault cases being handled by community-based agencies.
- Defense counsel allegations of "false memory" in sexual assault/abuse cases.
- Requests for community-based agencies to disclose confidential client files or records in civil and criminal sexual assault cases.
- Requests for community-based agencies to disclose confidential client files or records in family law cases.

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- Requests for community-based agencies to give evidence to help establish victims'/ survivors' claims for damages in civil sexual assault cases.
- Requests for community-based agencies to verify their actions or interventions in cases where former clients have committed suicide or harmed someone else — for example, where there has been a Coroner's Inquest or a negligence lawsuit filed by grieving friends or relatives.

GUIDELINES

- The service provider should ensure that all recorded information is necessary to the delivery of the service.
- Entries should be relevant to the needs of the client.
- The client's full name should not be recorded in call/crisis logs and the identity of the client should not be disclosed in email messages, even between staff.
- Case notes should be brief. The service provider should note major topic areas discussed in the session—for example, "discussed feelings towards partner/spouse." Details of any specific symptoms should be kept brief—for example, "client is experiencing flashbacks or nightmares."
- Generally, service providers should avoid documenting verbatim accounts of a session or putting quotation marks around a file note summarizing what a client said. If there is even a minor discrepancy between the quoted portion and what the client later reports to police or says in court, this can be used to challenge their credibility.
- The service provider should document the methodology used and should record observations they have made, being careful not to be subjective. Their case notes should not attempt to document historical or legal truth.
- Wherever possible, language used in case notes should reflect the client's experience. Service providers should avoid terms which suggest moral judgment, keeping in mind the ways case notes might be interpreted by uninformed or unsympathetic third parties.
- Case supervision should be documented. If a case file review has been done, it should include the supervisor's signature.
- Agency policy should provide for regular screening of the service record for transitory documents such as post-its, reminders to staff, or general impressions. Provided there is a complete and accurate record of the service provided somewhere in the file, it is not necessary to keep every record that was created during the period of service. Rather, unnecessary documents—including electronic documents—should be removed from the file. Computer hard drives must be wiped clean or made unreadable. Paper records that are removed should be shredded.
- Once a particular set of records or a file is subject to subpoena, no material of any kind should be removed from it.

EFFECTIVE DOCUMENTATION PRACTICES

- Regarding the formatting of case notes:
- Keep case notes on a session-by-session basis.
- Write the case notes soon after each session.
- If handwritten case notes are later transcribed, the handwritten draft can then be expunged from the file.
- If the case notes were written during the session, this should be clearly indicated.
- Record the date of each session in the case note, sign and date it and indicate who wrote it.
- Develop a common format for case notes and ensure that all agency counsellors use it.
- Develop a list of acceptable abbreviations used within the agency.
- Where information contained in the case file has been provided by a third party, indicate this in some way.
- Document or record on a need-to-know basis.
- Consider flagging or marking entries that may have legal significance.
- Write legibly and in ink.
- Prepare progress notes or summaries on a quarterly basis.
- Regarding the content of case notes:
- Be brief. Note the major topic areas discussed in the session—for example, "discussed feelings towards partner/spouse." Be brief about the details of flashbacks.
- Generally, avoid documenting verbatim accounts of a session.
- Document the methodology used.
- Avoid the use of guided imagery techniques or other interpretive techniques when working with someone who does not have complete memory.
- Avoid including your own subjective comments regarding a client's behaviour or emotions.
- Avoid including information about third parties.
- Do not use the case notes to make speculations about the client.
- Do not use the case notes to debrief or record your own emotional responses to the client or the case.
- Document the conclusion of services on a termination form

References
Ending Violence Association of BC (EVA BC), "Records Management Guidelines: Protecting Privacy for Victims/Survivors of Violence", Fourth Edition, P.29-30, www.endingviolence.org, 2022
Ontario College of Social Workers and Social Service Workers, "Code of Ethics and Standards of Practice, Second Edition - Principle IV: The Social Work and Social Service Work Record", P. 19-25, www.ocswssw.org, 2008

ANNEX 14

GUIDELINES FOR DATA SHARING AND STORAGE

Store Records

Records and documents that are no longer used frequently can be placed in secure storage in the interests of saving office space. When storing hardcopy records on campus, do not store boxes in areas where they may be insecure, where they may be moved without the unit's knowledge, or where they could be exposed to hazards such as water or pests.

Electronic records with a long or permanent retention period should be retained on the Organization's network so that they are maintained through system upgrades and do not become unavailable due to software or hardware obsolescence. They should not be stored on removable media—such as USB drives, or external hard drives—which are easily lost and thus present a security problem, or over time become corrupted and unreadable.

Encrypt all Devices

Each and every mobile device used to access, store or transfer restricted, confidential or personal information (such as USB keys, laptops, tablets, cell phones and external hard drives) **must be** encrypted.

A login password is **not** encryption and is **not** sufficient. Turning encryption on for your mobile devices is, however, free and easy.

Ensure that **each** mobile device in your faculty, department, and associated units—**including personal devices** used for organization's purposes—is encrypted. Encrypting devices is not only a sensible privacy and security precaution, but also more operationally efficient.

Use Email with Caution

Email is not a secure method of transferring information. An email message can be inadvertently misaddressed and sent to the wrong individual. If you must use email to transfer personal, restricted or confidential information, put the information in an attachment and encrypt the attachment.

When emailing personal, restricted or confidential information to an external email address, the information must be encrypted as the organization has no ability to know whether the recipient's email service is encrypted in transit, or whether the recipient is opening the email on an encrypted device.

With an individual's prior consent, you may email the individual's own personal information, but be sure to inform the individual of the potential privacy risks.

Train Regularly

All staff with responsibility for handling restricted, confidential and personal information should be trained on data management and storage.

Repeat your training at least twice a year and conduct annual audits to ensure that your staff or associated partners are taking the appropriate proactive steps to prevent a data breach.

Most data breaches are unintentional and caused by human error.

WORKING REMOTELY

Remote workers are required take all reasonable steps to secure and maintain the confidentiality information and records while they are being transported to and from an employee's off-site workspace, and while the documents are stored at the off-site workspace no matter if the information is in physical or digital format. Records and information must be protected from being damaged, destroyed, stolen, copied or otherwise accessed by unauthorized individuals.

- When remotely accessing records and information it is essential that employees use the organization's Virtual Private Network (VPN) if available.
- Any device (such as a laptop, desktop or cellphone) used to perform organization's business must be encrypted. This includes personal devices such as a personal cellphone or home computer. Encryption protects against a data breach even if the device is lost or stolen. Ensure that "Find my Device" is enabled or that the "Find My" app is installed so that in the event of a theft, the device can be located, locked and/or erased remotely.
- Employees working remotely must not allow anyone else, such as a spouse or child, to use devices that contain work-related documents. In addition to being encrypted, devices must be password protected and those passwords are not to be shared with others, including family members.
- Screens should be set to lock when not in use. Employees should also be conscious of the visibility of their screen to other people in the remote workspace when accessing confidential organization records and information.
- With respect to hard copy documents, employees must be careful about who can view them during work hours and store them away in a box or file folder when not in use. At the end of the day, lock them away in a cabinet or closet if possible.

Tele-conferencing and Video Conferencing

When taking part in a tele-conference or video conference, employees should maintain an awareness of the confidentiality of those meetings, presentations or events. Consider whether it is possible for others in the remote workplace to overhear confidential conversations. Whether you are the host or a participant, take note of these tips for enhancing confidentiality.

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- Be mindful that while many devices have video capability, some individuals may prefer to participate using voice only, or to obscure the background of their meeting space.
- Unless there is a compelling reason to do so, avoid taking screenshots, video or audio recordings of meetings, presentations or events. Such images and recordings become records and require proper management and storage. Furthermore, they may become subject to an access to information request.
- If recording or taking a screenshot is desirable, give participants notice in advance. Some tools such as Microsoft Teams automatically notify participants when a meeting is being recorded. The notice should also be repeated at the beginning of the recording to document the notice and to state the purpose of the recording by the person who intends to record.
- If a recording is made, it should be retained no longer than necessary and deleted after its purpose has been met (e.g., after meeting minutes have been created). Recordings leave a variety of indicators as to their creation, existence, and - depending upon the technology used - even their deletion.

If teleconferencing or video conferencing is used for case management or other kinds of medical or counselling activities, it is **essential** that privacy is maintained. **Employees must ensure their work environment is private**, and that the use of any recording technology will be done only with consent. **Consent must be documented.** Furthermore, only secure platforms may be used. See the resources listed below and seek guidance from IT Services if you are unsure about which platform to use.

Creating and Managing Organization Records

As more employees work remotely, more organization business is being handled using a variety of technologies that document their work, including email, chat logs, text messaging, and virtual meetings. While some records may be created with intent, some tools create ancillary records, leaving "digital tracks" of the work employees do. While some of these tracks are useful, others are transitory fragments that add up to very little. When using online tools, employees must realize that their text conversations, recordings and even sharing of files could become matters of public record.

- Chat messages in the Posts tab of a Teams space, or as a message in a Teams or Zoom meeting, are no different than email messages in that they are in fact records. While messaging is often less formal and more fluid than email, the messages, when they relate to an organization's business, are organization records.
- The language and conduct of the chat should always be professional. Additionally, these messages may need to be preserved if they contain substantial decisions or other organization business.
- If messages are transitory and are deleted after they have been read, there is still often evidence of this deletion. Be mindful of what is put into a chat and be aware that the deletion itself is visible and can look questionable even if the content was benign.

- In some instances, it may be desirable to connect with your colleagues via a phone call or a video meeting rather than use messaging functions, especially when dealing with the personal information of students.
- Be mindful that some of what is communicated using these various tools may need to be produced as evidence of decisions or actions taken, or to satisfy legal inquiries or access to information requests.
- Employees must be mindful that organizations have a legal obligation to provide access to information and ensure reasonable measures are in place to document and preserve records, and that this obligation continues to apply to all employees who are working remotely.

Disposal of Data

- When destroying transitory records, employees must take measures appropriate to the medium. Digital records may simply be deleted, while non-confidential hardcopy records may be recycled. Ensure that confidential hard copy documents are shredded using a cross-cut shredder. If such a shredder is not available in the remote workplace, return confidential documents to campus for appropriate disposal using organization vendors or facilities.
- For disposal of official records, ensure they are eligible for disposal by referring to the 'records retention schedules' determined by your organization or funder.

References
Queens University Records Management and Privacy Office (Adaptation), "Data Security and Encryption: Handling Confidential & Personal Information", www.queens.u.ca, (n.d.), https://www.queensu.ca/accessandprivacy/guidance/data-security-and-encryption-handling-confidential-personal-information
Queens University Records Management and Privacy Office, "Working Remotely: Access to Information, Protection of Privacy and Records Management", www.queensu.ca, 2021, https://www.queensu.ca/accessandprivacy/sites/oapwww/files/uploaded_files/FactSheet-WorkingRemotely.pdf

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ANNEX 15

A SAMPLE CLIENT FEEDBACK SURVEY

ABOUT THIS SURVEY

How satisfied are you with the services our agency provides? Please take a few minutes to share your honest opinion, whether positive or negative. Your responses will be used to improve our programming.

- Before you take this survey, you should know:
- The survey should take 3-5 minutes to complete.
- The survey will not ask for your name.
- You can quit the survey at any time.
- Your relationship with our agency will not change in any way if you do not take this survey.
- For our reports, we will combine information from many people to prevent anyone from guessing who you are.

If you have any questions about this survey, click here (agency website) or contact us at (agency email) or (agency phone number).

How do you feel about this program?

Please let us know how much you agree or disagree with the following statements.

[Strongly disagree (1); Disagree (2); Agree (3); Strongly agree (4); I don't know]

You may feel different ways about different staff members. Please respond with your overall impression of the staff.

1. I feel respected by staff in this program.
2. Staff help me to shape goals that work for me.
3. Staff support my decisions.
4. Staff do not expect me to be perfect.
5. Staff support me even when things are not going well.
6. Staff make sure that services are right for what I need.
7. Staff offer choices.
8. Staff believe that decisions about my life are mine to make.
9. Staff respect the way I deal with things, whether or not they agree with it.
10. Overall, I am satisfied with the services I have received from this program.

Optional Questions

We would like your opinion about how our program treats people from different backgrounds and experiences. **Please let us know how much you agree or disagree with the following statements.**

[Strongly disagree (1); Disagree (2); Agree (3); Strongly agree (4); I don't know]

11. Peoples' cultural backgrounds are respected in this program.
12. Peoples' religious or spiritual beliefs are respected in this program.
13. Staff respect peoples' sexual orientations and gender expressions.
14. Staff understand what it means to be in my financial situation.
15. Staff understand the challenges faced by people who are immigrants.
16. Staff understand how discrimination impacts peoples' everyday experience.
17. Staff recognize that some people or cultures have endured generations of violence, abuse, and other hardships.
18. This program treats people who face physical or mental health challenges with compassion.

Open Ended Question

What suggestions do you have for improving our services?

Thank you for your time.

References
COSTI Immigrant Services, "Client Satisfaction Survey", 2023

ANNEX 16

A STRUCTURE OF A MEMORANDUM OF UNDERSTANDING

An effective Memorandum of Understanding (MOU) prevents misunderstandings and disputes by clarifying the expectations of the partners. The process of developing an MOU is an instructive and potentially invaluable experience in partnering. In many cases, you will learn vital information such as:

- the corporate structure of your partner (don't assume!);
- whether your partner has liability and other types of insurance;
- what specifically the partner is willing to promise (ambitious projections may dissipate as your partner commits to something realistic);
- what aspects of the project your partner is willing to be responsible for;
- how each organization will assess or evaluate the success of the project; and
- your partners' overall commitment to the project.

The refusal to put anything in writing is a red flag and may be sufficient reason not to proceed with the arrangement.

STRUCTURE

There are a number of elements that should be contained in a typical Memorandum of Understanding. Since each project and its partners are unique, the following suggestions are provided as an example. As with any contract, it is critical to obtain legal counsel before obligating your organization.

The essential structure of a Memorandum of Understanding (MOU) includes the following mandatory components:

1. **Introduction:** The introduction provides a brief overview of the parties involved and the context in which the agreement is being established.
2. **Duration:** The MOU specifies the duration of the agreement, indicating the start and end dates or any provisions for renewal or termination. It may also include any milestones or checkpoints during the agreement period.
3. **Overall Intent:** This section outlines the background information or the reasons for entering into the MOU. It may include a description of the parties' relationship(s), shared objectives, or previous collaborations.
4. **Objectives and Scope:** The MOU specifies the main goals and objectives that the parties aim to achieve through their collaboration. This section clearly defines the desired

outcomes or results of the agreement.

5. **Assignments and Responsibilities:** In this section, the roles and responsibilities of each party are defined. It outlines the specific activities, tasks or obligations that each party agrees to undertake to fulfill the objectives mentioned earlier.
6. **Financial Arrangements:** If applicable, this part addresses the financial or resource commitments involved in the collaboration. It may include provisions on funding sources, cost-sharing or the allocation of resources between the parties.
7. **Amendment:** This section outlines the procedures and conditions for amending the MOU. It may specify that any amendments must be made in writing and require the mutual agreement of all parties involved. It could also address the process for proposing and reviewing amendments, including any required approvals or notifications.
8. **Settlement of Disputes:** This section outlines the procedures and mechanisms for resolving disputes that may arise during the collaboration. It may include methods such as negotiation, mediation, or arbitration. The MOU may specify the steps to be taken, the timeframe for resolution, and the individuals or entities responsible for overseeing the dispute resolution process.
9. **Withdrawal and Termination:** The MOU includes provisions outlining the circumstances under which the agreement can be terminated, either by mutual consent or due to specific conditions or breaches. It may also address the process for amending or modifying the agreement.
10. **Signatures:** The MOU concludes with spaces for the authorized representatives of each party to sign and date the document, indicating their agreement to abide by its terms and conditions.

Additional elements may include:

11. **Governance and Decision-Making:** This section describes the decision-making process and the governance structure of the collaboration. It outlines how the parties will communicate, make decisions and resolve disputes, if any.
12. **Confidentiality and Intellectual Property:** The MOU may include provisions related to the protection of confidential information and intellectual property rights. It outlines how sensitive information will be handled and any restrictions on its disclosure or use.
13. **Monitoring and Evaluation:** This section explains how the progress and performance of the collaboration will be monitored and evaluated. It may include reporting requirements, periodic reviews, or mechanisms for assessing the achievement of objectives.
14. **Liability:** This section outlines the provisions regarding liability and the allocation of risks between the parties. It may define the extent of liability for each party, including limitations, exclusions, or indemnification clauses. It may also address liability for third-party claims or damages arising from the collaboration.

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15. **Languages:** This section may be added if the MoU is written in more than one language.

References
Government of Canada National Defence Memoranda of Understanding Coordinator (NDMOUC), “Memoranda of Understanding (MoU)”, www.canada.ca, 1997, https://www.canada.ca/en/department-national-defence/corporate/reports-publications/military-law/memoranda-of-understanding-mou-writing-guidelines.html
Nonprofit Risk Management Center, “Drafting a Memorandum of Understanding”, www.nonprofitrisk.org, (n.d.), https://nonprofitrisk.org/resources/e-news/drafting-a-memorandum-of-understanding/

ANNEX 17

A SAMPLE SUGGESTION POLL

We greatly value your feedback and suggestions for improving our services.

Before you fill out this form, you should know:

- It takes just a few minutes to complete.
- You do not have to give your name.
- Your relationship with our agency will not change as a result of filling out this form.
- Your answers will be shared with the project teams of our agency.
- Staff will be able to read all of the suggestions but will not know your name or anything else about you.

If you have any questions about this survey, click here (agency website) or contact us at (agency email) or (agency phone No.).

***

How do you think we can improve our services to better meet your needs and expectations?

Thank you for your time.

References
Logical Outcomes, "Evaluation of Wraparound Services for Immigrant, Refugee, Non-Status and Ethnocultural Women Facing Gender-Based Violence, 2019 – 2023", 2021, COSTI Immigrant Services

ANNEX 18

A SAMPLE IMPACT INTERVIEW

This interview protocol gives clients a chance to share:

- Their experience with your program
- The impact your program has had on their lives
- Suggestions for program improvement

INFORMATION FOR INTERVIEWERS

- Please read through the protocol before your interview, so that you're familiar with all the questions.
- The protocol is a script, but there's no need to stick to it word-for-word. Feel free to rephrase questions, using words that your respondent can understand.
- Read the questions out loud if the client would prefer (posing it this way prevents someone from having to admit literacy issues).
- Enter details directly into the online form OR print the interview, complete the paper version by hand, then enter your results here.
- Do not write any details that would allow staff to recognize this participant.

DEALING WITH COMPLAINTS

This interview invites clients to make suggestions for improvement, but you may also hear complaints. Please follow your organization's complaints protocol in responding to any complaints.

TIPS FOR CONDUCTING INTERVIEWS

Good interviewers work with their respondent to understand, respond to and capture what is said. Here are some effective techniques:

1. **Pay attention:** Your respondents are experts on their experience. Treat them as an expert who has agreed to give you advice. Create a comfortable atmosphere. Clear away distractions (phone, laptop), and focus your attention on your respondent. Give your respondent time to think and speak.
2. **Reflect:** Try to capture and re-phrase key ideas, to confirm that your understanding is correct.
3. **Observe:** Pay attention to nonverbal cues, like facial expressions, gestures and posture. Listen with your eyes as well as your ears.

4. **Empathize:** Try to understand the respondent's emotions and feelings and identify and acknowledge them. Listen in a supportive, non-judgemental way.
5. **Clarify:** Use clarifying and probing questions to show your respondent that you're engaged. Encourage them to reframe or expand on important ideas.
6. **Summarize:** Towards the end of the interview, briefly summarize what you have heard. Work with your respondent to refine their suggestion(s) and determine their importance.

INTRODUCTION AND IMPACT

Our agency is working to improve the programs we offer. One way we do this is by asking people who participate in our programs how we can make our programs better.
Today we're going to talk about [Program]. I'll start by asking what you like about the program, and how it may have changed things for you. I'll finish by asking you for any suggestions to help us improve.

Before we begin you should know the following:

- This interview is completely voluntary.
- I'm hoping for 15 min of your time today, but we can take longer if you want.
- I will not record your name.
- You can tell me at any time not to write something down.
- You can skip any questions that you don't want to answer. You can ask me to stop the interview at any time.
- Let me know if you want to learn more about this evaluation or about how the information you share with me will be used - I will share contact info for the evaluation team.
- I'll ask again, to make sure that you're comfortable doing this interview: Is this okay?

Interviewer's Name:

Interviewer's Role:

Choose one of the following answers:

- Staff
- Volunteer
- Student
- Evaluator
- Other:

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1. Let's start with something positive: What do you like about our program?
2. How have the services or support you've received through our agency changed things for you?

Note: This is a question about program impact. Impact is usually positive but could be negative. Prompt: Has this program brought about any changes in your life? What is the most important change?

3. Thank you for your time. Do you have any questions about this interview?

References
Logical Outcomes, "Evaluation of Wraparound Services for Immigrant, Refugee, Non-Status and Ethnocultural Women Facing Gender-Based Violence, 2019 – 2023", 2021, COSTI Immigrant Services

ANNEX 19

CLIENT'S RIGHT TO COMPLAIN

A client's right to complain should be embedded in the Client's Bill of Rights which should be shared at intake or orientation. The complaints process should be displayed at the reception and outlined on the agency's website as well. An example is given below:

At [Organization Name], we are committed to providing quality services and ensuring client satisfaction. We recognize that clients have the right to express concerns or complaints regarding their experience with our organization. We value your feedback and strive to address any issues promptly and appropriately. As a client, you have the following rights regarding the complaint process:

1. You have the right to access information about our complaint procedure, including how and where to submit a complaint. This information will be provided to you at the beginning of your engagement with our organization.
2. Your complaint will be handled with the utmost confidentiality and privacy. Only individuals directly involved in the complaint resolution process will have access to the information you provide.
3. We will make every effort to acknowledge receipt of your complaint promptly and provide you with a timeline for resolving the issue. We aim to address and resolve complaints within a reasonable timeframe.
4. Your complaint will be thoroughly and impartially investigated. We will ensure that all parties involved are given an opportunity to present their perspectives and provide any supporting evidence.
5. Throughout the complaint process, you have the right to be treated with respect, dignity, and fairness. We will listen to your concerns attentively and take them seriously.
6. You have the right to receive updates on the progress of your complaint. We will keep you informed about the steps being taken to address the issue and any relevant findings or outcomes.
7. Our goal is to resolve complaints fairly and satisfactorily. If your complaint is substantiated, we will take appropriate action to address the issue, which may include corrective measures, changes in policies or procedures, or other necessary actions.
8. If you are not satisfied with the outcome of our internal complaint process, you have the right to seek external recourse. We will provide you with information about relevant external complaint mechanisms or regulatory bodies that can assist in resolving your concerns.

We encourage you to exercise your right to complain if you have any concerns about our services. Your feedback helps us improve and ensure that we meet the needs of our clients. To submit a complaint or seek further information, please contact [Contact Person/Department] at [Contact Details].

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RESPONDING TO COMPLAINTS

Staff should aim to handle and resolve every complaint immediately, wherever possible, using the suggested process:

Verbal complaints

- It is suggested that staff:
  - listen carefully and respond to the client in a polite and respectful manner
  - clarify their understanding of the complaint and ask the client how they would like the complaint resolved. Wherever possible, they should try to resolve the complaint at the time.
- If the circumstances do not allow the complaint to be resolved immediately, direct the complaint to the Manager.
- If the Manager is unavailable, the complaint should be directed to the staff member with the most appropriate skills to handle the matter, e.g. Workplace Health and Safety Officer (WHSO).
- If the client wishes only to speak with the Manager, a meeting should be between the Manager and the client at a mutually convenient time.
- The client should be advised that they may submit the complaint in writing.
- Staff should document the complaint and the response.

Written complaints

- All complaints of a serious nature, e.g. corruption, fraud, harassment, etc. should be submitted in writing and referred to the Manager for investigation. If the complaint involves the Manager or the client feels that the Manager is not the appropriate person to handle the complaint, refer the matter to the Human Resources.
- Upon receiving a written complaint, the Manager or staff from Human Resources should aim to provide a response within ten (10) working days.

The response may include the following:

- confirmation that the complaint has been received and the matter is being investigated
- an understanding of the complaint
- suggested actions for resolving the complaint
- the complaint process, including the estimated timeframe for resolution
- client satisfaction and right to appeal
- contact name and number for further information

References
Community Door (n.d.), Client Complaints And Grievances. Policies, procedures & templates - Community Door https://communitydoor.org.au/resources/administration/policies-procedures-templates#0-text-nav-item-1
Western Ottawa Community Centre. (n.d.) Client Rights & Complaints. Client Rights & Complaints - Western Ottawa Community Resource Centre (wocrc.ca) https://wocrc.ca/client-rights-complaints/

ANNEX 20

WORKING GROUP FORMATION CHECKLIST

Use this checklist to ensure the Working Group is representative, clearly mandated, and prepared to guide implementation.

COMPOSITION

- ☐ Senior leadership sponsor identified
- ☐ Implementation lead assigned
- ☐ Front-line staff representation included
- ☐ Program, policy, or quality-assurance staff
- ☐ HR/training representation included (if applicable)

ACTIONS

- ☐ Terms of reference drafted or confirmed
- ☐ Clear purpose and scope defined
- ☐ Decision-making authority clarified
- ☐ Roles defined
- ☐ Meeting schedule established

NOTES

ANNEX 21

INTERNAL AUDIT TOOL

This tool focuses on how the Core Elements are experienced in daily practice by staff and clients.

DOCUMENT AUDIT

CORE ELEMENT	EXISTING POLICIES/ STRUCTURES	EXISTING DOCUMENTS	DOCUMENTS TO BE DEVELOPED
1. Safety	☐ Yes ☐ Partial ☐ No		
2. Policies and Protocols	☐ Yes ☐ Partial ☐ No		
3. Qualified Staff	☐ Yes ☐ Partial ☐ No		
4. Continuous Feedback	☐ Yes ☐ Partial ☐ No		

CLIENT SERVICE AUDIT

INTAKE & ASSESSMENT	WHAT IS WORKING WELL	INCONSISTENCIES OBSERVED	STAFF FEEDBACK	CLIENT EXPERIENCE INDICATORS

CLIENT SERVICE AUDIT				
SERVICE DELIVERY	WHAT IS WORKING WELL	INCONSISTENCIES OBSERVED	STAFF FEEDBACK	CLIENT EXPERIENCE INDICATORS
REFERRAL & FOLLOW-UP	WHAT IS WORKING WELL	INCONSISTENCIES OBSERVED	STAFF FEEDBACK	CLIENT EXPERIENCE INDICATORS
EXIT/FILE CLOSURE	WHAT IS WORKING WELL	INCONSISTENCIES OBSERVED	STAFF FEEDBACK	CLIENT EXPERIENCE INDICATORS

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NOTES

ANNEX 22

GAP MAPPING AND PRIORITY SETTING TABLE

Use this table to consolidate audit findings and establish implementation priorities.

IDENTIFIED GAP	RELATED CORE ELEMENT	PRIORITY CATEGORY
		☐ Critical ☐ Important ☐ Developmental
		☐ Critical ☐ Important ☐ Developmental
		☐ Critical ☐ Important ☐ Developmental
		☐ Critical ☐ Important ☐ Developmental
		☐ Critical ☐ Important ☐ Developmental
		☐ Critical ☐ Important ☐ Developmental
		☐ Critical ☐ Important ☐ Developmental

ANNEX 23

IMPLEMENTATION ROADMAP TEMPLATE

This roadmap translates priorities into phased, time-bound actions.

IMMEDIATE GOALS: MONTHS 1–2		
GOAL	KEY ACTIONS	SUCCESS INDICATOR

SHORT-TERM GOALS: MONTHS 3–6		
GOAL	KEY ACTIONS	SUCCESS INDICATOR

MEDIUM-TERM GOALS: MONTHS 7–12		
GOAL	KEY ACTIONS	SUCCESS INDICATOR

LONG-TERM GOALS: MONTHS 13–18		
GOAL	KEY ACTIONS	SUCCESS INDICATOR

KEY OBSERVATIONS:

ANNEX 24

QUARTERLY MONITORING CHECKLIST

Use this checklist during quarterly implementation.

- ☐ Roadmap actions reviewed
- ☐ Progress against timelines assessed
- ☐ Fidelity indicators reviewed
- ☐ Staff feedback collected
- ☐ Data reviewed
- ☐ Risks reassessed
- ☐ Adjustments identified
- ☐ Updates documented

SUSTAINABILITY AND MOMENTUM CHECKLIST

- ☐ Terms of reference drafted or confirmed
- ☐ Use this checklist during Year 1–2 to support long-term integration.
- ☐ Practices embedded in policy
- ☐ Training integrated into onboarding
- ☐ Supervision aligned with Core Elements
- ☐ Monitoring processes ongoing
- ☐ Leadership accountability maintained
- ☐ Successes communicated to staff

KEY OBSERVATIONS:

ANNEX 25

RISK MANAGEMENT AND MITIGATION TABLE

This table supports proactive identification and management of implementation risks

IDENTIFIED RISK	LIKELIHOOD	MITIGATION STRATEGY	RESPONSIBILITY
	☐ Low ☐ Medium ☐ High		
	☐ Low ☐ Medium ☐ High		
	☐ Low ☐ Medium ☐ High		
	☐ Low ☐ Medium ☐ High		
	☐ Low ☐ Medium ☐ High		
	☐ Low ☐ Medium ☐ High		
	☐ Low ☐ Medium ☐ High		

KEY OBSERVATIONS:

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