

Protocol for Supporting Survivors of Intimate Partner Violence in Ontario Resettlement Assistance Program Centres



Advancing Recognition and Response
Violence Against Women & Resettlement Services in Ontario



Immigration, Refugees
and Citizenship Canada

Immigration, Réfugiés
et Citoyenneté Canada

Western



Centre for Research & Education on
Violence Against Women & Children

OCASI
Ontario Council of Agencies Serving Immigrants



Dedication

For those who have committed to end the occurrences of intimate partner violence and remain united in advocacy and action that promotes change.

March, 2017

The project acknowledges with appreciation the work of the participants of the advisory committee, including:

Rexdale Women's Centre

The Centre for Research & Education on Violence Against Women & Children (CREVAWC)

The Ontario Council of Agencies Serving Immigrants (OCASI)

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Project Background

This protocol is an important part of the *Recognizing and Responding to Intimate Partner Violence for Refugee Resettlement Assistance Programs in Ontario* project which officially began its work in August, 2016. While the decision to embark on this initiative came from the occurrence of one incident, this document will outline that this one incident simply created awareness to an existing, prevalent issue.

Rexdale Women's Centre has been the lead project manager with important contributions from partner agencies, The Centre for Research & Education on Violence Against Women & Children (CREVAWC) and The Ontario Council of Agencies Serving Immigrants (OCASI). The project also values the essential contributions of an advisory committee.

Mission

The mission of the project has been to advance the current capacity of Resettlement Assistance Programs (RAP) in Ontario as they identify and respond to incidents of abuse within the context of their service delivery. Through the project activities the primary objective is to expand the sector's existing knowledge base and to strengthen its standards of practice on an individual service provider, agency, and sector-wide basis. The hope is that the lens from which RAP centres see and serve these families is broadened to include identification and intervention associated with violence experienced by refugee women.

The project contributors understand that RAP centres are offering an important level of support at a critical and somewhat vulnerable time for refugee families. This is also a key contact stage for identifying crucial (potentially life-threatening) coexisting issues. Strategies and tools that will expand the perspective from which resettlement agencies see and serve these families has driven all collaborative project activities.

Sector Needs

In the initial phase of the project, frontline service providers and supervisors from eleven RAP centres were asked to describe what they believed to be their current strengths, needs and gaps. We learned that nearly half of the respondents indicated that violence against women was identified or reported in the course of their work at least once per month. We also know that the nature of this issue results in many cases which are not identified or addressed.

The majority of respondents also reported that they do not have a specific process in place for responding to intimate partner violence (IPV). Perhaps not surprisingly, most of the respondents who did not feel adequately equipped to deal with witnessed or disclosed IPV also did not have a specific process in place.

The respondents stated, “[We need] more material around cultural differences and how to approach situations with a cultural lens” and “Resources” and “Responding to men who have used abuse in their partner relationships”. Among other things, they also reported that “Vulnerabilities and special considerations of refugee women who have experienced woman abuse” and “What are the warning signs?” in their top areas of training and support needs/interest.

Integrating this vital information, the project committed to create three primary deliverables:

1. Resource Guide (www.rapworkers.com/resource-guide)
2. Protocol (www.rapworkers.com/supporting-survivors)
3. Training (www.rapworkers.com/online-training)

The structure for the work of the project encompasses a framework for enhancing the capacity of RAP centres to **recognize, respond, and refer** when intimate partner violence is suspected or disclosed.

1. Introduction and Framing

The government of Canada has resettled over 30,000 refugees since November 2015, with over 25,000 of them welcomed to Canada before February 2016. This represents a sharp increase from the 12,310 refugees resettled in 2014. Resettlement Assistance Program (RAP) Centres across the country, including 11 in Ontario, have worked tirelessly to provide these new refugees with the comprehensive support and services necessary to their successful resettlement.

Service providers have, as part of this process, learned a number of valuable critical lessons as well as identified key challenges, including how best to respond to incidents of violence refugee women have experienced or are experiencing. Such violence can encompass intimate partner violence experienced before or after resettlement.

Gender-based violence is by no means unique to refugee communities. But though refugee women may experience the same forms of violence in their intimate relationships as those experienced by other women, they can also face particular barriers to seeking and obtaining help related to their status as refugees, including lack of access to information on their legal rights as a result of isolation, language barriers, lack of accessible information for refugees with disabilities, lack of supports for women with intersectional identities including Trans and Queer refugees.

Refugee women without permanent status may also suffer unique forms of abuse, such as the threat of reporting them to the immigration authorities and having them deported. Many women fear deportation even if they have the right to remain in Canada, because their partner's use of threats of deportation as a tactic of abuse and control. Refugee women may also risk falling through the cracks between some women's organisations and resettlement organisations due to a lack of awareness and training of front-line workers regarding the particular vulnerabilities and problems they face.

Many refugees have had to endure tragic and brutal violence of armed conflict, as well as traumatic conditions during their flight from their home country. Some refugee women will have experienced sexual violence in their home countries as a result of geo-political conflict, or further experience sexual violence as they make their resettlement journey. Refugee women face particular vulnerability in refugee camps as many may be travelling alone or with children and therefore tend to lack support. They may be passing through military lines and can be subjected to sexual violence in return for their passage to safety, legal documentation or refugee status (The Advocates for Human Rights, 2010).

As in most communities, among refugees, violence is often seen as a private or family matter and women commonly hide the experience. But when such violence occurs in refugee communities, additional complexities create profound and intersecting barriers for women attempting to flee violence, and make the abuse especially challenging for service providers to address.

For refugee women who have experienced intimate partner violence in Canada to now exercise their rights, it is necessary to establish a system that will enable a prompt, efficient and coordinated procedure that would end the violence immediately, protect the woman from further violence, and ensure adequate legal and community or social service intervention that would provide for her healing and successful integration.

a. Purpose of the Protocol

Of critical importance for Ontario is to ensure that all RAP centres that are providing services to the refugee community have a shared, standardised protocol in place when violence against women is suspected, witnessed and/or disclosed. This will have an important impact on the resettlement experience of that individual woman, any children she may have, and ultimately the community that she settles in.

The aim of this Protocol, therefore, is to improve and standardise the organizational response to intimate partner violence by RAP centres, and to strengthen the capacities of RAP centres in aiding

female refugee survivors of violence. The response should be uniform across RAP centres, coordinated with other institutions and service providers, and decisive. Duties and responsibilities should be clearly defined between service providers.

It is important to note that RAP centre service providers are not required to conduct a comprehensive intimate partner violence risk assessment and should not do so without the appropriate training and experience. However, under statutory law, common law and professional code of ethics, many service providers are responsible for screening and responding to obvious signs of and disclosures related to intimate partner violence. Collaborating with community experts is appropriate in many of these cases. Each organization is encouraged to have a clear safety policy in place which also reinforces worker safety at all times. This includes procedures for managing safety risks and critical incidents.

The Protocol is intended to be used by the staff of RAP centres who provide assistance to refugee communities in Ontario. It describes gender-based violence in refugee communities, including the additional complexities and challenges that make it especially difficult to address. It also sets out the general principles of protection of refugee survivors of gender-based violence. This protocol does not offer an exhaustive set of responses for every possible situation RAP centre employees may face; rather it aims to provide a framework for developing effective response strategies, as well as practical tools to help.

This Protocol should equip RAP centre service providers with:

- a clear idea of the common goal in the process of victim protection
- an understanding of their roles and the roles of other sectors, as well as of their professional duties in relation to these roles
- the knowledge and confidence to act in accordance within their legal competencies and duties, in order to promote victim safety and perpetrator accountability.

b. Definitions

The 1993 UN Declaration on the Elimination of Violence against Women defines key forms of violence against women, stipulating that such violence may be physical, sexual or psychological, and when it occurs within the family it can manifest as battering, sexual abuse of female children, and marital rape, as well as other forms of physical and non-physical aggression.

Gender based violence is violence directed against a woman only because she is a woman, or that which disproportionately affects women. It includes all actions leading to the infliction of harm or suffering of physical, verbal, economic, spiritual, mental or sexual nature, including threats with such actions, as well as coercion and other forms of the restriction of freedom.

Although most are used to identifying people as male or female, increasingly we are recognizing that gender is much more fluid than that (Barrett & Sheridan, 2016). Gender identity and expression, sexual orientation, heterosexism, homophobia and transphobia can be used as weapons of control. Following the example of the Migrant Mothers Project, this protocol focuses on people who self-identify as women or who are identified by the state as women or female, including transgendered women.

Gender-based violence can include “family violence”, defined by the Canadian Department of Justice as “any form of abuse, mistreatment or neglect that a child or adult experiences from a family member, or from someone with whom they have an intimate relationship” [full definitions can be found here: <http://www.justice.gc.ca/eng/cj-jp/fv-vf/about-apos.html>]. It occurs in all socio-economic groups and all cultures. It is a specific form of violence perpetrated through abuse of power, which significantly disables women in exercising their human rights, especially the fundamental rights to life, security, freedom, dignity and physical and psychological integrity. Family violence includes many different forms of physical and emotional abuse carried out by family members or intimate partners, and may involve a single act of violence, or a number of acts that form a pattern of abuse. Family violence can have serious-and sometimes fatal-consequences for victims and for those who see or hear the violence.

Violence against women, including refugee women, can take several forms including:

- i.* Physical violence: The deliberate use of physical force that can cause pain, injury, disability or death. For example, hitting, kicking, slapping, hair-pulling, burning, pushing, beating.
- ii.* Sexual violence: A sexual act that is committed or attempted by another person without freely given consent or the ability of the victim to choose to give consent (due to illness, disability, intimidation etc.) For example, forced sexual intercourse, demeaning one's sexuality or sexual performance, pressure to engage in sexual acts, threats if one doesn't engage in sexual acts, attacking sexual areas of the body.
- iii.* Psychological, emotional, and verbal violence: The violation of person's serenity through behaviour, threats, and intimidation, with or without using tools and weapons that can inflict physical injuries. For example, insults, yelling, humiliation, intimidation, threats, isolation from friends and family, monitoring movements, restricting access to education, medical care, employment. Psychologically aggressive acts are not physical acts of violence, and in some cases may not be perceived as aggression because they are covert and manipulative in nature. According to the Neighbours, Families, and Friends campaign, abusive partners may use the immigration and refugee process itself as a way to exert power and control. Abusive partners or families may withhold immigration documents and threaten to separate the woman from any children they have in common. Source: immigrantandrefugeenff.ca
- iv.* Spiritual (religious) violence: When someone uses an individual's spiritual beliefs to manipulate, dominate or control another person. This might also include forbidding the practice of or insulting a person for their religion.
- v.* Economic violence: A form of violence which includes unequal access to joint resources, denying or controlling access to money, prevention of employment or education and professional advancement, and denying rights to property. If services to refugees are provided to the family unit, for instance, perpetrators may threaten that resources will be cut off or the family deported if authorities learn about the violence.

c. Normative Framework

Canadian laws against assault, threats, and harassment apply to all people living in Canada, whether they are Canadian citizens, permanent residents, migrant workers or people without status such as certain refugee claimants.

Canadian and international legal standards on the obligation to prevent violence against women and to effectively protect them have evolved over recent decades, and continue to do so. State authorities are increasingly obliged to take positive measures to protect women, and to provide equal access to remedies. Developments in due diligence standards, particularly in international law, are also fleshing-out the duties owed by state authorities where there is a known risk of violence.

Under the Canadian Constitution and as a general principle of international law, the Canadian state has a duty to protect women and children from gender based violence. This duty requires the Canadian government to show "due diligence" in taking sufficient measures to respond to violence against women and girls.

International Standards

In the context of women's rights and protection from intimate partner violence, a primary function of international law is as a tool to ensure that the Canadian government lives up to its legal obligations to respect, protect, and fulfil the rights of women in Canada. A number of international standards together create a broad normative framework for the protection and fulfilment of women's rights, including freedom from sexual or domestic violence. Five particularly pertinent and important standards, declarations or recommendations are:

- i. The United Nations Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)**, which represents the most important international treaty on women's rights. It describes women's rights in the public and political sphere, as well as their social and economic rights including education, employment and health. It also contains strong non-discrimination clauses. Though it has non concrete provision on domestic violence, gender-based violence is included in discrimination against women – this was expanded upon in its General Recommendation No. 19.
- ii. The 1992 General Recommendation No. 19 of the Committee on the Elimination of Discrimination against Women (CEDAW Committee)** requires undertaking all necessary measures to eliminate discrimination against women and eliminate violence against women, including the adoption of specific legislation on all forms of violence against women, criminal penalties for perpetrators of violence, civil remedies, and preventive and protective measures. The General Recommendation outlined that protective measures include the provision of refuges, counselling, rehabilitation and support for women who are at risk or have experienced violence. It also calls on States to “address the disadvantage and discrimination faced by women in all areas of life, including in education, health, employment and access to goods and services, in addition to addressing the needs of individual women to ensure that they obtain an appropriate remedy and support for the violence that they experience”.
- iii. A later United Nations Declaration on the Elimination of Violence against Women (1993)** defined violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.” The Declaration specifies actions to be undertaken by countries in order to eliminate domestic violence, including: appropriate criminal legislation; development of a national action plans; provision of services and resources for women victims of violence; training and gender sensitisation of public servants; and allocation of resources in the government budgets to combat violence against women.
- iv. Resolution 2003/45 of the United Nations Commission on Human Rights** on the elimination of violence against women stressed that States have an “affirmative duty to promote and protect the human rights of women and girls and must exercise due diligence to prevent, investigate and punish acts of all forms of violence against women and girls”.
- v. The Beijing Declaration and Platform for Action (1995)** is a fairly progressive blueprint for advancing women's rights. In the area of intimate partner violence, it recommends as priority issue the review and revision of legislation and calls on States to take other necessary measures to protect and promote women's rights, including the establishment of appropriate mechanisms in order to ensure that all women enjoy protection from domestic violence which should be treated as criminal offence sanctioned by the law (P. 124-126).

National Laws

The legal framework in Canada consists of legal obligations under a variety of international human rights conventions (detailed above where relevant), and written and unwritten constitutional national principles, including federalism, the rule of law, and the Charter of Rights and Freedom, supplemented by statutory standards, administrative and private law duties, internal codes and guidelines, and aboriginal rights.

Thus domestically, Canada's national legal framework – notably the Charter of Rights and Freedom that forms part of its Constitution, and its Criminal Code – also offers a number of protections.

Women's equality rights are enshrined in ss.15 and 28 of the **Canadian Charter of Rights and Freedoms**, which forms the first part of Canada's 1982 Constitution.

- Section 15 guarantees *that every individual is equal before the law, and has the right to the equal protection and equal benefits of the law without discrimination based on race, national or ethnic origin, colour, religion, sex, age, sexual orientation or mental or physical disability.*
- Section 28 was negotiated as a separate “equal rights amendment” (ERA) to reinforce women’s equality, stating that: “Notwithstanding anything in this Charter, the rights and freedoms referred to in it are guaranteed equally to male and female persons.”

The Charter also sets out a number of rights that are important when addressing violence against women, including the right to life, liberty, and security (s. 7), and the right not to be subjected to any cruel or unusual treatment or punishment (s. 12).

Though there is no specific offence of family violence in **Canada’s Criminal Code**, most acts of domestic violence are crimes in Canada, for example:

- assault (causing bodily harm, with a weapon and aggravated assault)
- attempted murder
- kidnapping and forcible confinement
- sexual assault - note, this is a broader category than rape and includes a range of unwanted coercive behaviours (divided into three escalating levels of seriousness). Sexual assault in marriage is also recognised.
- criminal harassment (sometimes called “stalking”)
- uttering threats
- theft
- property damage (sometimes called “mischief”)
- misappropriation of money held under direction

The *Criminal Code* also contains a number of special provisions that serve to protect victims.

- When charges relating to family violence have been laid, criminal courts have a wide range of powers to release or detain an accused person. They can provide for release conditions such as “no contact” until the trial or appeal ([Section 515](#)).
- Even where no offence has been committed yet, where personal injury or damage is feared, courts can also order peace bonds or recognizances, which require an individual to agree to specific conditions to keep the peace ([Section 810](#)).

Several provincial and territorial governments have also proclaimed specific legislation on family violence. These civil statutes are designed to complement the provisions in the Criminal Code by offering further protection to victims.

In all provinces and territories, women can also sue their assailants in civil law for assault and battery; sue police in negligence for failing to enforce the law in violation of women’s equality rights under the Charter; and sue institutions that failed to protect them.

d. Key challenges and barriers for women refugee victims

Refugee women face complex and intersecting barriers to leaving situations of violence as well as to accessing the full range of support and services they need. These women are often wary of talking about personal, painful and perhaps shameful experiences, they may lack trust in the service providers or broader Canadian legal and support system, and they may struggle to understand or express themselves in a foreign language.

For RAP centres, key challenges when seeking to support refugee women who have experienced violence include:

- Recognizing the service provider's own biases or related experiences which could impact the service delivery process
- Maintaining a position of self-determination to ensure that the woman's decisions are respected
- Addressing safety needs while remaining in the relationship or should they leave the perpetrator
- Supporting a belief that their basic needs (herself and children) can be met. Helping them understand that the police and courts normally have their safety interests in mind
- Knowledge of existing resources and developing key community support networks
- Questioning and challenging cultural norms which might perpetuate a tolerance for abuse
- Facilitating the basic communication necessary to understand the refugee woman's current situation, what violence she may have experienced and her safety needs, what plans she may have to leave, and how best to offer support based on her unique desires and circumstances.

When working with refugee populations, language capacity is a critical and overriding issue, adding a layer of complexity to an already extremely difficult and in some instances dangerous situation. In this context, perpetrators frequently rely on refugee woman's limited English proficiency skills to control their behaviour. For example, perpetrators who possess greater English language skills might silence their victims by serving as the family's sole communicator in English.

Once again, it is important to note that direct service staff will not necessarily develop expertise in the area of intimate partner violence, however within the scope of their service capacity, these challenges are important for consideration.

Where language barriers are concerned, RAP centres should be commended for attempts to recruit staff who are reflective of, and speak the language of, the populations they serve. The recruitment of such qualified staff is not, however, always possible. Where staff members with the necessary language skills are not available, it is important to have a plan in place for addressing this gap:

- i.* At initial contact, determine the person's native language and determine what resources will be needed for effective communication
 - ii.* Construct a plan for communication between various service/providers (e.g. in a shelter) and the client in the future. Certain interpreter services have a mandate to offer their services to women who have experienced abuse (for example, [MCIS Languages](#) and the [Barbra Schlifer Clinic](#)). It is important for centres to identify comparable providers within your region.
 - iii.* Provide written materials in the client's own language and where possible explain them with the help of an interpreter. The Neighbours, Friends, and Families project provides documents in various languages. These can be accessed at: <http://www.neighboursfriendsandfamilies.ca/organizers/download-materials-in-other-languages>
 - iv.* Similarly, where possible, use the help of an interpreter to go through the standardised safety assessment tool (Annex 1) and the safe exit planning tool (Annex 2) plan, and to tell the client about all resources available and how to access those services.
 - v.* In all communications, actively and constantly remember it can be a difficult process, even more so for someone who does not speak English fluently. Service providers should strive to use simple, easy-to-understand, language and avoid wherever possible the use of jargon.
- e.** General Principles in the Protection of Refugee Survivors of Gender-Based Violence

Though the individual circumstances, experiences and needs of the affected women will differ, there are some broad concepts that underpin successful protection efforts. All service providers involved in organising the protection and support of women refugee survivors of intimate partner violence should uphold these eight general principles:

- **SAFETY:** The safety of the woman and family (e.g. children) should be ensured at all times – this is the priority. The vulnerability of the woman and the assessed danger of the situation will dictate the emergency of procedure.
- **RESPECT:** The survivor needs, rights, confidentiality and dignity are paramount and must be fully respected.
- **EMPOWERMENT:** A supportive and non-judgmental environment should be created in order to allow survivors to identify and fully express their needs, and to make their own decisions about next steps and future action. All interventions should take into account the inequality of power between the victim and the perpetrator. Service providers should emphasise that the perpetrator bears sole responsibility for the violent behaviour.
- **ACCESS AND EQUALITY:** There should be no discrimination in service provision, support, and access. Every individual should be accorded equal care and support regardless of their race, religion, nationality, gender identity, disability, or sexual orientation.
- **PREVENTION:** Agencies bear a responsibility for stopping violence and taking protection measures. In terms of community and outreach, service providers should work to develop a culture of intolerance in individuals and in their wider communities.
- **COORDINATION:** Services should operate within a context of interagency cooperation, collaboration and coordinated service delivery. Institutional and civil society responses to violence must not operate in silos.
- **ADVOCACY:** Women who have experienced violence should be provided with appropriate legal and non-legal advocacy. Advocacy for an individual includes the support for change, access to information and resources, and protecting her rights
- **ACCOUNTABILITY:** Survivors should receive quality service from appropriately skilled workers. Professional competencies among service providers and institutions should be raised through planned education, sharing of experiences, and affirmation of best practice.

f. Cultural Context:

Culture is a lens through which life is perceived including demographic variables such as age, ethnicity, religion, citizenship status and social class. This broad perspective of culture provides a context for understanding that each of us is simultaneously a member of different cultures that make us similar and different.

Cultural competency in service delivery with refugee women includes an understanding of the way in which that woman's specific culture may require different approaches to service facilitation, whether that be speaking their language, adapting to religious or cultural customs and preferences, or generally focusing on their individual needs and concerns (Betancourt et al., 2002; Betancourt et al., 2003; Brach and Fraser, 2000).

When services are provided within this framework, it will take into account a refugee woman's cultural context and how she views herself within that reality. Frontline workers will often unknowingly bring their own unique cultural values and beliefs to dialogues with refugee women. For example, there might be a belief that she should leave her partner, while others do not address the concerns and offer a response based on a belief that she should remain. As a sector working with vulnerable communities from a variety of cultures, it is critical that the approach taken reflects an individualized service plan, while adhering to principles of safety.

The Impact of Culture on Women's Experience of Intimate Partner Violence

Family structure, acculturation, immigrant status, community response, and histories of oppression affect the experiences of women from minority communities. (Kasturirangan et al, 2004)

As a result of resettlement, many refugee women leave behind the social support previously provided by their extended families and communities (Ho, 1990; Mehrotra, 1999; Sharma, 2001; Sorenson, 1996). The option of leaving her abusive spouse, often viewed as the most desirable decision by those who work in the gender-based violence field, may seem irrational to a woman who depends on her spouse to provide companionship and a connection to her country of origin (Mehrotra, 1999). She may also feel isolated from the mainstream culture, increasing her reliance on her spouse to navigate everyday situations in a new country. Furthermore, the history of systematic experiences can often foster a deep-rooted sense of mistrust of the criminal justice system for many refugee families.

Sexism and racism are not mutually exclusive; rather, the intersectionality of their multiple identities complicates minority women's experiences of violence. (Kasturirangan et al, 2004)

Culturally congruent approaches for dealing with abuse will be most effective in response to incidents of intimate partner violence. RAP centres will need to acknowledge that refugee women have multiple concerns that affect the decisions that they will make. A woman should not be forced to choose one issue over the other—for instance, fear of isolation from her community versus fear of her abuser (Campbell et al., 1997). Resettlement service providers should be aware of the history and cultural practices and values of the refugee woman's community and use this information to engage the client more effectively as well as to better understand her perspective. Wherever possible RAP centres should also consult with women-specific and cultural organizations to consider the development of nontraditional methods for service delivery methods that respect community values and practices.

2. Detecting and Documenting Domestic Violence

Detecting and documenting intimate partner violence can present a myriad of problems for RAP centre staff and other service providers. Often, acts of violence remain hidden and are viewed as a private matter within families. Therefore, service providers are required not only to respond to reports of violence from survivors or witnesses, but also to develop a broader awareness of risk factors among refugee women, recognise physical, emotional, and social clues, and understand cycles of abuse and what violence in this context looks like. Upon suspicion or confirmation of abuse, service providers will also need to properly document instances of violence and non-physical aggression or control, and provide culturally competent responses and support for affected women, including referrals and further action.

As with all intimate partner abuse, such violence occurs in large part behind closed doors. Detecting and documenting such abuse will always be challenging, but there are some strategies service providers can employ.

a. Detection {Recognize}

Gender-based violence is often difficult to detect, particularly when that violence occurs in the home. Communities can turn a blind eye if the violence is largely believed to be a private or family matter. These individuals might themselves go to significant lengths to hide instances of violence for a variety of reasons (See the Recognizing and Responding to Intimate Partner Violence Resource Guide: pp. 14 -15 - www.rapworkers.com/resource-guide). Sexual, psychological and economic violence are often, by their nature hidden, and though physical signs of violence are generally more visible, they can be hidden by clothing or by the woman further isolating herself. Where violence is detected, it is usually a result of:

- A report by the victim to a range of institutions/service providers;
- or
- Notice of physical, psychological or other traces and manifestations of violence by any such institution, service provider, or a third party.

Often, the signs of violence are not visible or overt. Unusual or changed behavior, poor physical health, or substance abuse can all, in particular contexts, be indications that a woman is experiencing abuse. Thus, in the absence of a report of violence by the individual, RAP centre staff should consider other possible signs in the behaviour of the woman that may suggest abuse. These include, but are not limited to:

- Anxiety
- Expressing fear
- Demonstrating shame and guilt
- Indicating economic dependence and/or isolation
- Chronic complaints of poor health and/or visits to the Doctor
- Sleeping difficulties
- Use of tranquilisers and/or abuse of alcohol
- Anger and negativity
- Confused thinking/inability to make decisions

(See [resource guide](#): pp 10 and 26 for more information about possible warning signs)

Often, survivors will be reticent to speak of the violence they have endured. Service providers can encourage women to open up by striving to create an atmosphere of trust. There is no one-size-fits-all formula for both meeting her needs and gaining trust, but there are a number of strategies that

can help. At the most fundamental level, the provision of responsive and respectful services can, over time, build trust.

Where violence is suspected and a service provider is seeking greater understanding, conducting interviews without the presence of the perpetrator, or indeed other family members in some cases, can encourage more open discussion. Annex 1 provides a Standardised Threat Assessment Tool that can serve as a guide to questioning a potential survivor, and to assessing the degree of danger they may be in, immediate or longer term. It should serve as a guide for service providers seeking to understand the nature and level of violence potentially faced by a refugee woman, as well as help them to make an appropriate referral when they encounter a woman who is dealing with violence in the context of her relationship.

In their discussions with affected refugee women, service providers should also seek to avoid inadvertently using language that could compound feelings of shame and guilt, for example asking “why” the violence occurred. By unambiguously indicating that violence is unacceptable behaviour and that the responsibility for it lies always with the perpetrator, service providers can again work to build trust with the refugee women they seek to help.

Though there are strategies to encourage women to speak up and to report violence to RAP centre staff, as well as behavioural indicators that RAP centre staff should be aware of, if the individual chooses to not speak of the violence they have experienced or are experiencing, this should be respected. Refugee women should be encouraged but not pressured into confiding; instead, she can be given information on potential risks and where she can find assistance.

b. Documentation

RAP centre staff can document physical and other signs of violence appropriately by asking precise, detailed and clear questions. Documentation should be done with the aim of compiling a report containing quality, accurate, reliable and precise information, such that it could be used in legal proceedings if needed.

At a minimum, documentation should include:

- the identity of the victim and others who at that time were directly or indirectly exposed to violence (e.g. children)
- the identity of perpetrator
- a description of the particular event and broader history
- a description of consequences of violence (mental health state/injuries etc.)
- safety plans discussed with the client
- service and support recommendations as well as referrals offered (ex. Assaulted Women’s Hotline)

RAP centre staff should ensure the rights of refugee women are fully respected when documenting and sharing information on the violence they have experienced. Documentation should only be shared when necessary (i.e. when the woman is assessed to be in immediate danger (refer to Annex 1 – **Standardised Threat Assessment Tool**) or when a woman has given her full and informed consent.

3. Confidentiality

Client confidentiality is an essential component of agency guidelines associated with interventions with refugee women who have experienced abuse in their relationships. Clear agency policies and practices will help inform refugee women who have experienced abuse about what will happen to the information they share and will assist staff as they make the decision to disclose.

RAP workers should advise the client that confidentiality will be respected to the extent that it is possible. It is also important to provide information about possible exceptions when information will be shared without her consent.

RAP centres have a legal obligation to protect the survivor's personally identifiable information. Agencies should not release any information about the client unless they have the clearly informed, written and signed, reasonably time-limited consent of the client. The survivor gets to choose when, how and what personal information will be shared, or not shared, and with whom. RAP centres may only share the specific information the refugee woman has permitted in the release. Should a court mandate require the service provider to disclose or release information about the individual, the agency may only share the minimum information necessary to meet that court mandate. Wherever possible, the service provider should take steps to notify her of any disclosure and to maintain ongoing steps to protect the client's safety and privacy.

Key elements to informed and voluntary disclosure:

- the woman understands what information will be disclosed and for what purpose;
- the process is described in a language easily understood by the woman, either directly by staff or through an interpreter; and
- the process is effective for women from different cultures

Important child protection reporting and disclosure questions for consideration:

- When is reporting mandated?
- How does your region define abuse/neglect?
- What process will the agency use to determine if a particular situation meets the legal definition for reporting?
- Who in the agency must be involved in the decision to make a mandated report to police and/or child protection services? Supervisor? Experienced staff member? Liaison with CAS agency?
- Who will actually complete the report and meet the legal requirements for reporting?
- How will the agency decide how much information to include in the report? For example, there may be circumstances when providing more information than required may help a battered woman and her children remain together.
- How will the refugee woman/children be involved- if at all - in the reporting process?
- How will the agency ensure that the risk assessment and decision to report is objective and accurate for families from all cultures and circumstances?

(Questions adapted from futureswithoutviolence.org)

4. Early Intervention {Respond}

Early intervention by RAP centre staff can be hampered not only by the difficulties of detecting violence among refugee women, but also by the significant barriers refugee women face when contemplating leaving (or addressing) abusive situations.

For refugee women, such barriers may include, but are not necessarily limited to:

- The threat of being reported to the authorities and deported (or being told that this will happen by their partners) - immigration status can increase a woman's vulnerability and further reduce her options as abusers use immigration status to threaten the victim's deportation or warn that the abuser could be deported if the violence were disclosed. Many women fear deportation even if they have the right to remain in Canada, because their partner may keep them uninformed of their full rights
- If a refugee woman is being abused by her spouse or partner during the settlement process, she often does not know that she has the right to separate her refugee claim from his. Some women believe that they will be granted refugee status only if they stay with their abuser, particularly if their claims are based on similar circumstances. Women often do not know that they have the right to ask that their refugee claim be reopened if they have been denied the opportunity to tell their story during the hearing. More information can be found at CLEO (Community Legal Education Ontario) online: cleo.on.ca
- Unique language and accessibility barriers that prevents the receipt and review of all pertinent information about legal rights and resources in Canada when it comes to responding to or fleeing violence, and that can contribute to a sense of isolation or dependency
- Fear and distrust of police and/or feelings of alienation from service providers due to experiences and fears related to racism, xenophobia, Islamophobia and homophobia. These concerns could also be heightened by anti-oppression and cultural competence training deficiencies by institutions in their work with diverse communities who have intersectional needs
- Isolation and/or culture shock, loss of support network, cultural community, and sense of identity
- Experiences of prejudice, discrimination and racism
- Demands of caregiving of children
- Lack of access to transportation

In addition to these barriers, there are less sector-specific social barriers to effective early intervention, including:

- the sensitive nature of the topic;
- the guilt and shame that inhibit self-identification by survivors and perpetrators;
- the lack of training, fear of repercussions, and other concerns that can inhibit some service providers from recording reports of violence against women in official records, even when cases are identified

Where there is an immediate threat of violence:

Where the refugee woman appears to be at high risk for death or serious injury, the general principles set out above should guide RAP centre staff interventions. In addition staff might also be required to:

- balance self-determination of the woman/survivor with the need to protect the safety of her children
- be clear and direct about the limits to confidentiality and their own duty to warn and protect women refugees.

- recognize that the survivor is often at the highest risk when she leaves the abusive relationship
- recognize that high risk and potentially lethal situations require an immediate response including reporting to the police and relocation to a place of safety.
- respond to the male perpetrator with adherence to specific safety precautions and support mechanisms

If the life and security of refugee women/family members is in grave immediate danger, RAP centre staff have a duty to act in accordance with the law to take action to protect the refugee woman and/or children by reporting the knowledge of danger to the police where identified (see section 4(b) for more details). Please refer to Annex 1 (**Standardised Threat Assessment Tool**) to understand the level of risk a victim is facing. You may have a legal duty to contact the local Children's Aid Society. It is important to explain the effects of children's exposure to abuse to the survivor. Let her know that CAS is meant to ensure the safety of the children. Indicators could include:

- the woman has made attempts to leave or has just left the situation
- threat of murder or suicide by the perpetrator – and that the woman believes the abuse will carry out these threats
- the presence of weapons in the house
- suicidal thoughts or behaviour of the victim
- mental illnesses of either party

Exit Plans and Support Strategies {Refer}

There are a number of ways in which RAP centre staff can offer assistance to refugee women who have been subject to violence, whether the refugee women choose to remain in the relationship, temporarily leave, or leave permanently. The mode and nature of assistance will, in large part, be dictated by the affected refugee women, but with guidance from RAP centre staff on what support (for example housing, health, and counselling resources) is available to them and appropriate to their situation (see Section 5 on Referrals and Legal Remedies).

For women seeking to leave abusive partners or who may need to leave their situation in the future, RAP Centre staff can employ a standardised **Safe Exit Planning Tool** (Annex 2) designed to help women think through the process of leaving in order to ensure their safety.

Centre staff can also, where women are reluctant to leave or where they are not experiencing current abuse but instead are trying to address the aftermath of previous abuse, refer women to (see section 5 on referrals and legal remedies).

a. A multi-sectoral approach:

Canada's health, legal/justice, psycho-social, and safety and security institutions or authorities need to work together to address the needs of refugee women experiencing intimate partner violence.

As a general rule, RAP centre staff should give refugee women as much detailed information as possible about relevant specialised assistance/service providers. This should include the addresses and telephone numbers of emergency services such as 911, local police stations, social workers, health providers, local shelters and safe locations, as well as relevant helplines where they can seek further support. For those who have experienced abuse within the family, the focus of support might lean towards managing the impact of abuse on families (notably children), setting out steps they can take to move on including by leaving the home, and other practical measures to ensure the safety of refugee women.

b. Legal responsibilities

Various parties may have, in certain situations, a legal responsibility to act in cases of violence against women. They have a positive obligation to protect citizens' human rights – provinces, and provincial representatives, must be proactive in ensuring that everyone enjoys their human rights. This can include taking positive steps to protect individuals from interference with their human rights from human rights violations by non-government parties, including individuals within the family.

RAP centre staff may therefore in some cases have a duty to report suspected abuse – notably in the case of child harm. Under Canadian law, anyone who has reason to believe that a child has been harmed, or might become harmed, must report this to Child Protection Services. If a report is made, Child Protection Services will contact the parents to suggest services and resources to help the family. They can remove a child from the home if they believe it is necessary in order to protect the child.

5. Referrals and Legal Remedy

Refugee women who have been affected by intimate partner violence will likely need a range of support services spanning several different sectors, and requiring referrals from RAP centres to a number of different service providers.

For the most part, the core service needs for affected women are likely to be:

- Crisis-oriented, community-based, confidential counselling that includes immediate and ongoing safety planning;
- In some instances, temporary shelter for the refugee woman and her children (where possible);
- Education about justice system options to help stop and prevent violence, the direct provision of legal services or the referral to available, accessible legal service providers;
- Supportive, ongoing advocacy to help refugee women build additional life skills and to negotiate systems that might help them enhance safety and obtain needed services; and
- Information about other services or assistance to meet the refugee woman's needs for housing, food, economic resources and mental health counselling generally offered by mainstream and specialized service providers.

A number of these service needs rely on members of the legal profession – family, civil, criminal and immigration lawyers. Others are more practical, relying on providers of shelter, supportive counselling gained through women's centres, employment training, or education, or relate to a women's mental or physical health, such as doctors, nurses and other counsellors will be needed to meet those needs.

RAP centre staff are tasked with guiding refugee women through the various support services available, offering input as to which are most appropriate, and responding to the refugee woman's own views and desires in order to make effective and useful referrals. RAP centre staff must work to develop contact points within the local branches of such services that may include:

- medical treatment;
- assistance in making a Restraining Order or Peace Bond;
- police assistance to make a criminal complaint or report a breach of a DVPO;
- legal advice (legal aid, solicitor, women's legal service, community legal centre);
- safe interim and longer-term accommodation;
- transportation;
- financial assistance (emergency relief, income support, financial advice);
- counselling/therapy;
- advocacy;
- survivor support groups;
- children or youth services including child protection agencies
- women, immigrant women and refugee women serving organizations

a. Legal remedies and access to justice

“States” also have a positive obligation to *fulfil* citizens' human rights: essentially this means that “the State” is required to ensure that every individual has access to effective remedies if their rights have been violated. In the context of woman abuse, this may mean that the province must provide alternative housing and shelter, or legal aid. Effective access to justice is essential in protecting the human rights of refugee women, notably women victims of violence. Refugee women can face particular barriers to accessing justice and services – this often takes the form of lack of access to information on their legal rights and recourse, as a result of isolation or language barriers.

Violence against women cuts across Canada's criminal, family, child protection, and immigration systems, each of which define, understand, and deal with domestic violence slightly differently. For example, the criminal law system tends to interpret domestic violence in terms of actions, often emphasising (albeit often inadvertently) the physical aspects of abuse. Family and child protection services, however, tend to look at broader patterns of behaviour. These differences can make coordinated action and documentation of information challenging and make it all the more imperative that RAP centre staff think about and listen carefully to the needs of each particular refugee woman they are assisting, as well as develop and maintain supportive relationships and open lines of communication with other service providers.

Reporting to the police and court processes

If a refugee woman has experienced violence, she can be told that she can report the incident to the police (911), particularly if she believes that she is significantly at risk of further violence. She should also be told about her rights and how this will or will not impact her immigration status and possible criminal legal processes. For example, police must follow a mandatory charging policy if they become aware of a domestic assault regardless of a woman's wishes. More information on what happens after an arrest can be found here: <http://www.cleo.on.ca/en/publications/handbook/what-happens-after-arrest>. Service providers and the police department also have a duty to report child abuse concerns to child protection authorities. This includes a child's exposure or witnessing of intimate partner violence. The support of a woman's organization can also be especially valuable at this time.

The police, with the woman's permission, may call the [Victim Crisis Assistance Ontario \(VCAO\)](#) – a crisis intervention service for victims of crime that, in addition to on-site crisis intervention, offers other services including safety planning, referrals to appropriate community supports and services, and emergency transportation and counselling.

The police, if called during a violent incident, will investigate, and may remove the abusive partner from the home. They may arrest and charge the abuser with a criminal offence. In this case, the refugee woman may have to go to court or can be subpoenaed as a witness. Police may also ask her to provide a victim impact statement. The police may use the victim impact statement in court. If necessary, the police and the courts must provide and interpreter to the victim, and the accused, free of charge. If the person is found guilty, the judge can require the perpetrator not have any contact with the victim as part of his sentence.

The police can also require an abusive partner to sign an undertaking promising not to contact the victim until the court has heard the matter. If the partner is initially detained but released pending the court case, a judge may also order him to stay away from the victim as part of his release from custody.

Note, Ontario's Domestic Violence Court has made attempts to develop specific procedures for domestic violence cases during the investigation and prosecution of these cases. Ideally, teams of specialized professionals should work together to improve support for survivors and investigate and prosecute cases more efficiently. While this is the intent, many women continue to report that this is not always their experience. These teams include police, crown attorneys, Victim / Witness Assistance Program staff, probation services, Partner Assault Response programs and other community agencies.

Protection without police involvement

If a woman chooses not to call the police, there are other steps she can take to keep her partner away. A victim may apply for a Restraining Order, which is a civil protection order from the Family Court system. It can be issued permanently, or for a set amount of time. An Urgent Restraining Order can also be issued to provide temporary protection while a more permanent Restraining Order (which can take a few months) is sought. After the application is filed, the victim will need to go to court, as will the person she is seeking the Order against. Such orders can:

- remove the accused from the shared home
- order him to have no contact with his partner
- award her temporary custody of the children
- give her temporary possession of personal property such as a car or bank card

A survivor can also apply to the court for a “[Peace Bond](#)” by meeting with a justice of the peace. This can require her abusive partner to stay away from her for as long as 12 months.

Seeking other legal support

Refugee women who have experienced abuse many need a range of legal supports including, for example, for prosecutions, child and spousal support enforcement, and the submission of child and adult protection orders. There are a number of referrals RAP centre staff can make for women seeking legal advice.

Legal Aid Ontario provides a range of legal services to refugees, largely on refugee law or immigration – they are available on a toll-free line at 1-800-668-8258. They issue legal aid certificated to people who are financially and legally eligible and who need a lawyer. This certificate serves as a “voucher” for legal services, and can be used to “pay” for a certain number of lawyer hours.

For victims of intimate partner violence, they also offer a two-hour consultation with a private lawyer through the Family Violence Authorization Program. This can be accessed by calling them (they provide free telephone interpretation serviced for non-English or non-French speaking applicants), or through a number of shelters and [community legal clinics](#).

b. Healthcare

RAP centre staff will also be required to make referrals to healthcare providers, including mental health care experts, to ensure refugee women receive the healthcare they need, including psychological and emotional support. As well as offering direct support to women, healthcare services can also be key in building trust in authorities among refugee women and indeed the wider communities they live in.

In the context of sexual violence, it is essential that refugee women are able to access appropriate sexual screening and other healthcare at the earliest opportunity to address possible Sexually transmitted infections (STIs), potential pregnancy, physical injuries as a result of rape, and psychological distress. Pregnant women will need medical and emotional support, particularly if they are pregnant as a result of rape. Some women will require treatment for serious physical injuries as a result of rape, while others may present with physical symptoms that are manifestations of psychological distress.

Refugee claimants and resettled refugees – including Government-Assisted Refugees, Blended Visa Office Refugees, Joint Assistance Sponsorship Program Refugees, Privately Sponsored Refugees – as well as certain other groups (protected persons, survivors of human trafficking etc.), have access to limited, temporary healthcare coverage through the [Interim Federal Health Program](#) during their period of ineligibility for provincial or territorial health insurance. All resettled refugees who have become permanent residents or Canadian citizens may apply for public health insurance.

The IFHP offers:

basic coverage - provided only until the beneficiary qualifies for provincial or territorial health assistance

supplemental coverage - provided as long as the beneficiary receives income support from the Resettlement Assistance Program (RAP)(or its equivalent in Quebec) or until the beneficiary is no longer under private sponsorship

prescription drug coverage – provided in the same way as supplemental coverage

This coverage is similar to that provided to social assistance recipients by provincial and territorial governments, i.e. includes:

- In-patient and out-patient hospital services
- Services provided by medical doctors, registered nurses and other health-care professionals
- Laboratory, diagnostic, and ambulance services
- Services provided by allied health-care practitioners including clinical psychologists, occupational therapists, speech language therapists, physiotherapists
- Most prescription medications and other products listed on provincial/territorial public drug plan formularies

For most categories of beneficiaries, the IFHP also covers the cost of one Immigration Medical Exam (IME) and IME-related diagnostic tests required under the *Immigration Refugee Protection Act*.

The benefits covered by the IFHP have certain limits including maximum dollar amounts. For more details, please consult the [IFHP benefit grids](#).

Refugees also have access to a [Sexual Assault/Domestic Violence Care and Treatment Centre](#). These hospital-based centres provide care to women, men and children who have been sexually assaulted or who are victims or survivors of woman abuse.

c. Helplines and shelters

Helplines can be invaluable in directing women towards shelters, legal advice, women's centres and other essential community support services.

- Assaulted Women's Helpline – 1-866-863-0511 (toll free)
If a women is experiencing violence or the effects of violence, crisis, and abuse, she can call the Assaulted Women's Helpline, 24 hours a day, seven days a week for immediate help.
- Victim Support Line – 1-888-579-2888 (toll free)
This can help women locate appropriate support services, including sexual assault and counselling programs, shelters, and legal aid clinics in or near their communities. It can also provide information about community programs for those who abuse their spouse or partner.

For shelters, [Shelter Safe hosts a map](#) of current women's shelters in Ontario.

6. Follow-up and Continued Support

As well as giving initial assistance, and alongside legal and healthcare support, RAP centre staff will likely need to provide longer term assistance, and, through appropriate referrals, put in place the foundations for an ongoing system of support. This support can come through other immigrant and refugee serving organizations, women's centres, or faith-based services, and other community-based services. Long-term support for refugee women and children both separately and together can concretely assist survivors and avoid re-victimisation.

Support provided by RAP centre staff can include referrals to appropriate agencies on:

- income assistance
- social housing
- immigrant serving organizations
- women, immigrant women and refugee women serving organizations
- educational programs
- training and employment programs (to support long-term goals)
- filling out forms to gain access to government programs and services
- guidance on making informed decisions about current and future needs

RAP centres should have a clear idea of who they will call to make a referral, who the relevant person is in local government, and what services or organisations they will inform women about. These could range from government services to services by the specialised local violence against women sector. Refugee women's needs are likely to be varied, and may encompass finding affordable housing, court support, and accessing basic financial assistance to name a few.

Ontario funds a network of agencies that provide resettlement services to government-assisted and privately sponsored refugees. These agencies coordinate community services such as access to first language settlement services, specialized supports for women and youth, trauma counselling, mental health services, housing assistance and pre-employment supports.

A useful website for additional information available to refugees is:

- [Settlement.org](https://www.settlement.org) provides newcomers to Ontario with information about language programs, housing, health, education, recreation and more. Services such as crisis lines, community health centres and settlement services can be [sorted by region](#).

7. Community Development Strategies

Through outreach, RAP centre staff can work to reach vulnerable and/or isolated refugee women and their communities, and build the capacity for intimate partner violence prevention at the community level. Initiatives targeting friends, neighbours, and the broader community can be effective tools in efforts to prevent and address violence. Often violence against women is known by such groups, but ignored or not reported as it is considered a family or private issue. In order to reduce the prevalence of violence against women in refugee communities, it is important to actively engage not just individual women but refugees as a community, including men and adolescents as well as women, in prevention and response activities. Male engagement is essential: many leadership structures in refugee situations are dominated by men, male leaders have great influence within the broader male population.

Traditionally, community development has focussed on outreach, media campaigns, and community education. These approaches are all valuable in building relationships with communities and creating a common understanding on appropriate responses to family violence. But, in order to increase capacity for community-based prevention or early intervention efforts, efforts need to include strategies that encourage communities to take control and nurture accountability within their communities, as well as move beyond the pure delivery of services.

The Immigrant and Refugee NFF Campaign (<http://www.immigrantandrefugeenff.ca/>) utilizes a community development strategy which includes peer engagement.

The Ontario Council of Agencies Serving Immigrants' Resource Manual on community development strategies sets out a "continuum" of community development.

- **Outreach and Education** raises community awareness about the issue of family violence including resources and supports. This can include door-to-door campaigns, community-based conversations, school campus events etc.
- **Community Mobilization** aims to build active community participation and development supporting the anti-violence organization or addressing family violence. It requires greater participation of community members than community outreach or education, and can be done through community gatherings, petitions, fundraisers, demonstrations etc.
- **Community Organizing** involves longer-term strategies meant to sustain community capacity to address family violence. Community organizing can be further divided into community organizing (general) community organizing (among those most affected).
- **Community Accountability** develops community capacity to support survivors and hold abusers accountable for violence. This can include encouraging community members to directly intervene and confront abusers, public naming etc. Essentially the creation of an active culture of no-tolerance for family abuse.
- Communities can, with help, create self-sustaining, responsive, and effective solutions. For resettled refugees and refugee communities, such community-driven solutions can help overcome some of the barriers that prevent women from accessing support services or bridge the gaps in trust that exist.

8. Accountability and Responsibility

It is the responsibility of each agency director or employee in authority to ensure that clear policies exist ensuring the safety and well-being of refugee women who are experiencing intimate partner violence.

Directors also have a further responsibility to ensure that employees in their organization are aware of these policies.

9. Closing Recommendations

- i.* We call on all agencies providing services to refugee women and their families to adopt a clearly-defined position and develop processes to support the safety of women from a holistic, client-centred perspective.
- ii.* We encourage all management and direct service providers to be adequately trained to recognize the signs of intimate partner violence and to know when their intervention is appropriate and when outside intervention is necessary.
- iii.* We urge all resettlement service programs to establish a strategic plan that addresses the unique needs of women and that these plans are guided by feedback from women and reviewed and/or revised consistently.
- iv.* We invite all resettlement service agencies to support legislation that will help protect survivors of intimate partner violence and their children.

Annex 1 – Standardised Threat Assessment Tool

In the Recognizing and Responding to Intimate Partner Violence Resource Guide (www.rapworkers.com/resource-guide), the process to assist a refugee woman when she indicates that she has experienced abuse has been outlined (pp. 25-29). This section of the guide also refers to the See It, Name It, (SNCit) Check It guideline for engaging in conversations regarding incidents of intimate partner violence.

Annex 2 – Standardised Safe Exit Planning Tool

When a woman has either been assessed or discloses that she has been abused it is important to speak to her about immediate and future safety before she leaves the RAP centre. The degree of current injuries or the abuse is not always an accurate predictor of future risk for violence. The role of the RAP worker is to provide a general plan, consult with experts, refer the survivor to community service experts, and collaborate about the situation to help manage the risks and increase safety.

For further information on safe exit planning with refugee women, refer to the [Recognizing and Responding to Intimate Partner Violence Resource Guide](#) (pp. 31-33).

www.rapworkers.com/resource-guide

Annex 3 – IPV-DV Policy Statement

Statement of Policy

As Issued by the working group for:

INTIMATE PARTNER VIOLENCE and RAP CENTRES IN ONTARIO

We, the working group for Recognizing and Responding to Intimate Partner Violence, strongly support efforts to improve the rights, safety, and well-being of all refugee women utilizing resettlement assistance services in Ontario.

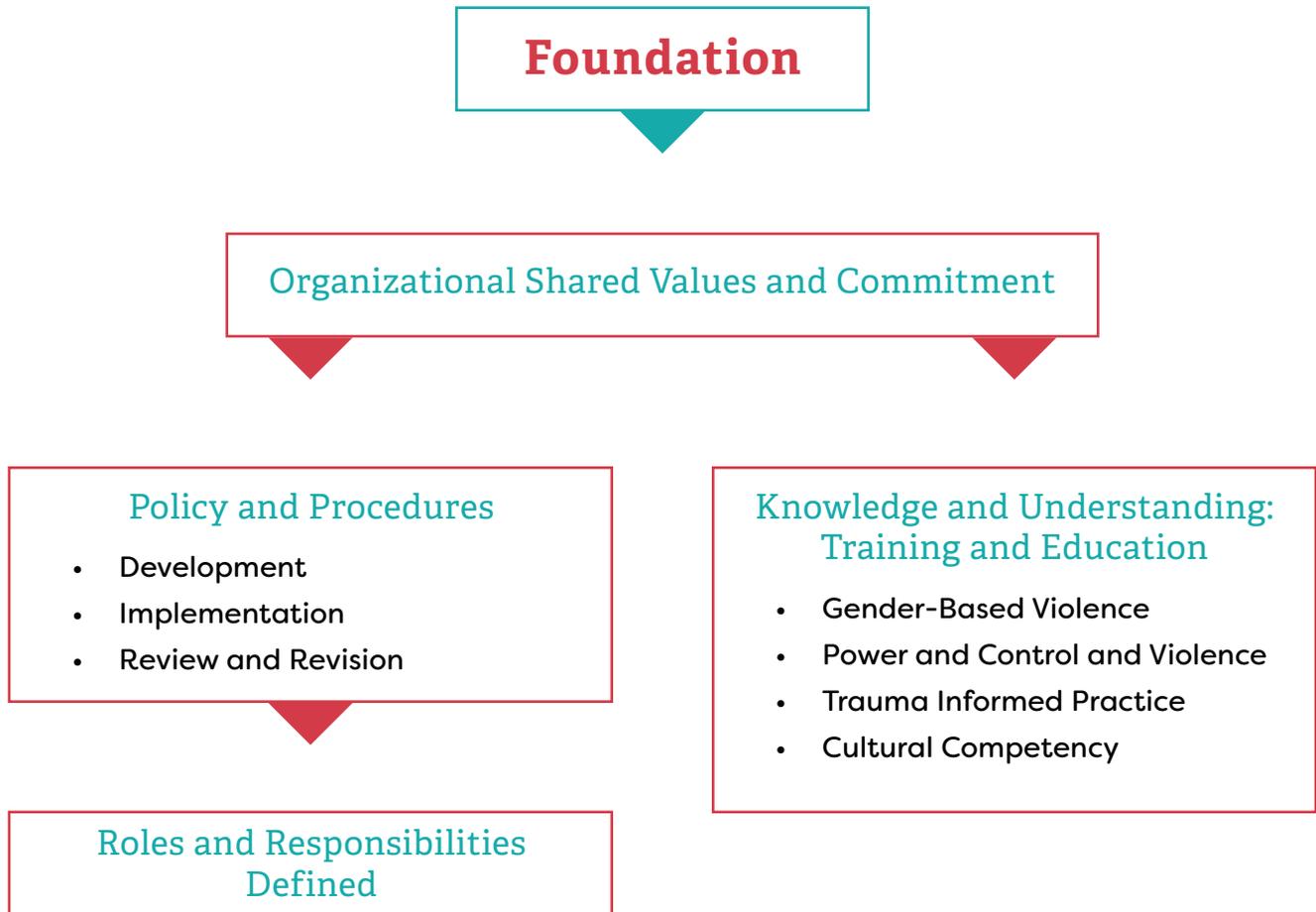
We believe that the highest quality of services is an essential and non-negotiable element of resettlement services, and that refugee women can only receive this level of service when she is seen from a holistic perspective including a broad range of potential vulnerabilities and experiences.

This project has offered a collective approach and combined expertise to address the needs of the resettlement sector. Therefore, the working group calls for all resettlement assistance programs in Ontario to develop and consistently integrate inclusive, responsive, culturally competent service practices that are most effective and exclusive to the unique needs of every refugee woman.

To this end, the working group commits to encourage policies in Ontario to ensure that women have:

1. The right to be free from all forms of gender-based violence
2. The right to be treated as an individual with a separate identity, needs, priorities, and interests
3. The right to attain services from providers who will accept what she says without judgement and blame while validating her experiences
4. The right to autonomous decision-making, informed consent, confidentiality, and culturally congruent approaches for dealing with abuse
5. The right to the best available support and resources which includes information and education relevant to her specific needs
6. The right to access support services from providers who strive to eliminate barriers faced by refugee women experiencing intimate partner violence
7. The right to be engaged in resettlement services with organizations who have clearly defined procedures for identifying and effectively responding to intimate partner violence
8. The right to ongoing advocacy that would support her efforts to negotiate systems that could help them further enhance safety and obtain needed services

Annex 4 –Organizational Identification and Intervention Plan



Key Practice and Intervention Strategies

- ▶ Create a Safe Space and Build Rapport
- ▶ Maintain Awareness Regarding Signs and Identification
- ▶ Ask Questions (Screen)
- ▶ Assess Risk
- ▶ Plan for Safety
- ▶ Provide Relevant Information
- ▶ Respect Self-Determination and Rights to Make Decisions
- ▶ Uphold Confidentiality (Where Applicable)
- ▶ Refer and Collaborate
- ▶ Provide Continued Support and Follow Up
- ▶ Evaluate Service/Intervention Practices
- ▶ Develop Partnerships and Advocacy Initiatives

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