Against Extended/Conjugal family Violence (ECFV aka ‘Honour’ based violence) (Revised)

Amrita Mishra, PhD
Indo-Canadian Women’s Association
2017

CONTENTS

Introduction ... 2
PHASES OF SERVICE DEVELOPMENT ... 2
Service principles ... 3
Definition of Extended/conjugal family violence (ECFV; AKA so-called "honour"-based violence)... 4
NOTE ON TERMINOLOGY ... 4
Service description ... 5
Service objectives ... 5
Target Group ... 6
Service governance and cross-agency network integration ... 6
Principles of practice ... 6
Practice approach ... 7
Developing a culturally competent targeted approach ... 8
Working with youth ... 10
Referral and intake process ... 10
Practice model ... 10
For clients ... 10
Group intervention ... 12
Community-based action ... 12
Flexible working hours ... 12
Recording systems ... 13
Staffing model ... 13
Competencies ... 13
Professional Support and Safety ... 14
Quality assurance ... 14
Evaluation ... 14
Outcomes - Ensuring and measuring effectiveness of activities ... 14
Box 1: ECFV Associated Relational Patterns – Case assessment probes ... 19

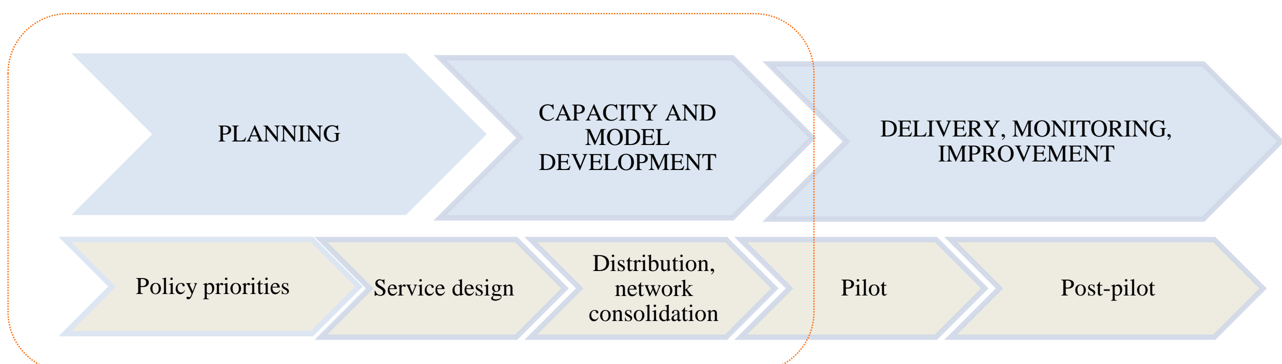
INTRODUCTION

The evidence in the needs assessment *'Honour' based violence and related service needs, gaps and solutions in Edmonton, 2015-2016* indicates that violence against women based on patriarchal family and social arrangements and pretexts is a significant issue within the Edmonton community. Such violence is identifiable across lines of ethnicity; however it is prevalent in specific communities in which collectivist social relationships intersect with patriarchy and immigration-associated abuse of women and children.

Even in the absence of hard disaggregated data, the extensive reports from service providers indicates that so-called 'honour based" violence (HBV, is multi-perpetrator gender violence against (but not only) women. ✱The term HBV is eschewed hereafter and replaced by the working alternative term 'extended/conjugal family violence', or ECFV (See section NOTE ON TERMINOLOGY). ECFV has a significant presence in Edmonton. The reports also indicate that such violence requires novel counter-measures not captured in the current focus on intimate partner violence. It is hoped that through recognition of unmet needs in this, Edmonton anti-violence agencies come together in an evidence-based and coordinated response to such violence.

An emphasis in recent policy against gender violence is the development of integrated service responses to meet the needs of those at risk or already suffering. These service responses could include: (1) better training of service providers in relevant tools of prevention and intervention (2) primary prevention of violence via dialogic engagement of large groups by trusted navigators (3) conflict resolution via the use of trained mediators.

PHASES OF SERVICE DEVELOPMENT (*dotted lines indicate current phase*)



•Network identification, needs analysis •Identifying outcomes, outputs, performance measures •Funding requirements, justification •Defining performance and outcome measures	•Community requirements •Inter-agency agreements •Refining service characteristics •Mapping distribution channels - assessing capability of piloting agency, possible benefits to clients of piloting agency	•Service ownership •Accountability, consistency, interoperability •Reviewing, tailoring •Consultation	•Managing uptake •Managing security, confidentiality, trust •Data collection •Performance review, tailoring	•Maintenance, stabilization, support •Evaluation, troubleshooting •Opportunity analysis •Consultation, feedback, service improvements

The needs assessment provided evidence that current tools in use to assess risk of violence are geared to intimate partner/spousal assault rather than ECFV, which presents greater and less understood challenges of extended networks of violence with multiple perpetrators within and outside the family

and across locations. In this context, a specific service to provide timely and appropriate response to ECFV requires recognition that family may be a risk rather than a source of solutions. This means that attempts to protect those at risk of ECFV are undermined by attempting to mediate and repair family relationships without preceding such an attempt with a thorough investigation of family dynamics. For example, in risk assessments, it may help to look at some possible markers of patriarchal dynamics, the role and influence of extended family ties, relationship to community, and role and influence played by a specific community of social reference (Box 1). The community of social reference means *those who see themselves* as kin or connected by ethnicity plus living in the vicinity, perhaps via marriage or business ties).

The service model proposed here (in draft form) is based upon an ecological view of gender violence (encompassing ECFV) as occurring through the interactions of three levels of social structure.

- Macro-level: legal landscapes, economies, politics, gender and power differentials *as well as cultural norms* that allow such violence to occur.
- Meso-level: marked by pathologies of control operating in intensely patriarchal sociocultural enclaves (as often observed in diasporic settings). This level is also marked by intense diasporic and other stress worsened by isolation and lack of social support, or adverse negative influences from groups/communities of social reference.
- Micro-level: internal family stress, conflict and dysfunction with patriarchal control and mental, physical and financial violence on weaker members. At this level, violence is also related to drug and alcohol dependence, the effects of childhood abuse, perceptions of downward mobility, and socioeconomic distress.

Explanations of the causes of ECFV consistently highlight the role of interrelated factors. According to Korteweg (2012), such vioence is: "A form of gendered violence that unfolds in the **intersections** of gender, race, ethnicity, religion, and immigrant-receiving societies' cultural, social, political, and legal practices." [1] Our needs assessment illustrates that in the context of immigration, violence is linked to patriarchal viewpoints and practices as well as diasporic stress, intercultural and intergenerational conflict, isolation and alienation from the mainstream, and a lack of social supports that could otherwise ameliorate such stresses and conflicts.

The service framework recognizes that within families and communities where ECFV is a risk and/or reality, primary prevention of violence is possible based on (a) support to sufferers and (b) communicative engagement delivered at a broad family and community context. This sort of bridge-building also counteracts the isolation and in-group rigidity that are associated with collectivist gender violence.

SERVICE PRINCIPLES

- Abuse and violence are unacceptable in any form and within any culture
- The safety of sufferers is paramount
- A network of service agencies can work with families and communities to support sufferers and create wider dialogic opportunities to prevent violence before it begins
- Service agencies can, depending on an evaluation of the risk, reach out to abusers to take responsibility for their violence
- Parents may need support to reach decisions and take actions that are in their children's best interests

[1] Korteweg, A. C. (2012). Understanding honour killing and honour-related violence in the immigration context: Implications for the legal profession and beyond. Canadian Criminal Law Review, 16(2), 135. Retrieved on September 2, 2016 from http://www.learningtoendabuse.ca/sites/default/files/korteweg_cclr-understanding-honour-killing.pdf

- Gender and sexual identities must be respected and affirmed
- Those at risk of complex gender violence require a comprehensive strength-based 'wraparound' response from service agencies.[2]
- Needs are met by a whole-of-system response, involving universal, specialist and tertiary services as required

DEFINITION OF EXTENDED/CONJUGAL FAMILY VIOLENCE (ECFV; AKA SO-CALLED "HONOUR"-BASED VIOLENCE)

This conceptualization of ECFV will be used in the service delivery:

patriarchal, misogynist and heteronormative violence (1) strongly characterized by the involvement of multiple perpetrators and helpers of violence (2) encompassing physical, sexual, social, psychological and financial abuse, (3) occurring within and enabled by families (natal, conjugal and/or extended), kinship networks and communities, and (4) often associated with reputational concerns (so-called 'honour'), related to the abusive control of sufferers' life choices, gender identities, sexualities and other domains of life.

NOTE ON TERMINOLOGY

It is strongly recommended that the service altogether avoid the use of the phrases 'Honour' based/related violence' and 'so-called Honour' based/related violence'. **The term 'extended/conjugal family violence' (ECFV) can be used as a working alternative.** Another working alternative is 'Patriarchal Reputation Oriented Violence' (PROV) which may be hard to pronounce and require lengthy explanation.

The service will use the term 'survivor' and will not use the terms 'victim' or 'abused person' during the implementation of the service. The term 'survivor' comes from a strength-based approach to helping persons who are experiencing or have experienced violence. 'Survivor' is preferable to victim as it reflects the person's strength, resourcefulness, and determination to move on.

---

[2] From the Homeless Hub (http://homelesshub.ca/solutions/tools-and-strategies-support-collaboration-coordination-integration/wrap-around-delivery): '***Wrap-around*** *service delivery is a team-based, collaborative case management approach. A case management approach represents a point-of-delivery, rather than a system-level, approach to coordination. The concept of Wrap-around programming is used to describe any program that is flexible, family or person-oriented and comprehensive – that is, a number of organizations work together to provide a holistic program of supports. The following are other terms that are used to describe the approach: Child and Family Teams, Care/Case Coordination and Individualized Service Planning. In a Wrap-around approach, a team of professionals (e.g. educators, mental health workers) and key figures in a person's life (e.g. family, community members, etc.) create, implement and monitor a plan of support.* (Inserted note: This aspect of a wrap-around approach should be treated with extreme caution when supporting survivors of ECFV, who are often at risk precisely from family and/or community members). *Wrap-around is a strengths-based intervention. This means that it seeks to identify and capitalize on individual and family assets. A deficit approach, on the other hand, identifies individual and family problems and seeks to fix these. An individualized wrap-around plan is supposed to reflect the needs of the individual or family, rather than availability of services. A wrap-around approach is designed for people/families with complex needs.'* Also see: VanDenBerg, J., Bruns, E., & Burchard, J. (2003). History of the wraparound process. Focal Point, 17(2), 4-7. Retrieved on September 2, 2016 from http://www.nwi.pdx.edu/NWI-book/Chapters/VanDenBerg-1.3-(history-of-wraparound).pdf

SERVICE DESCRIPTION

The service aims to reduce ECFV and increase the safety of those impacted through the provision of (i) an integrated model of case management support to sufferers of ECFV (ii) community engagement to promote dialogue and connections and attenuate isolation, violence, authoritarianism and abuse.

The service will include the components:

• **Intensive case management (wraparound model):** risk assessment, building of safety plans in collaboration with the client, periodic assessments of self care and well-being assessment, therapeutic assessment and (where necessary) intervention, referral to external service, and regular outreach/engagement strategies. The help-seeker's average length of involvement with the service should be between 24-36 weeks. There should be the capacity for the client to reconnect with the service provider. In addition, the service provider should have the capacity to follow up with the client, with pre-arrangements made for a safe mode of contact. Outreach will need to be in keeping with the risk and safety planning.
• **Dialogic engagement of clients and groups.** Client engagement will be culturally competent, respectful and tactful.[3] Group engagement involves moderated discussion of topics such as respectful communication, positive parenting, stress management, with specialised modules on rights awareness and legal literacy. The aim of this component is to reduce the potential for violence by increasing connections to the mainstream, reducing isolation, enhancing awareness of respectful non-violent non-authoritarian relationships, creating awareness of supports for families and individuals, and promoting rights awareness.

SERVICE OBJECTIVES

- Assist persons who are threatened by patriarchal attitudes and related abusive family/community dynamics and behaviors
- Increase the safety of those at risk of networks of violence characterised by patriarchal and heteronormative attitudes and actions
- Promote service providers' understandings of the dynamics of ECFV so that
    - Help-seekers' concerns are heard and understood in a non-judgmental and client-centred manner.
    - Risk of ECFV can be understood and detected in timely manner
    - persons can be referred to agencies where they can be assisted appropriately
    - persons are not revictimized and retraumatized by the actions or inactions of the service agency

The service framework links these objectives to service activities, long- and short-term outcomes and associated outcome measures.

[3] The tactical and tactful use of language is essential as help-seekers who have normalized their abusive experiences may be unreceptive or uncomprehending of trigger words such as 'abuse' and 'violence.' Help-seekers may react to trigger words with rejection (seeing these terms as incompatible with their view of their life situation) whereas others may take them home with them to repeat them in front of an abuser, thereby gravely exacerbating the danger of violence.

TARGET GROUP

The target group for the service is persons who

- are at risk of honour-based violence (refer to definition) by members of their family and/or community of reference
- are experiencing or have experienced physical, mental, spiritual and/or financial abuse and violence
- approach the service provider for help and can be deemed to be able to provide informed consent to the terms of the service

Within this target group, priority access will be given to:

- Persons experiencing or at risk of serious physical harm.
    - If the person is a minor, Child and Family Services will be notified.
    - If the person is a major, the service provider will consult with the client regarding notification of law enforcement (filing a police report). The service provider will be cognizant that in some cases the help-seeker may be reluctant to contact the police to file a report. In addition, the service provider will consult with the client regarding the possibility of emergency shelter.
    - If the client lacks stable immigration status, the service provider may seek to contact Carol's House as a potential option for shelter. It is essential that the agency be prepared to advocate for a person whose immigration status is dependent on the abusive partner and/or conjugal family.
    - If the help-seeker is in contact with another service agency, there needs to be an inter-agency consultation to ascertain how best to manage the case without duplicating services or over-stepping legal mandates.

SERVICE GOVERNANCE AND CROSS-AGENCY NETWORK INTEGRATION

The provider of the service is expected to be a member of existing networks against family violence. Strategic partnership with efforts such as the Home Visitation Network and Community Initiatives Against Family Violence will help ensure that service response to ECFV can draw on the strengths of current processes and efforts, as well as adding to current capacity and sharing knowledge. Joining networks is also more efficient than creating merely creating links with other agencies one at a time. Networking may also need to be supported by Memorandums of Understanding. MoUs will help establish roles and responsibilities and joint ways of working including referral pathways, intake processes and service coordination.

The establishment of an inter-agency review and advisory group may be used to strengthen service development and planning. This group could also enhance service delivery and implementation, for example, through better referral and review of process efficiency. Key partners may include government service specialists (child welfare and protection and domestic violence intervention) and community agencies in sectors such as homelessness/housing support services, family violence, youth services, and LGBTQ+ services. Periodic workshops (lunch-and-learns) are recommended to increase cross-agency interactions to improve service quality and agency capacities.

PRINCIPLES OF PRACTICE

- Survivor centred
- Ecological, intersectional and systemic. The service will consider the multiple dimensions of the survivor's life and experience of violence in terms of age, life stage, culture and gender.✱ See this

blogpost on the meaning of intersectionality. Also see this guidance how to translate the concept to survivor-centred practice.

- Culturally competent. This involves developing the interpersonal and institutional ability and capacity to understand the implications of diversity, to work with people of different cultures, to ensure equality, while adopting self-criticality about one's own implicit and hidden biases.
- Trauma informed (✱see this guidance on culturally competent application of the trauma informed approach.)
- Analytical and evidence-based
- Gender aware and gender sensitive
- Dynamic and responsive
- Structured professional judgement. *"Guidelines based on and applied using structured professional judgment (SPJ) are useful for assessing and managing risk of violence to self and/or others. The SPJ approach is seen as preferable to the flexible but overly idiosyncratic methods of unstructured clinical decision-making and the excessive inflexibility of actuarial decision-making".*[4]
- Strength based approach (or Strength based practice). In social work, this is a philosophy that views clients as resourceful and resilient in the face of adversity and seeks to develop client specific service that integrates and builds on those strengths, while also empowering clients to understand and recognize their strengths. This approach is diametrically opposite to viewing clients as characterised by problems, vulnerabilities, and deficits to be corrected by external interventions of the service provider.
- Outcome focussed.

PRACTICE APPROACH

The service will adopt an ecological, intersectional and systemic perspective on the causes and effects of violence as the foundation for working with survivors of violence.

The service foci will be safety first, followed by stability and rehabilitative development of survivors (who will not be treated as a passive recipient of service but will be involved through the steps of safety planning, stabilization and rehabilitation.

Effective implementation will require the exercise of reflective practice and respectful partnerships with the client and other service providers.

The service aims at

- A targeted approach to serve a specific cohort of people, whose circumstances indicate increased vulnerability to ECFV
- An intensive, case management approach undertaken by staff with the experience and capacity to work with sufferers of collectivist family violence
- Assessment, planning and service provision that is holistic, flexible and individually tailored to client needs, choices and circumstances
- Encouragement of community dialogue, a group-based preventative effort, with a focus on skills development in areas such as respectful communication, assertive parenting, stress management and identifying triggers to violence
- Implementation of a risk assessment and risk management process, framed within a practice approach that recognises the safety and wellbeing of women and children as paramount to any intervention

---

[4] Kropp, Randall.P., Hart, Stephen D. (2004). The Development of the Brief Spousal Assault Form For The Evaluation Of Risk (B-Safer): A Tool For Criminal Justice Professionals. Retrieved on September 2, 2016 from http://www.justice.gc.ca/eng/rp-pr/fl-lf/famil/rr05_fv1-rr05_vf1/rr05_fv1.pdf. (p3-5)

- Proactive engagement of the client and safe outreach
- Effort to provide culturally competent and culturally safe support

DEVELOPING A CULTURALLY COMPETENT TARGETED APPROACH

Although gender violence crosses lines of culture, ethnicity, religion and socioeconomic difference the evidence in the needs assessment is that some groups are rendered more vulnerable to ECFV than others. Immigrant women subject to extended family control and surveillance were the female population most at risk of collectivist/multiple perpetrator gender violence. This risk was heightened because of barriers to help seeking imposed by the immigration rules that stipulated a 2-year mandatory cohabitation period of conditional permanent residence. The rules of CPR were introduced by the federal government in 2012, ostensibly to prevent marriage fraud. The previous version of this framework recommended in one section *'The service provider will take initiative to educate herself on the conditions and constraints of obtaining an exception from the rules of conditional permanent residence for a sponsored spouse reporting abuse; the service provider will also advise the help-seeker on the steps to be taken in order to seek an exception.'*[5] On April 28, 2017, the Government of

---

[5] IRCC. (2012). Backgrounder - Exceptions from conditional Permanent Residence for Victims of Abuse or Neglect. Retrieved on September 2, 2016 from http://www.cic.gc.ca/english/department/media/backgrounders/2012/2012-10-26b.asp *What is conditional permanent residence? Citizenship and Immigration Canada (CIC) has introduced amendments to the Immigration and Refugee Protection Regulations (the Regulations) which apply to spouses, common-law or conjugal partners in a relationship of two years or less with their sponsor and who have no children in common with their sponsor at the time they submit their sponsorship application. The sponsored spouse must cohabit in a legitimate relationship with their sponsor for two years from the day on which they receive their permanent resident status in Canada. If they do not remain in the relationship, the sponsored spouse's status could be revoked. The conditional measure only applies to permanent residents whose applications are received on or after October 25, 2012—the day that the amendments came into force.Aside from the need to satisfy the two-year requirement, conditional permanent residence does not differ from normal permanent residence. These sponsored spouses have access to the same rights and benefits as other permanent residents. They will be allowed to work and study without a work or study permit; they will not be subject to different tuition fees in post-secondary schools; and they will have the same access to health coverage and social benefits, including social security (or income support).If the relationship breaks down, the sponsor remains financially responsible until the end of the three-year undertaking period, irrespective of the cause of the breakdown.*

IRCC. (2015, Nov 16). Conditional permanent residence measure for spouses and partners in relationships of two years or less and who have no children in common. Retrieved on September 2, 2016 from http://www.cic.gc.ca/english/resources/manuals/bulletins/2012/ob480.asp#sec03.2

3.4 Exception for abuse or neglect. The condition ceases to apply if a CIC officer determines, based on all available evidence, that the sponsored spouse or partner is or was unable to meet the condition because one of the following situations occurs:

•the sponsored person, a child of the sponsored person and/or of the sponsor, or a person who is related to the sponsored person or the sponsor and who is habitually residing in their household, was subjected by the sponsor to any abuse or neglect referred to in subsection 72.1(7) of the Regulations, or
•the sponsor has failed to provide protection from abuse or neglect by another person who is related to the sponsor, whether that person is residing in the household or not; and
•the sponsored spouse or partner has cohabited in a conjugal relationship with the sponsor until the cohabitation ceased as a result of the abuse or neglect.

Canada eliminated Conditional Permanent Residence for spouses and partners of permanent Canadian citizens and permanent residents who were in a relationship of two years or less and had no children in common, at the time of their sponsorship application.[6] The long-term implications of this measure require observation and analysis. On the positive side, the removal of CPR removes one significant official barrier to help seeking by abused spouses. There are still many questions: for example, immigrant spouses are still vulnerable to socio-economic isolation, dependency, patriarchal mores at home and racism in the wider society. The service landscape is still strapped for resources to help those who do come forward to seek help. And while the removal of CPR frees up service resources, it can also witness an increase in the numbers of help seekers, without at the same time, a proportional investment of resources in anti-violence services. See a relevant commentary here.

The second group identified are LGBTQ+ persons at threat of heteronormative violence from family and community members. In both these groups there are complex barriers to disclosure and seeking help (comprehensively described in the needs assessment). Working with clients from these cohorts requires a strength-based, anti-racist, gender-sensitive, culturally safe and competent approach. To illustrate: The service should be underpinned by a constant awareness of a key finding of the needs assessment – that ECFV involves extended families, kinship networks and communities. At the same time, for women seeking support against violence from extended family and community, the attempt to get help may come with the price of a loss of familiar networks, a risk in itself to the client's emotional health and quite often a predictor of return to the situation of violence. The service provider should be aware of the impact of sociocultural alienation and have the competency to minimise the effects thereof. One area of precautionary action could be ensuring that the client remains safe and does not undermine her own or her children's safety through unsafe social contacts. Ensuring this, while not insulting the client's sense of autonomy, will require tact and diplomacy on the part of the service provider. It is imperative for the service provider to be able to draw on culturally appropriate supports at relevant agencies/community initiatives such as the Multicultural Health Brokers, Pride Centre of Edmonton, REACH Edmonton, Changing Together or ICWA to provide safe social contacts for clients suffering from isolation and loneliness. Linking with these agencies could also help develop understanding of how cultural background intersects with a person's experience of violence.

It is not recommended to connect with community representatives or faith leaders outside of agencies that are experienced in handling complex cases of violence and are well-versed in the related safety and confidentiality issues. As elaborated in the needs assessment, the choice and use of interpreters requires considerable caution. Standards for establishing and enforcing confidential in-person interpretation are not available. The service provider should connect with the prior referring agency to enquire about possible safe interpretation if needed. CanTalk is an anonymous and telephone-based service (http://www.cantalk.com/) which is in use by some agencies serving at-risk immigrants. The service provider could consider accessing CanTalk depending on funding. Alternatively, Multicultural Health Brokers may be able to assist with safe interpretation. This depends on the availability and willingness of their staff. United Cultures of Canada Association offers free interpretation services on site and over the phone, including for legal facilitation. As is so often the case, their programming has faced funding uncertainty and the UCCA relies on a volunteer base to sustain program delivery

The service provider's cultural competency involves making an effort to understand the specifics of how community, cultural context and immigration experience (just to name a few factors) may have impacted and shaped the client's experience and perspectives. It is absolutely unacceptable for the service provider to profile and docket a client as racialized/ethnocultural minority and make assumptions on the basis of such labelling. In this context, it is advisable for the service provider to access training in anti-racist service methodology and training in the use of gender-sensitive modes of client engagement. Sites of such training in Edmonton are the Center for Race and Culture, Pride Centre of Edmonton, and Today Center for Prevention of Family Violence. In addition, the UAlberta

---

[6]Government of Canada (2017, April 28). Notice – Government of Canada Eliminates Conditional Permanent Residence. Retrieved on May 1, 2017 from http://www.cic.gc.ca/english/department/media/notices/2017-04-28.asp

Institute for Sexual Minority Studies and Services also offers relevant resources for engaging and serving sexual and gender minorities.

WORKING WITH YOUTH

Given the intergenerational diasporic stresses linked to ECFV, the service provider needs to develop competencies to work with youth at risk and needing support. This requires for example understanding the acute psychological sense of conflict for a young person experiencing violence from family and kinship networks, i.e., the young person's need to be safe and to assert her own identity and sense of self versus a need for the support and familiarity of parents, kin and community versus the awareness of threat from those networks.

The service needs to establish effective service linkages and work in partnership with specialist local services targeted at young people, including youth support services, youth justice community support services and youth mentoring programs.

The service provider should also acquire competency in the legal landscape around the handling of cases of youth at risk, the mandate (and related limitations) of Child and Family Services, advocacy and legal representation via the Office of the Child and Youth Advocate, and community agencies that shelter and rehabilitate vulnerable youth (e.g., John Howard Society).

REFERRAL AND INTAKE PROCESS

The service provider will work closely with the current anti-VAW services within Edmonton to progressively strengthen the process for identifying and receiving appropriate referrals. The service provider can consider self referrals as well as referrals from grassroots ethno-cultural community service providers, government agencies and larger immigrant serving agencies.

Given the current often haphazard reliance on paper records and related challenges of record keeping, the receiving provider should not expect a seamless transfer of case details. The service provider should contact the previous referring provider and discuss the case details, details and outcomes of any prior intervention, as well as the reason for referral. If the receiving agency is unable to take on the referral, alternative service options should be identified. It is important that the help-seeker not just be given a number and address to call or visit. The service provider is expected to enable the help-seeker to make the calls and to stay with them through the onward referral process.

Intake personnel should be able to consider the risk and vulnerability of the potential clients as well as the agency's pressures of time and resources. In practical terms, what this means is that the service provider should train intake staff in the establishment and review of waiting lists and onward referral. It is essential for the referring agency to contact the agency to which the referral is made and get information (preferably written) on the outcome of the referral. This should be done within 3-5 working days of the referral. The service agency should regularly examine incoming and outgoing referral patterns and related feedback from sister agencies. This will help inform the agency if there is alignment between client eligibility, service demand, and service design.

PRACTICE MODEL

For clients

For each client a case manager should be allocated to provide a clear (but not exclusive) point of contact for the family. The case manager will play a lead role in client engagement, assessment and planning. Risk assessment should involve a compilation, analysis and synthesis of the family and patterns of interaction that may be connected to the violence.

This stage of information gathering should be culturally appropriate. That is, it should encompass self-identification, objective and subjective measures of income status (income being objective and self-perception being subjective); family structure and dynamics (Box 1), language preference and migration history (pre and post-migration facts as well as perceptions of the experience, e.g. culture shock, deaths in family, loss of income, inability to obtain desired employment), prior exposure to violence and trauma, probes for suicidal potentiality (history and ideation), and culturally relevant coping strategies and sources of strength and support.[7]

Clients themselves can be enabled to monitor their own risk/safety levels. The Danger Assessment, for example, allows the user herself to record and monitor the temporally dynamic and changing aspects of risk.[8] Engaging women to create their own safety plans requires the service provider to create better connections with the client.[9] Individualized safety plans must be integrated with responsibility plans, so that help-seekers can be empowered to take the reins to manage their safety in accordance with the level of risk, which may be greater in situations where the parties are in contact, e.g. during legal hearings or when an abuser is allowed to have access to children. Safety planning should be adaptive to the client's changing needs, the fact that there may be multiple perpetrators of violence (as in an extended patriarchal family with a close-knit and sympathetic community reference-group) and to the dynamic aspects of the risk of violence.[10]

---

[7] See the related 'Tip sheet for interviewing victims of specific domestic crime' p 114-115 in Kumar, N. (n.d). Crimes, Not Cultures. Retrieved on September 2, 2016 from http://www.ucca.ca/common/data/Crimes-Not-Cultures.pdf

[8] Northcott Melissa. (n.d). Intimate Partner Violence Risk Assessment Tools: A review. Retrieved on September 2, 2016 from from http://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/rr12_8/rr12_8.pdf According to Northcott: *The Danger Assessment (DA) was developed by Jacquelyn Campbell in the United States and is used throughout the United States and Canada…. The DA is a structured clinical assessment tool that was originally designed for use by emergency room nurses to assess the likelihood of intimate partner homicide … It is now also used to predict domestic violence recidivism, but not in low-risk or medium violence cases … It is used in a number of settings, including for the purposes of victim education and awareness, safety planning and determining the conditions of services. The DA is comprised of two parts. The first is a calendar on which the victim indicates the severity and frequency of instances of domestic violence that she experienced within the last 12 months. The second part is a 20-item checklist of risk factors that are related to intimate partner homicide ... Both sections are completed in collaboration with the victim… the most appropriate users of the DA are victim advocates, social workers or clinicians in various settings, such as women's shelters and hospitals. The strengths of the DA are that it has strong test-re-test reliability, good inter-rater reliability and construct validity, and correlates strongly with other measures of domestic violence…In addition, it is a good tool to use with victims as it allows victims to better understand the risk that the relationship may pose to them and what risk management options are available …It may also serve as a useful instrument when information is difficult to obtain or when the offender cannot be interviewed. The accuracy of the DA, however, is not as strong as other tools and it does not provide the evaluator with a means of assessing the risk level posed by the accused ….'*

[9] Jenney, A., Mishna, F., Alaggia, R., & Scott, K. (2014). Doing the right thing?(Re) Considering risk assessment and safety planning in child protection work with domestic violence cases. *Children and youth services review*, *47*, 92-101. Retrieved on September 2, 2016 from https://www.researchgate.net/profile/Angelique_Jenney/publication/267573514_Doing_the_right_thing_Re_Considering_risk_assessment_and_safety_planning_in_child_protection_work_with_domestic_violence_cases/links/5485184e0cf24356db60e4a6.pdf

[10] Messing, J. T., Amanor-Boadu, Y., Cavanaugh, C. E., Glass, N. E., & Campbell, J. C. (2013). Culturally competent intimate partner violence risk assessment: Adapting the danger assessment for immigrant women. Social Work Research, 37(3), 263-275. Retrieved on September 2, 2016 from

The comprehensive risk assessment is tied to the safety planning process. The collection of information for safety planning should identify sources of harm and strength. The latter may include trusted friendships, work relationships (past and current) and safe connections in the family or community. However, as noted earlier, with ECFV, this information must be treated with extreme caution. The service provider should contact any persons deemed to be safety connections only with the consent of the client. However, the degree of safety and reliability of those connections should be considered via the lens of a thorough risk assessment. The service provider should also assess and discuss the potential for harm in the safe connections mentioned by the client. All risk, safety planning and strength assessments are to be treated as live documents subject to regular scrutiny and revision. A key practice component throughout will be counselling and therapy to acknowledge harms experienced, to discuss the family and other relational dynamics as these pertain to the harms experienced as well as to strengths that can enable healing and rehabilitation.

Transition, exit and rehabilitation planning are also to be included as part of the client management. The case manager will also discuss contact options for periodic post-exit follow-up with the client to find out if there has been a return to risk, if the client is able to independently access services and support in the community, and if the client is on the track to safety and rehabilitation or not. Post-exit contact will be subject to informed consent by the client.

Group intervention

The service agency can, if safety planning allows, attempt to draw the family into a group-based intervention. This will require the involvement of a trained mediator/facilitator. The aim of the intervention would be to initiate dialogue on the effect of violent behaviour and to discuss the possibility of non-violent communication. It is strongly recommended that this option not be pursued without thorough risk planning. Our needs assessment does not rule out the prospect of mediation but at the same time does not reveal great promise to this approach. Further exploration of the research and evidence around mediation is warranted.

Community-based action

The service provider can also contribute to community dialogue to engage youth and adults on topics such as respectful communication, conflict resolution, women's rights and roles, and resilience measures to manage stresses pertaining to intercultural parenting and immigration. These programs require the involvement of trained cultural navigators.

Flexible working hours

Service providers may need to operate flexible and accessible work hours that meet the needs of clients. It is expected that some service responses will need to take place outside normal business hours of 9.00 am to 5.00 pm, particularly in relation to the provision of outreach.

---

http://www.mass.gov/mova/docs/mvaa/messing-et-al-2013-da-i-pref.pdf (p3) *'There are three main components of cultural competency for helping professionals: (1) awareness of their values, beliefs, and biases; (2) knowledge of their clients' values, beliefs, and cultural practices; and (3) the skills to use culturally appropriate and sensitive intervention strategies … To practice in a culturally competent manner, practitioners need culturally competent risk assessment tools; however, there are currently no risk assessment instruments for identifying immigrant women at risk for severe and lethal IPV despite the evidence that this population is at elevated risk for experiencing IPV and femicide. Because of the specific vulnerabilities of immigrant women, risk assessments need to be adapted for use with this population.'* See p 9 *'Danger Assessment for Immigrant Women'*.

Recording systems

Service providers are required to collect client data and provide regular reports to their team leader/supervisor. In addition, service providers will be expected to provide the department with information in relation to client progress in achieving the outcomes measures outlined in the framework. Specific outcomes measurement tools and processes will be agreed with the service providers as part of the evaluation process.

Staffing model

Competencies

The team should consist of skilled and experienced staff from a range of professional backgrounds such as social work, psychology, youth work and family therapy.

Key competencies should include:

- Ability to actively engage clients who may have normalized violence. Staff should have empathy, openness and honesty in communications and casework and an ability to actively engage the client in decision-making processes, for example, in monitoring and managing risk.
- Trained understanding and ability to apply
    - Relevant risk assessment tools (e.g. PATRIARCH) where appropriate. ✱See the relevant information posted here.
    - Tools now in use to assess risk levels associated with spousal violence (e.g. BSAFER; Danger Assessment) and the ability to train a client in monitoring her changing risk status (possible with Danger Assessment).
    - a triage and acuity tool to (i) prioritize client care requirements when service capacity is under strain (ii) examine client care processes, workload, and resource requirements relative to case mix and community needs. The service provider will keep in mind that with ECFV violence is premeditated and orchestrated and thus may not exhibit the cycling patterns of intimate partner violence. [11]
- Ability and skills to engage in cross-cultural communication for effective assessment and intervention.
- Trained understanding of the causes, red flags, and impact of ECFV upon individuals and upon their relationships with families and communities of reference.
- A sound knowledge of services and interventions, also outside the agency that can meet needs (especially if the provider's own agency lacks capacity).
- Ability to reach out to and connect with other agencies and engage in advocacy to enable access to services and supports.
- An understanding of the link of ECFV with the controlling actions of immediate and extended family and community members.
- An ability to work with the help-seeker to identify safe and supportive relationships and other contacts.

---

[11] As an example: The Service Prioritization Decision Assistance Tool (SPDAT) uses 15 dimensions to determine an acuity score that helps inform professional housing practitioners about the following: '*people who will benefit most from Housing First; people who will benefit most from Rapid Re-housing; people who are most likely to end their own homelessness with little to no intervention …; which areas of the person's life that can be the initial focus of attention in the case management relationship to improve housing stability; how individuals and families are changing over time as a result of the case management process'* (Service Prioritization Decision Assistance Tool (SPDAT) Retrieved on September 2, 2016 from http://www.orgcode.com/product/spdat/).

- Ability to explore and connect with relevant knowledge sources and informants to understand issues relating to multi-perpetrator gender violence
- An ability to work effectively with help-seekers with diverse backgrounds, needs and vulnerabilities.
- Ability to establish, and maintain positive and productive working arrangements with police, child protection and other key service providers.
- Ability to work under supervision and willingness to participate in relevant training and continuing professional development programs (e.g. workshops in use of PATRIARCH, training in prevention and intervention related to forced marriage and joint family abuse, advocacy in immigration-related abuse)

Professional Support and Safety

The staff will require extensive agency support, with weekly one-on-one and group debriefing as well as time for self-care and reflection. This is essential given the sheer demands of handling the complexity of ECFV cases. Supervisory staff are advised that the involvement of multiple perpetrators in ECFV can present a risk to the agency staff. Precautionary steps can include not sharing any personal information with the client, use of a pseudonym. Where outreach is a component of the case work, the staff will need training in identifying safe modes and sites of contact with the client.

Quality assurance

Evaluation

The provider will participate in an external evaluation of the service to determine the service's ability and extent to which outcomes are being achieved and to identify areas for further development and improvement. The evaluation will be formally conducted by an externally contracted organisation.

Outcomes - Ensuring and measuring effectiveness of activities

The following activities and outcomes are proposed to reduce social isolation, reduce risk of violence due to families' alienation from mainstream, provide checks to parental authoritarianism, enhance integration into wider community, and enhance exposure to models of positive relationships and social connections outside small in-group affiliations. Outcomes will be measured at baseline and after a year to assess effectiveness of activities.

OBJECTIVE	ACTIVITY	SHORT-TERM OUTCOME	LONG-TERM OUTCOME	OUTCOME MEASURE
•To increase the safety of vulnerable family members.	Assess risk and develop safety plans to minimise adverse impact of ECFV. Provide information on the impact of violence on parents and other siblings. Provide information and support to access legal rights (e.g. intervention orders) Assess risk to all children living in the home and refer to CFS.	Reduction in fear of violence Reduction in level and length of involvement of law enforcement and child protection services with families.	Relationships are characterised by the absence of violence and abuse. Persons live in a safe environment.	Reduction in number of incidents of violence Reduction in severity of incidents of violence Number of persons reporting increased levels of safety and reduction in level of fear. Number of reports to law enforcement and protection agencies Length of involvement of law enforcement and protection agencies

•To engage with and assist people at risk of a range of negative consequences as a result of honour based violence.	Explore secure housing options and refer to appropriate services. Provide support for ongoing engagement with secondary education and refer to appropriate services. Provide information and support in developing life skills. Provide information and support in identifying and accessing education and employment opportunities. Support the development of budget management skills. Provide financial support to meet material needs. Assess and identify indicators of trauma. Undertake case planning that facilitates referral to and engagement with specialist services.	Client demonstrates the development of a range of life skills. Client maintains engagement with education or vocational training. Reduction in level/length of trauma experienced by the client.	Client remains living safely. Client is able to establish and maintain economic and social self-reliance.	Number of clients accessing and/or sustaining education, training or employment opportunities. Client reports improvement in key life domains, using an outcomes measurement tool (measured against a baseline at the commencement of service engagement) Evidence of ongoing engagement with services. Number of clients who maintain safe and stable accommodation over the life course of the service. Reduction in trauma and depression.

•To strengthen positive relational capacity.	Explore impact of violence upon relational capacity and refer to appropriate agencies for therapeutic support (where indicated). Assess and identify indicators of mental illness, problematic substance use, and trauma. Undertake case planning that facilitates referral to and engagement with specialist adult services (e.g. adult mental health services, drug/alcohol agencies). Explore beliefs and provide strategies regarding boundary setting in families Refer to parenting classes or groups, where appropriate.	Family members linked into formal support to address areas of risk and vulnerability. Family members engaged in group-based intervention to strengthen relational skills Family members able to make decisions that impact positively on each other	Reduction in vulnerability and risk within the family. Resilience in responding to life stressors is enhanced.	Improvement in the mental health and well-being of family members (measured against a baseline at the commencement of service engagement). Number of referrals (and evidence of ongoing engagement) with specialist adult services.

•To strengthen a client's emotional well-being, communication and problem-solving skills.	Explore and strengthen informal sources of emotional and practical support. Support client in strengthening relationships with siblings, peers and other family/community members. Support client in identifying and reducing risk taking behaviours. Involve client in goal setting and case planning processes. Support development of communication and problem-solving skills. Access appropriate mental health support for the client.	Relationship and goals established with key worker. Client attends and engages with support service. Improved emotional well-being for the client. Reduction in risk-taking behaviours by the client.	Client has positive and healthy relationships. Client demonstrates problem-solving skills and emotional resilience in responding to adverse life circumstances.	Number of client hours. Client reports improved emotional well-being and strengthened relationships, using an outcomes measurement tool.
•To increase family connection to larger community	Assess and foster connections to support systems Promote usage of community resources. Explore and increase awareness of patterns and impact of patriarchal violence	Family sense of identity as member of community is positive Family members demonstrate knowledge of community services and feel empowered to access these.	Family experiences a sense of connection and belonging to community. Disruption in patterns of violence.	Participation by families in community activities Participation by families in community services

Box 1: ECFV Associated Relational Patterns – Case assessment probes

FAMILY STRUCTURE AND AUTHORITY

•Who are the decision makers in the family? What is the role of the father, father's brothers, mother-in-law etc?

•How are rules of conduct defined and enforced; regulation of dress, conversation, movement? Who enforces rules of conduct? To what extent are male relatives agents of enforcement/surveillance? What is the mode of enforcement? What is the practice and attitude around corporeal punishment?

ESTIMATION AND STATUS OF WOMEN IN FAMILY

•Ideas of manhood and womanhood
•Attitudes to births of girl babies vs boy babies
•Proverbs and sayings about girls and boys
•Schooling of girls and boys
•Career choices of girls and boys
•Friendship choices of girls and boys – extent of diversity allowed/permitted/tolerated

IDEAS OF GENDER RELATIONS AND ROLES

•Attitudes to marriage and life/career choices of girls and boys
•Ideas of marriageable age of girls and boys
•Ideas of how marriage partners should be found and by whom
•Attitudes to girls and boys finding marriage partners on their own.
•Attitudes to dating practice
•Attitudes to virginity; attitudes to premarital/extramarital sex; comparisons of attitudes to female vs male virginity and pre/extramarital sex.
•Attitudes to non-binary gender identities and sexualities.

WEIGHT ACCORDED TO COMMUNITY PERCEPTION & OPINION

•Value attached to standing in reference community
•Value attached to image and reputation in region of origin
•Kinship affiliations and associated concerns over image and standing

INVOLVEMENT OR ISOLATION FROM WIDER COMMUNITY

•Value attached to activities and relationships outside community of social reference
•Ability to communicate and interact with members outside community of social reference
•Extent of freedom accorded to family members to interact with or participate in activities outside the home and outside the community of social reference