

ACWS

Alberta Council of
Women's Shelters



**Level 1:
Foundations**

**Case Management
Foundations Workbook**

Contents

| | |
|--|----|
| Introduction | 5 |
| Acknowledgements..... | 5 |
| Module 0: Get Ready to Learn | 7 |
| About this workbook | 7 |
| Set your personal learning goals | 7 |
| Module 1: Integrate Practice Frameworks..... | 9 |
| Lesson 1: Frame your learning | 9 |
| Lesson 2: Feminist Leadership..... | 10 |
| Lesson 3: Trauma-informed practice | 14 |
| Lesson 4: Intersectional practice | 16 |
| Lesson 5: Put it all together | 20 |
| Module 2: Uphold Professional Standards | 22 |
| Lesson 1: Frame your learning | 22 |
| Lesson 2: Be the professional | 24 |
| Lesson 3: Keep accurate records | 28 |
| Lesson 4: Put it all together | 33 |
| Module 3: Build Skills to Intervene and Support..... | 35 |
| Lesson 1: Frame your learning | 35 |
| Lesson 2: Assessment..... | 37 |
| Lesson 3: Listening..... | 40 |
| Lesson 4: Acting..... | 44 |
| Lesson 5: Put it all together | 47 |
| Module 4: Operationalize Risk Assessments | 49 |
| Lesson 1: Frame your learning | 49 |
| Lesson 2: Risk of lethality | 50 |
| Lesson 3: Danger Assessment Tool..... | 54 |
| Lesson 4: Put it all together | 57 |

Module 5: Collaborate on Safety Plans 59

 Lesson 1: Frame your learning 59

 Lesson 2: Key components of safety plans 60

 Lesson 3: Engage in “survivor-defined advocacy” 64

 Lesson 4: Put it all together 67

Module 6: Tailor Support to Individual Needs and Goals 69

 Lesson 1: Frame your learning 69

 Lesson 2: Educate survivors..... 70

 Lesson 3: Support survivors in the shelter..... 72

 Lesson 4: Support parenting survivors and their children 76

 Lesson 5: Put it all together 80

Module 7: Navigate Complex Cases 82

 Lesson 1: Frame your learning 82

 Lesson 2: Substance use 84

 Lesson 3: Mental wellness..... 91

 Lesson 4: Put it all together 94

References..... 96

Appendix A: Strategies to Manage Trauma Reactions..... 102

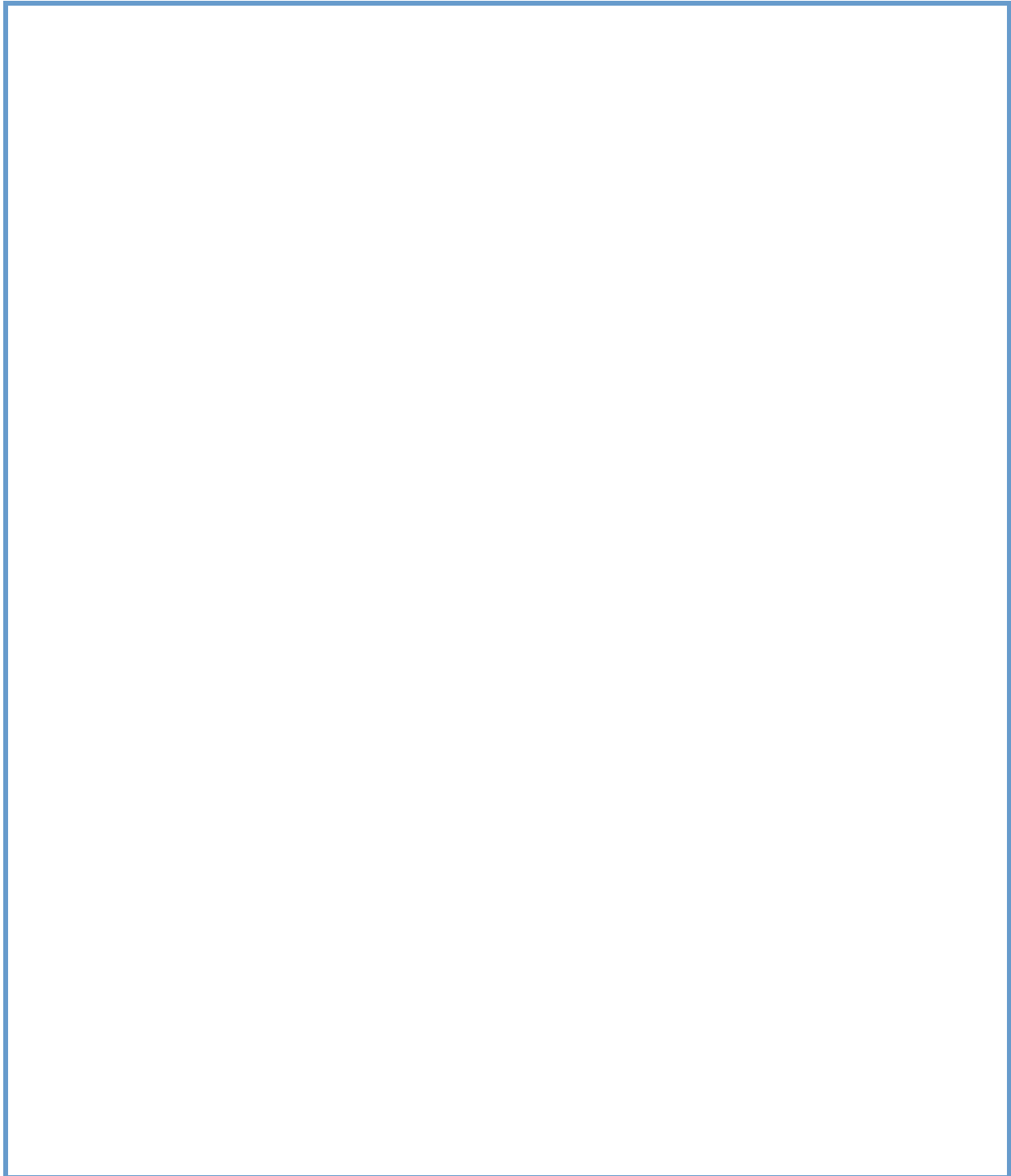
 Grounding activities 102

 Containment 103

 Self-soothing..... 103

 Journaling 104

Notes



Introduction

Welcome to Case Management Foundations.

Use this Workbook to capture your thoughts, reflections, ideas, or insights as you go through the eLearning modules.

Acknowledgements

The Alberta Council of Women's Shelters (ACWS) wishes to acknowledge the traditional territories on which we live, work and play. We recognize that all Albertans are Treaty people and have a responsibility to understand our history so that we can honour the past, be aware of the present, and create a just and caring future.

We honour the courage and strength of Indigenous women. We honour them as life givers and caregivers as we honour and learn from their continuing achievements, their consistent strength, and their remarkable endurance.

We acknowledge that this course, Case Management Foundations, was created on Treaty 6, 7, and 8 lands, as well as the six Métis regions of Alberta. We dedicate this education to all the women and families who inspire us with their courage, strength, resilience, and kindness. We thank the many individuals whose work, input, and expertise have contributed to its development.

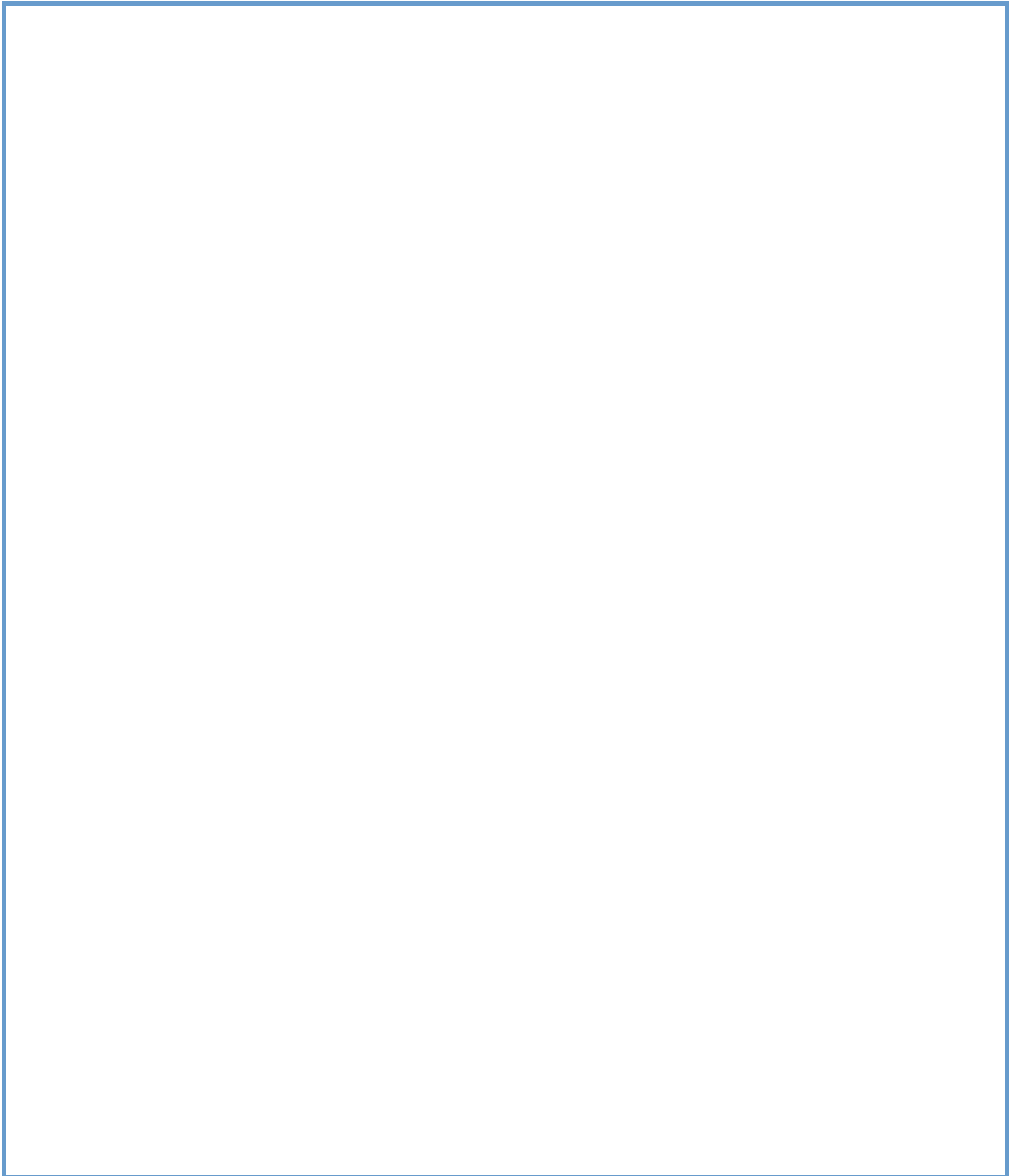
ACWS benefits from the wisdom, expertise, and innovation of our members across Alberta, who provide front-line support to individuals and families experiencing domestic abuse. This project could not be completed without their generous support and knowledge-sharing. Case Management is an evolving practice and the ongoing input and feedback from ACWS members, both individually and collectively, has made and will continue to make this course relevant for, reflective of, and responsive to the Alberta context of domestic abuse shelter practice. Special thanks to Stepping Stones Crisis Society for providing specific exercise content for this course.

We would also like to acknowledge that this educational offering is made possible with funding and partnership from the Government of Canada under the Community Services Recovery Fund, and from the Ministry of Children and Family Services.



Questions, ideas or suggestions? Contact learning@acws.ca

Notes





Module 0: Get Ready to Learn

About this workbook

Use this workbook to take notes, answer questions, draft your action plans, and make this learning experience your own.

Throughout this course, you will see several icons. Three are prompts to use this workbook:



Set your personal learning goals

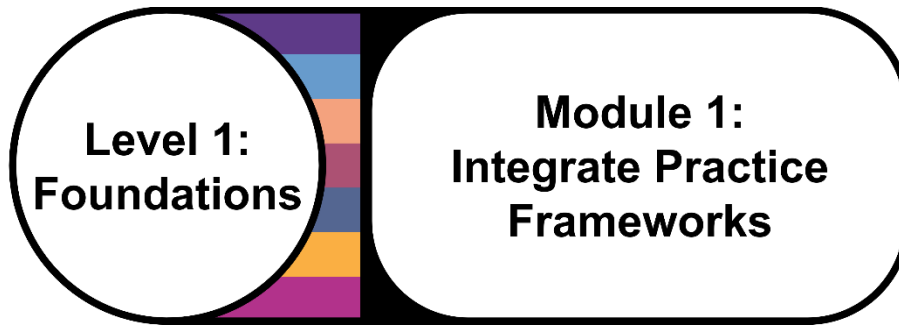


Stop & think

Take a moment to set your personal learning goals as you embark on this learning journey. Think about what you already know and do in your job.

What does success look like for you as a Case Manager? What areas do you want to strengthen or learn more about? Which topics resonate most with your learning needs and goals?



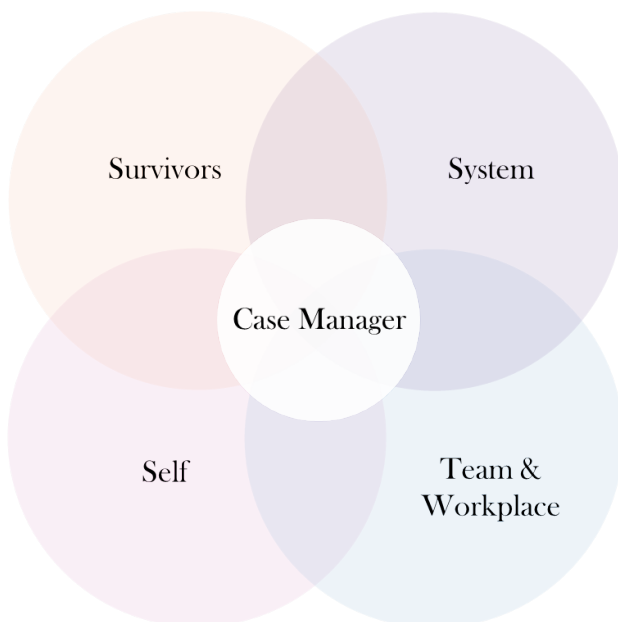
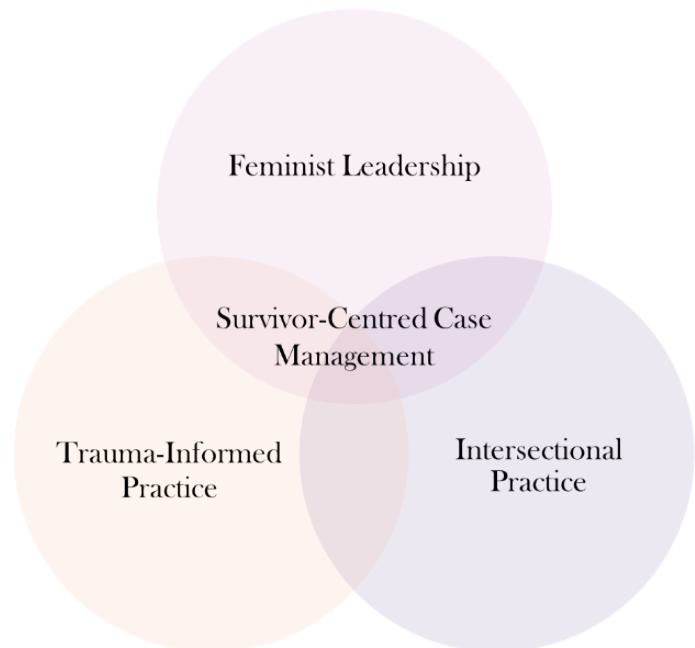


Module 1: Integrate Practice Frameworks

Lesson 1: Frame your learning

An effective Case Manager prioritizes survivor-centred approaches, informed by three core frameworks:

- Feminist leadership
- Trauma-informed practice
- Intersectional practice



As Case Managers, we participate in four important relationships:

- **With the self:** as a human being and as a professional
- **With the survivors:** as a supporting partner
- **With the team and workplace:** as a colleague and employee
- **Within the broader system:** as an advocate

Lesson 2: Feminist Leadership



Stop & think

You've heard of feminism. You're familiar with the concept of leadership. But have you heard about feminist leadership before? What is it, and how does it apply to case management?

Feminist leadership [is] oriented to a different arrangement of the human order: re-distribution of power and re-distribution of responsibilities. Fighting societal inequities. Changing economic and social structures, beginning with the transformation of psychic structures. Bridging personal freedom with collective freedom. Aiming at cooperation instead of competition. ... in feminist leadership equity, mutuality, and absence of sex role behavior should be visible. Feminist leadership should promote (or even rehabilitate) emotionality and the value of relationships. Feminist leadership renounces external paraphernalia of power and their influence.

— *ADMIRA, a women's organization in Bosnia and Serbia*

Feminist leadership principles

Buchanan and Mayszewski (2023) identified the essential elements required for successful feminist leadership:

1. Recognize and challenge power dynamics
2. Apply an intersectional lens
3. Cultivate emotional intelligence
4. Listen deeply and with curiosity
5. Adopt a stance of cultural humility
6. Recognize and interpret communication cues
7. Engage in reflective practice
8. Facilitate difficult conversations
9. Invite and provide feedback
10. Build healthy relationships

Belinda: A safety plan can be an important tool for you to use to enhance your well-being and your child's. Since we developed your safety plan, have you found it useful?

Sarah: Yes, I try to remember what we discussed but it's been difficult with everything else going on. I'm forgetting things and feel overwhelmed all of the time.

Belinda: I understand. Let's talk this through. Are there ways we can scale it back to make key points easier to remember? Or should we add or remove anything? Please know safety planning takes practice, so be gentle with yourself. The priority is safety for you and your child.

Sarah: Um... That sounds good, but I'm not sure what exactly to do...

Belinda: I do have a professional responsibility to be transparent with you. As your Case Manager, if I believe there are concerns for the safety or well-being of your child, I have a duty to report. I will be honest with you and tell you if I have these concerns and there will be no surprises. I will keep you informed every step of the way.



Write it out

Take a moment to capture your initial thoughts, feelings, and reactions to this interaction between Belinda and Sarah.

How does Belinda's approach impact the dynamics of the conversation?

What factors might have influenced Sarah's response in this interaction?

How might you approach similar situations?

Embodying feminist principles means using our power and skills in ways that are fair and inclusive as we work toward equality and uphold human rights for everyone.



Stop & think

What did you notice about the feminist leadership principles?
What themes were repeated throughout?

Are there areas where you can further integrate these principles into your interactions with yourself, survivors, colleagues, and the system?

What is ONE thing you're committed to doing going forward?

...**feminist... leadership** is... women and women's organizations **sharing power, authority, and decision-making** in our common pursuit of social, legal, political, economic and cultural equality.

— *DisAbled Women's Network Ontario (DAWN)*

Lesson 3: Trauma-informed practice

A **trauma-informed approach** acknowledges the **prevalence and impact of trauma and violence on survivors**. It involves understanding how trauma and violence can shape behaviour, and providing tailored support that prioritizes safety, trust, empowerment, and resilience.

While our brain processes stressful events in similar ways, our reactions to stress and trauma show up in many different ways.

Ten key principles

Trauma-informed practice is shaped by a deep understanding of how interpersonal violence and victimization affect an individual's life trajectory and development (Elliot *et al.*, 2005).

1. Recognize the impact of trauma on behaviours
2. Identify trauma recovery as a primary goal
3. Employ and empowerment model
4. Centre survivors' choices and control
5. Commit to relational collaboration
6. Create a safe and inclusive healing environment
7. Emphasize survivors' strengths
8. Minimize the possibility of re-traumatization
9. Adopt a stance of cultural humility
10. Solicit survivor input and feedback



Talk to your team

Start a learning conversation with your team to share your thoughts and seek input from others!

How might you apply the 10 key principles to foster a positive therapeutic relationship with survivors?

Where in your work could you further integrate these principles? Consider how to involve the principles in relationship to yourself, survivors, colleagues, and the system.

A failure to recognize trauma exposure in survivors has the potential to rupture the working alliance and contribute to feelings of invalidation and self-blame.

Lesson 4: Intersectional practice

Intersectionality is a metaphor for understanding the ways that multiple forms of inequality or disadvantage sometimes compound themselves and create obstacles that often are not understood among conventional ways of thinking.

— Kimberlé Crenshaw



Stop & think

Why would intersectionality be important in your work as a Case Manager?

The journey starts with ourselves



Write it out

Make a list of your social identities.

Some of these may include roles you hold such as: parent, volunteer, neighbour, coach, sports team member, worker, religious/community leader, etc.

Some include inherent identity factors such as: race or ethnicity, religion, age, physical and mental abilities, gender and gender expression, sexual orientation, nationality or immigration status, etc.

Next, reflect on the various ways those identities become visible or more keenly felt at different times. In which areas do you hold power? In which areas do you experience disadvantages? How do these identities and lived experiences impact your behaviour? Or the way others perceive or treat you?

Eight enablers

Intersectional practice reflects adherence to eight enablers rather than a prescribed set of processes or procedures (UN Women, 2022).

1. Reflexivity
2. Dignity, choice, and autonomy
3. Accessibility and universal design
4. Diverse knowledges
5. Intersecting identities
6. Relational power
7. Time and space
8. Transformative and rights-based

Intersectional practice is an approach and a mindset. It is not just a toolkit. It is a way of thinking, reflecting, and working.



Write it out

In your own words, jot down three key points for each practice framework. What recurring themes do you notice? How are these practice frameworks interrelated? How does understanding these connections enhance your effectiveness as a Case Manager?





Lesson 5: Put it all together

By focusing on survivors' **resilience, capabilities, and strengths**, we can foster a sense of agency and self-efficacy in their journey toward healing and recovery.

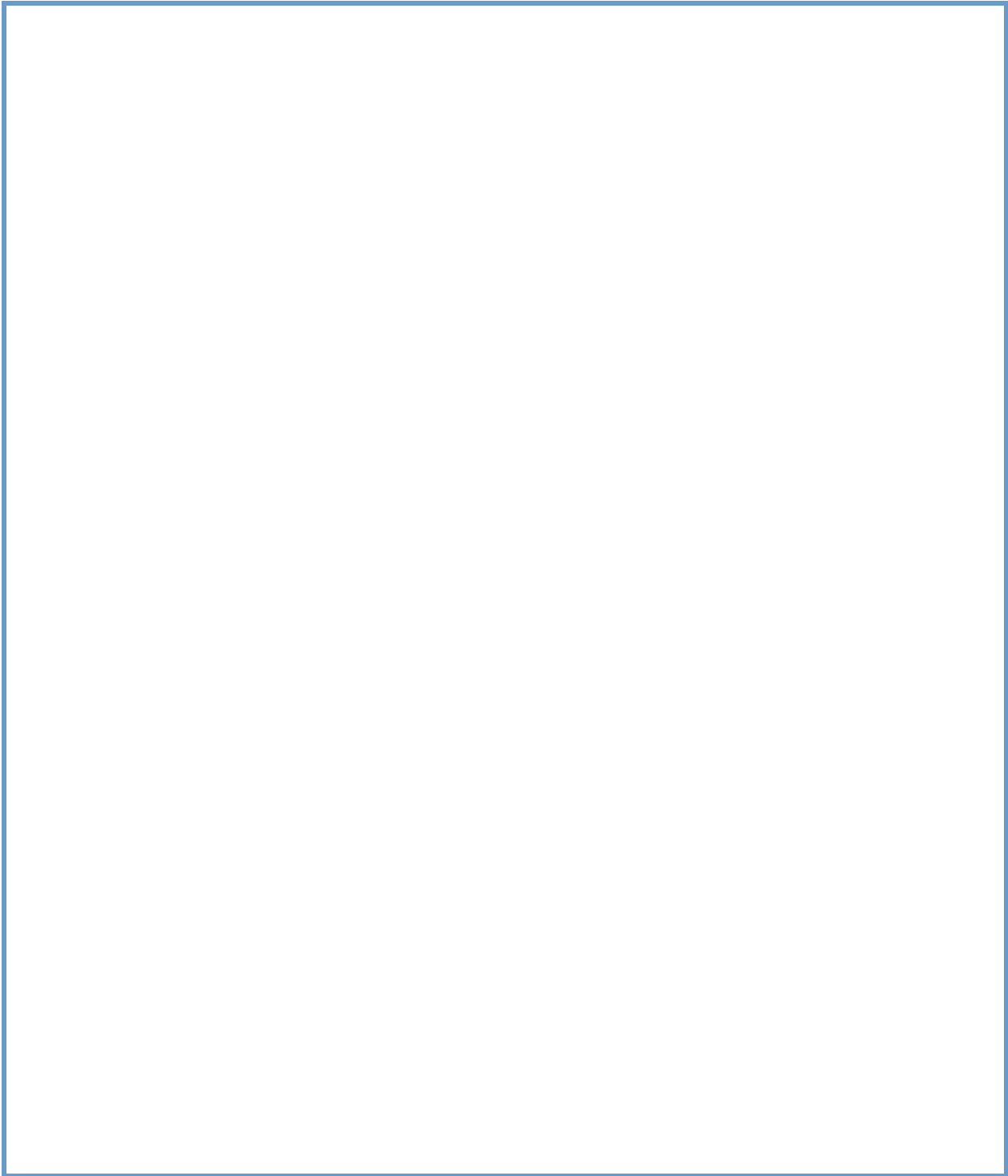


Write it out

What are your biggest takeaways from this module?

What is ONE thing you'll implement in your practice right away?

Notes





Module 2: Uphold Professional Standards

Lesson 1: Frame your learning



Stop & think

Why do we have professional standards?

Why are there so many different codes of conduct, guidelines, and principles?

Professional standards play a vital role to promote excellence, accountability, and ethical practice within a profession.

They exist to:

- Align with legal requirements and regulations governing a particular profession.
- Promote ethical behaviours and integrity.
- Help maintain the quality and consistency of services provided.
- Safeguard service users' rights and dignity.
- Foster public trust and confidence.

Lesson 2: Be the professional

As an ethical Case Manager, you must regularly **reflect on your professional boundaries** and **seek support or supervision when faced with challenging situations**. Maintaining professional boundaries not only protects the well-being of survivors and preserves the integrity and credibility of your work; it also supports your longevity in the gender-based violence sector, your personal relationships, and overall wellness.

Set and maintain boundaries

We are not comfortable setting boundaries because we care more about what people will think; we do not want to disappoint anyone; we want everyone to like us. **Boundaries are not easy.**

— Brené Brown

Not all Case Managers are social workers. See the list of roles and responsibilities expected of social workers (The Social Work Graduate, 2021, p.1) and reflect on how these connect with your role and job description:

- Help and support clients to the best of their ability and ensure that what is done does not harm them.
- Ensure that their actions are based around the needs of the clients wherever possible.
- Act in a trustworthy and responsible manner in all their dealings with and for clients.
- Be truthful and honest in their interactions with clients.
- Respect clients' rights as individuals.
- Ensure that all current and potential clients have an equal opportunity to access and benefit from their service.
- Work for the good of their team and the organization they work for.



Write it out

How do these responsibilities align with your role and job description?
What specific actions do you take to ensure you support survivors to the best of your ability and avoid causing harm?



If you're not sure of your professional boundaries in a situation, **ask for support** from your supervisor.

Safety on the job

To sustain in your role as a Case Manager and to maintain your wellness, it's essential to:

- Develop an awareness of countertransference, burnout, compassion fatigue, and vicarious trauma.
- Set and maintain boundaries to mitigate the potential impacts of working with survivors of gender-based violence.
- Cultivate self-awareness and reflective practice.

Countertransference refers to the emotional reactions you experience toward a survivor, influenced by your own personal background, feelings, and experiences. This may occur when you, as a Case Manager, have unresolved issues that are highlighted within your interactions with survivors, causing you to project your conflicts onto them.

Burnout refers to the physical, mental, and emotional exhaustion caused by chronic work-related stress.

Compassion fatigue, also referred to as “secondary traumatic stress”, is the “cost of caring” for others in emotional pain (Figley, 1982), leading to biological, physiological, and emotional exhaustion from prolonged exposure to others' trauma (Figley, 1995).

Vicarious trauma refers to the profound changes in worldview and sense of self, resulting from being deeply affected by the trauma survivors share with you (McCann and Pearlman, 1990).

If left unaddressed, these may threaten professionalism and impact quality of life. In turn, this can lead to high staff turnover, compromised support for survivors, or even re-traumatization.



If you notice that you are experiencing signs of vicarious trauma, or if you're worried that you are at risk, **ask your supervisor** about supports available to you through your shelter. There may be employee family assistance programs and other employee wellness initiatives that are available to you through your benefits.



Talk to your team

Maintaining your professional safety involves setting boundaries between personal and professional activities. Have a discussion about what collective care looks, sounds, and feels like for you as a team.

What professional boundaries need to be in place for you to support the emotional and physical safety of yourself, your colleagues, and the survivors you serve?

Lesson 3: Keep accurate records

Information from anonymized case notes is used for research. And research results further enhance shelter services.

When you create and appropriately manage reliable and thorough records of survivor data (Ruebsaat, 2006):

- **You** demonstrate your competence and dedication to the work.
- **Your colleagues** can understand a survivor's history and needs, ensuring continuity and quality of care.
- **The shelter** can evaluate program services and secure continued funding to address any identified gaps in services.
- **Other service partners**, such as legal and financial support, can offer responsive, personalized assistance to survivors.
- **The sector** can use the statistical data to engage in public education and advocacy for both survivors and shelters.
- **Survivors** receive the comprehensive support they need without having to continuously repeat intimate details which create vulnerability.

However, EVERYONE is negatively impacted when documentation isn't done properly.

- **You** may face disciplinary action and lose support from colleagues and supervisors.
- **Your colleagues** may re-traumatize survivors by asking survivors for details already disclosed. They may also struggle to provide consistent care.
- **The shelter** may be unable to fulfill its reporting requirements and may lose critical funding to serve survivors effectively.
- **Other service partners** may be unable to offer consistent and informed care, leading to gaps in support for survivors.
- **The sector** may be less effective in its advocacy and public education efforts.
- **Survivors** may lose trust in you and the shelter. They are less likely to access the comprehensive support and resources they need to ensure their safety and begin their healing journey.
- **Risks** may be missed and safety of survivors compromised.

Management of GBV survivor data

| | Dos | Don'ts |
|------------------------|--|--|
| Data collection | <ul style="list-style-type: none"> • Always collect data only with the survivor's informed consent, and in a way that limits identification. • Do collect data only when reported directly by the survivor or their caregiver in the presence of the survivor whenever possible • Do collect data that relates to the best interests of children. | <ul style="list-style-type: none"> • Do not collect data for survivors for whom you will not be delivering any services. • Remember, any type of survivor data should be collected in the framework of service provision. While some forms of data collection may be standardized, take the time to listen and to understand the individual stories and unique dynamics shared by survivors. |
| Data storage | <ul style="list-style-type: none"> • Data must be stored in ways that ensure the safety and confidentiality of survivors, both in paper and electronic form. • To the extent possible, do file GBV documentation in a secure digital system and/or in a secure physical storage, if digital systems are not available. | <ul style="list-style-type: none"> • Do not store survivor data in public places where others can have access to it, or in homes. If you work from home, ensure that you implement security measures such as password protection. |

Data sharing

- Only share survivor data with the survivor's informed consent, and for the purpose of referrals and service provision among service providers. Understand that if there is imminent risk to the survivor or others identified you are required to share information.
 - Do adopt internal protocols to determine how individual and identifiable data will be shared within your organization, and with other service providers for service provision.
 - The level of shared data is determined by the need-to-know and do-no-harm principles.
 - Make sure that service providers only receive information they need to provide services to the survivor.
 - Do use organizationally approved data tracking methods.
 - Be sure to consult with your Shelter Director about Information Sharing Agreements that may be in place (e.g. such as with ACWS)
- Do not share identifiable survivor data outside your organization.
 - Do not use methods of data tracking that have not been approved by your organization (e.g. third party apps)
 - Do not store survivor data on your personal devices such as your phone or personal computer.
 - Do not provide access to your organizations' files (physical or electronic) to unauthorized users.

Confidentiality

The Social Work Code of Ethics (2005) outlines a number of principles regarding confidentiality.

- Social workers respect the importance of the trust and confidence placed in the professional relationship by clients and members of the public.
- Social workers respect the client's right to confidentiality of information shared in a professional context.
- Social workers only disclose confidential information with the informed consent of the client or permission of the client's legal representative.
- Social workers may break confidentiality and communicate client information without permission when required or permitted by relevant laws, court order or this Code.
- Social workers demonstrate transparency with respect to limits to confidentiality that apply to their professional practice by clearly communicating these limitations to clients early in their relationship.

Take effective case notes



Talk to your team

Familiarize yourself with your shelter's documentation policies and practices. Ask your colleagues about their approach to record keeping. Review the shelter case note samples or templates, if available, for insights into the format and content expected in your documentation.

Documentation guidelines

Effective case notes are central to providing consistent, high-quality support to survivors. In general, you need to keep enough information to verify dates and activities of contacts, as well as any referrals or advocacy, in your case notes (Ruebsaat, 2006).

- Be timely
- Obtain informed consent
- Use objective language
- Include relevant details
- Maintain confidentiality
- Review & revise

Documentation may not be everyone's favourite part of the job – but it **IS** our job. We have a **legal obligation**.

Lesson 4: Put it all together

The ability to **critically reflect upon personal practice** is central to maintaining an ethical position when working with survivors of gender-based violence. Utilize opportunities for supervision and draw upon the experience of your colleagues within the sector. **Never stop learning.**

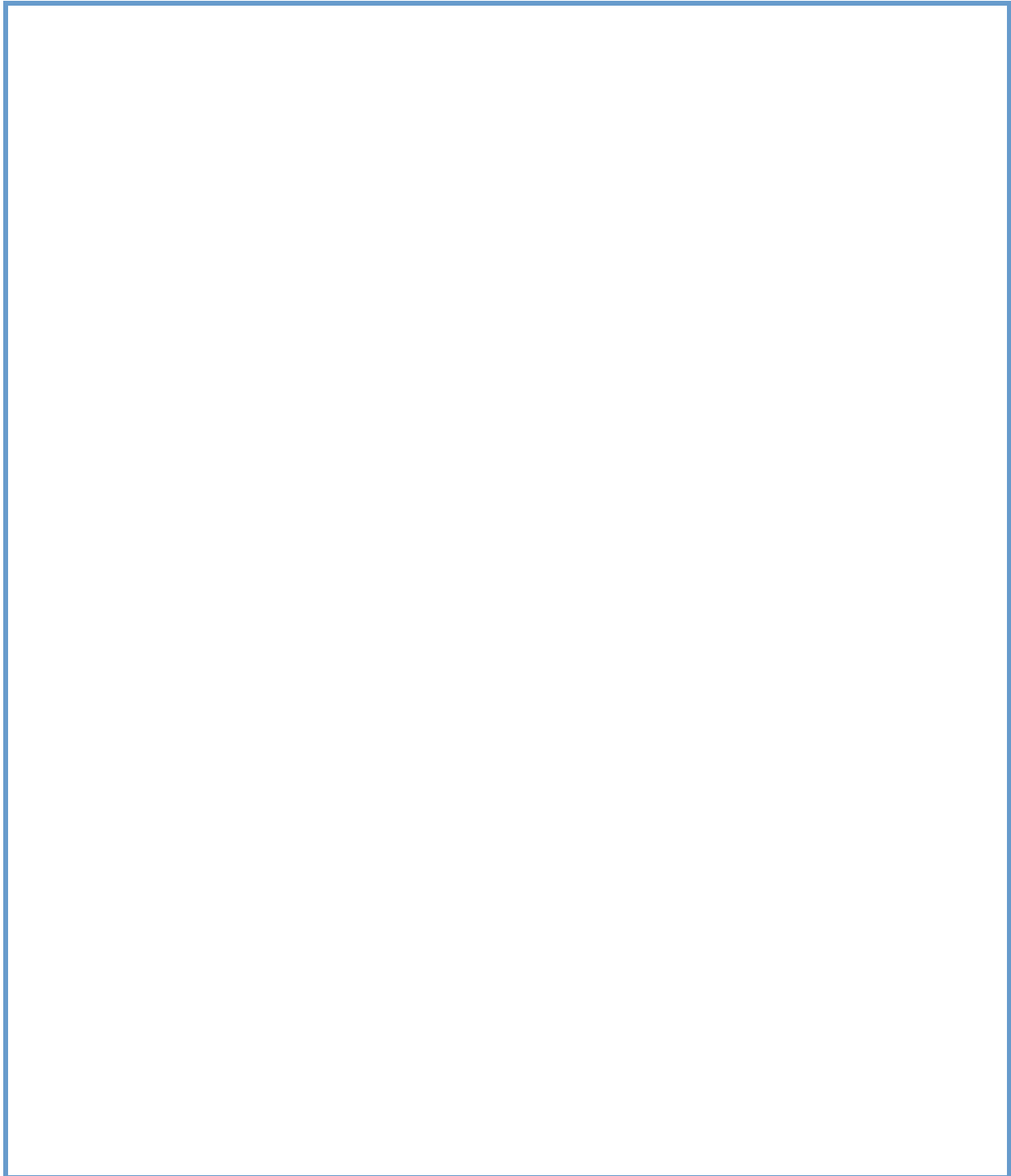


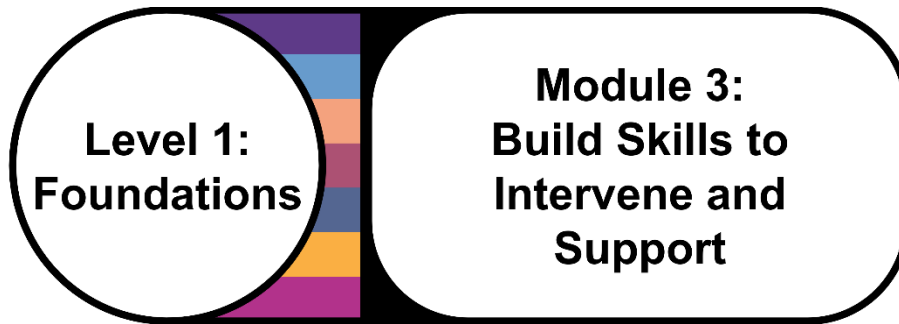
Write it out

What are your biggest takeaways from this module?

What is ONE thing you'll implement in your practice right away?

Notes



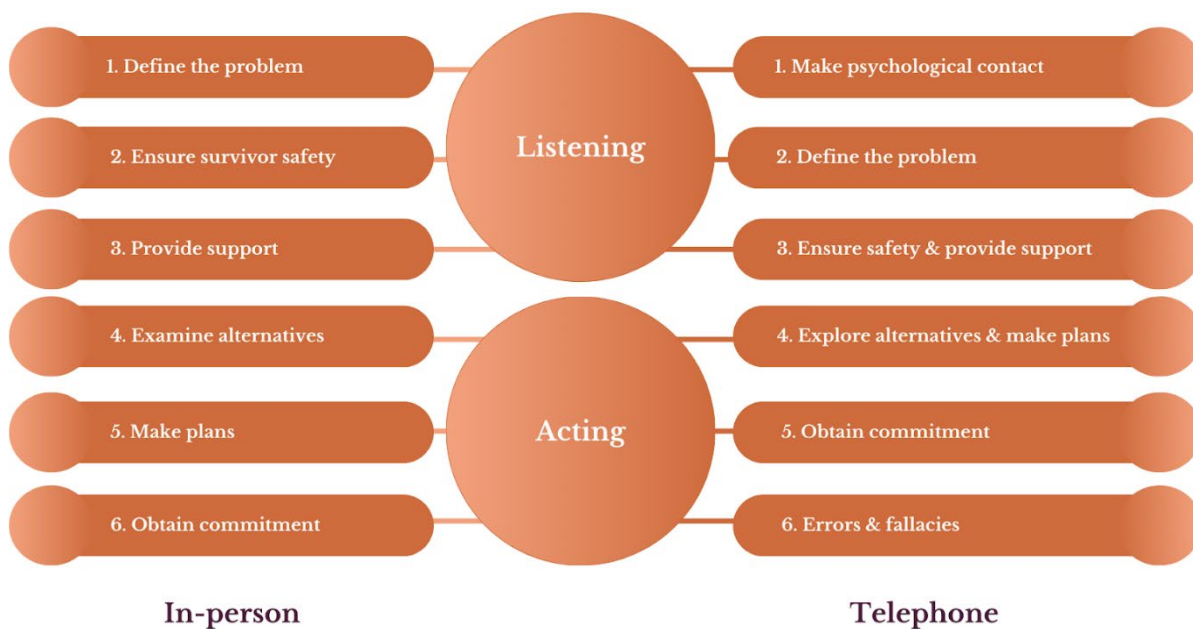


Module 3: Build Skills to Intervene and Support

Lesson 1: Frame your learning

James's six-step model of crisis intervention

Dr. Richard James of the University of Memphis has developed a validated, highly effective six-step model of crisis intervention (2008). It is widely recognized for its practicality, comprehensiveness, and ability to empower both individuals in distress and the support workers.



Although the model is linear, survivors move forward and back as you work with them. Keep in mind what stage the survivor is demonstrating a willingness to adapt so you can respond appropriately.

As a Case Manager, it's critical that you allow for flexibility within this process. You must also remain attuned to the survivor to ensure she is leading and afforded the opportunity to identify relevant supports. Offer all available resources and let her choose.



Crisis Intervention is a term used commonly within the gender-based violence sector; however, it can be stigmatizing as it implies that the survivor is “out of control” or not managing or coping well.

While you may utilize a model of crisis intervention to guide your practice, it's important to avoid labelling survivors as "in crisis." Instead, consider saying "working to regulate emotions" or "navigating significant stressors".

This approach validates the responses and reinforces that they are natural reactions to unnatural situations or experiences. This intentional language helps shift the focus from the survivor to the abuser and holds the abuser accountable for the violence and abuse. Acknowledge that whatever the survivor has done to cope or manage has been adaptive and necessary for survival. Reinforce her strength at every opportunity.

Lesson 2: Assessment

Assessment is **primary, intentional, fluid, and ongoing**.

When we conduct assessments in crisis intervention, we gather a variety of information:

1. Severity of the situation
2. Survivor's current emotions
3. Survivor's ability to cope
4. Survivor's available support systems
5. Survivor's level of danger from the abuser
6. Survivor's level of danger to herself and others

Safety is our number one priority.

- If there is a **risk of lethality** or an **immediate safety concern**, you may need to collaborate with other professionals such as the police or Child and Family Services.
- You also need to assess the survivor for **physical injuries** and ensure she receives appropriate treatment and care.
- Don't forget to watch for **signs of injury that may not be physical**. For example, cognitive or behavioural symptoms of head injury or strangulation.



It is equally critical to monitor yourself to maintain professionalism and operate within the scope of your role as a Case Manager.

The ABCs of assessment

Throughout the six steps of intervention, we evaluate how survivors **feel, behave, and think** so we can provide appropriate support and assistance to them.

Affective state

Common signs for survivors in crisis include heightened anxiety, fear, sadness, confusion, and feelings of helplessness.

You can support them to regain control and emotional regulation by encouraging them to notice any physical sensations and express their feelings. Validate whatever the survivor is feeling as there is no right or wrong, negative or positive emotion.

Behavioural functioning

Observe the survivor's actions and ask about what she is doing. Do not make assumptions about her behaviours; invite her to tell you about her behaviours and feelings. You may indicate what you are noticing and seek confirmation from the survivor.

Encourage accessible, positive actions to help the survivor regain a sense of control and stability. Walking while talking or taking breaks to engage in a grounding activity can be helpful. Remember to draw on the survivor's past experiences and build on her strengths. Ask how she has navigated difficult situations in the past.

Cognitive state

Pay attention to the survivor's thought patterns. Is she focused on the present? Can she express her feelings and needs? Is she able to remember details, process information, and make decisions?

Additional strategies to expand your toolkit

Increase expansion

Purpose: Engage the survivors in activities to broaden their perspective on the situation. This is an opportunity for you as a Case Manager to validate her perspective and also share the experiences of others you have encountered within your work. Often survivors will blame themselves for the violence and abuse and it is critical to reinforce that the abuser is accountable for his actions.

Tip: Most effective when survivors are overwhelmed and focused on one perspective. Relevant for all steps of the model.

Provide support

Purpose: Offer information and referrals to provide choice and empower the survivors to make informed decisions.

Tip: Primarily used in Steps 4: Examine Alternatives and 5: Make Plans, but also useful in Steps 2: Ensure Client Safety and 3: Provide Support when survivors lack access to support systems or are engaged in behaviours they have identified as harmful or unsafe. And abstain from judgment. Remember supports can be formal or informal and can include pets.

Promote mobilization

Purpose: Activate internal and external resources to enhance coping skills and problem-solving abilities.

Tip: Encourages survivors to take action when they express confidence in making changes. Small shifts and incremental changes support long term sustainable change.

Remember, survivors have internal and external resources in place already as they have navigated the relationship to date. Seek opportunities to identify and highlight these as the foundation for moving forward.

Lesson 3: Listening



Write it out

When listening to survivors who are dysregulated...

- How do you demonstrate empathy?
- How do you ensure that survivors feel heard and validated?
- What strategies do you use to convey genuine understanding, acceptance, and support?
- How do you monitor your own biases, trauma reminders, and emotions to maintain a neutral and supportive environment for survivors?

Effective listening requires our **full attention, genuine interest,** and **respect for the survivor.**

Specific strategies

Advise the survivor on an ongoing basis of their right to pass or to decline answering any questions. Explain that your priority as a Case Manager is to ensure that the survivor feels safe physically and emotionally. When survivors feel heard, validated, and supported, it can enhance their emotional regulation and contribute to a sense of empowerment.

1. *Open-ended questions*

Purpose: To encourage deeper exploration of thoughts, feelings, and experiences. To invite survivors to express themselves more fully. To glean insights into their perspectives.

Tip: Open-ended questions are particularly useful in Step 1: Define the Problem.

2. *Closed-ended questions*

Purpose: To gather specific information or facts quickly. To guide the conversation toward a particular direction or topic.

Tip: Closed-ended questions are particularly useful in Step 2: Ensure Client Safety to request specific information, as well as when collaborating with survivors to determine next steps. Check in frequently to verify the survivor feels comfortable with proceeding and ask if she is feeling safe.

3. *Restatement and summary clarification*

Purpose: To help focus the survivor. To reflect back what the survivor has communicated and provide clarity or confirmation. This is an opportunity for you to build rapport by highlighting the strengths you have noticed within your dialogue. Whenever possible, mirror the language of the survivor.

Tip: Restatement and summary clarification are crucial in Step 4: Explore Alternatives and Step 5: Make Plans to ensure an accurate, shared understanding between you and the survivor.

4. *"I" statements*

Purpose: To cultivate empathy, promote understanding, and maintain respectful communication.

Tip: "I" statements are especially useful when engaging with survivors who may feel overwhelmed or unable to cope.

5. *Facilitative listening*

Purpose: To create a supportive environment where the survivor feels heard, understood, and empowered to explore her feelings and options. To fully focus on the survivor's experience while being transparent and maintaining healthy boundaries.

Tip: You can convey empathy, genuine care, and acceptance. All of these are crucial to supporting survivors and to creating an environment in which survivors can begin to experience progress in emotional regulation, decision making, and planning.

The most basic of all human needs is **the need to understand and be understood**.
The best way to understand people is to listen to them.

— Ralph G. Nichols

Additional strategies to expand your toolkit

Strategies that are especially useful when “applying the psychological Band-Aid” (Myer and James, 2005).

Create awareness

Purpose: Help the survivor to identify feelings, thoughts, and behaviours they may have not felt safe enough to explore while in the relationship

Tip: This is especially important in Step 1: Define the Problem.

Allow catharsis

Purpose: Provide a safe environment for the survivor to express her feelings and thoughts freely.

Tip: This approach is beneficial during Step 1: Define the Problem and Step 3: Provide Support. Expressing anger is expected and healthy. To avoid escalation, address these in small tolerable doses and reinforce that emotional safety is a priority. If anger intensifies, shift focus and rely on the survivor to guide you through what has been helpful in regulating emotions in the past.

Provide support

Purpose: Validate the survivor's responses and provide reassurance that her reactions are natural given the abuse and violence they have experienced. Emphasize that symptoms are often a result of the trauma endured and be sure to reinforce that the abuser is accountable for his actions.

Tip: This is central to Step 3: Provide Support; however, it's relevant throughout all steps of the six-step model.

IMPORTANT: When intervening, you may need to make difficult decisions without the consent of the survivor. Clarify your role and assert professional boundaries. Involve others for additional support. This can help maintain transparency and reduce ruptures in the relationship with the survivor.

Lesson 4: Acting

Each situation you encounter will be unique. It will require you to be flexible and adaptable in how you respond to each survivor in distress.



Stop & think

What factors influence your decision-making process when you're choosing how to support a survivor to explore alternatives and make and commit to plans?



Remember, **small incremental shifts** or changes **provide the foundation** for longer term and larger goals and **support sustainability** long term.

Tailor approaches to evolving needs

1. **Non-directive:** When a survivor is capable of initiating and executing her own action steps, we take this approach to promote self-sufficiency and self-efficacy.
2. **Collaborative:** Preferred when establishing a partnership with a survivor to evaluate problems, generate alternatives, and take action steps together. This fosters empowerment and mutual trust. Even in collaborative approaches, it is important to ensure the survivor is leading and you are seeking and supporting opportunities to give her power.
3. **Directive:** Most suitable in situations where a survivor's immobility or the severity of the situation necessitates clear guidance and instruction to ensure immediate safety and symptom alleviation. Examples might include a medical emergency or when imminent risk to self or others has been identified. Transition toward a collaborative approach as soon as possible for long-term support and empowerment.



Avoid adopting a directive approach **unless there's an imminent safety risk or danger** to self or others, as this can **mirror and perpetuate abusive dynamics**. Acknowledge the **imbalance of power** that exists within **all interactions with survivors**.

Additional strategies to expand your toolkit

These active strategies can provide structure when supporting survivors (Myer and James, 2005).

Emphasize focus

Purpose: To help survivors narrow down their overwhelming interpretation of the situation to specific, realistic, and manageable options.

Tip: All six steps of the crisis intervention model. This requires more active involvement and support from the Case Manager.

Implement order

Purpose: To help survivors categorize and prioritize problems to systematically address challenges in a logical manner.

Tip: All six steps of the model. This requires more active involvement and support from the Case Manager.

Provide protection

Purpose: To safeguard survivors from engaging in behaviours or thinking patterns they have identified as harmful to themselves that could jeopardize their safety or the safety of others.

Tip: All six steps of the model. This necessitates a more collaborative or directive approach, depending on the identified risk.



Talk to your team

How do you effectively transition between the different counselling approaches – nondirective, collaborative, and directive – during the acting phase based on the evolving needs and responses of survivors?

Reach out to your team to explore how you can shift between these approaches to best support survivors in crisis.

Lesson 5: Put it all together



Write it out

What are your biggest takeaways from this module?

What is ONE thing you'll implement in your practice right away?

Crisis contains the seeds of **growth AND impetus for change.**

— Richard James

Notes





Module 4: Operationalize Risk Assessment

Lesson 1: Frame your learning

Identifying risks involves **systematically listening for and exploring various factors** that may threaten survivors' safety or well-being.

Risk assessment inherently involves uncertainty. We need to consistently re-evaluate risk based on the survivors' input. This allows us to:

- Identify potential and emerging risks.
- Adjust our support to changing situations.
- Ensure interventions are always aligned with survivors' needs.

This process isn't rigid or straightforward. It's dynamic, iterative, and collaborative.

Lesson 2: Risk of lethality

We must consider two definitions of lethality when supporting survivors of gender-based violence.

| Definition | Approach and scope of risk assessment |
|--|---|
| “of, relating to, or causing death; capable of causing death.” (Merriam Webster, n.d.) | Pay attention to the behaviours of the abusive party within the relationship who could cause further harm or loss of life. |
| “the degree of dangerousness or likelihood of death associated with a particular course of action.” (American Psychological Association, 2018) | Prioritize the evaluation of the survivor’s suicide risk or self-harm behaviours that could lead to loss of life. |

By incorporating both definitions of lethality, we can:

1. Effectively address immediate concerns regarding the survivor’s risk to self.
2. Identify potential dangers stemming from the abuser.

1. Assess suicide risk and self-harm behaviours

Your organization may provide specific training or have policy and practice in place. Check in with your team members and your supervisor for clarity.



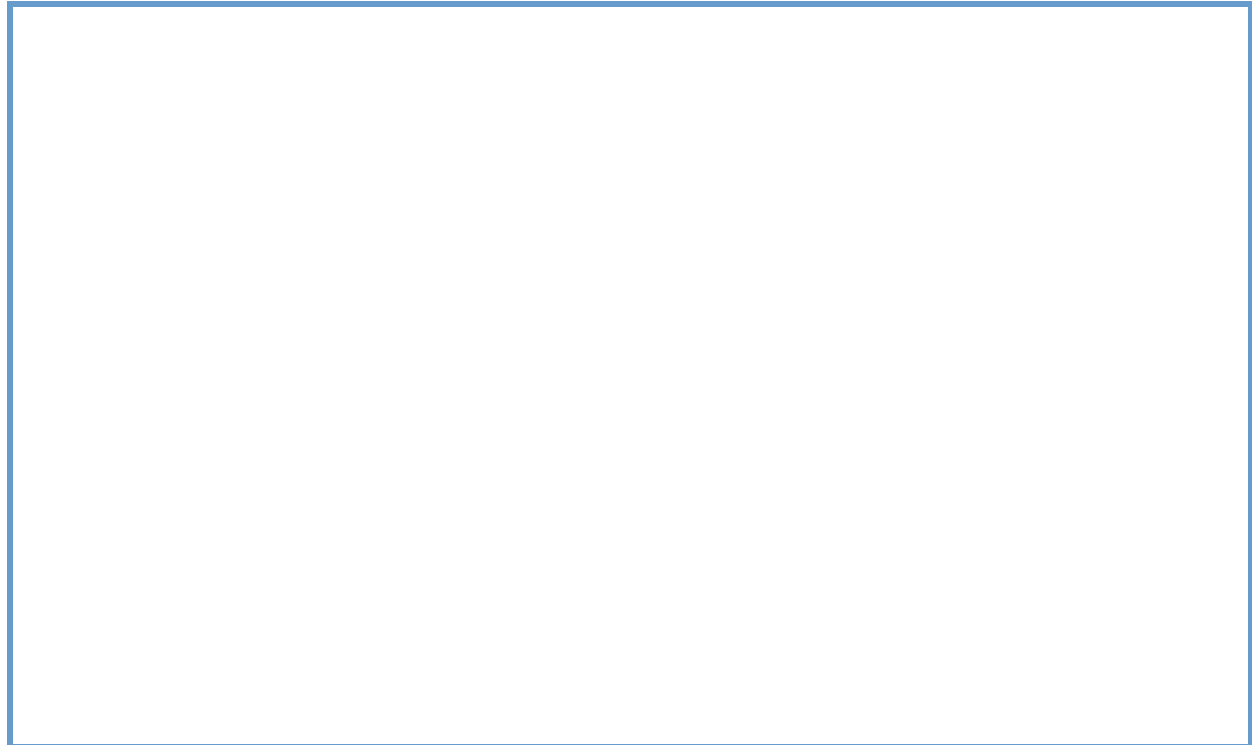
Remember the **survivor is the best source of this information**. Ask her to identify patterns in her behaviour and the abuser’s behaviour to support accurate assessment of risk.



Talk to your team

Reach out to your colleagues or supervisor! Ask questions to clarify any uncertainties. Seek guidance on how to effectively assess survivors' suicide risk and self-harm behaviours.

Make sure you know how best to align with organizational policies and practices, so that survivors will receive consistent support.



2. Explore lethal risks stemming from the abuser

The following risk factors may present individually or in combination within an abusive relationship. Strong predictors of lethal risk are highlighted in bold.

Physical

- Use of weapons, particularly guns
- **Attempted strangulation**
- Forced sexual acts and sexual abuse:
 - Note: Both victims and abusers are known to underreport sexual abuse.
- Violence during pregnancy

Economic

- **Abuser unemployment**
 - Avoidance of support obligation, including spousal and child support, is a form of continuing harassment and control, as well as a form of economic child abuse.
 - Social stressors are known to increase risk.
- Significant changes in the abuser's life or circumstances

Relationship

- **Pending or actual separation** (for female survivors)
- Presence of children in the home, particularly when children are not biologically related to the abuser
- Age disparity
- Common law relationship and young age of the target adult (under 25)

Psychological

- **Abuser's threat of, consideration of, or attempted suicide**
- Survivor's fear of being killed
- Controlling, obsessive forms of psychological terrorism (e.g., high levels of possessive jealousy)
- Abuser's antisocial behaviours and statements
- Abuser's depression
- Access to weapons, particularly guns

Behavioural

- Prior domestic violence, escalating in severity or frequency:
 - Note: The absence of a record of police involvement or physical violence does not indicate safety.
- Death threats:
 - Note: The absence of a death threat may not indicate safety when other risk factors are present.
- Threat(s) with weapons
- Threats to harm children
- Stalking, monitoring
- Restricting or monitoring activities
- Sleep deprivation
- Hostage taking (child abduction)
- Animal cruelty

- Substance use
- Violent criminal behaviour other than domestic violence

Legal

- Prior police involvement or arrest
- Violation of protection orders and conditions of release
- Parenting time and child access dispute(s)
- Relocation of the targeted parent with children across jurisdictional lines

Language is powerful. Be deliberate in your choice of words. This will demonstrate respect, foster trust, and avoid re-traumatization.

Lesson 3: Danger Assessment Tool

What is the Danger Assessment Tool?

The Danger Assessment is a clinical tool used to assess a woman's risk of being killed by a current or former partner. The objective of the tool is to reduce the likelihood of further exposure to risk of femicide by empowering women with information that increases their understanding of risk factors and reduces minimization or denial of the severity and frequency of these risk factors.

Why use the Danger Assessment Tool?

The Danger Assessment is a **validated actuarial instrument** that uses data and statistical methods to assess the level of danger and **predict the risk of future violence or femicide** based on specific indicators. The tool is reflective of the breadth of violence that can occur in contexts of coercive control. It provides information that enables us to better support women to develop safety plans for themselves and their children.

Using the DA helps survivors stay safer by:

- Identifying the risk of lethality
- Identifying risk contributing factors that increase the level of danger
- Reducing minimization and denial of danger
- Providing information about the level of risk that can be communicated to others, possibly including larger systems (such as justice, health, and education) as appropriate to implement an effective safety plan.
- Providing information that enables staff to support survivors develop safety plans for themselves and their children
- Building supportive relationships with us

How to use the Danger Assessment Tool

The Danger Assessment Tool consists of a calendar to assist in recall and 20 weighted questions designed to measure risk in an abusive relationship.

1. Calendar

| | |
|--------------------------------------|---|
| <p>Purpose</p> | <ul style="list-style-type: none"> • Assess abuse severity and frequency. • Raise awareness of survivors. • Reduce the denial and minimization of the abuse that they experienced. |
| <p>What the survivor does</p> | <ul style="list-style-type: none"> • Complete a calendar of the past year that documents: <ol style="list-style-type: none"> 1. Incidents of physical abuse: <ol style="list-style-type: none"> a. Approximate days when it occurred. b. Ranking of the severity of the abuse on a 1–5 scale (5 being the most severe). 2. Incidents of emotional, economic, sexual, and spiritual abuse. |
| <p>What you do</p> | <ul style="list-style-type: none"> • Explain the different types of abuse. • Encourage the survivor to think about special occasions, and what was happening in her relationships around these times. • Stay with the survivor and review the calendar with the survivor once it is completed • Check in with the survivor frequently to monitor her level of distress using a Subjective Unit of Distress (SUD) scale (0 = no distress and 100 = extremely distressed). <ul style="list-style-type: none"> ○ If a survivor indicates a SUD of 50 or more, support her to return to a calm state. ○ This may require taking a break, going for a walk or engaging in an alternative activity. ○ The goal within every interaction is to remain within the window of tolerance for the survivor. |

| 2. Twenty weighted questions | |
|-------------------------------|---|
| Purpose | <ul style="list-style-type: none"> • Identify risk factors associated with intimate partner homicide. • Gather information about the level of risk to facilitate communication and safety planning. • Identify the survivor's specific level of risk of lethality using the score. |
| What the survivor does | <ul style="list-style-type: none"> • Answer each question with a yes or no response. |
| What you do | <ul style="list-style-type: none"> • Inform the survivor that many of the Danger Assessment questions are difficult and may bring up painful emotions for her. • Develop a cue or code word for the survivor to signal when she is overwhelmed or the process becomes too emotionally intense. • Monitor for physiological pain, which is also common when discussing incidents of violence. • Check in with the survivor frequently to monitor her level of distress. • Be aware of the survivor's body language. • Score and interpret the result to reveal a woman's specific lethality risk level. • Review the total score with the survivor and explain what the score indicates. • Answer any questions that the survivor may have. • Plan for next steps based on the score. |

The overriding intent of the Danger Assessment Tool is to **empower** survivors at risk with information that reduces the likelihood of further exposure to risk of femicide.

Lesson 4: Put it all together

Risk assessment serves as a cornerstone in our **collective efforts to break the cycle of violence**, empower survivors with knowledge about potential dangers, and help them make informed decisions to protect themselves and their families.

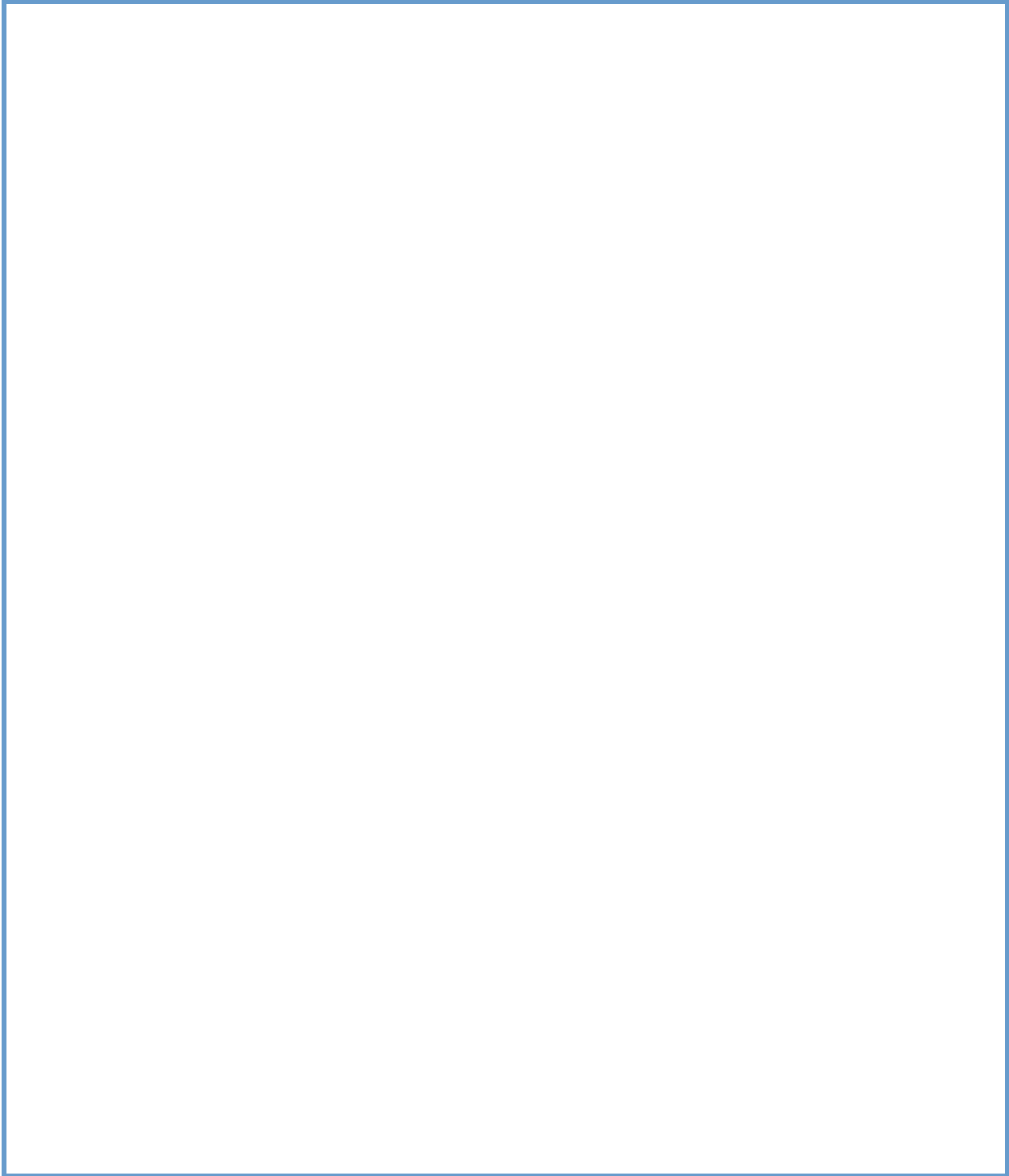


Write it out

What are your biggest takeaways from this module?

What is ONE thing you'll implement in your practice right away?

Notes





Module 5: Collaborate on Safety Plans

Lesson 1: Frame your learning

A safety plan is a **personalized strategy** a survivor creates to **mitigate risks** AND **promote long-term well-being and safety**.

Safety planning is a dynamic and ongoing process that evolves with the survivor's changing circumstances and needs. We work with and support the survivor to identify potential dangers, facilitate access to resources and support systems, and create practical steps to address safety concerns.

A safety plan requires regular review and adaptation to ensure its effectiveness and relevance over time.

Lesson 2: Key components of safety plans

A safety plan, grounded in survivor strengths and needs, consists of **actionable measures** to mitigate risks, maintain basic human needs, and promote well-being.

Physical safety strategies

- **Emergency contacts:** A list of trusted individuals and support services to contact in case of crisis
- **Safe places:** A list of physical locations where the survivor can seek refuge if necessary
- **Safety pack:** An emergency bag containing essential items and documents for quick access when leaving an unsafe situation
- **Warning signs:** A list of indicators of escalating violence or danger and strategies to respond effectively
- **Escape plan:** A step-by-step plan for leaving a dangerous situation safely

Emotional safety strategies

- **Support network:** A list of individuals or organizations that can provide emotional support and practical assistance
- **Self-care:** Grounding or self-soothing techniques for managing stress, maintaining mental wellness, and/or practicing self-compassion
- **Sentimental items:** removal or storage of items that are important to the survivor and their children to allow for access upon leaving
- **Pets:** Planning for the removal and caring for pets in advance

Economic safety strategies

- **Financial resources:** Identification of financial assets, access to funds, and strategies for managing finances independently if necessary
- **Housing stability:** A list of safe and stable housing options, including both emergency and second-stage shelters
- **Healthcare:** A record of relevant healthcare information, such as health card numbers, a list of medications and their dosages, and vaccination records
- **Food security:** Information about local food banks, free meals, and community kitchens

Legal safety strategies

- **Legal options:** Avenues for legal protection, restraining orders, civil orders, criminal charges, parental arrangements, and accessing legal assistance if needed
- **Safety at the courthouse:** Strategies and support to enhance safety for getting to, while inside, and leaving the courthouse



Talk to your team

Engage your team in a discussion about safety plan templates available at your shelter. Examples may include:

- Safety when leaving an abusive relationship
- Safety if living with an abusive partner
- Safety at work
- Keeping children safe
- Legal responses for keeping safe
- Safety after leaving an abusive relationship

Learn from each other's experiences in using these resources. Brainstorm ways to integrate them effectively to enhance your confidence and competence in collaborative safety planning with survivors.

Additional considerations

Additional factors can impact a survivor's safety and well-being. We must keep them in mind to co-create more comprehensive and effective safety plans tailored to the individual needs of each survivor.

Survivor with children

Children present unique challenges in safety planning. We need to:

- Remind the survivor to avoid discussing safety strategies with her children when the abuser is present or nearby.
- Remind the survivor's children not to share safety planning information with the abuser.
- Help the survivor to develop age-appropriate safety plans for her children.

Survivor with pets

Pets are often targeted by the abuser to exert power and maintain control. We need to help the survivor to:

- Identify trusted individuals who can temporarily care for pets.
- Explore local agencies that offer temporary shelter for pets.
- Locate pets' hiding spots to minimize search time during emergencies.

Otherwise, the survivor may increase her personal risk by delaying leaving to ensure her pets' safety.

Indigenous people

Indigenous people are disproportionately impacted by violence and abuse. Indigenous people may experience anger, mistrust, and fear in their interactions with institutions given historical and political events such as the Indian Residential School experience, the 60's Scoop and current rates of child apprehension and incarceration. We need to:

- Recognize the stigma faced by Indigenous women.
- Acknowledge the harm that has been done and continues to impact Indigenous peoples.
- Earn survivors' trust with intentional efforts to help them feel safe.
- Expand your view to include traditional healing practices and connection with culture if these are identified as relevant to the survivor.
- Avoid making assumptions and allow the survivor to identify which resources would be most helpful.

Seniors

Elder abuse is any action or inaction by someone in a trusting relationship that jeopardizes the health and well-being of an older adult. With this type of abuse, the older adult may be uniquely vulnerable due to factors such as:

- Physical frailty
- Isolation
- Immobility
- Cognitive ability
- Dependency on others for care and assistance
- Lack of social support
- Shame about disclosing abuse

Survivors with disabilities

Survivors may be particularly vulnerable to abuse if they have disabilities or are isolated. You need to know if your shelter has the capacity to accommodate:

- Service animals
- Special equipment
- Medical caregivers

Survivors who are newcomers

Immigrants, newcomers, and refugees bring their own personal, cultural, and political experiences when they first arrive in Canada. We need to:

- Avoid making assumptions about survivors based on their appearance, identities, language, or citizenship status.
- Educate survivors about their legal rights.
- Be aware of certain ethno-cultural beliefs and values that can make survivors feel bound to silence.
- Access interpretation services, such as CanTalk, to minimize language barriers.

... to be effective, safety plans must be **comprehensive, meeting basic human needs**, and **providing a life plan**, not just strategies to respond to physical violence.

— Jill Davies, Deputy Director of Greater Hartford Legal Aid

Lesson 3: Engage in “survivor-defined advocacy”

“Survivor-defined advocacy” (Davies, Lyon, and Monti-Catania, 1998) **empowers** survivors to make decisions about their own safety, well-being, and recovery.

Your role as the supporting partner involves listening to survivors, validating their experiences, and providing support and resources based on their self-identified needs and priorities.

Before

You need to build trust, establish rapport, and lay the foundation for effective safety planning:

- Spend time to create a safe place to talk.
- Discuss the purpose of the safety assessment and see if the survivor wishes to participate.
- Clarify with the survivor that her choices are important.
- Explain that the information she shares is confidential, as well as the limits of confidentiality.
- Provide choice about whether the safety plan is written down.

During

As a supporting partner working with the survivor to develop her individualized safety plan, you must:

- Collect only the information you need for the survivor's safety.
- Listen with curiosity and humility.
- Use plain language and avoid jargon.
- Validate the survivor's experience and feelings.
- Ask open-ended questions:
 - *“What have you done in the past?”*
 - *“How did it work?”*
 - *“What would you do differently?”*
 - *“What do you mean by...?”*
 - *“Help me to understand...”*
- Help her explore and identify available and relevant options and resources.

- Help her assess each of these options and then develop and implement the safety plan.
- Identify abuser-generated risks (e.g., physical violence; risks to children; psychological harm; loss of housing, healthcare, employment, etc.).
- Identify life-generated risks (e.g., health concerns, poverty, and discrimination).
- If the survivor is taking her written safety plan with her, discuss how she'll keep it safe from the abuser.

After

Collaboration doesn't end at the end of the safety planning conversation. You continue to:

- Ensure the survivor feels confident in implementing the plan. If she finds it too complex, work together to simplify it or identify key focus points.
- Review and rehearse the safety plan to increase the likelihood of implementation.
- Provide emotional support to the survivor.
- Check in with the survivor to ensure that the plan remains responsive and effective to her evolving needs and circumstances.

Monique: I am wondering if you would be open to talking about an emergency escape plan. I know this is difficult to think about, but if we develop this in advance and you have the opportunity to practice and prepare, it is more likely you will be able to implement the plan if you need to. When we spoke previously, we talked about some of the important documents you may need if you had to leave suddenly. Have you been able to remove those from the house or make copies?

Simran: Um... yeah, I think I have most of them.

Monique: Wonderful. We also talked about an emergency bag prep. Have you had the chance to pack it and include the things you identified as important such as medications, toiletries, clothing, and other essentials?

Simran: I think I have that too... somewhere...



Write it out

What are your initial thoughts, feelings, and reactions to this interaction between Monique and Simran?

How might this interaction impact Simran?

How might you approach the safety planning process?

Keep the safety planning checklist in your head as you engage in conversations with a survivor about safety planning. Then refer to the checklist to see if there is anything important that you have forgotten. This creates a **more flexible and relational approach**, while making sure everything important is considered and addressed.

— Tessa Parkes

Survivor-centred advocacy = trauma-informed case management

Collaborative safety planning recognizes that each survivor's journey is unique. It must respect her autonomy and agency in determining the most appropriate course of action for herself and her children.

Lesson 4: Put it all together



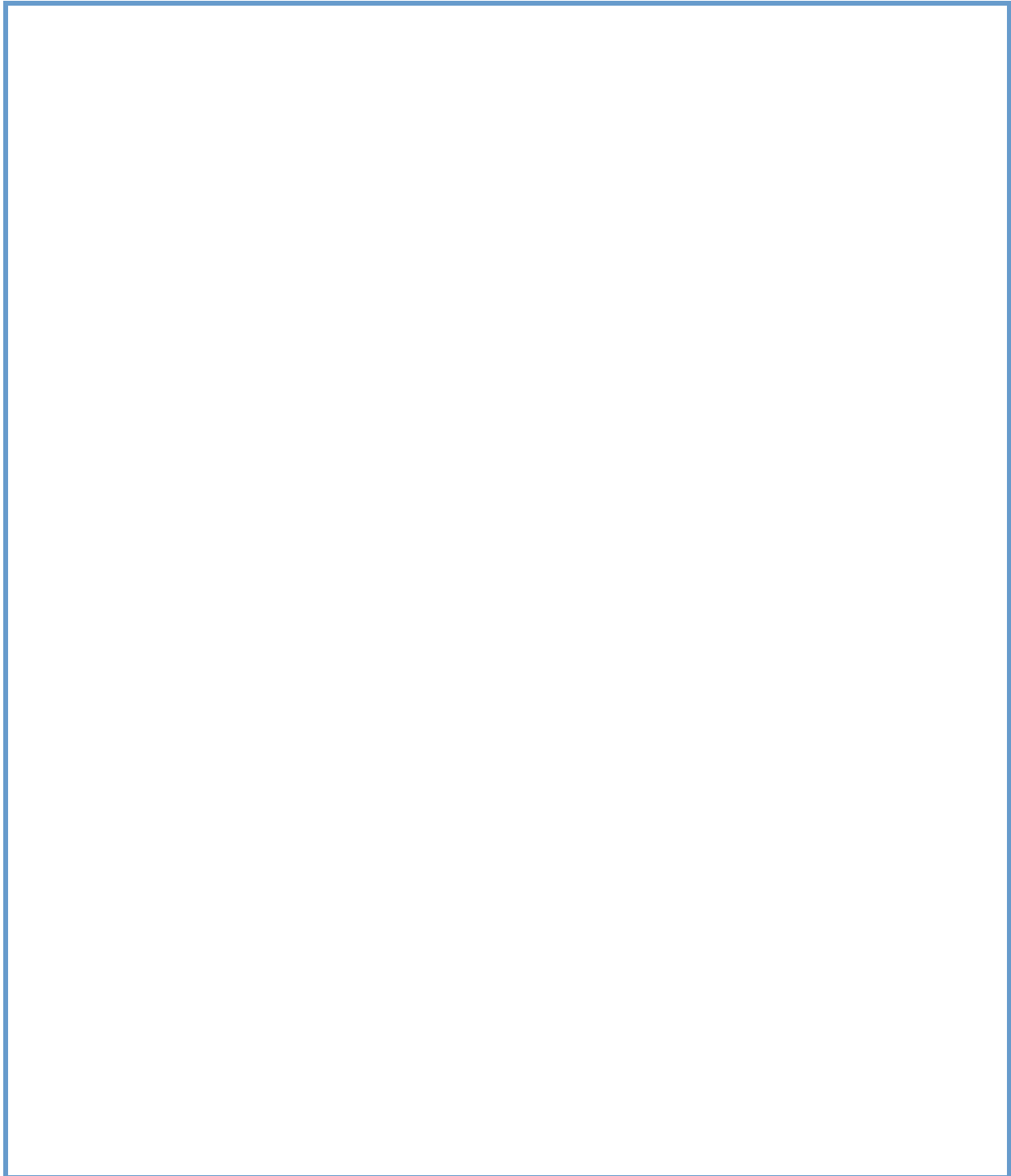
Write it out

What are your biggest takeaways from this module?

What is ONE thing you'll implement in your practice right away?

Collaborative safety planning requires us to **respect survivors' choices and right to self-determination** while being aware of any biases or judgment we may hold.

Notes





Module 6: Tailor Support to Individual Needs and Goals

Lesson 1: Frame your learning

Domestic abuse happens **every single day** all over the world, and it affects women of **all ages, classes, and backgrounds**.

Survivors of domestic abuse often face challenges in finding compassion and effective assistance. It's vital that support be tailored to their unique experiences and needs. When you provide **individualized, survivor-centred care**, you can promote healing, empowerment, and resilience for survivors. This, in turn, can enable them to take **meaningful steps toward safety and autonomy**.

Lesson 2: Educate survivors

Abuse or violence of any kind is **never** the survivor's fault. **Responsibility always lies with the abuser**, as they make a choice about the abusive behaviour.

We have a crucial **responsibility to educate** survivors about the dynamics of abuse and the common responses to violence to help them **avoid self-blame** and make progress towards healing (Pence, 1987).

Coercive control

Coercive control is a pattern of controlling behaviour that an abuser uses to dominate and manipulate the survivor. **The goal is to make the survivor dependent.** Instead of relying solely on physical violence, coercive control involves various tactics designed to isolate, intimidate, degrade, exploit, and control the survivor (Women's Aid, 2018). It can have severe psychological and emotional impacts on the survivor. If unrecognized, this controlling behaviour can escalate to physical violence or even increase the survivor's lethal risk.

Coercive control creates **invisible chains** and **a sense of fear** that pervades all elements of a [survivor's] life. It works to limit [her] human rights by depriving [her] of [her] liberty and reducing [her] ability for action.

— Women's Aid, 2018

To learn more about coercive control, contact learning@acws.ca or visit the ACWS Members' Hub to find out about upcoming training.

Power and Control Wheel

The Power and Control Wheel was developed through thousands of survivor interviews. It is intended to illustrate the most common coercive controlling behaviours.

Social myths and stereotypes may prevent many individuals, including survivors, from recognizing non-physical forms of abuse as abusive. The Power and Control Wheel can enable survivors to better understand the abuse in their relationship and assign responsibility for the abuse to their partner, rather than assuming blame. Take every opportunity to reinforce this within your interactions with survivors.



Additional strategies to help survivors understand the impact of abuse and trauma

In addition to helping survivors understand the dynamics of abuse, we can use the following strategies to help them understand the impact of abuse and trauma to support their recovery (Haskell, 2003).

1. Address safety issues in the survivor's life
2. Recognize and normalize trauma reactions
3. Empower survivors with concrete strategies and resources

Please see Appendix A for concrete strategies and resources to teach survivors to manage their trauma reactions.

Lesson 3: Support survivors in the shelter

It can be very difficult for a woman to leave an abusive partner – even if she wants to.

Women stay in abusive relationships for many different reasons (Dobash, et al., 2000; Barnett, 2001):

- Still in love with her partner
- Hopes the relationship will improve
- Believes his promises of change
- Is frightened for her life
- Is concerned for the safety of her children
- Is under financial constraints
- Fears homelessness or isolation
- Fears further violence



Stop & think

What thoughts, emotions, or physical sensations do you notice when you consider various reasons for a woman to stay in an abusive relationship? How do you interpret these reactions? What insights might they offer?

Build a safe and healing environment

Covington (2003) identifies five essential elements of a therapeutic environment.

Therapeutic environment

A carefully arranged environment is designed to reverse the effects of exposure to interpersonal violence.

Attachment

Shelters foster a culture of belonging among survivors by ensuring that they feel welcomed and supported.

Containment

Shelters prioritize safety for all survivors. The safety of one does not take precedence over others.

Communication

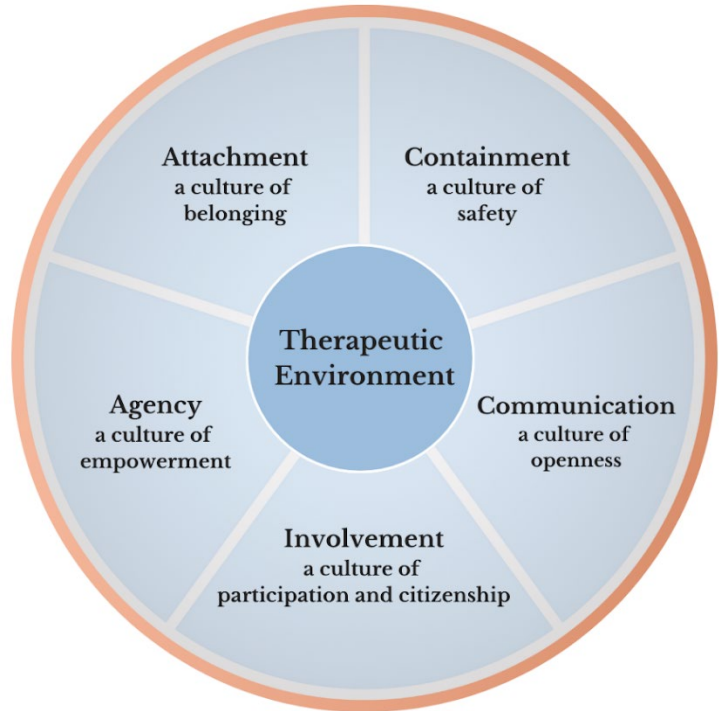
Shelters establish a culture of openness by providing a safe, confidential place to meet with survivors and operate from a position of acceptance and non-judgment.

Involvement

Shelters encourage survivor participation and engagement through a variety of activities.

Agency

Shelters promote a culture of empowerment by encouraging survivors to build upon their strengths. This involves seeking every opportunity to identify and highlight skills and competencies and affirm their capabilities.



When we create and maintain a therapeutic environment at the shelter:

Survivors can benefit from:

- Emotional support provided by shelter staff
- Safety and awareness of their level of risk
- Solidarity with fellow participants
- Child Support and Parenting programs
- Valuable information and connections to community resources

We benefit from:

- Enhanced collaboration and cohesion among colleagues
- Strengthened rapport and trust with survivors, which supports effective case management
- A boost in morale and job satisfaction



Talk to your team

What are some creative ways you can make the shelter environment more welcoming, inclusive, and accessible for EVERYONE – including yourself, your colleagues, survivors, and their children?

Choose appropriate strategies

Survivors enter shelters with different goals and intentions regarding their abusive relationships. Understanding these goals is crucial in providing effective support and assistance.

Baker and Cunningham (2008) identified four common reasons survivors enter shelters.

1. *Take time out from an abusive relationship*

The survivor seeks a break from the abusive partner. Her goal is to return to the relationship. She may recognize that there are problems, but she wants or needs to stay in the relationship. Her stay in the shelter may be brief. She may not be receptive to information involving significant changes or commitments, such as housing referrals, or questions about her decision.

2. *Leverage power in an unequal relationship*

A survivor may feel she can leverage her power to get her partner to change. She may believe that seeking refuge at the shelter will communicate to her partner that she is serious. She may decide to reconcile only if her partner commits to getting therapy and changing.

3. *Make a decision about the future of the relationship*

The survivor seeks shelter following a serious assault or during a crisis. She is uncertain about her relationship and aims to use her time at the shelter to evaluate her options and test being apart from her partner.

4. *Transition away from the relationship*

The survivor has decided to end her relationship but may still face emotional challenges. Providing practical information and support is essential during this phase.

Acknowledge the difficulty in making ANY decisions about the status of a relationship. Understand that it is natural for the survivor to recall positive memories with her partner or to express grief while weighing her options. Validate these feelings. The survivor may be losing not only her relationship but also many hopes and dreams she had for the future.

Central to all gender-based violence work is a **profound respect for self-determination**.

Lesson 4: Support parenting survivors and their children

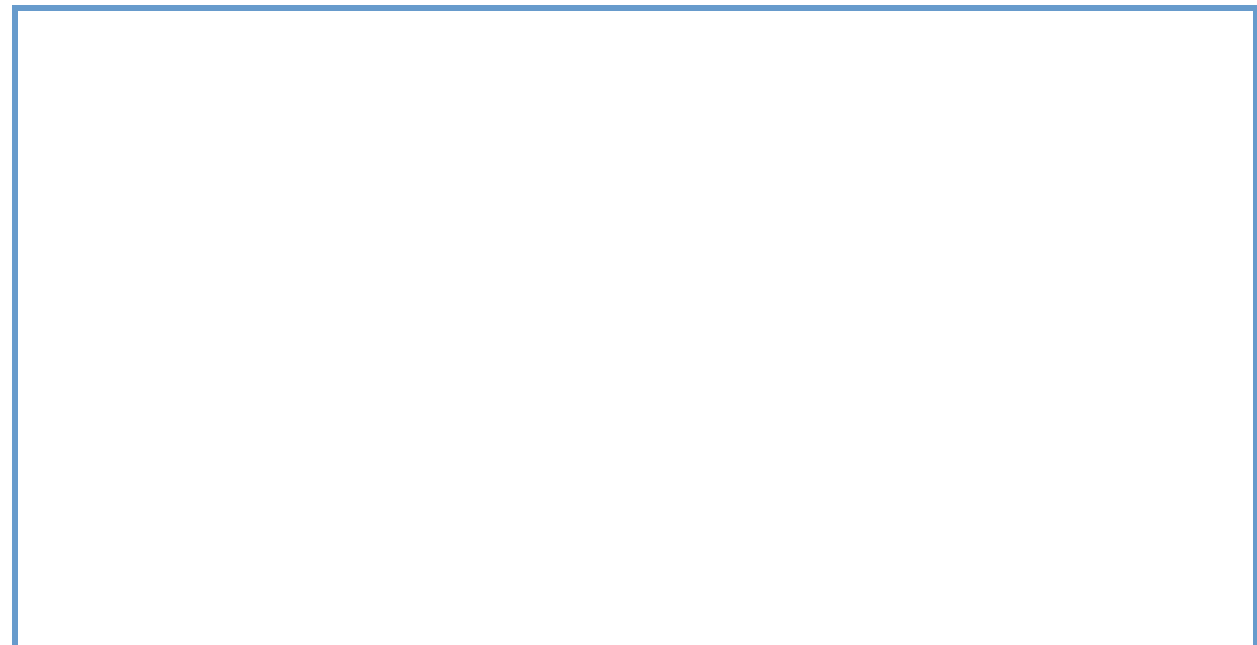
As a front-line Case Manager, you must have a basic knowledge about the issues related to children to effectively support survivors. Recognizing that children's behaviours and parenting challenges can stem from trauma exposure is crucial for **maintaining a professional and non-judgmental stance**.



Talk to your team

Find out if your shelter has dedicated child support staff. Reach out to collaborate with them to support children impacted by domestic violence.

Leverage the expertise of child support staff to enhance your knowledge and awareness and to ensure that personal biases and judgment do not negatively influence your professional interactions.



When a partner is abusive to a child's mother/caregiver, it is **bad parenting**.

— Cunningham & Baker, 2007

While the developmental consequences of living in chronic violence can be devastating for some children, and all children pay a price, not all children experience developmental harm or clinical outcomes.

— Garbarino, et al., 1992

Recommended timeline upon arrival at the shelter

Survivors and their children who arrive at shelters are often in a state of dysregulation. It is important to meet their key concerns promptly. This will help ensure a smooth transition and promote a sense of security.

While the following timeline is recommended (Jaffe & Loosely), each situation is unique and requires the Case Manager to adapt the approach taken. Rigidity and time constraints can be retraumatizing. Continuously check in to see if the survivor feels she is coping well and whether she is comfortable proceeding.

Within the first 24 hours

Special considerations for infants

- Provide formula, food, and diapers as needed.
- Ask about complex needs.
- Inquire about the infant's health and well-being.

Within 48 hours

With the child(ren)

- Provide a detailed tour of the shelter. Highlight safety features as well as limits.
- Describe activities and programs for kids and teenagers.
- Shelters often provide toys, blankets, games, or snacks to increase comfort. Check in to see what is available at your shelter.

Within 48 hours

With the survivor and child(ren)

- Develop a safety plan.



Remember: Review consents, confidentiality, and limitations to confidentiality as early in the process as possible. Revisit this frequently.

Two of the most beneficial interventions

1. Offer “activities that provide opportunities for mothers and children to ‘take a break’ from the stress and tension” while at the shelter.
2. Refer the survivor to a variety of community resources she has identified as relevant when she leaves the shelter.

Mitigate the impacts of domestic violence on children

To promote healing and growth in children impacted by domestic abuse, we can model — and help parenting survivors take — several supportive measures (Perry, 1999; Scobie, 2007; YWCA of Calgary, n.d.):

1. *Use age-appropriate and accessible language*
 - Reassure children that violence is not their fault.
 - Let the children know they're not forgotten.
 - Let the children know they are loved and cared for.
 - Let the children know it's normal to be upset after witnessing abuse.
 - Let the children know others have had similar experiences.
 - Let children know it's okay to talk about their abusive parent and to love them.
2. *Model respectful behaviours and healthy boundaries*
 - Clarify that violence is not okay and that no one deserves to be hurt.
 - Discuss expectations for behaviour and discipline with the child in the context of the shelter or child support area.
 - Allow children to make age-appropriate decisions.
 - Allow children to cry or be sad.
 - Allow time for children to experience and talk about their feelings.
 - Listen without judgment.
 - Do not criticize regressive behaviours.
3. *Foster resiliency in your interactions*
 - Be nurturing, comforting, and affectionate.
 - Help children build emotional regulation skills.
 - Implement interventions across various domains of a child's life simultaneously (e.g., personal counselling, family-based interventions, school programs, community mobilization).
 - Provide support and resources to help children access necessary services and resolve challenges.

4. *Create a relationally-enriched and predictable environment*

- Initiate conversations and talk with the children.
- Be open, honest, clear, and patient in your communication with children.
- Be mindful of tone and body language within these interactions.
- Provide a consistent predictable structure for the day. Keep in mind that transitioning from limited structure or routine will necessitate gradual adjustments and significant time to implement effectively.
- Rely on the survivor as the expert on her children and allow her to lead

Lesson 5: Put it all together

Listen actively and without judgment to understand the survivor's unique needs and goals. **Empower** them to lead the way in determining their path to healing.

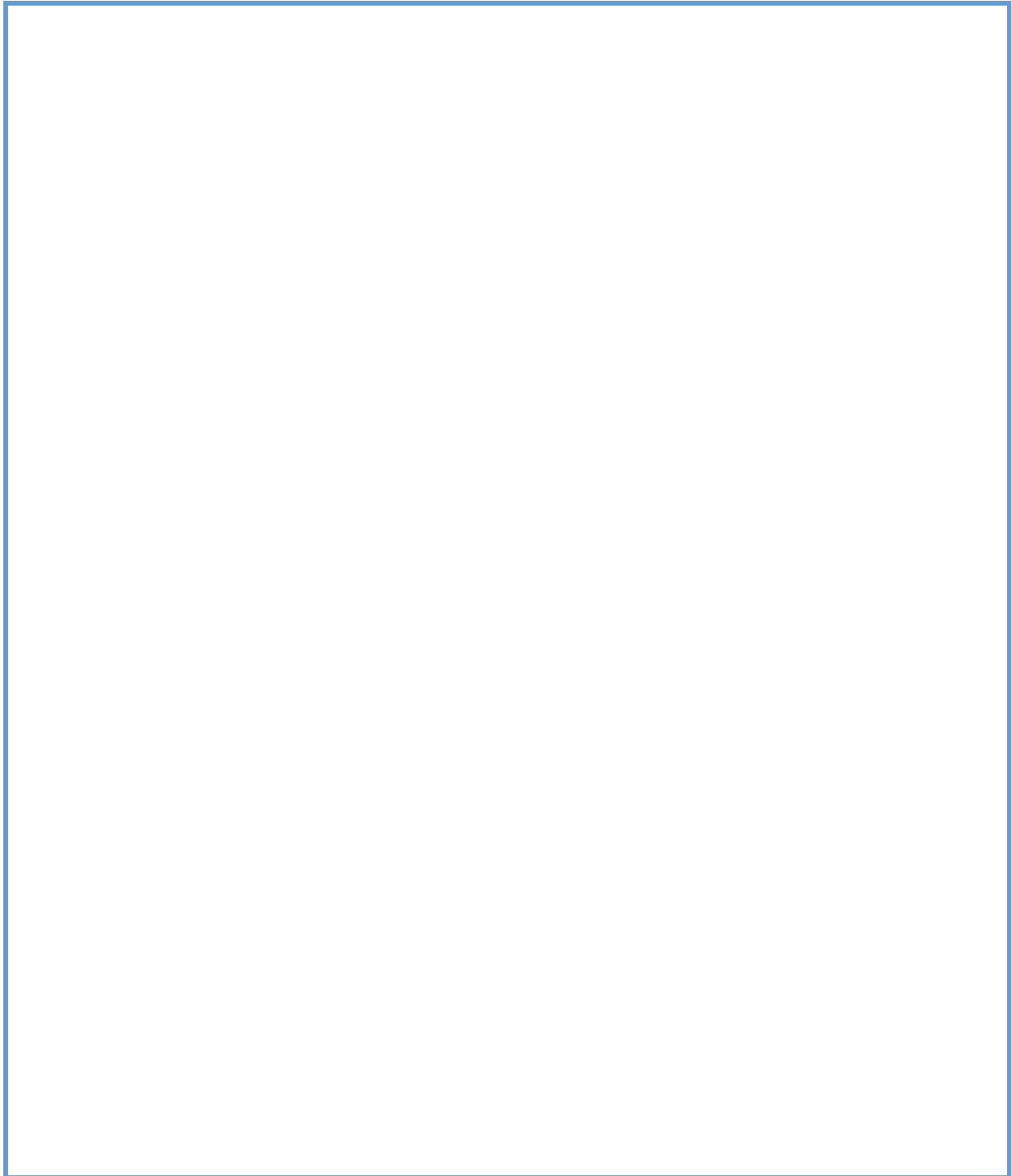


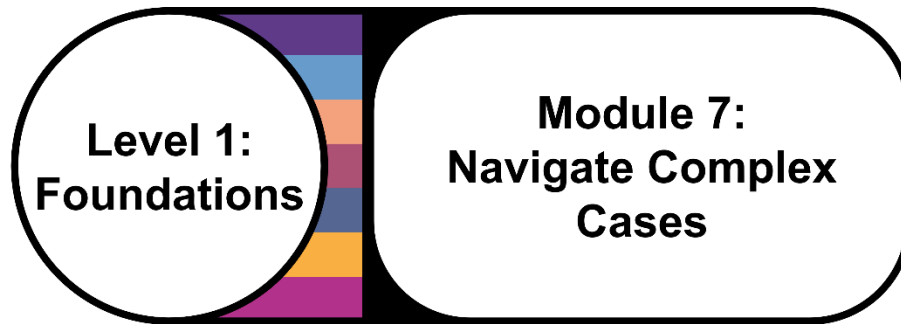
Write it out

What are your biggest takeaways from this module?

What is ONE thing you'll implement in your practice right away?

Notes





Module 7: Navigate Complex Cases

Lesson 1: Frame your learning

Provide RICH support

McEvoy & Ziegler (2006) recommend using the acronym RICH to remember the four most important things that front-line workers can offer survivors.

| | |
|----------|---|
| R | Respect for survivors' autonomy, experiences, and choices: <ul style="list-style-type: none">• Actively listen to survivors without judgment.• Validate their feelings and experiences.• Acknowledge their courage in seeking help. |
| I | Provide the survivors with accurate and relevant information to empower them to make informed decisions about their safety and well-being. |
| C | Establish a strong connection and trusting relationship with survivors by creating a safe and supportive environment where they feel safe and comfortable expressing themselves and seeking assistance. |
| H | Instill hope, optimism, and belief in survivors' ability to overcome challenges and build a positive future: <ul style="list-style-type: none">• Help survivors envision a life free from violence.• Support survivors to take steps to achieve this with encouragement that fosters resilience.• Help survivors to recognize their own strengths and skills by continuously looking for opportunities to affirm. |

We must **consider the entirety of who a survivor is**, her past experiences, and any complex challenges she may be facing right now.

Failure to identify substance use and mental wellness concerns as impacts of abuse may result in survivors not receiving the proper care they need.

[W]hen women's substance use and mental health are not identified as rooted in gender-based violence, their experiences are often compartmentalized, **their safety may be compromised** through inappropriate treatment, and the impacts of abuse may be misdiagnosed as mental health or addiction problems in isolation from [their] unsafe life context.

— Godard, Cory, & Abi-Jaoude (2008)

Connection plays a crucial role in supporting survivors affected by violence, mental wellness concerns, and/or substance use issues. We must prioritize connections and build trusting relationships with survivors before discussing these sensitive topics (Parkes, 2007). We can:

- **Reframe the narrative:** Help survivors reduce any self-blame for violence, trauma, mental wellness concerns and/or substance use.
- **Adopt a neutral stance:** Do not make assumptions about how issues or challenges are interconnected to individual survivors. Be self-aware of your personal biases and judgments. Engage in critical self-reflection and seek supervision as needed.
- **Educate on the effects of trauma:** Provide information about the impact of trauma on substance use and mental wellness concerns.
- **Show acceptance:** Avoid labelling and validate the survivors' description of what they have or are experiencing – all survivors need acceptance.
- **Foster resilience:** Support self-efficacy.
- **Build community:** Provide information and referrals to support groups or resources in the community and look to the survivor to define what is relevant and helpful.

Lesson 2: Substance use



Stop & think

What are your beliefs and values around substance use? How does the type of substance influence your perception of what is problematic?

Critical self-reflection is essential for inclusive support, rooted in harm-reduction.

For survivors using substances, judgment from service providers is a **significant barrier to accessing services**. This underscores the importance of regularly examining our attitudes and behaviours so we can avoid contributing to stigmatization.

There is a complex interplay between gender-based violence and substance use (Covington, 2003).

- Survivors may develop substance dependence as a coping mechanism for trauma symptoms and stress associated with living in a violent environment.
- Women who use substances are at a higher risk of violence due to:
 - Their relationships with others who use substances
 - Impaired judgment while using substances
 - Difficulty following through with or implementing safety planning strategies

Our ethical responsibility to ensure safety

No matter the shelter's substance use policy — abstinence (dry shelter), no on-site use (damp shelter), harm reduction (wet shelter), or case-by-case — four things are common to the support a shelter offers to survivors using substances.

Consider that capacity in your assessment process can refer to two things:

1. The shelter's physical capacity or space to accommodate.
2. The capacity of staff to manage complex behaviours.

1. *Risk assessment*

The shelter will assess risks to the survivor, her substance use history, and her current needs. Risk assessment of violence is key, regardless of the survivors' substance use.

Assessment for substance use and mental wellness concerns is completed as a vulnerability assessment – to explore how the substance use or mental wellness concerns relate to the survivor's safety.

It's important to have the survivor lead in identifying any changes or shifts she seeks to make related to use. Validate wherever the survivor is at and recognize her expertise in managing her situation.

2. *Safety planning*

The shelter will explore safety concerns and collaborate with the survivor to develop a safety plan as well as a safe consumption plan/return to shelter plan.

The shelter will also consider the safety of everyone at the shelter, including staff and other survivors.

3. *Rules & expectations*

The shelter will introduce and discuss with the survivor expectations, including guidelines regarding substance use. It is critical that this is done consistently and followed up on to ensure understanding.

4. *Case management*

The shelter will help the survivor connect to resources, such as counselling, support groups, treatment, and other services she identifies as helpful to manage or address substance use concerns, if this is the direction she wishes to take.

Remember the choice to do nothing is still a choice. Respect this and be transparent if your shelter has limitations in what they can do to support.

How you, as a Case Manager, respond to a situation where a survivor is using substances until after she has been admitted into the shelter depends on your shelter's policies and procedures. Regardless of your shelter's approach, be sure to:

- Be transparent with the survivor. State the policy and be clear on organizational expectations for a successful stay.
- Reinforce that you care about her well-being. Communicate your concerns clearly.
- Remember that the safety of one participant does not take precedence over the safety of others.
- If the survivor cannot remain at the shelter, tell her why. Emphasize that this does not mean she cannot access the shelter again — but in order to return, you may need to develop a plan to be implemented to ensure the safety of all and increase likelihood of a successful stay.
- Focus on the behaviours of concern, not the person. Discuss strategies in terms of what would meet the needs of both the shelter and the survivor.
- Consider all options. If the survivor may not be able to thrive in the shelter, can Outreach support them? This requires assessment of risk based on behaviour.



Talk to your team

Ask your colleagues and supervisor about your shelter's policy and procedures regarding substance use.

Learn from each other how to effectively explain rules and expectations to survivors using substances. Collaborate on strategies to respond to behaviours that can arise from substance use. Discuss how to assert professional boundaries with care and empathy while preserving dignity.

Safety planning considerations

1. Understand the **context of survivor's life** and how violence and the substance use are interrelated (Parkes, 2007b).
 - a. Many survivors use substances to cope with the violence and abuse they have endured.
 - b. Sometimes a survivor's substance use is closely tied to her relationship with her abuser.
2. Collaborate on a **plan for safe consumption**.
 - a. Substance use can increase vulnerability to violence and abuse.
 - b. Substance use can impact the survivor's ability to keep herself safe.

The **reality** is that stopping the use of substances does **NOT** ensure safety and if this is not a priority for the survivor, the **safest option** is to work with her from where she is at.

Use harm reduction strategies

Substance use occurs along a continuum and encompasses a wide range of behaviours.

Harm reduction is built on the belief in, and respect for, the rights of people who use substances (National Harm Reduction Coalition, 2019). While it requires us to meet people who use substances "where they're at," it is important to maintain boundaries and to be transparent about the limitations of the shelter (if there are any) to provide support.

As a Case Manager, it is your responsibility to present options for supporting any of these choices.

Safer use/behaviour management

Safer use is about reducing the risk of adverse outcomes from using substances or engaging in other behaviours. It is about harm reduction.

For example, access to clean water, condoms, and sterile syringes reduces the risk of contracting infectious diseases.

Managed use

Managed use is about partnering with survivors using substances to identify supports and to develop a plan that enables them to use substances safely in alignment with their own goals. Many survivors have creative strategies in place. Explore this.

Abstinence

Abstinence is about avoiding substances or not engaging in certain behaviours following substance use challenges. Seeking abstinence is compatible with a harm reduction approach, as individuals define their own goals.

If a person who uses substances chooses to work toward abstinence, they must be informed about the potential risks of abstinence and offered support and interventions based on best practices, current evidence, and their unique needs. Engage with the experts in your community. Ask for support from medical professionals. Consult and support well informed decision making. Set small achievable goals or make shifts towards reducing use as a starting point as this will support long term sustainable change.

Six foundational harm reduction principles

While there is no universal definition of or formula for implementing harm reduction, a harm-reducing approach reflects these key principles (Hawk et al., 2017):

1. Humanism
2. Pragmatism
3. Individualism
4. Autonomy
5. Incrementalism
6. Accountability without termination



Write it out

What do you need to do in order to consistently offer RICH – Respect, Information, Connection, Hope – support to survivors who use substances?

How does harm reduction apply in your work every day?

What can you do to combat stigma around substance use and other harmful behaviours that often result from the experience of violence and abuse?

What will you pay more attention to about your use of language going forward?

Take a moment to write down the ways you can keep your commitment to provide harm-reducing care in your work.

Lesson 3: Mental wellness

A survivor's mental wellness is an important factor in how you provide support.

— Tessa Parkes

Support survivors' mental wellness

As a Case Manager, your role is to provide a variety of options to support management of trauma symptoms. Survivors may seek support from appropriate service providers for:

- Diagnosis and treatment
- Therapy
- Connection with culture
- Medication

It is NOT your responsibility to diagnose survivors or to pathologize them by assigning a label.



If a survivor with mental wellness concerns is a **risk to herself or to others**, then you have a duty to report.

Talk about symptoms not diagnosis

Many survivors do not choose diagnosis or medication. They may have developed their own ways of managing their symptoms. Remember the survivor is the expert on their own lives. Listen to understand, validating at every opportunity.

Remember, too, that some survivors may have a diagnosis but choose not to share it. This is **their decision**. The focus of your work with survivors is to support in managing their identified symptoms, whether there is a diagnosis or not.

Safety planning considerations

Survivors with mental wellness concerns are more vulnerable to abuse than other survivors. The abuse they experience is likely to impact their mental wellness.

Some common tactics used by the abusers to exploit vulnerabilities may include (Parkes, 2007c):

1. Isolation & humiliation
2. Gaslighting & minimization
3. Threats & coercion
4. Medication control
5. Undermine credibility

You can have a powerful impact on the survivor's self-perception and decision making:

- Acknowledging and validating the survivor's experience of abusive tactics.
- Maintaining a nonjudgmental stance and normalizing mental wellness concerns as a consequence of violence and abuse.

Abuse has a psychological impact on a survivor. It can cause her to develop mental wellness concerns that interfere with her decision-making. We must tailor safety planning strategies to the survivor's needs:

1. **Identify trauma reminders** for the survivor's mental wellness symptoms. Consider how they intersect with her experiences of abuse. This could involve exploring specific situations, behaviours, or memories that exacerbate her mental wellness challenges.
2. **Build the survivor's capacity** by integrating coping strategies into the survivor's safety plan that will address her mental wellness needs. This might involve techniques for managing anxiety, depression, or other symptoms during moments of distress.
3. **Provide information** about available services, such as therapy, counselling, or support groups, **and facilitate access** by helping to make appointments or referrals as needed. Always hold space for the survivor to determine what is most relevant to them and encourage independence but be prepared to advocate.

4. If the survivor is taking medication to manage her mental wellness, make sure to **discuss medication safety** and consider including a plan for medication management in her safety plan. Ask the survivor if she has any challenges with her medication or remembering when to take them during times of intense stress.
5. **Discuss emergency mental wellness supports**. Include emergency contact information for mental wellness crisis lines or hotlines in the safety plan. Ensure the survivor knows how to access these resources if she feels overwhelmed.
6. **Monitor for change and escalation** by following up with the survivor on a regular basis to monitor her mental wellness, provide ongoing support, and adjust interventions as needed based on her evolving needs and circumstances.

Lesson 4: Put it all together

Educate yourself about local resources and services available to survivors who are seeking support in addressing substance use challenges, including treatment centres, mental wellness clinics, and support groups.

You can provide a supportive non-judgmental environment for survivors with substance use and mental wellness concerns, when you:

- Remember your role.
- Maintain your professional boundaries.
- Provide a listening ear, free of judgment.
- Provide accurate, up-to-date information on available services.
- Let the survivor make her own choices.
- Always ask the survivor for permission before connecting her to anyone else.

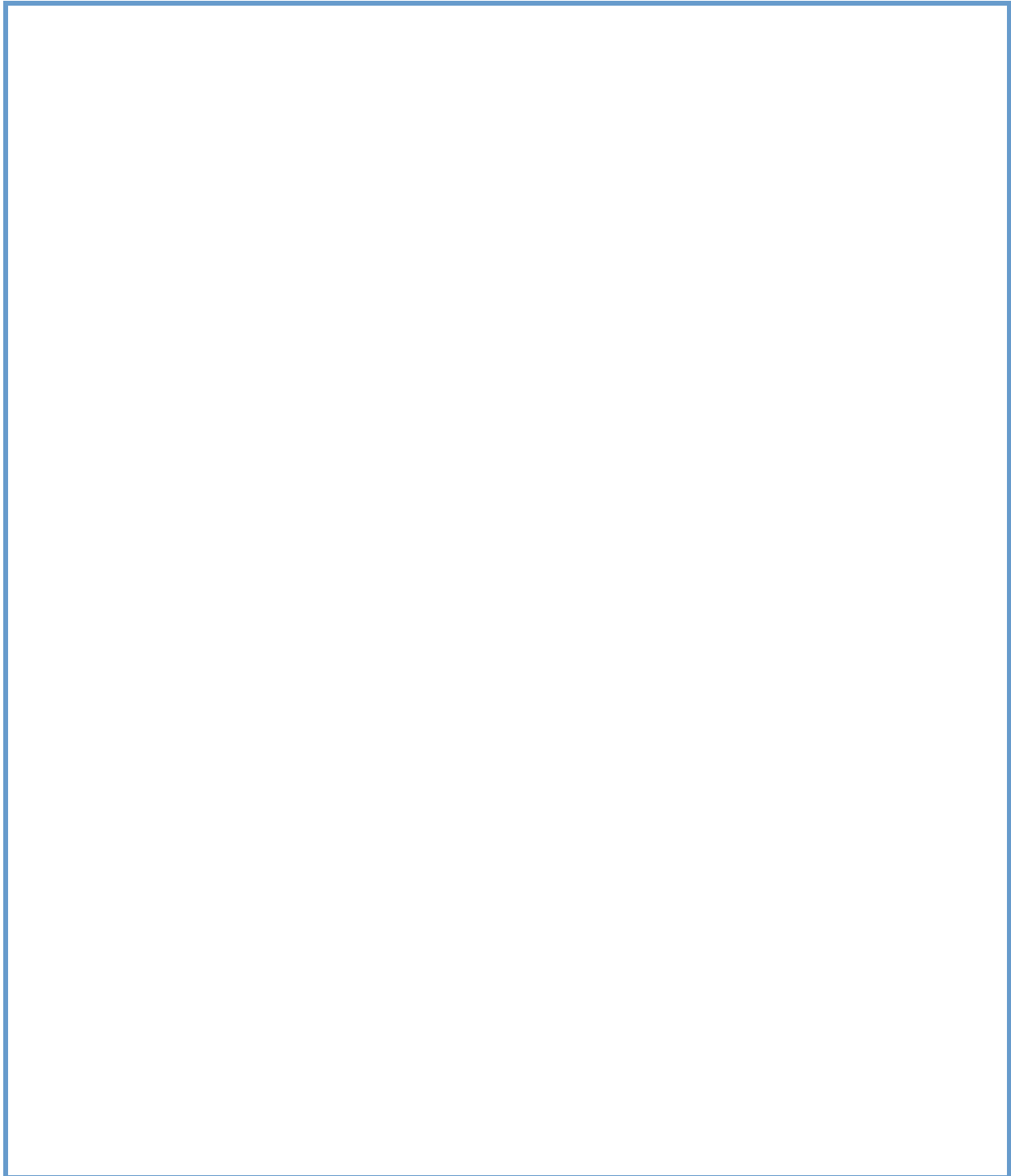


Write it out

What are your biggest takeaways from this module?

What is ONE thing you'll implement in your practice right away?

Notes



References

Module 0

- National Research Council. (2000). Learning and Transfer. In *How People Learn: Brain, Mind, Experience, and School: Expanded Edition* p. 51-78. Washington, DC: The National Academies Press. <https://doi.org/10.17226/9853>.

Module 1

- ADMIRA. (n.d.). Section 8: Management & Leadership: Feminist Leadership. https://www.zenska-mreza.hr/prirucnik/en/en_read_management_leadership_8.htm, accessed October, 2008
- Buchanan, G. & Matyszewski, L. (2023). *Feminist Management Training Series: Leading the Women's Transition Housing and Supports Program Forward*. The BC Society of Transition Houses.
- Crenshaw, K. W. (1989). Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics. *University of Chicago Legal Forum*, 139-67.
- Disabled Women's Network Ontario (DAWN Ontario), (n.d.). The Feminist Principle of Leadership. <http://dawn.thot.net/feminism11.html>, accessed October, 2008
- Elliott, D. E., Bjelajac, P., Fallot, R. D., Markoff, L. S., & Reed, B. G. (2005). Trauma-Informed or Trauma-Denied: Principles and Implementation of Trauma-Informed Services for Women. *Journal of Community Psychology*, 33(4), 461–477. <https://doi.org/10.1002/jcop.20063>
- Tutty, L. M. & Goard, C. (Eds.). (2002). *Women Abuse in Canada: An Overview. Reclaiming Self: Issues and Resources for Women Abused by Intimate Partners*. Fenwood Publishing, Halifax, NS, & Resolve.
- UN Women. (2022). *Intersectionality Resource Guide and Toolkit: An Intersectional Approach to Leave No One Behind*. United Nations Entity for Gender Equality and the Empowerment of Women.

Module 2

- Alberta College of Social Workers (2023). *Social Work Standards of Practice*. <https://acsw.in1touch.org/uploaded/web/ACSW%20Council/ACSW%20Standards%20of%20Practice%202023.pdf>

- Alberta College of Social Workers (2005). Social Work Code of Ethics. https://www.acsw.ab.ca/document/1328/casw_code_of_ethics.pdf
- Figley C. R. (Ed.). (1995). Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized. New York: Brunner-Mazel.
- GLC Protection Unit. (2022). Management of GBV Survivor Data. YouTube. <https://www.youtube.com/watch?v=ki-D-eiKdXo>
- Handon, R. (2009). Client Relationships and Ethical Boundaries for Social Workers in Child Welfare. SocialWorker.com. https://www.socialworker.com/feature-articles/ethics-articles/Client_Relationships_and_Ethical_Boundaries_for_Social_Workers_in_Child_Welfare/
- Maslach, C. (1982). Burnout: The Cost of Caring. Upper Saddle River, NJ: Prentice Hall.
- McCann, I. L. & Pearlman, L. A. (1990). Vicarious Traumatization: A Framework for Understanding the Psychological Effects of Working with Victims. Journal of Traumatic Stress, 3(1), 131-149.
- Pearlman, L. A. & Saakvitne, K. W. (1995). Treating Therapists with Vicarious Traumatization and Secondary Traumatic Stress Disorders. In C. R. Figley (Ed.). Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized, 150-177. New York: Brunner-Mazel.
- Ruebsaat, G. (2006). Records Management Guidelines. B.C. Association of Specialized Victim Assistance and Counselling Programs and B.C./Yukon Society of Transition Houses. www.endingviolence.org/files/uploads/RMGApril2006.pdf
- The Social Work Graduate. (2021). Professional Boundaries. <https://www.thesocialworkgraduate.com/post/professional-boundaries>
- The Social Work Graduate. (2022). Case Notes. <https://www.thesocialworkgraduate.com/post/case-notes>

Module 3

- James, R. (2008). Crisis Intervention Strategies, 6th edition. Belmont, CA: Thomson.
- Myer, R. A. & James, R. K. (2005). Crisis Intervention Workbook and CD-ROM. Belmont, CA: Thomson Brooks/Cole.

- Roberts, Albert & Ottens, al. (2005). The Seven-Stage Crisis Intervention Model: A Road Map to Goal Attainment, Problem Solving, and Crisis Resolution. Brief Treatment and Crisis Intervention.

Module 4

- Alberta Council of Women's Shelter. (n.d.) *Danger Assessment*. <https://acws.ca/danger-assessment/>
- American Psychological Association. (2018). Lethality. In APA Dictionary of Psychology. Retrieved from APA Dictionary of Psychology
- Campbell, J. C., Webster, D., Koziol-McLain, J., Block, C. R., Campbell, D. W., Curry, M. A., Gary, F. A. et al. (2003). Risk Factors for Femicide in Abusive Relationships: Results From a Multi-Site Case Control Study. *American Journal of Public Health*, 93(7), 1089-1097.
- Merriam Webster (n.d). Lethality. In Merriam Webster.com. Retrieved from Lethal Definition & Meaning - Merriam-Webster
- Neilson, L.C. (2013). Enhancing Safety: When Domestic Violence Cases are in Multiple Legal Systems (Criminal, family, child protection) A Family Law, Domestic Violence Perspective <https://www.justice.gc.ca/eng/rp-pr/fl-lf/famil/enhan-renfo/index.html>

Module 5

- Davies, J. (1997). Safety Planning. <http://www.vawnet.org>.(opens in a new tab)
- Davies, J., Lyon, E., and Monti-Catania, D. (1998). *Safety Planning with Battered Women: Complex Lives, Difficult Choices*. Thousand Oaks, CA: Sage Publications.
- Parkes, T. (2007). Safety Planning With Survivors of Violence. In *Freedom from Violence: Tools for Working with Trauma, Mental Health and Substance Abuse*. Resource Tool Kit, B.C. Association of Specialized Assistance and Counselling Programs, 142-152. www.endingviolence.org/node

Module 6

- Baker, L. and Cunningham, A. (2008). *Helping Abused Women in Shelters: 101 Things to Know, Say and Do*. Centre for Children & Families in the Justice System.
- Barnett, O. W. (2001). *Why Battered Women Do Not Leave, Part 2. Trauma, Violence and Abuse*, Vol. 2, No. 1, January.

- Covington, S. (2003). *Beyond Trauma: A Healing Journey for Women (Facilitator's Guide)*. Minnesota: Hazelden.
- Cunningham, A. & Baker, L. (2007). *Little Eyes, Little Ears: How Violence Against a Mother Shapes Children as They Grow*. Centre for Children & Families in the Justice System. <https://www.canada.ca/content/dam/phac-aspc/migration/phac-aspc/sfv-avf/sources/fem/fem-2007-lele-pypo/pdf/fem-2007-lele-pypo-eng.pdf>
- Dobash, R. E., Dobash, R. P., Cavanagh, K., and Lewis, R. (2000). *Changing Violent Men*. Newbury Park, CA: Sage.
- Domestic Abuse Intervention Project. www.duluth-model.org.
- Haskell, L. (2003). *First Stage Trauma Treatment: A Guide for Mental Health Professionals Working with Women*, Centre for Addiction & Mental Health.
- Jaffe, P. G. & Geffner, R. A. (1998). *Child Custody Disputes and Domestic Violence: Critical Issues for Mental Health, Social Service, and Legal Professionals*. In G. W. Holden, R. Geffner, and E. N. Jouriles (Eds.). *Children Exposed to Marital Violence: Theory, Research and Applied Issues*, 371-408. Washington, D.C.: American Psychological Association.
- Jaffe, P. G., Wolfe, D. A. & Wilson, S. K. (1990). *Children of Battered Women*. Newbury Park, CA: Sage Publications.
- Jaffe, P. & Loosley, S. *Children Exposed to Family Violence: A Handbook for Alberta Shelter Workers*. Sponsored by the Alberta Council of Women's Shelters and the Centre for Children and Families in the Justice System.
- McGoldrick, M. (2003) *Culture: A Challenge to concepts of normality*. In F. Walsh (Ed.), *Normal family processes*, 3rd Ed. (p.p. 61-95. New York: Guilford.
- *Paths of Change – Child Support Handbook: A Program for Children in Shelter Who Have Been Exposed to Family Violence*. YWCA of Calgary.
- Pence, E. (1987). *In Our Best Interests*. Duluth, Minnesota: Minnesota Program Development, Inc.
- Perry, B. D. (1999). *Helping Traumatized Children*. *Child Trauma Academy: Parent and Caregiver Education Series, 1, 3, 1-14*. <https://cachouston.org/wp-content/uploads/2018/12/Helping-Traumatized-Children.pdf>
- Racine, N., Eirich, R., Dimitropoulos, G., Hartwick, C., & Madigan, S. (2020). *Development of trauma symptoms following adversity in childhood: The moderating role of protective factors*. *Child Abuse & Neglect*, 101, 104375.

- Seeley, J. & Plunkett, C. (2002). Women and Domestic Violence: Standards for Counselling Practice. The Salvation Army Crisis Service. Victoria, Australia. https://wesnet.org.au/wp-content/uploads/2011/11/womendomestic_violence_counselling_standards.pdf
- Stephens, N., McDonald, R. & Jouriles, E. N. (2000). Helping Children who Reside at Shelters for Battered Women: Lessons Learned. www.informaworld.com/index/904419645.pdf
- Tutty L. & Rothery, M. (1999). What Went Right: Working Relationships in Alberta Shelters for Abused Women. Violence Against Women, Vol. 5, No. 8, 898-925.
- Ungar, M. (2008). Resilience across cultures. British journal of social work, 38(2), 218-235.
- Women's Aid. (n.d.). Myths about domestic abuse. <https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/myths/>
- Women's Aid (2018). Coercive control. <https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/coercive-control/>

Module 7

- Covington, S. (2003). Beyond Trauma: A Healing Journey for Women (Facilitator's Guide). Minnesota: Hazelden.
- Godard, L., Cory, J. & Abi-Jaoude, A. (2008). Building Bridges: Linking Women Abuse, Substance Abuse and Mental Health. Summary Report. B.C. Women's Hospital and Health Centre. www.bcwomens.ca/Services/HealthServices/WomanAbuseResponse/Building+Bridges.htm.
- Hawk, M. Coulter, R.W.S., Egan, J.E., Fisk, S., Friedman, M.R., Tula, M. & Kinsky, S. (2017). Harm reduction principles for healthcare settings. Harm Reduction Journal 4(70), 1-9. doi:10.1186/s1954-017-0196-4
- McEvoy, M. & Ziegler, M. (2006). Best Practices Manual for Stopping the Violence Counselling
- Programs in British Columbia. BC Association of Specialized Victim Assistance and Counselling Programs. www.endingviolence.org

- National Harm Reduction Coalition. (2019). Principles of Harm Reduction. National Harm Reduction Coalition. <https://harmreduction.org/about-us/principles-of-harm-reduction/>
- Parkes, T. (2007a). Safety Planning With Survivors of Violence. In Freedom from Violence: Tools for Working with Trauma, Mental Health and Substance Abuse. Resource Tool Kit, B.C. Association of Specialized Assistance and Counselling Programs, 142-152. www.endingviolence.org/node
- Parkes, T. (2007b). Safety Planning With Women Using Substances. In Freedom from Violence: Tools for Working with Trauma, Mental Health and Substance Abuse. Resource Tool Kit; B.C. Association of Specialized Assistance and Counselling Programs, 168-179. www.endingviolence.org/node
- Parkes, T. (2007c). Safety Planning When Mental Health Issues are Present. In Freedom from Violence: Tools for Working with Trauma, Mental Health and Substance Abuse. Resource Tool Kit, B.C. Association of Specialized Assistance and Counselling Programs, 151-167. www.endingviolence.org/node
- Poole, N., and Coalescing on Women and Substance Use: Linking Research Practice and Policy Virtual Community. (2007). Discussing Substance Use with Women and Offering Programming that Addresses Violence, Substance Use and Related Health and Social Issues. Sheet 3. Vancouver, BC: British Columbia Centre of Excellence for Women's Health, Canadian Women's Health Network, Canadian Centre on Substance Abuse. These information sheets can be accessed at the Act Now - Healthy Choices in Pregnancy website at www.hcip-bc.org/

Appendix A: Strategies to Manage Trauma Reactions

Grounding activities

Grounding activities help survivors connect to the present and detach from emotional pain (Najavits, 2002) . By focusing outwardly on the external world, rather than inwardly, individuals can regain control over their emotions and stay safe

Guidelines for leading survivors through grounding exercises

- Survivor can learn to practice grounding on their own. Grounding can be done anytime, anyplace, anywhere.
- Use grounding when faced with a trauma reminder, having a flashback, dissociating, experiencing a substance craving, or when emotional pain becomes distressing.
- Keep eyes open and scan the room; lights should remain on.
- Rate mood before and after grounding exercises to monitor effectiveness (e.g., use a 10-point scale, where 10 means extreme pain).
- Avoid discussing negative feelings or writing in a journal during grounding.
- Use no judgments—only descriptions.
- Focus on the present.

Examples of grounding activities

Mental grounding, focusing one's mind

- Ask the survivor to describe the physical environment that they are in, using all senses. You can use this strategy when you are working with a survivor in person or with someone on the telephone.
- Ask the survivor to count backwards from 10.
- Invite a survivor to recite a safety statement – My name is _____, I am safe right now. I am in the present, not the past. I am present here _____.
- Ask the survivor to read something. For example, have affirmation cards or books.

Physical grounding, focusing on one's senses - touch, sound, and smell

- Give the survivor a glass of water to drink.
- Invite the survivor to take off their shoes and tap their feet or dig their heels into the ground; have them focus on the feeling of becoming grounded.

- Have grounding objects in the office space for survivors to hold; for example, rocks, soft stress balls, beads, pieces of cloth and so on.
- Focus on breathing. Have survivors breathe with you; count with them while encouraging them to breathe deeply.

Soothing, talking to oneself in a kind, gentle manner

- Ask the survivor to repeat positive statements.
- Ask the survivor to think of their favourite color, animal, food, TV show, etc.
- Ask the survivor to repeat a coping statement “I can deal with this;” “I know that this feeling will pass.”

Additional resources

- [Guided breathing exercise during a panic attack](#)

Containment

Containment is an act of containing painful emotions in order for survivors to manage overwhelming feelings. It encourages survivors to have control over their own healing process. It is different than stuffing or denial, as it is a conscious act, and it is temporary.

1. Invite a survivor to imagine a container.
2. Ask them to visualize putting into the container painful thoughts and/or emotions that they have chosen to deal with at a later time.
3. Let them know they are in control of these emotions or thoughts and can choose when to take them out of the container and have a look at them.

You could also have a container in the office and have survivors write down thoughts and emotions that they choose to deal with at a later time and place them in the container.

Self-soothing

Some survivors may have engaged in unhealthy self-soothing activities, such as the use of alcohol or substances. You can explore other ways of comforting themselves.

It can be beneficial to have your office space exhibit some self-soothing activities:

- Play relaxation music prior to a meeting
- Have drawing materials available
- Have a basket of affirmation cards in the room
- Be conscious of the pictures or posters that are on the walls

- Have a variety of stuffed animals in the room
- Have a self-care basket and invite survivors to choose an item at the end of a meeting.

A cozy blanket or shawl can be very soothing to offer a survivor who is distressed. Always have a pitcher of fresh water in the room.

Invite survivors to create a **Comfort Box** (Dolan, 2000) so that they can access comfort items when they're distressed. Some ideas for what to include in the comfort box include:

- Their favourite tea
- Bubble bath or bath oil
- Candles
- A favourite picture, card or photograph
- A special book
- A stuffed animal
- An affirmation book; for example, *The Woman's Book of Courage*
- A special rock or sea shell

Encourage survivors to add their own ideas for soothing themselves when feeling overwhelmed and distressed.

Journaling

If possible, have a journal for every survivor that comes into your shelter. Explain that a journal is a safe place for drawing, doodling, jotting down things and sorting out their thoughts and emotions.

"A journal is an ongoing gift that you give yourself." (Dolan, 2000, p. 17).

Idea prompts

- Just write words – just write whatever comes to your mind.
- Focus on feelings. What do you feel in this moment? Where do you feel it in your body?
- Draw pictures. Draw a picture of your feelings.
- Write a letter to someone that has been a support to you.
- Write about a dream vacation.
- Write about accomplishments that you are proud of.
- Draw/write about what a safe place is. Write or draw about your safe place.
- Write a letter to yourself affirming who you are.
- Write to a higher power or ancestor.

- Write about your strengths.
- Write about what being good to yourself means.
- Make a list of things that bring you joy.
- At the end of the day make a list of everything that you have accomplished that day.
- When you need to be comforted and don't know what to do, close your eyes and doodle. Let your emotions flow out through your pen or pencil.
- Draw a comforting scene.

References

Dolan, Y. (2000). *One Small Step: Moving Beyond Trauma and Therapy to a Life of Joy*. NE: Authors Choice Press, iUniverse.

Najavits, L. M. (2002). *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse*. New York: Guilford Press.