RECOGNIZING CRITICAL EXPERTISE: A KNOWLEDGE AND SKILLS FRAMEWORK FOR INTIMATE PARTNER VIOLENCE SPECIALISTS

Western Centre for Research & Education on Violence Against Women & Children

RECOGNIZING CRITICAL EXPERTISE
IN GENDER-BASED VIOLENCE WORK

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Introduction

Gender-based violence (GBV) is a significant problem in Canada that can have devastating impacts on individuals, families, and communities.

Canadians who are experiencing gender-based violence often seek, or are referred to, service providers with specialized knowledge to respond in ways that recognize adult and child survivors' experiences and promote safety and change in those who have behaved abusively.

The framework presented here was developed collaboratively with GBV service providers across the country to articulate the often-unrecognized expertise of those providing this support. This framework can help health and social service professionals better recognize the need for and value of working with GBV service providers. The quality and availability of GBV services across the country can be enhanced through recognizing and documenting the core knowledge and skills of service providers responding to those experiencing and perpetrating violence. A common understanding of GBV services would mean more engagement of GBV specialist services and a workforce with the capacity to respond consistently.

This framework was not developed under the guidance of Indigenous leadership and therefore the application of the framework within Indigenous led services and service organizations may not be appropriate. We acknowledge that Indigenous individuals and communities across Canada may value GBV expertise in their own and different ways than how it has been captured in this framework. It is crucial, then, that this framework be considered alongside Indigenous led initiatives and projects in order to be of most value to the GBV sector and to all Canadians.

The sector's capabilities and capacity can also grow through the documentation and sharing of the knowledge and skills required to do GBV work. Documenting what GBV service providers need to know, think, and be able to do requires a coordinated effort that brings together those working with adult survivors, child survivors, and those who have behaved abusively. These coordinated efforts may result in service improvements, education, training, and better policy. This framework has been developed as a starting point for moving toward these goals, and as a contribution to the recognition of the critical expertise of the GBV sector.

History

Community-based services to address gender-based violence were first developed in Canada in the early to mid 1970s.[1] Shelters for women experiencing violence, crisis lines and rape crisis services began to provide support where little formal support existed at that time. This work was organized and directed mostly by *grassroots* activists – many with lived experience, who took the initiative. Services were built on collective knowledge, listening to women's experiences, and the sharing of resources.

The grassroots movement saw the participation of lay-persons, survivors of violence, and non-professionals alike. Working-class women, women of color, immigrant women, disabled women, 2SLGBTQIA+ community members and other diverse women were present as contributors and leaders. Over time, through the centering of survivor expertise, the grassroots gender-based violence sector was able to acknowledge diverse ways of knowing, responding to and resisting violence. Expanded understanding of diversity and intersectionality makes visible the experiences of diverse peoples including Queer, Trans, Black, Indigenous and People of Colour.[2] In this, the expertise of the movement intentionally points out the ways in which race, class, ability, citizenship, gender, sexuality, and others are interlocking systems of power that differentially shape people's experiences.[3], including the experiences of adult and child survivors as well as those who have used abusive behaviours.

Organizations that respond to gender-based violence make efforts to dismantle oppressive systems through reformation or by using transformative approaches and building brand new systems to end oppression-based violence. They also aim to flatten hierarchies, where possible, in systems, within their organizations, and between service providers and service users.

Given all of the above, it was important for the current work to be done by and with the GBV sector and for its use to remain consistent with the aims of dismantling oppressive systems. A *cautious perspective on institutional approaches to addressing* GBV and to *credentialization/professionalism* are key foundational concepts to the GBV sector. This field recognizes that a diversity of people, survivors, community members and professionals, contribute to expertise about violence. “Professionalization” through formal credentials, control by a regulatory body and the restriction of practice to a narrow group of professional practitioners is counter to the founding philosophies of the movement. At the same time, the GBV service provider community sees the value in articulating what GBV service providers need to know, think, and be able to do for initial training and ongoing learning, for helping to break down silos in services, and for articulating the contributions made by GBV service providers in broader health, education and social service teams.

This history outlines some of the foundational concepts and tensions that inform GBV work today. These, in turn, inform the capabilities, or the knowledge and skills, of the sector. Our hope is to collaboratively identify and document these capabilities, knowledge, and skills in a way that is consistent with this history.

Scope of this framework and our commitments

Intimate partner violence

Gender-based violence (GBV) is a term that refers to the violence that individuals face because of their gender, gender expression, gender identity, or perceived gender. While violence affects all people, some people are more at risk of experiencing violence because of various forms of oppression, such as racism, sexism, homophobia, transphobia and ableism.[4]

Intimate partner violence (IPV) represents a major form of gender-based violence and is the focus of this framework. IPV refers to multiple forms of harm caused by a current or former intimate partner or spouse. IPV can occur in both public and private spaces, as well as online, and can include: physical abuse, criminal harassment, sexual violence, emotional/psychological abuse, financial abuse, spiritual abuse, reproductive coercion, coercive control, and technology-facilitated violence.[5]

Survivors, infants, children and youth who have experienced violence, and men who have behaved abusively

IPV impacts people of all genders, ages, socioeconomic, racial, educational, ethnic, religious and cultural backgrounds. It is also a gender-based issues. IPV is disproportionately perpetrated by men against women The focus of this framework is on survivors who identify as women, infants, children, and youth who experience IPV, and perpetrators who identify as men.

IPV specialists

In this framework, we use the term IPV specialists to refer to individuals who deliver services, train, and supervise others, and review practices within the IPV sector. Examples of IPV specialists include advocates who support and work with women and children in shelters or community agencies, providers of services to support children who have experienced IPV, facilitators of services for men who have behaved abusively toward their partners and children, and individuals and teams within larger organizations who are the “go to” specialists for IPV (for example, the domestic violence leads in health care teams, child protection, children’s mental health).

Infants, children and youth who have experienced violence

Throughout this framework and the associated documents, we use the terms child and children to refer to all individuals who range in age from birth to young adulthood. More specifically, our use of the terms child and children includes infants, toddlers, school-aged children, youth, pre-teens, teenagers, and young adults, all of whom may range in both age and development.

Together with the expert working group members, the research team articulated foundational assumptions at the outset of this work to ensure a shared perspective and approach to IPV work. A foundational assumption of this framework is the need for children to be “seen”, “heard” and considered in all work. The work of IPV specialists includes attention to children, when children are part of the relationship or family (biological or non-biological). This commitment starts with an understanding that, regardless of whether or not children were directly exposed, children are impacted by violence in their families.

Our commitments

Those who developed this framework came together because of a common interest in recognizing and documenting the expertise of IPV specialists. An important step in our process was to acknowledge and reflect on who we are as individuals involved in this work.

This reflection has highlighted shortcomings in the composition of our research team. That is, the project was led by researchers whose identities include being: White, cis-gender, heterosexual settlers. Our leadership team did not include individuals who identify as Indigenous, Black, or people of colour. The framework, then, may not be culturally appropriate for all communities.

Early on in this project, a Diversity, Inclusion, and Equity Statement was developed as a foundational document that informed the process of collaboratively developing this framework. The statement included reflections on the positionality of the research team, as well as reflections on power, oppression, and social inequities in GBV and GBV work. Key to this document and our work together was the understanding that individuals with privilege have a responsibility for addressing inequity and creating change.

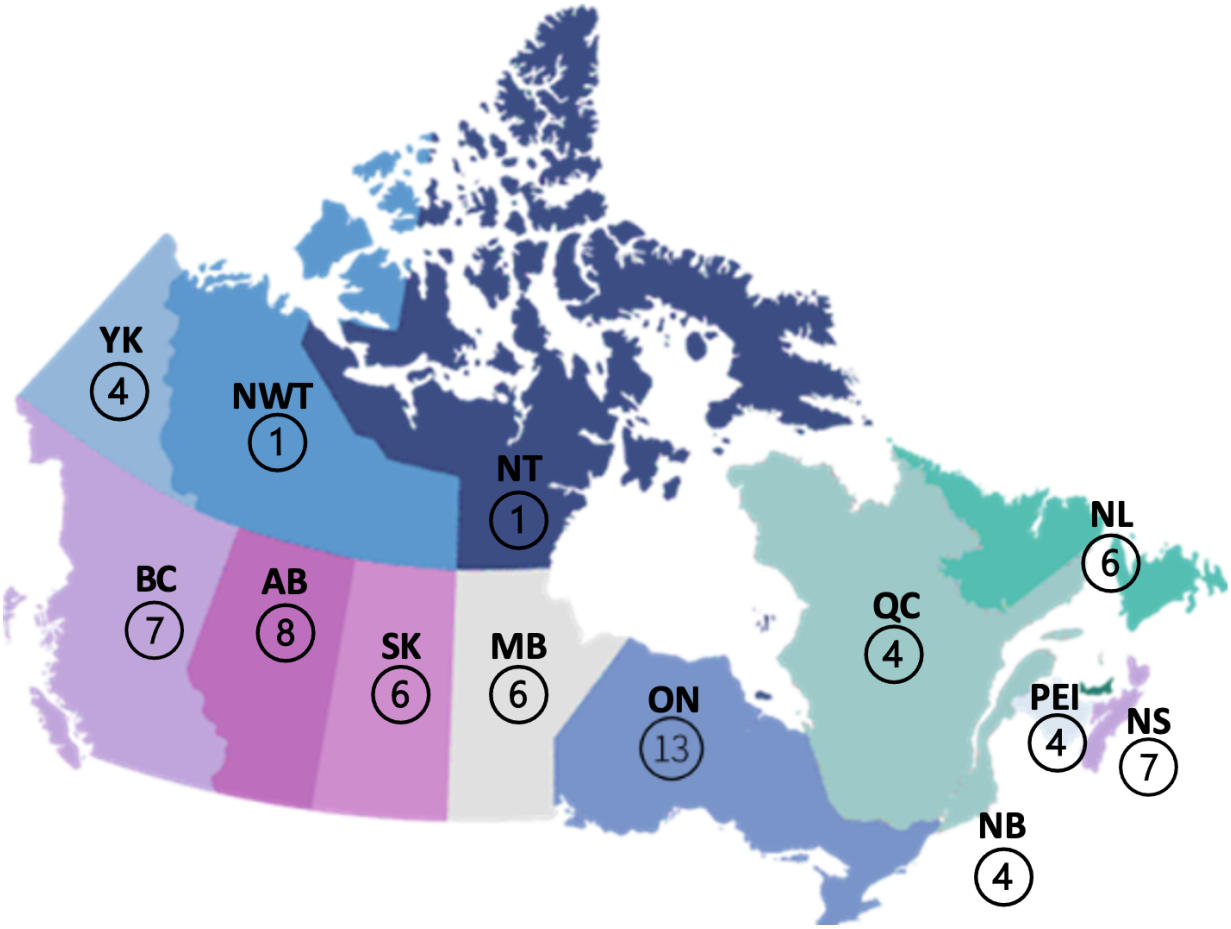
In the current project, we demonstrated our commitment to equity, inclusion, diversity and cultural safety in a number of specific ways. One commitment at the centre of this research project is to not impose our work on communities. It would be inappropriate and potentially dangerous to impose our work on others, which we recognize comes from particular ways of knowing and may not adequately capture or represent the expertise that already exists within Canada's diverse communities. Individuals across Canada who are doing gender-based violence work will decide how to draw on, build from, or reject this framework. We will pay attention to and learn from the responses from others.

The team also committed to diversity within the expert working groups, an inclusive and open working environment, communication guidelines, recognizing that talking about oppression and violence affects us differently, working alongside related projects that are Indigenous-led, and centering our diverse group members equitably.

Who came together?

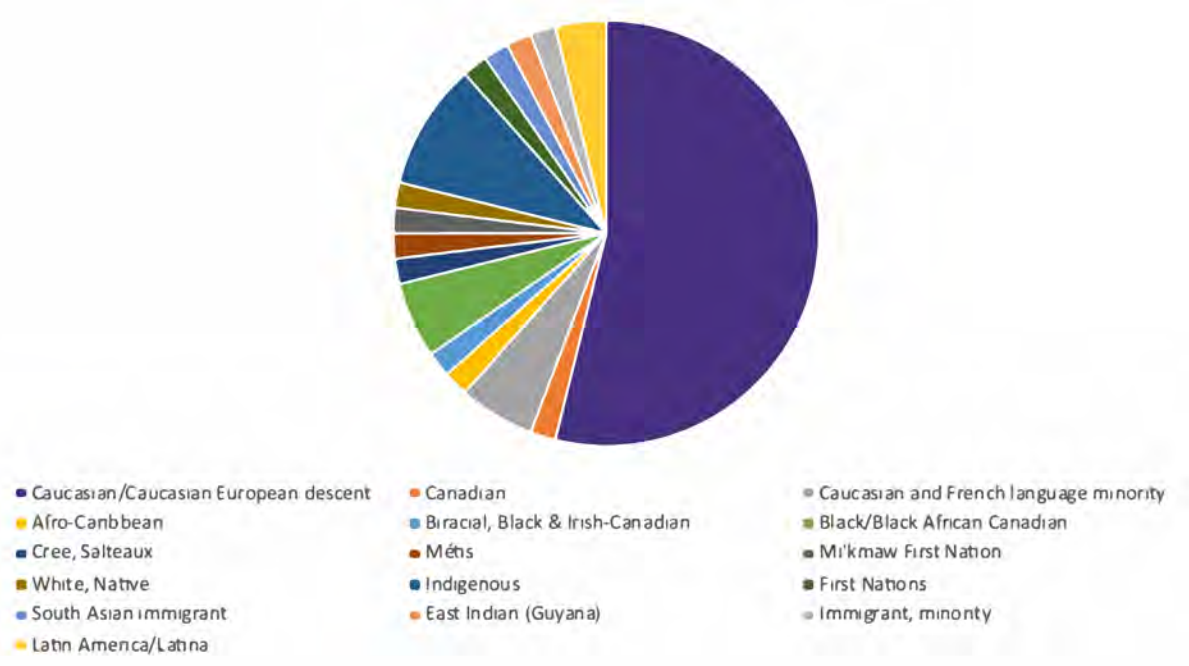
More than seventy experts in the IPV sector, including those with lived experience expertise, service providers, and academics, came together from every province and territory in Canada to develop this framework. Working group members were identified as having expertise by their community, either because of their years of service and reputation as a “go to” person for training and mentorship and/or because of their role in representing service providers in their area. Three expert working groups were formed including those with expertise regarding IPV work with 1) women survivors, 2) infants, children and youth who had experienced violence, and 3) men who have behaved abusively. Together with the research team, the experts collaborated to review, refine, and reach consensus on what IPV specialists need to know, think, and be able to do to provide services to women, children, and men.

Figure 1



Individuals representing a range of backgrounds and organizations joined together including those from grass-roots women's service agencies, children's service agencies, organizations serving perpetrators of IPV, multi-service agencies, and researchers whose work focuses on IPV. Expert working group members came from all of Canada's provinces and territories (see Figure 1). Expert working group members lived or worked at provincial/territorial associations (10%), large (26%), medium (17%) and small population centres (20%) and in rural areas (11%). They identified with a range of ethic/cultural identities, with 42% self-identifying as White, 10% identifying as Indigenous, Cree, Métis, First Nations or Mi'kmaw, 6% as Black, 5% as White French language minority as well as many others (Figure 2). Most expert working group members identified as a cis-gendered woman with the preferred pronouns she/her, 11% identified as men and the remaining identifying as non-binary. A majority of working group members identified as heterosexual (75%), with others identifying as bisexual, asexual, queer, pansexual, questioning or unsure. Finally, just under half (46%) of the working group members had lived experience with IPV.

Figure 2



We would like to acknowledge the commitment, experience, and tremendous efforts of those who came together to collaborate on this framework, as well as all IPV specialists across Canada.

Why?

IPV specialists have a clear understanding of the skills and knowledge needed in their work. This specialized expertise has been developed over time by specialists themselves, alongside those with lived experience of IPV. However, these knowledge and skills are not generally written down. We believe that articulating the knowledge and skill sets needed for IPV work is key to it being recognized as a specialization. This specialization resides in communities and within community-based organizations that provide services to women survivors of IPV, the children experiencing IPV, and the men who have used abusive behaviour.

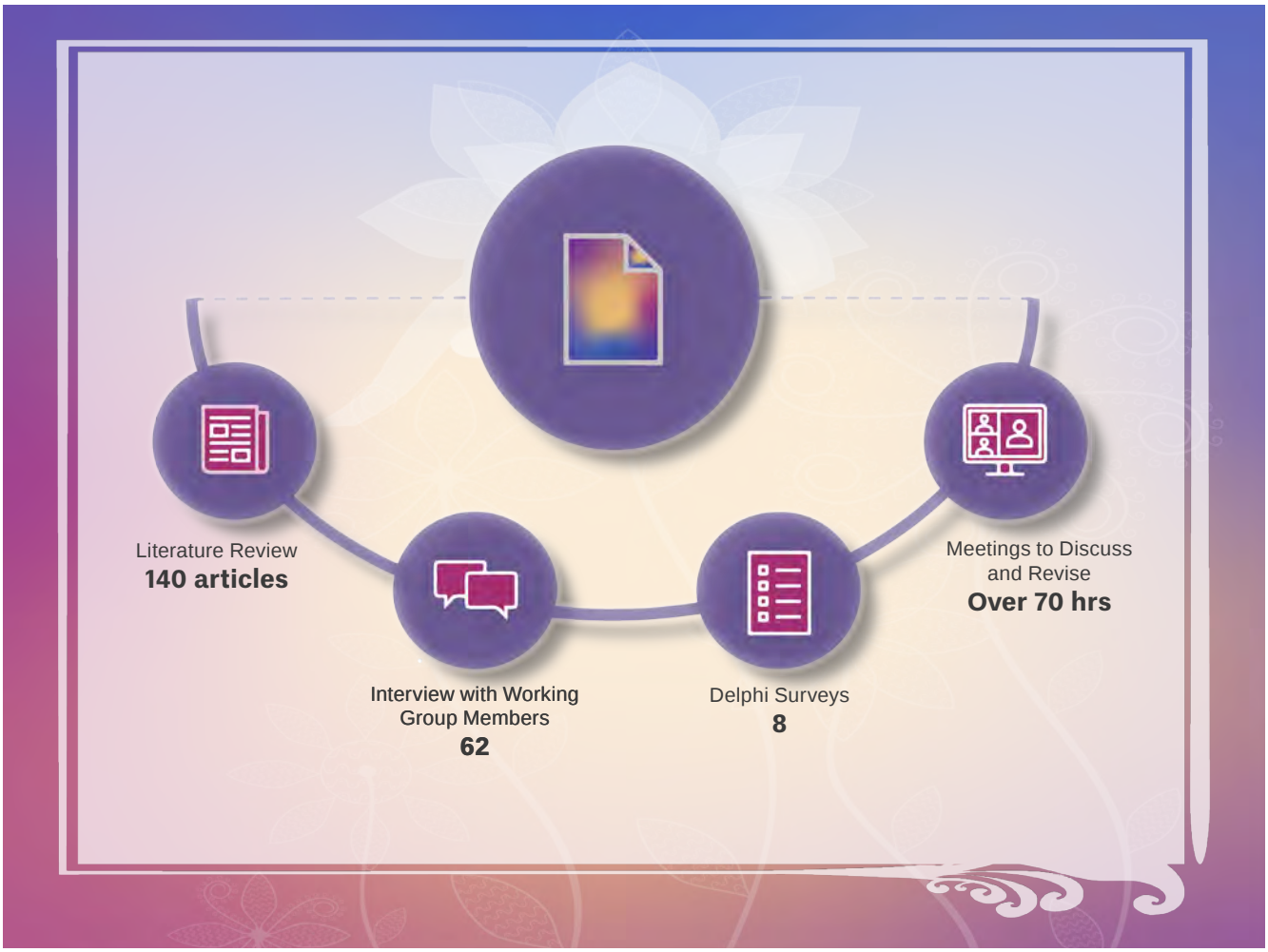
The advantages of articulating the knowledge, skills, and expertise in IPV work include increased recognition of the expertise of IPV specialists by other systems. It allows us to place emphasis on the knowledge and skills of those providing services, rather than on programs only. Documenting the expertise of this sector helps us articulate what organizational, community, and structural supports IPV specialists need to have the capacity to grow and express their knowledge and skills. This documentation is an important step in developing common understandings that can facilitate networking, break down silos and result in services that consistently centre the needs of service users.

How?

Together with the expert working group members, the research team developed this framework by integrating results from a scoping review, qualitative interviews with IPV specialists and survivors, consensus building methods, and many collaborative expert working group meetings and workshops over the course of two years.

We began development of the framework with a scoping review. The research team sought academic and practice-based literature that spoke to and described what IPV specialists need to know, think and be able to do in providing services. Based on database searches, conversations with experts, materials listed by GBV organizations, curriculums, and trainings in GBV, we reviewed 140 publications. Statements from these publications were coded into an initial set of 45 categories. We then worked to refine those 45 categories into items and domains that described knowledge or skills needed to do IPV work. These items were shared with the expert working group members through a series of 8 Delphi-method surveys for their in-depth review.

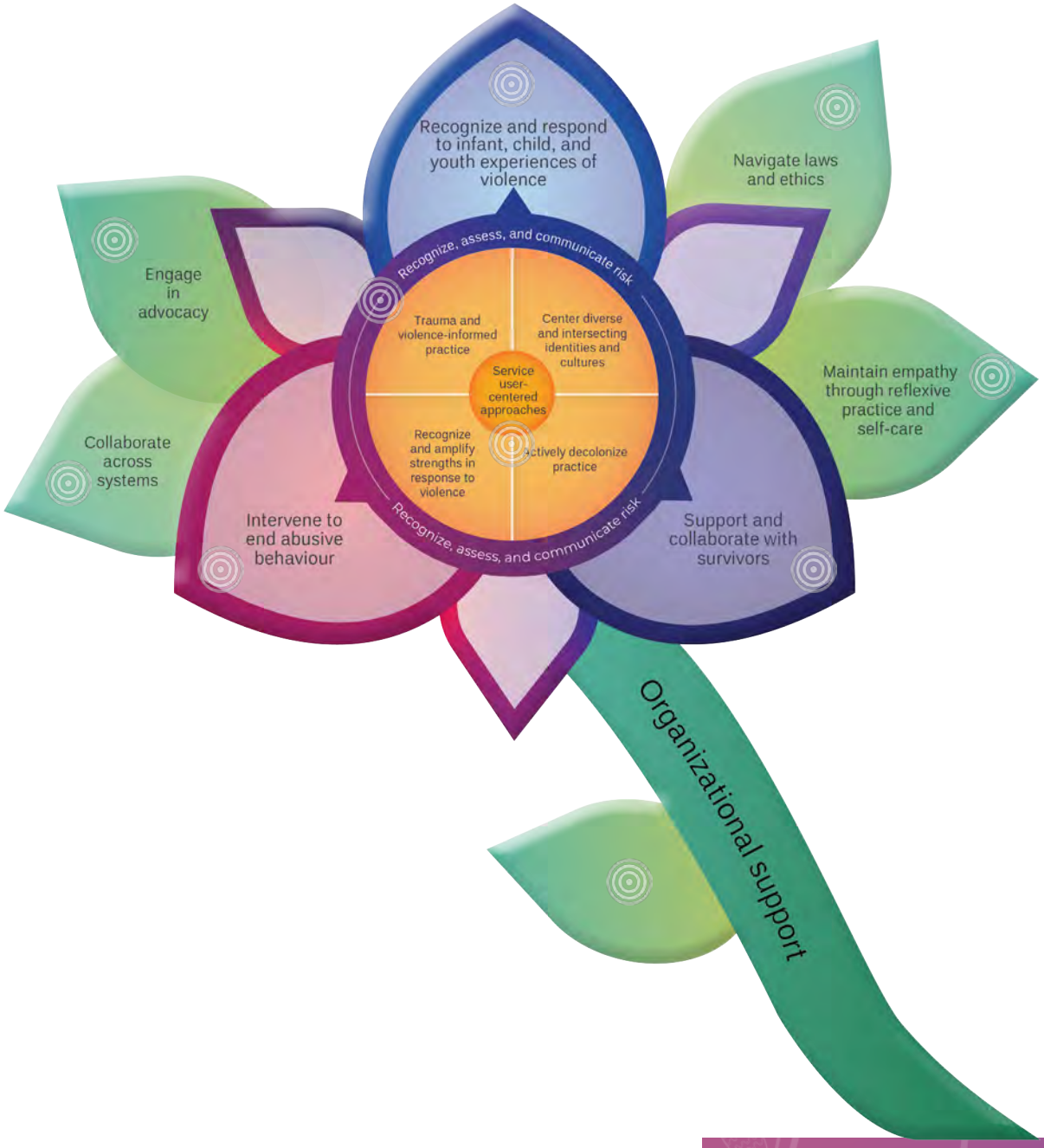
Additionally, in order to both expand on the literature and to illuminate the individual experiences and perspectives of experts and survivors, we conducted individual interviews with 62 expert working group members from this project. Over the course of the projects, we also spent over 70 hours in meetings both across and within the three expert working groups. In meetings, we consolidated, refined and finalized the compiled knowledge and skills of IPV specialists by sharing drafts, discussing, and revising items together. Combined, these methods resulted in a very rich iterative and collaborative process that led to the development of the current framework.



Structure – The Flourishing Practice Model

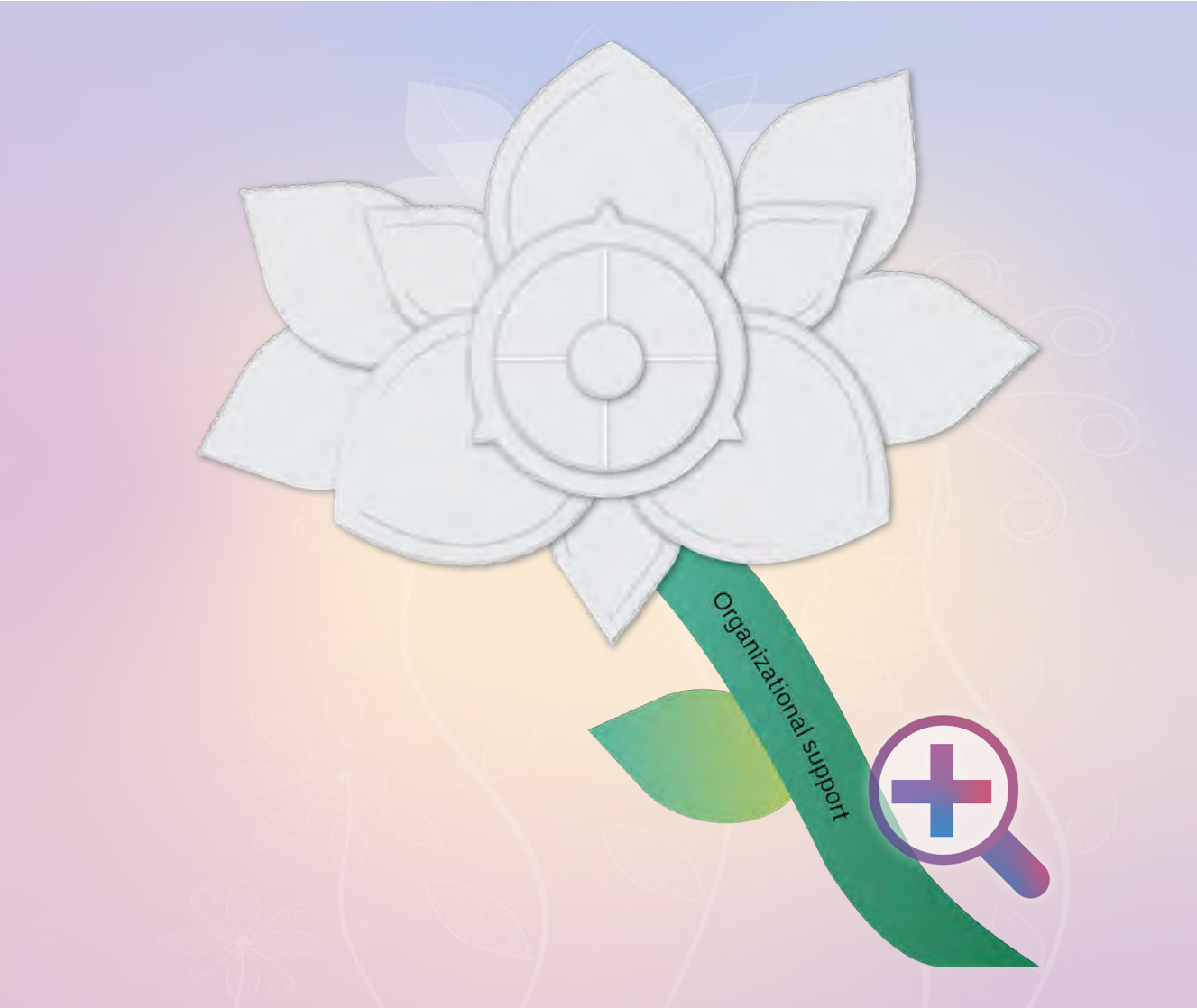
The result of the collaborative work of this project is the Flourishing Practice Model. This model uses a visual representation of a flower to display areas of knowledge, skills, and expertise of IPV work.

Each part of the framework – the stem, core, leaves and petals – represent different areas of knowledge and skills. This framework represents the shared vision of collaborators across the country of what IPV specialists can offer when the field is supported and can flourish.



The Stem: Organizational support

The core of the Flourishing Practice framework includes four practices that are at centre of all of the work of IPV specialists. The core includes the knowledge and skills of IPV specialists to center the experiences, identities, strengths, and expertise of service users. These skills are foundational to IPV work and inform all aspects of service provision articulated within the rest of the Flourishing Practice Model.



IPV specialist organizations…

Part 1

Have policies and practices that are anti-racist, anti-oppressive, trauma and violence-informed and promote decolonization.

Cultivate and maintain collaborative partnerships with other services working to meet the needs of service users and, more broadly, to end GBV.

Consistently update, interpret, and implement policies and procedures relevant to laws, regulations, ethical guidelines, standards of practice, and best practices in IPV.

Practice in ways that are informed by an understanding of service delivery as part of a larger social justice movement to end GBV and promote equity.

Organizational support

Part 2

IPV specialist organizations…

Part 2

Provide training and resources to service providers that facilitate and support their capacity for reflexive practice and self-care, thereby investing in the prevention of secondary traumatic stress, compassion fatigue and vicarious trauma.

Demonstrate leadership practices around assessment and management of risk for service users.

Promote continuity of care for survivors.

Center children and youth in the design and development of their spaces and services.

That work with men or those who have behaved abusively ally and collaborate with services for adult and child survivors of abuse.

Organizational support

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The Core: Service user-centered approaches

The core of the Flourishing Practice framework includes four practices that are at centre of all of the work of IPV specialists. The core includes the knowledge and skills of IPV specialists to center the experiences, identities, strengths, and expertise of service users. These skills are foundational to IPV work and inform all aspects of service provision articulated within the rest of the Flourishing Practice Model.

Centre diverse and intersecting identities and cultures

In order to center service users, IPV specialists must uphold the diverse and intersecting identities and cultures of those who experience and perpetrate violence. Centering service users, how they identify, and what they have experienced is a core aspect of IPV work. IPV specialists know that different people experience violence differently and that these experiences interconnect with systems of oppression and social structures of power and privilege (for example: sexism, colonialism, racism, heterosexism, classism, ableism, white supremacy, and many others).

IPV specialist work cannot be done without a strong foundational capacity to apply an intersectional, anti-racist, and anti-oppressive approach to IPV service provision. IPV specialists understand identity (including but not limited to: gender, race, ethnicity, sexual orientation, socioeconomic status, culture, immigrant / refugee status, age, geographic location, religion / spirituality, (dis)ability, language, mental health status) as multi-dimensional. They are able to appreciate, identify and honor how identities, their intersections, and the oppressions associated with them, co-exist and shape people's lived experiences.

Recognize and amplify strengths in response to violence

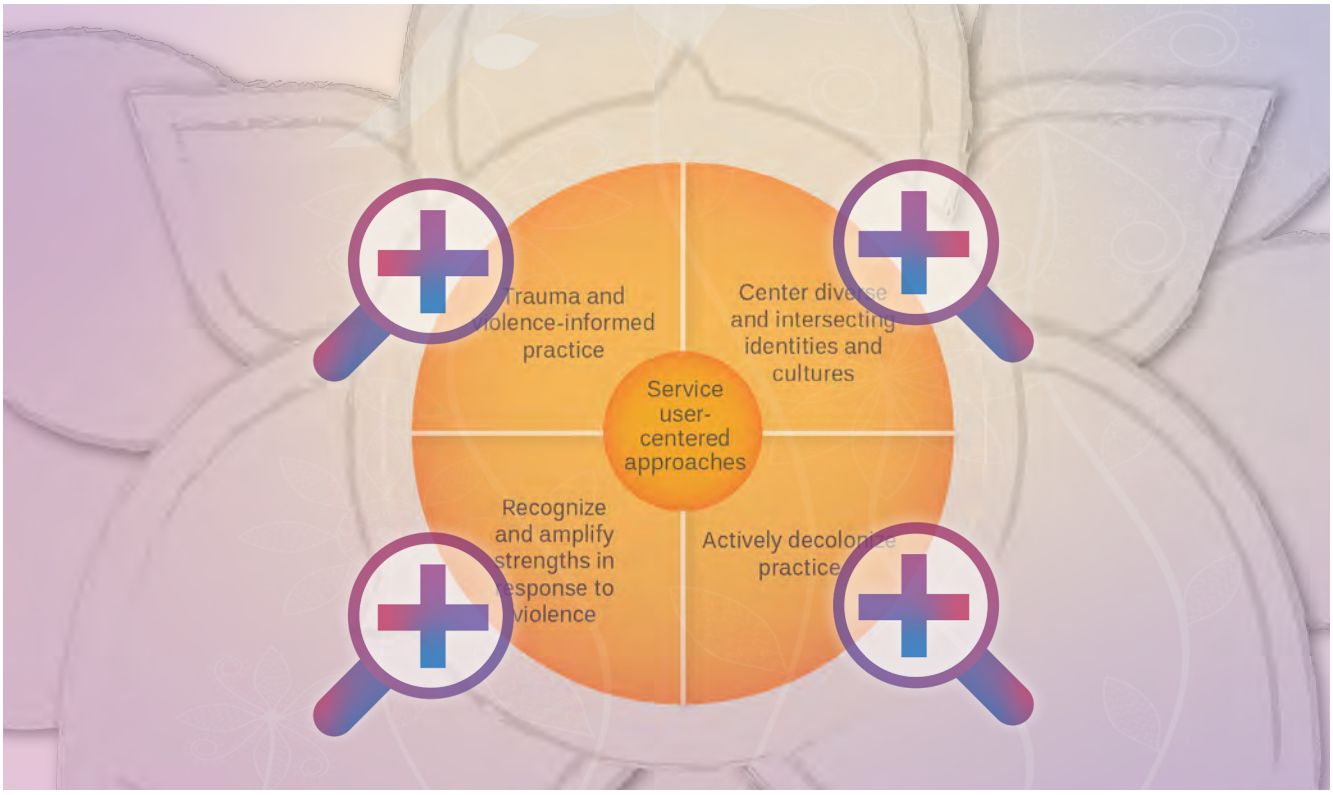
Core to IPV work is the capacity for IPV specialists to recognize and amplify strengths in response to violence. IPV specialists understand strengths-based approaches as necessary and foundational to IPV services, including knowledge that service users are the experts of their own lives and that service users hold wisdom, strength, and resiliency. Also highlighted in this area of the framework is IPV specialists' understanding that service users respond to violence in ways that are resourceful and adaptive and that serve the purpose of surviving and resisting violence. An appreciation of lived experience is a central component of IPV specialists' capacity to center service users.

Actively decolonize practice

To provide IPV specialist services, an understanding of colonization is essential. This area of the framework highlights knowledge and skills that are necessary for providing strengths-based services that center Indigenous cultures and identities. All IPV specialists must commit to and continuously act to ensure their practice and IPV services are anti-colonial, and that they engage in cultural humility. Highlighted here is the recognition and action IPV specialists take to address the reproduction of oppression of Indigenous peoples, including a commitment to anti-colonization within oneself.

Trauma and violence-informed practice

A final component of the core of IPV specialist service provision is the knowledge and skills needed to work in a trauma and violence-informed way. IPV specialists have a deep understanding of the impact of trauma and violence on service users. Their knowledge of trauma, trauma theory, trauma recovery, and trauma and violence-informed practice is core to their ability to support service users, as well as the ability to avoid re-traumatization within IPV service provision.



Center diverse and intersecting identities and cultures

1. Knowledge that IPV is gendered
2. Knowledge and understanding of intersectionality
3. Knowledge and understanding of anti-racist and anti-oppressive approaches
4. Knowledge of how culture interconnects with identity
5. Knowledge of violence rationalized and mislabelled as “honour”- based violence
6. Centre knowledge of intersectionality and apply anti-racist and anti-oppressive approaches to IPV work
7. Address experiences of oppression
8. Continuously reflect on and address their own power and privilege in service user-service provider relationships
9. Provide IPV services that are safe, culturally responsive, and informed by community collaboration
10. Regulate their own reactions to and assumptions about service users’ identities and cultures

Service user-centered approaches

Back to Model

Service user-centered approaches

Recognize and amplify strengths in response to violence

1. Knowledge of strengths-based approaches
2. Understand ways of responding to violence
3. Use a strengths-based approach to appreciate responses to violence and capacity for change
4. Appreciate and value lived experience
5. Provide service user centered services
6. Acknowledge and promote self-determination
7. Use reflective practice to maintain service user-centred, strengths-based approaches

Back to Model

Service user-centered approaches

Actively decolonize practice

1. Knowledge of colonization
2. Provide strengths-based services that center Indigenous cultures and identities
3. Commit to anti-colonization within themselves

Back to Model

Trauma and violence-informed practices

1. Knowledge of the impact of violence and trauma on service users
2. Knowledge of trauma and violence-informed practice frameworks
3. Facilitate peer support in ways that are trauma and violence-informed
4. Recognize trauma and its impacts and avoids re-traumatization
5. Provide services based in trauma and violence-informed principles
6. Use self-awareness to maintain trauma and violence-informed approach

Service user-centered approaches

Back to Model

The Leaves

The leaves of the Flourishing Practice Model represent aspects of knowledge and skills that underlie the work of IPV specialists. This expertise is relevant and critical to all IPV specialists, including those working with survivors, children who have experienced violence, and individuals who have behaved abusively.

Navigate laws and ethics

Navigating laws and ethics highlights knowledge and skills needed to work with a mindfulness of the legal system and a focus on service user safety, privacy, dignity and trust within this system. It includes legal and court-related knowledge, skills required to support service users who are navigating these systems, and an understanding of how courts often exacerbate trauma associated with IPV. Navigating Laws and Ethics also outlines the knowledge and skills needed to think in complex ways about mandatory reporting, confidentiality, and documentation. Finally, it includes the knowledge and skills required of IPV specialists to make decisions about legal and ethical issues while centering service users' identities and experiences and appreciating the tensions, gravity, and implications raised by legal and ethical issues.

Engage in advocacy

Effective individual and systems level advocacy is an integral part of how specialists respond to intimate partner violence. IPV specialists' deep understanding of the dynamics of intimate partner violence positions them to raise their voices to prompt recognition and elimination of IPV and to identify systemic gaps in policies, programs, and services. IPV specialists listen to service users' experiences, partner with survivors, engage in critical thinking, organize, and take collective action as part of their work.

Collaborate across systems

Addressing IPV often requires a coordinated, holistic response and the collaboration of different types of services including those related to basic needs, immigration, separation and divorce, mental and physical health, and more. IPV specialists have knowledge and skills to bring services and agencies together and take collective responsibility and action to maintain the safety of service users,

effectively conduct risk assessment, manage risk, and create safety. With their strong knowledge of services, IPV specialists also support service users by effectively making referrals and promoting coordination of services. Also highlighted in this part of the framework are the capacities necessary for IPV specialists to work within communities and alongside community-based groups to promote and value community-based responses to violence.

Maintain empathy through reflexive practice and self-care

Bearing witness to, and taking action against, violence, abuse, and trauma can be emotionally challenging for IPV specialists. This challenge is amplified by working within a system that fails to recognize and respond in a socially just way to IPV and intersecting systems of oppression. This leaf details the knowledge and skills that IPV specialist have in being aware of how they are impacted by their work and in engaging in reflexive practice to monitor and maintain their empathy. Also highlighted within this area is the vital need for self-care skills, including self-care as a way of managing the possibilities of experiencing secondary traumatic stress, compassion fatigue and vicarious trauma.

Navigate laws and ethics

Thinks complexly about mandatory reporting, confidentiality, and documentation

1. Have knowledge and understanding of mandatory duty to report
2. Have knowledge of laws, regulations, ethical guidelines, practice standards, and best practices relevant to IPV work
3. Make complex decisions about mandatory reporting to child protection, appreciating the tensions, gravity, and implications of reporting for service user safety
4. Understand and navigate the complexities of confidentiality and privacy
5. Support information sharing that prioritizes service user safety, privacy, dignity, and trust
6. Make complex decisions about confidentiality and its limits, while remaining as open and transparent as possible with service users
7. Document in ways that accurately reflect the dynamics of abuse, being mindful of the legal system and service user dignity
8. Apply knowledge of GBV-related legislation, regulations, standards, and procedures in a way that increases safety of survivors and manages risks posed by those who behave abusively

Legal, court and professional knowledge & navigation

1. Have knowledge of family court experience for survivors of IPV
2. Support survivor service users through criminal and family law systems with an understanding of how courts often exacerbate trauma associated with IPV
3. Provide navigational support for criminal and family court to service users who are children living with IPV and their protective parent(s)
4. Provide navigational support for criminal and family court to service users who have behaved abusively

Back to Model

Engage in advocacy

1. Partner with survivors to advocate for change
2. Have knowledge of IPV that informs effective individual and systems level advocacy
3. Identify systemic gaps in policies, programs, and services to address IPV
4. Raise their voices to prompt recognition and elimination of IPV
5. Are skilled in organizing advocacy efforts to end IPV

Back to Model

Collaborate across systems

1. Collaborate with others to manage risk and promote safety
2. Understand and promote the value of community-based responses to violence
3. Knowledge of community and external services and resources
4. Understand how collaboration across agencies can support service users
5. Make decisions about when to seek additional information, consultation, or support to manage risk and safety
6. Refer effectively to services
7. Establish, develop, and maintain cross-agency relationships that work from a survivor-focused lens
8. Foster inclusive, respectful, and healthy collaborations with Indigenous organizations
9. Guard against reproducing oppression in the context of collaboration with others

Back to Model

Maintain empathy through reflexive practice and self-care

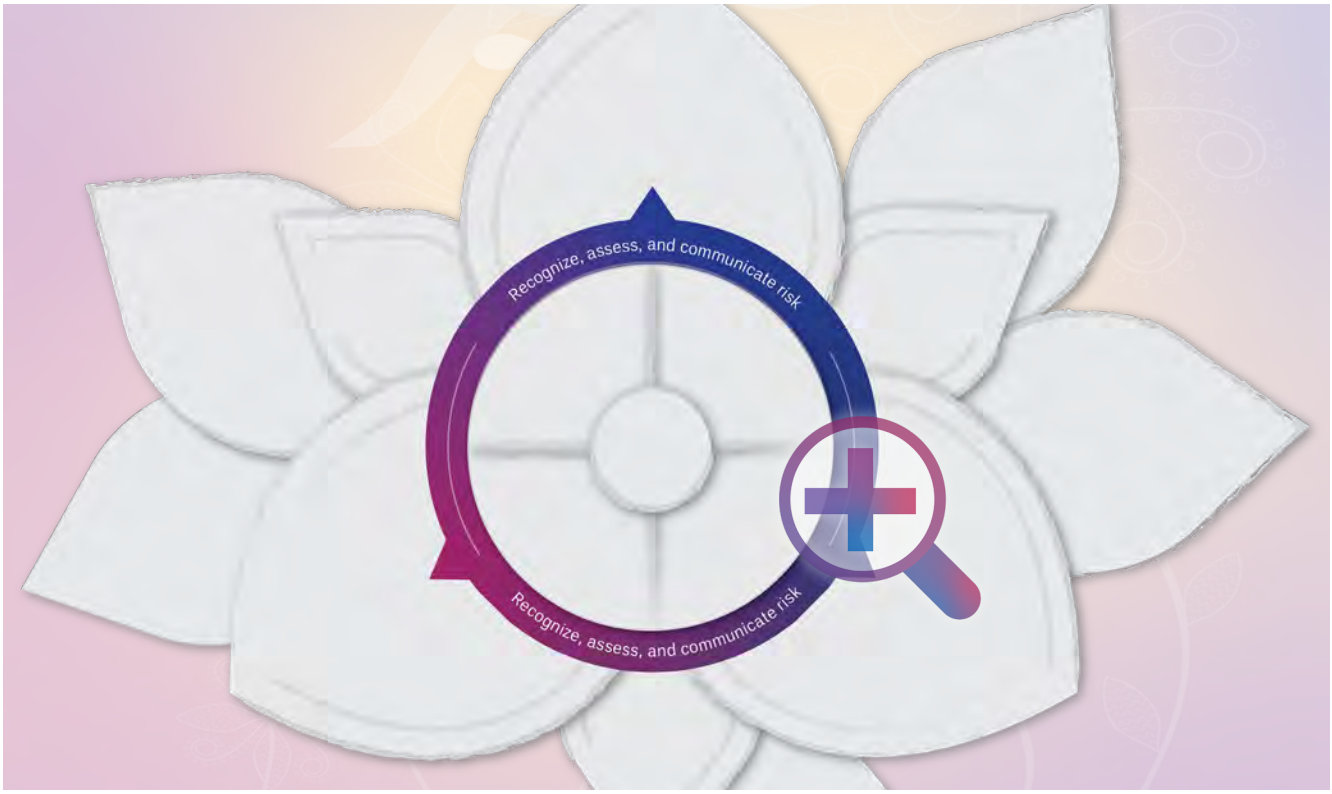
1. Knowledge of the impacts of IPV work on service providers
2. Understand the value of reflexive practice
3. Monitor and maintain empathy
4. Use self-care skills
5. Use supervision and peer debriefing to support reflexive practice and self-care
6. Attend to the need to keep themselves physically and emotionally safe from those who behave abusively
7. Recognize and respond to secondary traumatic stress, compassion fatigue, and vicarious trauma in themselves

Back to Model

Outer Core: Recognize, assess, and communicate risk

All IPV specialists have knowledge and skills relevant to recognizing, assessing and communicating risk to maximize service user safety. This area highlights the sector-wide fundamentals of risk and safety, regardless of whether IPV specialists are working with women survivors, infants, children and youth who have experienced violence or with men who have engaged in abusive behaviours. For example, all IPV specialists have deep knowledge of risk and protective factors for IPV and an understanding that risk and safety are individual, intersectional, and dynamic. All IPV specialists need knowledge and skills to recognize the prevalence and impact of children's experiences of IPV, whether working directly or indirectly with children. All specialists in the sector also need an understanding of risk associated with different patterns and severities of abusive relationships and need to know about and be able to counter myths about IPV. Risk assessment and risk management are generally held skills, and all IPV specialists understand that collaboration, collective responsibility taking, and collective action is useful and often necessary to ensure safety and accountability.

There are also aspects of recognizing, assessing and communicating risk that differ based on whether the IPV specialist works with children who have experienced IPV, women survivors, or men who have behaved abusively. The triangles that extend from the inner core represent these more specialized areas of knowledge and skill held by specific IPV service providers. Detailed information on specific knowledge and skills is included as part of the description of each petal of the framework.



Recognize, assess, and communicate risk

1. Have knowledge of risk and protective factors for IPV
2. Understand that risk and safety are individual, intersectional, and dynamic
3. Understand that risk assessment and management often benefit from collaboration
4. Understand and counter myths about separation and safety
5. Recognize the prevalence and impact of children's experiences of IPV
6. Know that children's risk and safety must be considered alongside that of survivors
7. Understand trauma-informed safe spaces and relationships as a component of effective risk and safety planning
8. Understand risk associated with different patterns and severities of abusive relationships
9. Understand and share with survivors the potential unintended consequences of IPV services and interventions
10. Understand, appreciate, and accept that service users share their experiences in their own time and in their own ways
11. Promote safety by skillfully engaging in risk assessment and risk management
12. Maintain awareness of their sensitivity and reactions to risk
13. Regulate their own reactions to the experiences shared by service users

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Petals

The “petals” of the Flourishing Practice Framework represent the specialized knowledge and skill held by IPV specialists working to support and collaborate with survivors, recognize and respond to infant, child, and youth experiences of violence, or intervene to end abusive behaviour. The petals include knowledge and skills developed within a specific area of practice, that “grow from” the commonality in the other parts of the framework. These aspects of expertise are not held equally across all IPV specialists.

Support and collaborate with survivors

This petal includes the knowledge and skills required for IPV specialists working specifically with adult women survivors to work collaboratively with women to consider risk, promote safety and support healing. A deep knowledge of risk assessment and safety planning with survivors and their children is outlined in this section, including an understanding of how sharing information about experiences of abuse can impact risk and safety. It is necessary to engage in safety planning that is survivor-centered, individualized, and recognizes survivors’ expertise.

Also included in this area is promoting the self-determination and empowerment of survivors. Work with survivors must be trauma and violence-informed as well as survivor-led. Safety for sharing information about experiences is provided, and the prioritizing of needs and goals is done together. This area covers knowledge and skills for supporting women who have children, including an understanding of how violence and trauma impacts parenting. Skills in intervention and strengths-based counselling are also needed, as well as the capacity to collaborate with others to best support survivors. Finally, this area of the framework also highlights IPV specialists’ capacity to respond to the complexities of substance use in survivors, including knowledge and skills in harm reduction approaches, and reducing stigma connected with substance use.

Recognize and respond to infant, child, and youth experiences of violence

This area highlights what is needed of IPV specialists who work with infants, children and youth to provide a supportive response that centres children, increases their safety and well-being, and attends to their needs.

Included are knowledge and skills for risk assessment and safety planning with infants, children and youth. An understanding of developmental ages and stages are needed, as well as an ability to connect with and create safety for children to be able to talk about their experiences. Careful judgements and decisions are required of IPV specialists working with children to maintain their best interests, protection, and safety.

This area also includes a capacity to recognize the impacts of violence and trauma on infants, children and youth experiencing IPV and a deep understanding and appreciation for the ways that children respond to and resist violence. Promoting children's healing in a strengths-based way that respects and values children's voices and experiences is centralized.

Finally, this petal outlines the knowledge and skills needed to collaborate to support infants, children, and youth. IPV specialists have knowledge and skills to intervene and promote healing, including helping children understand their experiences of violence and supporting them to develop skills for healthy relationships. An understanding of how IPV impacts parent-child relationships, and a capacity to work with parents, caregivers, school, and childcare contacts is needed.

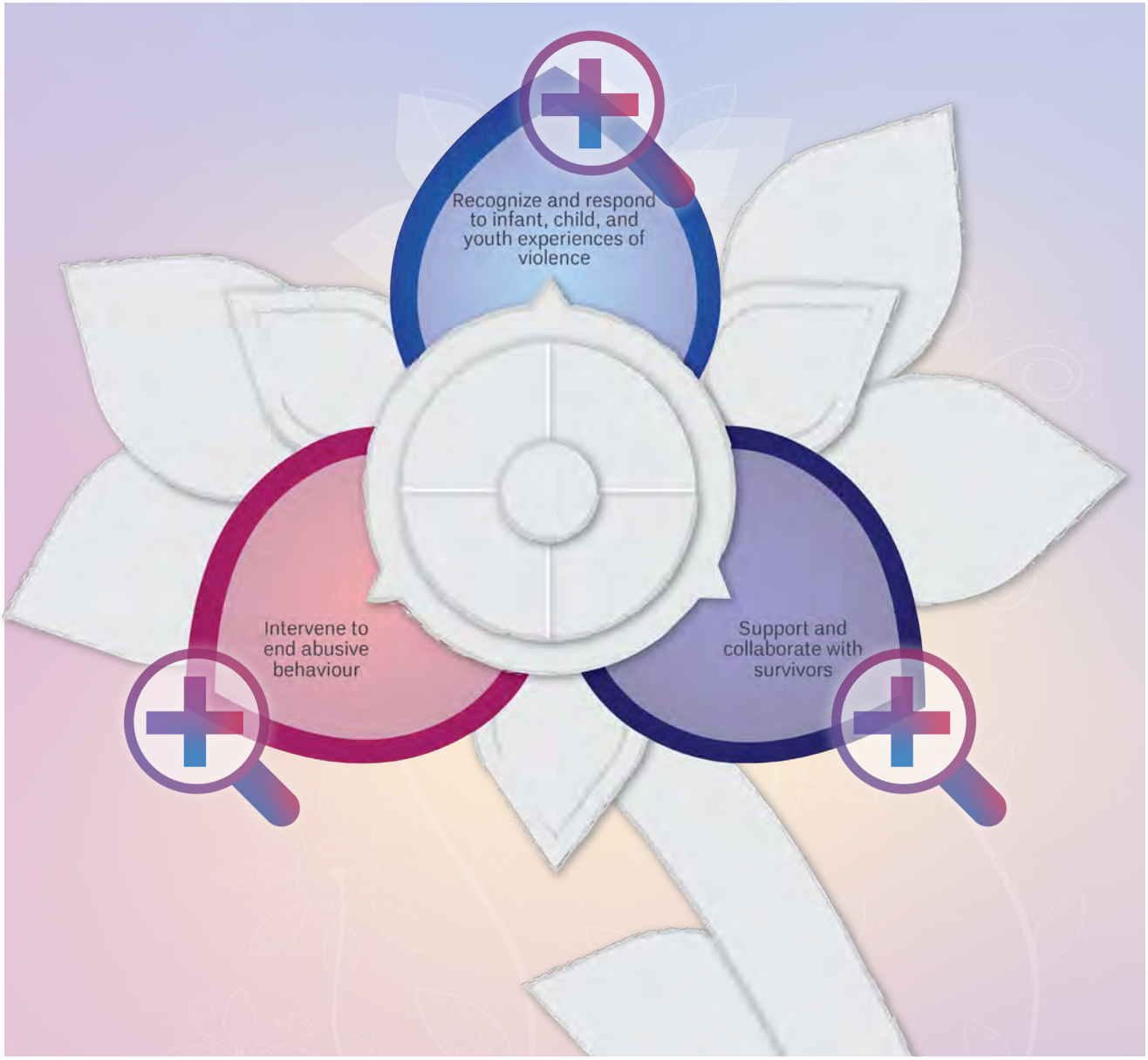
Intervene to end abusive behaviour

Intervene to end abusive behaviour includes the specific knowledge and skills needed to manage risk and promote safety with men who have behaved abusively. IPV specialists who work with men who have behaved abusively understand their role in risk and safety, including knowing what to listen for and attend to, who to gather information from, and when and how information sharing about risk is required. Judgement and skills are needed for understanding and empathizing with men while maintaining perspective on risk and safety. Adeptness in asking questions, gathering risk-related information, and monitoring, managing, and prompting change is also highlighted.

Specialists working with men who have behaved abusively have knowledge and skills to engage with him and support him to change his abusive behaviour. Central to intervention is the capacity to center adult and child survivor safety. Understanding and addressing concurrent needs such as substance use and trauma is outlined, as well as capacities for providing group-based intervention and increasing men's skills in emotion regulation, empathy, equality, and other skills necessary for healthy relationships.

Part of intervention with men who have behaved abusively is a capacity to recognize and address denial, blame, and minimization. This includes making complex judgments about men's reports of victimization and avoiding collusion with narratives of violence. Instead, IPV specialists develop authentic relationships with men that allow them to foster accountability for abuse.

Finally, within this area of the framework are knowledge and skills for addressing fathering and helping men understand and prioritize the safety of children. Fathering is addressed within an understanding of culture, social context, and intergenerational histories.


Recognize and respond to infant, child, and youth experiences of violence
Intervene to end abusive behaviour
Support and collaborate with survivors

Support and collaborate with survivors

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Collaborate with and support survivors in considering risk and promoting safety

1. Have deep knowledge of risk assessment and safety planning with survivors
2. Understand the possible impacts of sharing experiences of abuse on risk and safety
3. Engage survivors in considering how ways of responding to violence may influence risk and safety for themselves and for their children
4. Use comprehensive risk assessment processes to effectively identify, communicate and respond to risk with survivors
5. Engage in safety planning that is service user centered, individualized, and recognizes survivors' expertise
6. Are skilled in gathering, interpreting, and integrating information from others as part of assessing risk to survivors
7. Regulate their own reactions to concerns about survivor safety

Promote self-determination and empowerment in survivors

1. Knowledge of key intervention models that increase survivor safety, self-determination, and empowerment
2. Knowledge of the impacts of trauma and violence on parenting
3. Appreciate access to safe space as central to survivor-centered, trauma and violence-informed services
4. Apply critical frameworks and use survivor-centered, trauma- and violence-informed approaches
5. Support survivors in recovering from experiences of violence
6. Knowledge of and engagement with multi-sector service provider teams to increase survivor safety
7. Provide support for survivors as mothers
8. Maintain awareness of, and regulate personal reactions to, survivors

Respond to the complexities of co-occurring substance (mis)use in survivors

1. Knowledge of harm reduction approaches
2. Knowledge of the stigma connected to substance use
3. Demonstrate skill in harm reduction approaches to substance use with survivors
4. Recognize and address stigma connected with substance use
5. Regulate personal biases that can impede harm reduction approaches
6. teams to increase survivor safety
7. Provide support for survivors as mothers
8. Maintain awareness of, and regulate personal reactions to, survivors

Recognize and respond to infant, child, and youth experiences of violence

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Consider and manage risk factors to promote safety for children

1. Have deep knowledge of risk assessment and safety planning with children
2. Understand, differentiate, and make judgments about when to intervene with children
3. Effectively work with children to continually assess risk and safety plan
4. Engage in risk assessment and safety planning related to children's contact with a parent who has behaved abusively
5. Regulate their own reactions to children's risk and safety

Recognize children's experiences of IPV

1. Recognize the varied and differential impacts on children of experiencing IPV
2. Recognize the impact of accessing IPV services on children
3. Use developmentally appropriate assessment and intervention strategies
4. Listen to, respect, and value children's voices and experiences
5. Consider and regulate themselves in the context of being an adult to work in a child-centered way

Collaborate to support children

1. Knowledge of a range of theoretical and intervention models relevant to working with children
2. Recognize and respond to the impact of IPV on parent-child relationships
3. Help children understand their experiences of violence
4. Help children develop skills for healthy relationships
5. Work collaboratively with survivor parents, non-offending caregivers, and children
6. Liaise with school and childcare contacts

Understand and respond to trauma and violence in children

1. Knowledge of the impact of trauma and violence on development
2. Use knowledge of trauma and violence when making decisions about care and services for children
3. Recognize and respond to violence and trauma experiences in working with children

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Part 1

Manage risk and promote safety with men who have behaved abusively

1. Have deep knowledge of risk assessment and risk management with men who have behaved abusively
2. Know that information from men who have behaved abusively is useful, but not sufficient, for assessing risk
3. Are aware of, and respond to, risks associated with men's involvement in intervention for abuse perpetration
4. Make ongoing judgments about the use of information from service providers who are working with victims of men's abuse
5. Make complex and ongoing judgements about the level of empathy appropriate for assessing and managing risk in those who have behaved abusively
6. Adept at asking questions in ways that help men who have behaved abusively disclose abuse and other important information about risk
7. Continuously monitor, manage, and prompt change in service users' risks of using abusive behaviour
8. Join with service users who have behaved abusively around a shared commitment to safety
9. Gather information from survivors and collaterals in assessing risk posed by those who have behaved abusively
10. Share information and advocate to address risk posed by men who have behaved abusively
11. Manage their sense of uncertainty about the future risk of abuse perpetration

Address fathering in men who have behaved abusively

1. Know that men's use of IPV impacts both children and mother-child relationships
2. Help service users who have behaved abusively understand, and prioritize, the safety of children
3. Recognize and address fathers' use of violence against children's mothers as a parenting choice
4. Connect with men about their fathering in the context of IPV
5. Address abusive fathering with an understanding of culture, social context, and intergenerational histories

Part 2

Intervene to end abusive behaviour

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Part 2

Recognize and address denial, blame and minimization

1. Recognize denial, blame and minimization
2. Make complex judgements about men's reports of victimization
3. Develop authentic relationships with service users that are built on trust and aimed at supporting change
4. Avoid collusion with narratives of violence
5. Foster accountability for abuse
6. Have knowledge and skills for responding to disclosures of victimization as well as perpetration
7. Maintain perspective and awareness within the service user-service provider relationship

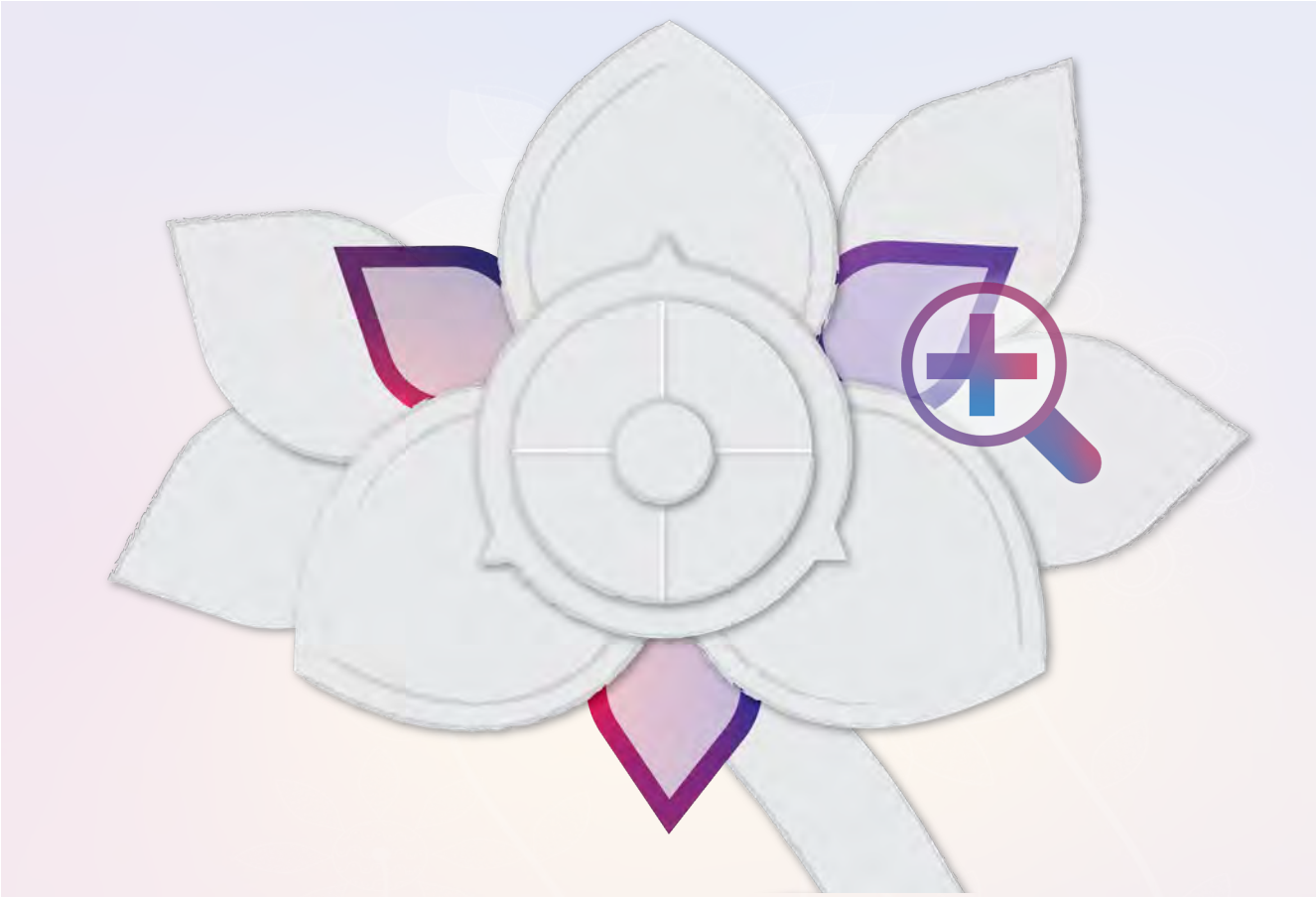
Change abusive behaviour

1. Have a complex and nuanced understanding of abusive behaviour
2. Center the safety of child and adult survivors of violence while providing intervention to those who have behaved abusively
3. Have knowledge of intervention frameworks and theories that underpin working with service users who have behaved abusively
4. Understand the importance of recognizing and addressing concurrent problems and needs (e.g., mental health, substance use, and trauma) while also working towards accountability for abuse
5. Understand trauma in service users who have behaved abusively
6. Assess appropriateness when preparing for group-based intervention
7. Support service users' better understanding of sexism and misogyny and their relation to IPV
8. Use conversations about trauma to promote safe behavior in those who have behaved abusively
9. Prompt reductions in abuse
10. Provide intervention that increase service users' skills in emotion regulation, empathy, equality, and other skills necessary for healthy relationships
11. Create safe group-based environments that facilitate change in abusive behaviour
12. Manage own reactions and emotions that arise when providing intervention services to men who harm

Blank Petals

The blank petals are included in recognition that this framework is incomplete. The current work focused on heteronormative relationships, women and children survivors and abuse by those identifying as men. Service provider knowledge and skill for addressing violence in 2SLGBTQIA+ relationships and relationships in which there are victims who identify as men were not explored. There are also many forms of GBV aside from IPV (e.g., sexual abuse, sexual harassment, forced marriage). The working groups who came together to create this framework identified these as priorities for future work, as well as the following: Indigenous-led initiatives, supporting Black individuals and communities, supporting newcomer, immigrant, and refugee individuals and communities, addressing IPV in older adults, and supporting individuals with disabilities. There may be other areas as well not listed here.

Recognizing the potential value of continuing to build on the foundation of this framework, the Flourishing Practice Model includes “blank petals” to represent areas of work that are still needed. They signify expertise that has not been documented yet and needs to happen in the future. Our hope is that readers will find value in the framework, decide if it is appropriate for additional aspects of GBV work, and then feel encouraged to add to it and fill in the blank petals of the Flourishing Practice Model.



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Looking Forward

This framework was developed by the IPV field, for the IPV field. As expert working group members and research team members collaborated on the creation of this document, how it might be used was also carefully considered.

The development of this framework has been guided by the aim to increase recognition of the knowledge and skills of the IPV field. We believe that this framework illustrates the complexity and value of the work and the expertise that resides in service providers. This expertise has been developed over time by specialists themselves, communities, and those with lived experience. We set out to collaboratively identify and document this expertise in ways that are consistent with the history of the field, that center those with lived experience of violence, and with a result that truly benefits the field as well as those seeking services within it. This framework is intended as a resource and a source of support.

Our hope is to have contributed to an increased awareness of all that IPV specialists do, how they can be called on by others who interact with service users, and how IPV work fits in with other social service work. This framework is also intended to support the ongoing advocacy and social justice work in which members of this field continuously engage. The process of creating this framework, and the knowledge and skills articulated within it, are evidence of how critical lived experience and community expertise are to the field. We intend this framework to be used to advocate for the continued active participation of community and lived experience experts.

It is crucial that this framework is not imposed on service providers or organizations. It is not intended for use by governments, funders, or others as a way of professionalizing or “holding accountable” members of the IPV field. We recognize that the framework may feel aspirational, and intend it be hopeful and encouraging and a way of thinking ahead.
This framework must also not be imposed on communities. We recognize that the way we have documented the expertise of the IPV field may not be a fit for all of those within it, and that there are voices that may not be well-captured in this framework.

While diversity, equity, and inclusion were vital commitments guiding the project overall, including the composition of the expert working groups, we recognize that the resulting framework may not be appropriate for all communities in Canada. Without Indigenous leadership guiding this project, this framework may not be culturally appropriate for First Nations, Métis and Inuit communities. We value and remain committed to promoting and working alongside Indigenous led initiatives, projects and solutions relating to GBV and to supporting the self-determination of Indigenous peoples.

Individuals who are doing the work, and communities across the country will decide if and how to use this framework, or parts of it.

In addition to the recognition of IPV expertise, those who developed this framework also have hopes that it can be helpful to inform policy and strategic planning, engagement with board members, hiring, and job description development within organizations that provide IPV services. Further, the framework may support training, self-assessment, and self-reflection within the IPV field. It is hoped that both new staff and learners as well as those who have been in the IPV field for longer can benefit from this documentation.

This is a living document – the work and the recognition of the vast expertise of the IPV sector does not stop here. We look forward to continuing to develop this framework, including possibilities such as articulating additional areas of complex practice behaviours and further considering the applications of IPV specialist knowledge and skills among different communities. It is our hope that those receiving this framework feel invited and welcome to become involved in its future directions.

The Flourishing Practice Framework

Organizational support

Service user-centered approaches

IPV specialist organizations have policies and practices that are anti-racist, anti-oppressive, trauma and violence-informed and promote decolonization

IPV specialist organizations adopt anti-racist, anti-oppressive, trauma and violence-informed and decolonizing principles and practices. Some of the ways that these policies and practices are implemented include the following:

- ensuring open and respectful staff communication
- ensuring accessibility and inclusion for staff
- ensuring accessibility and inclusion for service users—with an understanding that organizations and service providers hold different levels of power and ability to inform access than service users
- building guidelines and responsibilities in consultation with staff
- building mutually acceptable guidelines and responsibilities with service users (in shelters or group environments, for example), instead of "rule-based" approaches when possible
- maintaining transparency in policies and procedures, with the objective of building trust among staff and community partners
- maintaining transparency in policies and procedures, with the objective of building trust with service users and potential service users
- having a process for reviewing practices to ensure they are consistent with a trauma and violence-informed approach
- soliciting feedback and input from service users and integrating their feedback
- developing, reviewing, and refining policies, regulations, programs, and services so that they reflect the values above
- IPV organizations should identify a process for periodic policy review that is realistic and achievable; yet ensures that policies remain current and informed by the experiences of service users.

IPV specialist organizations evaluate, on an ongoing basis, how the organization is supporting and/or inhibiting help-seeking from different community groups and individuals. They take action to become more inclusive and safer, for example, by ensuring diversity in staff, working groups and committees.

Indigenous communities merit their own leadership and organizations; this includes in areas of addressing IPV. Indigenous communities will self-determine what the spaces look like, who they are led by, and what supports are most helpful to community

members. As allies, non-Indigenous led IPV organizations create space for and support Indigenous-led organizations. Non-Indigenous led IPV organizations commit to decolonizing actions. Decolonizing actions include but are not limited to recognizing and accepting the reality of Canada's colonial history, recognizing how it continues to subjugate Indigenous Peoples, engaging in intentional action to create space and support for Indigenous Peoples to reclaim all that was taken from them, and learning from Indigenous ways of knowing and being. These values and intentions are embedded in IPV specialist organization policies and practices.

IPV organizations recognize the need for policies and practices that are adaptable and appropriate to service user needs. Recognizing that each person's experience differs, policies provide the flexibility to meet individual service user needs.

Collaborate across systems

IPV specialist organizations cultivate and maintain collaborative partnerships with other services working to meet the needs of service users and, more broadly, to end GBV

IPV organizations understand that collaboration increases safety, and they engage in partnerships and collaborations with other GBV organizations, systems and professionals engaged in work to end GBV. This may include co-location of services, cross-agency program facilitation, cross-agency training initiatives such as joint development and delivery of education and training between agencies, and multidisciplinary case conferences. Partnerships and collaborations may occur at a community, regional, or national level, may be formal and informal, and may also include relationships with GBV researchers and research organizations.

IPV organizations work to break down barriers that prevent collaboration amongst GBV services, organizations, and specialists. They strive to ensure organizations work collaboratively rather than in silos. They understand that accountability to service users and the community is strengthened by working within systems and collaborating across services. IPV specialist organizations know that outside factors including funding, resources, inadequate protocols, and staff turnover can impact how successfully collaboration can happen. It is essential in supporting continuity to ensure these practices are sustainable.

IPV organizations appreciate the value of collaborative partnership training for service providers recognizing that interagency/community relationships allow IPV specialists to deepen their understanding of IPV, its impact, intricacies, and critical intervention models. They understand the importance of having the person with the knowledge and agency present to ensure representation and to facilitate decision-making. They encourage IPV specialists to visit service providers from other agencies and invite workers from other agencies to their offices to

build rapport and understand the differences and similarities in their respective perspectives, approaches, and cultural practices. They recognize that collaborators may come to the table with different lenses and strive to build relationships while also centering the dignity and respect of service users, including them in these collaborative interactions whenever possible.

Navigate laws and ethics

Consistently update, interpret, and implement policies and procedures relevant to laws, regulations, ethical guidelines, standards of practice, and best practices in IPV

IPV specialist organizations support service providers' knowledge and understanding of laws, regulations, ethical guidelines, standards of practice, and best practices relevant to work in IPV.

IPV specialist organizations provide training when legislation, regulations and guidelines change. Working within the parameters of such changes, they quickly modify existing systems or develop and implement systems that prioritize the safety and autonomy of survivors and manage risks posed by those who have behaved abusively.

IPV specialist organizations have especially strong policies and procedures with regards to laws, regulations, guidelines, standards, and practices that impact privacy and confidentiality for service users and their implications for service user safety.

Leaders of IPV specialist organizations (i.e., Boards, Directors) identify and advocate for change in legislation, policies and procedures that create greater risk/less safety, result in additional harms to survivors and/or put up barriers to healing (e.g., inability to provide therapeutic support to children due to refusal of consent from an abusive parent, unreasonably long delays in immigration processes which results in abused women having to choose between remaining in abusive relationships or being deported).

Leaders in IPV specialist organizations recognize that service providers are very likely to face complex ethical dilemmas as part of their work, where complying with legislation and addressing risk and safety may be very difficult. They facilitate and ensure that service providers are able to get supervision and appropriate advice when dealing with these complex and challenging situations.

Engage in advocacy

IPV specialist organizations practice in ways that are informed by an understanding of service delivery as part of a larger social justice movement to end GBV and promote equity

IPV organizations are aware that service delivery is part of a larger social justice movement to end violence. A range of IPV specialist organizational practices reflect this awareness. IPV specialist organizations connect to social movements and other groups pushing for systemic change. This may include community groups and movements such as the women's movement, labour movement, Idle No More, Disability Justice, and Black Lives Matter, and many others.

IPV specialist organizations understand that recognizing and addressing oppression is a part of ending violence. With this in mind, organizations provide leadership on intersectional and anti-racist anti-oppressive practice. This includes developing and implementing nuanced organizational practices for IPV work with specific populations, for example, people with disabilities, individuals who identify as Black, Indigenous, or a Person of Colour, 2SLGBTQIA+ individuals, and many others. IPV specialist organizations provide explicit and implicit permission to service providers to be critical of existing systems that perpetuate racism, colonialism, patriarchy, homophobia, transphobia, and other forms of discrimination.

IPV organizations provide leadership and guidance on strategies for resisting oppressive systems to better support service users, as well as support service providers engaged in systems-change work.

Organizational practices actively address power dynamics in workplaces that reproduce, or are rooted in, patriarchal, colonial, racist and other oppressive patterns. This is done with an understanding that inappropriate use of power nurtures oppression and has the potential to cause trauma. Organizations provide leadership and guidance on strategies for mitigating oppressive patterns in the workplace. They introduce tools to foster workplace equity.

Organizations prioritize IPV specialists' ongoing development of critical lenses (Intersectional feminism, anti-racist anti-oppressive and anti-colonial practices, critical race theory, racial equity lens etc.). These critical lenses foster an understanding and critique of racist, patriarchal, and colonial systems in relation to GBV. Expertise by those with lived experience guides this work.

IPV specialist organizations make training available to staff on working with service users with diverse and intersecting identities and cultures. For example, training is available for

working with service users with disabilities, 2SLGBTQIA+ service users, Black and Indigenous service users, immigrant and refugee service users, and many other specific trainings that educate IPV specialists about how to uphold, identify, and provide responsive services. Organizations maintain an awareness of cultural diversity -- as well as power dynamics that may reproduce patriarchal, colonial, racist and other oppressive relational patterns -- when working with community partners and other collaborators. They actively work to mitigate these harmful dynamics and take leadership in disrupting them when they occur.

IPV specialist organizations are aware that strategic advocacy is an effective way to push powerful stakeholders (i.e., government leadership, government ministries, funders) for more active, effective IPV responses; sometimes, it is the only effective way. Historically, much progress made in anti-violence work in Canada was made by citizen participation: survivors and community-based advocates, who made recommendations or demands for change.

IPV specialist organizations put forward advocacy messaging not as criticism, but as an investment in relationship. They advocate for a culture of feedback and working together to improve systems.

That being said, IPV specialist organizations are aware that risks and limitations exist in advocacy. Risks may differ from organization to organization, or may differ across different geographic regions (i.e., provincial vs federal; or rural and remote as compared to urban). Moreover, small IPV specialist organizations, organizations with precarious resources, and organizations that work with marginalized populations may also face an increased sense of risk or limitation when it comes to public-facing advocacy work. With this in mind, some IPV specialist organizations will be able to take more leadership or initiative in public-facing advocacy activities than others. In addition, some IPV specialist organizations will be most able to endorse or share advocacy campaigns or take on more strategic roles that fit their organization's limitations and role in the community.

Maintain empathy through reflexive practice and self-care

IPV specialist organizations provide training and resources to service providers that facilitate and support their capacity for reflexive practice and self-care, thereby investing in the prevention of secondary traumatic stress, compassion fatigue and vicarious trauma

IPV specialist organizations are aware of the impacts of the work on service providers and of their needs, and work to respond to these needs. They understand the challenges of working within a system that fails to provide an adequate response to IPV and constantly advocating to have IPV recognized and

understood. Further, they recognize that dealing with these challenges is emotionally and physically exhausting and can contribute to higher rates of secondary traumatic stress, compassion fatigue and vicarious trauma.

Leaders of IPV specialist organizations (i.e., Boards, Directors) recognize mismatch between the responsibilities of service providers and the resources provided in support of meeting those responsibilities (e.g., unreasonable caseloads, adding new responsibilities without any new allocation of time or funding). They draw connections between these mismatches and the increased risk of secondary traumatic stress, compassion fatigue and vicarious trauma and continually advocate for adequate staffing, funding, and time to do the complex work. They support and foster IPV specialists' reflexive practice and self-care.

Organizational practices create a reflective, strengths-based, and trauma-informed social, emotional and physical environment. They cultivate an organizational climate and case management practices that foster expectations of respect, honesty, and concern for safety of others.

Organizations design and implement quality supervision and peer debriefing practices to support service providers.

IPV specialist organizations put in place prevention tools and strategies to support service provider mental and emotional health and to support and foster IPV specialists' self-care. They cultivate organizational practices that are proactive and intentionally preventative, so as to mitigate secondary traumatic stress, compassion fatigue and vicarious trauma. They provide training that helps to support the development of reflexive practice in service providers.

IPV specialist organizations take leadership in intervening to address and support specialists who may be struggling with self-care, compassion fatigue or vicarious trauma. They design and implement effective policies to support service providers in addressing secondary traumatic stress, compassion fatigue and vicarious trauma such as sick leave or stress leave.

Organizations have an awareness that the emotional safety of service providers is sometimes overlooked in comparison to their physical safety.

Recognize, assess, and communicate risk

IPV specialist organizations demonstrate leadership practices around assessment and management of risk for service users

IPV specialist organizations foster a culture of safety and respect, which in turn, supports and prioritizes the ability of service providers to recognize and respond to risk and safety and promote a culture of healing for service users. Creating this culture means a number of things including:

- Following principles of being trauma and violence informed and culturally safe.
- Making safety evident and "visible" in the agency through design (e.g., safe and welcoming areas) and openness to dialogue (e.g., between service providers, managers, directors).
- Having strong organizational policies and procedures that include promoting safety and respect and processes for addressing concerns about safety and respect in the workplace
- Fostering a shared sense of meaning and purpose. Service providers should feel that their work goals, and those of their organization, are aligned.
- Being attentive to the physical safety of service providers and service users. This means having policies and procedures around issues such as behaving aggressively or doing other things that might be harmful to service users or service providers. It also means attending to the physical safety of workplaces with provisions such as locks on doors, ready access to emergency services (e.g., panic buttons), use of secure phone lines and servers, etc. · Being attentive to the emotional and spiritual safety of IPV specialists by providing training and resources to service providers that facilitate and support their capacity for reflexive practice and self-care, thereby investing in the prevention of secondary traumatic stress, compassion fatigue and vicarious trauma.
- Preventing service providers from being in emotionally or physically unsafe situations by protecting and managing resources that support staff. Examples include supporting

IPV specialists to manage case loads and ensuring that new staff are not given responsibilities that are beyond their current level of training and experience.

- Having a structured 'onboarding processes' for new staff to ensure they understand the safety and context of the organization
- Ensuring an ethical work environment, including having polices and procedures for recognizing, preventing and addressing lateral violence within an organization
- Developing and putting in place emergency preparedness plans policies and procedures, recognizing the value of these plans for reducing chaos and stress for service providers and service users associated with crisis.

Leaders of IPV specialist organizations (i.e., Boards, Directors) recognize mismatch between the responsibilities of service providers and the resources provided in support of meeting those responsibilities (e.g., unreasonable caseloads, adding new responsibilities without any new allocation of time or funding). They draw connections between these mismatches and the safety of service providers and service users and continually advocate for adequate staffing, funding and time to do the complex work of managing risk and promoting safety.

IPV specialist organizations are leaders in their community on policies, procedures, and actions that can be taken to address service user risk and safety. They have strong policies and procedures to address various aspects of service user risk and safety. They provide ongoing education, training and supervision on risk assessment and management for all service providers

IPV specialist organizations take leadership in responding to risk at both the organizational and community (i.e., collaborating committee or other collaborative work) level. This means developing and maintaining collaborative relationships across other organizations and within communities

Support and collaborate with survivors

IPV specialist organizations promote continuity of care for survivors

In support of survivors and relationship building, IPV organizations structure their support services in a way that allows them to offer 'continuity of care'. They support survivors' access to formal supports and intervention at any point along their healing journey. They oversee and follow through with external referrals.

IPV organizations also ensure 'continuity of care' when there is a change in who is supporting a survivor (for example, due to a service provider changing roles or a service user changing geographic area). Whenever possible, organizations prioritize a process that minimizes disruptions for the survivor in who their service provider is.

IPV organizations provide appropriate referral to ally organizations when they do not provide the requested service (e.g., legal services, crisis support, practical assistance).

IPV organizations foster relationships with other organizations in their community, where possible, to ensure effective and timely referrals for survivors.

As part of continuity of care, IPV organizations' policies, service models and intervention practices are informed by an awareness that some survivors use substances, and that substances may be used to cope with the impacts of violence.

IPV organizations engage in advocacy for survivors that engage in substance use.

IPV organizations foster knowledge, skills, and service models to create an environment where IPV survivors receive support that sensitively acknowledges and addresses substance use in an understanding and non-judgmental way that minimizes harm.

IPV organizations provide leadership, the infrastructure, and the resources for implementing harm reduction approaches while keeping everyone safe.

IPV organizations understand that zero tolerance of substance use approaches may expose survivors and children to more violence and adjust policies and procedures accordingly.

Recognize and respond to infant, child, and youth experiences of violence

IPV specialist organizations center children and youth in the design and development of their spaces and services

IPV specialist organizations recognize the unique needs of children/youth and the challenges of serving them well. They value staff that are specifically trained to work with children/youth and structure their staff positions, job titles and pay scales in ways that do not devalue staff who work specifically with children.

IPV specialist organizations provide child friendly spaces with materials that are developmentally appropriate (e.g., furniture, toys, books, pictures, spaces for youth to access the internet) and culturally appropriate (e.g., diverse children, families, communities and holidays are represented). Consistent with principles of trauma- and violence-informed care, IPV specialist organizations also have materials that represent the reality of children's lives and experiences (e.g., books covering experiences like having to move homes and schools, experiences of loss and emotions such as fear, hurt, and betrayal).

IPV specialist organizations also recognize the unique needs of children by considering additional safety precautions for younger children (i.e., safety gates, covering electrical outlets, child proofing cupboards) and items needed to make washrooms child accessible and having materials that are safely accessed (low shelving, child-sized chairs).

Intervene to end abusive behaviour

IPV specialist organizations that work with men or those who have behaved abusively ally and collaborate with services for adult and child survivors of abuse

In order to center the safety of survivors, IPV specialist organizations who work with individuals who have behaved abusively have clear lines of contact with IPV specialists who work with survivors of abuse. Lines of contact might be direct, through partner checks from the organization providing the service, or indirect, through collaboration with an allied organization working with survivors. In either case, there are clear policies and procedures in place for sharing of information relevant to risk and safety, including (at a minimum):

- The purpose of the work remains centered on the safety of adult survivors and their children
- Collaboration with organizations serving adult and child survivors can greatly assist in the process of risk assessment (and should be considered best practice)
- An agreement specifying that a range of risk and safety information (i.e., beyond merely duty to warn) will be shared with survivors of abuse
- Open sharing of information with survivors about the general content and aims of the intervention to address perpetration of abuse

- A requirement that service users who have behaved abusively do not prevent or attempt to control the contact between a victim survivor and a service provider
- Clear specification of the type of information (e.g., participation agreements) that will and will not be shared across IPV specialists working with those who have behaved abusively and with survivors of abuse
- An understanding that information may be shared with organizations (e.g., probation, child protection services) responsible for ensuring the safety for victim/survivors.
- Recognition of the barriers to collaboration (such as funding resources, staff turnover, and privacy issues) and commitment to addressing them
- An understanding that information may be shared with organizations (e.g., probation, CPS) responsible for ensuring the safety for victim/survivors.

Service user-centred approaches

Complex Practice Behaviour 1: Centre diverse and intersecting identities and cultures

Knowledge that IPV is gendered

IPV specialists have knowledge of gender inequity and misogyny, as drivers of violence against girls, women, and gender minorities.

IPV specialists can describe how gender inequity is reinforced by historical and current discrimination and harmful cultural and social norms, structures, and practices.

IPV specialists understand how gender and social inequity create the conditions whereby IPV is perpetuated and condoned:

- They understand patriarchy, sexism, and misogyny result in the acceptability of violence against girls, women, and gender minorities. These impacts are felt in all relationships, inclusive of those between opposite sex, same sex partners and partners of diverse genders.
- They understand patriarchy can socialize boys and men to identify with harmful forms of masculinity associated with dominance and aggression which sanctions violence toward others, particularly girls, women, and gender minorities.
- They also understand the impact that patriarchy has on women and girls.

IPV specialists know that, according to national statistics across a number of years and surveys:

- Forms of aggression in relationships that are less likely to cause fear or injury (e.g., yelling, name calling, pushing, throwing) are often reported at about equal rates by both partners in a relationship.
- More serious forms of violence, including sexual abuse and forms of abuse that are more likely to cause injury, create fear, or be potentially lethal, are more likely to be perpetrated by men than individuals of any other gender, and they are more likely targeted against women and gender diverse individuals.
- Women and gender diverse individuals are more likely to feel afraid of their intimate partners. They are much more likely to be injured and killed as a result of IPV than men.

IPV specialists also recognize that the statistics reported are limited and do not necessarily accurately portray the situation for the individual service users with whom they may be working.

Knowledge and understanding of intersectionality

IPV specialists have knowledge of intersectional approaches. Further, they understand that intersectional approaches are foundational to IPV service provision:

- They know that gender and its relation to IPV cannot be understood in isolation from other aspects of identity.
- They understand identity as multi-dimensional (examples of identity include but are not limited to: gender, race, ethnicity, sexual orientation, socioeconomic status, culture, immigrant / refugee status, age, geographic location, religion / spirituality, (dis)ability, language, mental health status) and that individuals have many overlapping ways of identifying and being in the world.
- They understand that identities combine and intersect in different ways.
- They understand that identities are related to systems of oppression, or social structures of power and privilege (for example: racism, colonialism, heterosexism, classism, ableism).
- They understand that ways of identifying can be based on an individual's understanding of cultural norms and expectations.
- They understand that individuals can experience oppression based on one aspect of their identity, and privilege based on another aspect.

IPV specialists have knowledge that along with gender, individuals experience many forms of inequity, and that multiple, intersecting forms of inequity are drivers of IPV.

IPV specialists are aware that:

- Different people experience violence differently;
- Many different socio-cultural "scripts" and expectations exist, and affect service users differentially, depending on their identities;
- Common IPV myths and misconceptions exist. They understand and counter myths about separation and safety. They also understand that social misconceptions and stereotypes are based on aspects of identity including race, gender, age, sexuality, and others. Myths, therefore, affect service users differentially.

Knowledge and understanding of anti-racist and anti-oppressive approaches

IPV specialists understand that categories of difference (for example: ability or race) are socially constructed, and that the hierarchies of those identities are also socially constructed.

IPV specialists have knowledge that all forms of oppression are linked and serve to uphold one another, and social power is used by those in power to marginalize particular groups of people.

IPV specialists understand that IPV services must recognize and challenge the social hierarchies associated with identities by highlighting their social construction and advocating for change.

IPV specialists understand that IPV services and the systems they are linked with (for example: child protection, education, and the criminal justice system) are associated with social structures of power and privilege.

IPV specialists understand that violence is used to maintain and reinforce socially constructed systems of power.

IPV specialists understand and know how to challenge heterosexism, homophobia, biphobia, transphobia, and social exclusion, including the ways in which they relate to IPV service delivery.

Knowledge of how culture interconnects with identity

IPV specialists understand that systems of power (i.e. patriarchal, colonialist) are not equitable and interact differently with multiple aspects of our complex and changing individual identities including, but not limited to: ethnicity, gender, gender identity, sexual orientation, socioeconomic status (including educational attainment and access to financial resources), culture, immigrant / refugee status, age, geographic location , religion / spirituality, (dis)ability (physical, cognitive), language, literacy, and mental health status). These identities are also associated with and may be impacted by how systems interact with cultures and communities. Culture can refer to: a spiritual-based community (for example, a faith group), deaf culture, sexual identity (for example, gay community), ethnicity (for example, Caribbean Black) among many others.

IPV specialists understand that identity and culture are individually defined and experienced. They know that the service user is the expert on their own identity and culture and avoid making assumptions about others' culture and identity.

IPV specialists understand that IPV occurs within diverse cultural contexts, backgrounds, and life experiences. This understanding includes the recognition that:

- Systemic factors, oppression, and inequities influence the ways that people experience violence, interpret violence, and seek help.
- Violence can manifest differently in different families and partnerships depending on the cultures and identities of the partners and family members.

There are aspects of culture and identity that may be distinctive and necessary to understand in the context of service delivery.

IPV specialists understand that cultural norms around collectivism and individualism may be important in considering the ways in which relationships with family and community connect with personal identity.

IPV specialists understand the potential for culture to be a source of strength for service users. Conversely, they also understand how culture may be expressed in different forms of control and acceptance of abuse.

IPV specialists understand that violence cannot be relegated to be the cultural practice of any particular group.

Knowledge of violence rationalized and mislabelled as "honour"-based violence

IPV specialists have knowledge about so-called "honour"-based violence as a specific form of gender-based violence. They understand "honour"-based violence as acts of violence committed against women and girls by their partners, families, or community members, for what they consider "immoral" behaviour. IPV specialists understand:

- "Honour" codes exist that mean girls and women must follow rules that are set out for them at the discretion of relatives (mostly male, but also female) and may be

punished with violence for transgressions of the "rules".
- Within an "honour" system, women are believed to be the upholder of honour and men are the protectors of this honour.
- Violence can be retaliatory, if a woman or girl is understood to have impeached the honour of a man or his family
- Violence is related to family and community norms, social policing, and collective decisions.
- Violence is often tied to women's sexuality and the attempts to coercively control it. This "honour" system may cause increased shame and secrecy that may serve as a barrier to support seeking.
- Rationalizations of "honour"-based violence include: women choosing their own marriage partner, disobeying a husband's orders, allegations of premarital or extramarital sex, for being a victim of sexual abuse or rape, or young women and girls being accused of being too "westernized".

IPV specialists know that the label "honour-based violence" can be used problematically in a way that locates culture as a cause of violence and that such labelling has been most frequently misapplied to violence in Muslim and South Asian immigrant communities. IPV specialists resist this conceptualization. They understand violations of male honour and challenges to masculinity as rationalizations commonly used for abuse in all patriarchal cultures, albeit in ways and forms that may vary across and within different cultures and subcultures.

Centre knowledge of intersectionality and apply anti-racist and anti-oppressive approaches to IPV work

IPV specialists centre intersections of identity in their IPV work with service users. An awareness that multiple, simultaneous forms of oppression have cumulative -- and differential -- effects on service users is a core part of IPV work.

IPV specialists use anti-racist and anti-oppressive approaches in order to see, identify and honor how identities, and the oppressions associated with them, co-exist and shape people's lived experiences. This includes their experiences of violence, their experiences of systems and services, and their responses to (strategies for negotiating) each of these.

Individual service users' experiences of oppression and violence inform the delivery of responsive IPV services:

- IPV specialists understand and make a concerted effort to center the knowledge, experiences, and voices of marginalized individuals and groups
- IPV specialists think critically about service users' experiences of oppression as structural violence and as a source of trauma. This violence is distinct from, yet often becomes interconnected with, their experiences of IPV
- IPV specialists continuously reflect on and address their own power and privilege in service user-service provider relationships. They see how their power and privilege serves them (while actively disadvantaging others), and use this knowledge to disrupt it
- IPV specialists understand that social structures of power, including the criminal justice system, child protection system, legal system, healthcare system, and many others perpetuate systemic violence and harm against individuals on the basis of their identities and cultures. These systems use their power to further marginalize particular groups of people and uphold the status quo of power and privilege for others. IPV specialists understand how different individuals with their own unique intersecting identities experience oppression within these systems differently. IPV specialists apply this understanding to the services they provide.

- IPV specialists see that IPV service organizations themselves are part of a larger system that can cause structural violence and harm, which differentially impacts some more than others. For example, policies, procedures, organizational culture, and relationships within organizations can be harmful and oppressive. This can directly impact the experiences of service users
- They also are aware that policies and procedures can be written but not lived within an organization, giving oppressive practices both longevity and an invisibility that is especially harmful.

Address experiences of oppression

IPV specialists discuss oppression and service users' experiences with it, including within services and systems.

IPV specialists respond to experiences of systemic oppression and structural violence in a trauma-informed way. IPV specialists identify and reduce barriers to services through:

- Inclusive language throughout all aspects of service delivery.
- Advocacy and activism within their own organization and the IPV sector.
- A commitment to ongoing learning from community members about barriers that those in need of IPV services might face.

Continuously reflect on and address their own power and privilege in service user-service provider relationships

IPV specialists carefully consider how their own social cultural identity, beliefs and values impact and shape their delivery of services provided.

IPV specialists recognize and challenge power imbalances between themselves and service users. They constantly strive to build equitable relationships characterized by respect, shared responsibility, cultural exchange, and cultural safety.

IPV specialists proactively guard against reproducing oppression in the context of collaboration with others, particularly within relationships and programming.

IPV specialists acknowledge power and privilege within IPV specialist roles. They aim to identify their own privilege. They continuously educate themselves about intersectionality and challenge their own biases. They think critically about the ways in which patterns of power and manipulation play out in the service provider / service user relationships.

IPV specialists actively work to acknowledge and disrupt power dynamics in their relationships with service users. They strategize ways of working with service users that bring more equity to interactions. This includes:

- maintaining an ongoing awareness of their social location
- maintaining an awareness of their status power (particularly as a service provider, in relation to the service user)
- maintaining an awareness of systemic forces such as colonization, patriarchy and racism, and their differential impacts on service users
- maintaining an ongoing awareness of how interactions with service users – for example, their reactions to violence; their acts of resistance – may evoke "power-over" reactions from service providers
- an ongoing awareness of power dynamics in the service provider/service user relationship, and striving for a responsible use of power

- sharing histories with service users (i.e., revealing how we may be connected or different)
- understanding and genuine collaboration with service users, within all the contexts above

IPV specialists who work with survivors are aware that experiences of violence and trauma are informed by realities of privilege and power. Given this, the disruption of harmful privilege and power dynamics between service provider and service user survivor is especially important.

IPV specialists working with children survivors ensure that they are not reinforcing power differentials and abusive patterns in relationships. They are aware that children often have less choice and opportunity for consent in their relationships with adults. They are also aware that children may take on caretaking or other roles in the context of IPV and ensure not to reproduce or foster this dynamic in their work. They are aware that abusers may have worked to undermine mother-child bonds.
Like other service users, children are aware of their social location when receiving services. IPV specialists working with child survivors maintain this awareness while working with children. IPV specialists working with child survivors are also aware of Canada's history of systemic racism, classism, and ageism: in particular, they are aware that this history has created negative constructions of Black, Indigenous and person of color parenting, parenting by working class parents or those living in poverty, and young parents. IPV specialists actively work to challenge these constructs in themselves and others. They are aware that this history has also co-constructed implicit, positive, and normalized notions of white motherhood and white social work, and they work to challenge these constructs in themselves and others as well. IPV specialists working with children and parents are aware that these histories create fear and distrust for some service users, and they acknowledge this fear and distrust as valid. They build trust and relationships with parents and children, with these realities in mind.

IPV specialists who work with service users who have behaved abusively avoid collusion with narratives of violence and replication of power dynamics in relationships. IPV specialists work to recognize and work to avoid getting caught up in such dynamics.

Provide IPV services that are safe, culturally responsive, and informed by community collaboration

IPV specialists understand and promote the value of community-based responses to violence and apply this understanding to uphold diverse identities and cultures.

IPV specialists understand and promote culturally appropriate and survivor-led natural sources support and community (i.e., supports that naturally flow from relationships in survivors' families, workplaces, friendships, and communities).

IPV specialists adapt practices to respond to the unique cultural needs of service users to enhance the well-being and safety of them and their families.

- They incorporate culture and identity into all aspects of programming (for example, risk assessment and management, and safety planning).
- They consider culture and identity, and differentially and appropriately respond (for example, IPV specialists might collaborate with family and community in IPV services, if and how service users choose).

Regulate their own reactions to and assumptions about service users' identities and cultures

IPV specialists regulate their own emotions and behaviours to guard against judgemental responses related to service users' identities and cultures.

Service user-centred approaches

Complex Practice Behaviour 2: Recognize and amplify strengths in response to violence

Knowledge of strengths-based approaches

IPV specialists have knowledge of strengths-based approaches and understand them as foundational to IPV service delivery:

- They understand that service users are the experts on their lives.
- They understand the service user as a capable person with their own sources of resiliency, wisdom, and strength.
- They understand that trauma, violence, and struggle may be a source of challenge as well as something that could lead to growth.
- They understand that self-determination within services represents an opportunity for service users to have control in their lives.
- They know it is essential to deliver services with respect and with the aim of building trust, and that stigmatizing, judging, and blaming service users is harmful.

Understand ways of responding to violence

IPV specialists know and understand that IPV harms victims' health and well-being. They also have a trauma and violence-informed understanding that people experiencing violence have resilience and survive by drawing on their strengths and individual ways of responding to violence and its impacts.

IPV specialists understand that service users respond to violence in ways that are resourceful and adaptive and serve the purpose of surviving and resisting violence (for example, dissociation, denial, or substance use, self-harm, anger, seeking support, self-advocating). They understand that service users' ways of responding to violence may also have negative impacts on survivors and others in different circumstances.

IPV specialists recognize the complex and nuanced ways that survivors may use violence as a form of resistance.

IPV specialists also understand that the ways that survivors who are parents respond to violence can impact children.

IPV specialists understand that children, as well, respond to violence in ways that are resourceful and adaptive and that serve the purpose of surviving and resisting violence (for example, with aggressive behaviour and use of violence, defiance/oppositional behaviour, social and/or emotional withdrawal). They understand that these ways of responding may be less adaptive in other circumstances. They know that helping caregivers understand child behaviours as responses to violence may open up opportunities for caregivers to respond differently and to promote children's healing.

Use a strengths-based approach to appreciate responses to violence and capacity for change

IPV specialists use a strengths-based approach in their services. They seek to understand service users' resources and strengths in all areas of service provision. They are skilled at working with service users' strengths and competencies to collaboratively focus on and find solutions.

IPV specialists communicate with service users that their responses to violence are valid and rooted in strength.

IPV specialists work in ways that do not pathologize people's responses to violence and trauma. They use non-pathologizing language with service users and other service providers, when describing those affected by violence, their responses to that violence, and their experiences. Further, they correct other service providers and colleagues' use of pathologizing language and language that blames survivors, including survivors who are children.

IPV specialists are skilled in supporting service users to recognize their own strengths, resistance, and responses to violence.

IPV specialists appreciate that service users engage in both active and passive resistance against oppression and violence. They understand ways of responding to violence and are able to recognize service user resistance.

IPV specialists carefully consider the context of service users' actions and responses. They apply knowledge of the ways that responses to violence emerge and think critically about their function and impacts.

IPV specialists recognize that there is a possibility for men who have behaved abusively to change. They also know men who have behaved abusively may not change. They know that the choice and the responsibility for change lies with the person who has used abusive behaviours.

IPV specialists know that it is important to support survivors in listening to their own judgments.

IPV specialists understand and have compassion for the hope for change that may be held by survivors and children and do not judge or try to change it. For example, they hold space for survivors' and children's hope for reconciliation.

Appreciate and value lived experience

IPV specialists fully understand and value that service users' lived experience is essential to effective IPV service delivery.

IPV specialists recognize how their own lived experiences may inform their work with service users. They monitor and maintain empathy.

IPV specialists approach decision making with service users collaboratively and in a way that centers and respects their voice, choice, decisions, and realities.

IPV specialists believe survivors' and children's experiences of violence. The foundation of providing support begins with the default position of accepting service users' experiences. The provision of support remains objective.

IPV specialists understand that children's lived experience could be direct, or indirect, in connection with, or separate from, the experiences of their caregivers. They recognize and explore the unique lived experiences of children, understanding how they may differ from the adults in their lives and provide support accordingly. They also know that children's lived experience is also felt through the impact of IPV on their survivor parent (e.g., survivor parents' availability to children).

IPV specialists appreciate that service users who behave abusively have often survived violence in childhood, and/or systemic violence, and that these lived experiences may contribute to their risk of behaving abusively.

Provide service user centered services

IPV specialists engage with service users respectfully, listen with care and attention to their experiences, validate service users' emotions, and recognize and build on strengths.

IPV specialists ensure services and interventions are service user centered. Their practice includes appropriately:

- Following what the service user believes is important and has identified as strengths and supports
- Progressing at the service user's pace
- Incorporating the worldviews and values of service users
- Mirroring service user language
- Prioritizing accessibility (for example, wheelchair accessibility, interpreters, accommodating support animals, and many more).
- Providing individualized services which respond to the unique life situations, social locations, and strengths of each service user.

Acknowledge and promote self-determination

IPV specialists are skilled at recognizing and promoting service user autonomy and agency in decision-making and programming in ways that consider risk and collective safety.

IPV specialists provide service users with information and options so that they can make informed choices and play an active role in their service experience.

Use reflective practice to maintain service user-centred, strengths-based approaches

IPV specialists maintain an awareness of and manage their own emotions and attitudes in response to service users and in their understanding of ways of responding to violence.

IPV specialists regulate tendencies to give advice or assume the lead within the service provider – service user relationship.

Service user-centred approaches

Complex Practice Behaviour 3: Actively decolonize practice

Knowledge of colonization

IPV specialists understand that Indigenous (First Nations, Métis, and Inuit) peoples are a diverse group with different practices, languages, customs, and cultures.

IPV specialists understand that IPV within Indigenous populations can only be understood with in-depth knowledge and recognition of colonization and the attempted cultural genocide of Indigenous peoples on Turtle Island. They understand that the doctrine of "discovery", which assumed superiority of European nations over non-Christian peoples, was used to legitimize colonization and to dehumanize, exploit and subjugate Indigenous peoples. They recognize the ongoing impacts of past and present harms of colonization.

IPV specialists know that the residential "schools" were a deliberate effort to assimilate Indigenous Peoples and destroy their cultures and identities. They know that these "schools" involved the forced removal of Indigenous peoples from their lands, and of the forced removal of children and youth over many generations from their parents, families, cultures, and languages.

IPV specialists recognize that main-stream IPV services are ineffective for many Indigenous individuals, and that existing systems and institutions (police, courts, child protection, healthcare, social services, schools) may not be avenues of help, but are obstacles and sources of discrimination and structural violence. They understand how the child welfare system currently functions and how it is seen – and acts – as a continuation of the residential "school" system.

IPV specialists have knowledge of major reports and inquires (e.g., the Murdered and Missing Indigenous Women and Girls inquiry report and of the findings of the Truth and Reconciliation Commission of Canada) on colonization and its impacts. They are aware of progress made, and not made, towards the calls for justice and recommendations made in these reports.

IPV specialists recognize the disruption of traditional Indigenous governing systems by the imposition of the patriarchal system through colonization.

IPV specialists have knowledge of the past and present resistance and resourcefulness of Indigenous Peoples in responding to colonization, racism, White supremacy, and White privilege.

Provide strengths-based services that center Indigenous cultures and identities

IPV specialists commit and continuously act to ensure their practice and IPV services are anti-colonial. They practice cultural humility.

IPV specialists offer support to Indigenous service users with the recognition that main-stream IPV services are ineffective for many Indigenous individuals, and that existing systems and institutions (police, courts, child protection, healthcare, social services, schools) may not be avenues of help, but are obstacles and sources of discrimination and structural violence.

IPV specialists recognize, actively speak to and address policies, procedures, programming, and organizational culture that may reproduce oppression.

They support service users to identify and draw upon both individual and community strengths that already exist to counter colonization and the impact of historic trauma transmission.

They recognize the resistance and resilience of Indigenous peoples and communities.

IPV specialists provide trauma and violence informed, holistic services that support service users to reconnect with Indigenous identity through an anti-colonial lens, as directed by the service user.
They center historical trauma, ongoing oppression, discrimination, and individual experiences of colonization, racism, White supremacy and White privilege, and work with Indigenous service users in ways that foster trust, choice, voice, and connection to culture.

IPV specialists support the self-determination of Indigenous service users to access the service of their choice and understand the need to offer Indigenous led services, community-based services, and/or informal supports.

They understand the potential for connection to Indigenous cultures and the land to be a source of healing and strength for Indigenous service users.
They recognize the role of traditional knowledge and healing practices, including the role of Elders in IPV service delivery.

Commit to anti-colonization within themselves

IPV specialists reflect on the ways that colonization has and continues to shape them and commit to the ongoing monitoring and adjusting of their practice accordingly.

Service user-centred approaches

Complex Practice Behaviour 4: Trauma and violence-informed practices

Knowledge of the impact of violence and trauma on service users

IPV specialists have in-depth knowledge of the types and complexities of trauma, as well as how extensively it can impact all aspects of a person.

IPV specialists also understand ways of responding to violence, including its effects on coping and healing.

IPV specialists have knowledge of the impacts of violence and trauma on the health and wellbeing of service users. They understand that service users are impacted individually as well as within their familial and other relationships.

IPV specialists understand the presence and complexity of intergenerational trauma. They know that some service users will have come from families where there have been many generations of abuse and violence. "Breaking the cycle of violence" can be an important touch point for service users.

IPV specialists understand how violence and trauma may affect the emotional (e.g., fear, worry, sadness), psychological (e.g., depression, anxiety, trauma), neurophysiological (e.g., memory difficulties, hypervigilance), behavioural (e.g., difficulties regulating behaviours), and social (e.g., trust difficulties, diminished social skills) functioning of child, youth, and adult service users.

IPV specialists appreciate and value lived experience . They have knowledge and understanding that recovery from violence and trauma is not linear. There is variability in service users' feelings of resilience based on their lived experience, and the availability of self-identified protective factors in their lives.

IPV specialists appreciate the direct and indirect pressure often placed on survivors to "be strong", "hold it together" and "be resilient". This pressure can be internal (i.e., from oneself)

or external (i.e., applied by others including service providers, family members, and abusive partners). They appreciate that an over-focus on strengths, even when well-meaning, can close off opportunities for service users to share experiences of vulnerability. IPV specialists recognize that, in part as a result of this pressure, service users may have learned ways to hide their trauma or how it impacts them.

IPV specialists understand that experiencing trauma and violence and barriers to supports may result in service users feeling isolated.

Knowledge of trauma and violence-informed practice frameworks

IPV specialists have knowledge and understanding of trauma, trauma theory, trauma recovery, and trauma and violence-informed practice.

IPV specialists have knowledge of trauma and violence-informed principles including trustworthiness and transparency, collaboration and mutuality, peer support, and safety.

IPV specialists understand the role of systemic violence on experiencing and perpetrating IPV. IPV specialists understand experiences of oppression, inequity, and systemic violence as traumatic. They have knowledge of colonization, knowledge of how culture interconnects with identity, and knowledge of "honor-based" violence. They centre knowledge of intersectionality and apply anti-racist and anti-oppressive approaches to IPV work. IPV specialists *have knowledge that along with gender, individuals experience many forms of inequity, and that multiple, intersecting forms of inequity are drivers of IPV. They understand that IPV within Indigenous populations can only be understood with in-depth knowledge and recognition of colonization and the attempted cultural genocide of Indigenous peoples on Turtle Island. They recognize the ongoing impacts of past and present harms of colonization.*

Facilitate peer support in ways that are trauma and violence-informed

IPV specialists value and recognize the essential role that peer support plays in trauma and violence-informed approaches. Peer support may include, for example, connecting survivors with each other for support, having survivors on committees, inviting service users who have behaved abusively in the past to co-lead groups, or inviting service users to speak publicly (e.g., at conferences, or trainings) about their experiences.

IPV specialists also partner with survivors to advocate for change and recognize that such experiences may provide *service users an opportunity to continue their healing by contributing to broader efforts to eradicate GBV, can restore a service user's sense of agency (i.e., their independence and freedom to make decisions) and voice, and may provide a sense of meaning to their journey.* Sharing their lived experience may also contribute to a survivors' feeling of empowerment and can provide opportunities for community building with other survivors as well as collective healing.

IPV specialists are also aware of the trauma-related risks of peer support activities for both peers providing support and for service users receiving support. For survivors providing peer support, risks include the possibility of secondary traumatic stress, compassion fatigue and vicarious trauma which, if not recognized, may result in non-service user-centred responses such as being less able to empathize with others or speaking about one's own experiences of violence and trauma in ways that are not supportive, making assumptions that the service user's experiences matches one's

own, or having challenges with continuously reflecting on and addressing their own power and privilege in service user-service provider relationships.

For those who have a history of using violence, advantages of providing peer support include reinforcement of change and feelings of empowerment in promoting change. At the same time, those providing peer support may find it more difficult to avoid collusion with narratives of violence and to maintain perspective and awareness within the service user-service provider relationship.

IPV specialists are aware of the value and potential drawbacks of peer support and respond by providing high levels of support and training to those providing peer support. For example, training is provided to those providing peer support in the following areas: how to continue with their own healing, how to recognize the harm they have endured, and how to recognize the potential for peer support workers and other service providers to cause harm to others who are accessing IPV services.

Recognize trauma and its impacts and avoids re-traumatization

IPV specialists approach their work with the understanding that many people seeking services have experienced trauma and violence in their lives.

IPV specialists understand that people's sharing of their experiences of violence are shaped by traumatic experiences and often evoke intense reactions for service users.

IPV specialists apply knowledge of the impacts of violence and trauma in recognizing service user needs.

IPV specialists understand that many service users experiencing violence and trauma may have overlapping service needs related to mental health, substance use, and suicidality. IPV specialists working with service users who behave abusively understand the importance of recognizing and addressing concurrent problems and needs (e.g., mental health, substance use, and trauma) while also working towards accountability for abuse, IPV specialists working with adult survivors demonstrates skill in harm reduction approaches to substance use with survivors and service providers working with children recognize the varied and differential impacts on children of experiencing IPV. IPV specialists understand the potential benefit to service users in working through these intersecting service needs.

IPV specialists understand trauma in service users who have behaved abusively, which includes an understanding that past experiences of trauma may relate to current use of violence.

IPV specialists fully understand the risk of re-traumatization within services and systems. For instance, the inherent power imbalance between the service user and provider may recreate dynamics of control and coercion that can mimic traumatic experiences for survivors. They continuously reflect on and address their own power and privilege in service user-service provider relationships.

IPV specialists critically reflect on the risk of re-traumatization, secondary traumatic stress and vicarious trauma on service users and guard against causing further harm.

Provide services based in trauma and violence-informed principles

IPV specialists build trauma and violence informed principles into all aspects of the services they provide to all service users including adult survivors, children, and men who have behaved abusively. They understand that all IPV specialist work must be trauma and violence-informed in order to be effective and relevant. For example, they have knowledge of

the impacts of trauma and violence on parenting of survivors, recognize the varied and differential impacts on children of experiencing IPV, and understand trauma in service users who have behaved abusively.

IPV specialists have knowledge of IPV that informs effective individual and systems level advocacy and they raise their voices to prompt recognition and elimination of IPV. As part of this knowledge and skills, IPV specialists provide education and engage in advocacy to help others, such as service providers and collaborators, to understand and apply trauma and violence-informed principles.

IPV specialists also provide services based on trauma and violence-informed principles, including trustworthiness, transparency, collaboration, mutuality, peer support, and safety by providing a space that enables safety, healing, and agency for service users. Examples include:

- composing a space that is warm, welcoming, accepting of diversity, and that honours service users' cultures.
- establishing an appropriate physical environment that conveys safety and privacy and prioritizes both physical and emotional safety
- clarifying and understanding service user's perceptions of safety
- co-creating safety with practices such as continually negotiating permission, being transparent about confidentiality, respecting service users' boundaries and pace
- seeing and honouring service user strengths and highlighting resistance to violence
- creating predictable expectations and the opportunities for the service user to rebuild a sense of security, self-efficacy, and control.

IPV specialists use a strength-based approach to appreciate responses to violence and capacity for change.

IPV specialists support service users to build on, re-connect to, and strengthen their existing social resources, networks, and relationships (i.e., natural supports).

IPV specialists also provide strengths-based services that center Indigenous cultures and identities. For example, they *support service users to identify and draw upon both individual and community strengths that already exist to counter colonization and the impact of historic trauma transmission and they center historical trauma, ongoing oppression, discrimination, and individual experiences of colonization, racism, White supremacy and White privilege, and work with Indigenous service users in ways that foster trust, choice, voice, and connection to culture.*

Use self-awareness to maintain trauma and violence-informed approach

IPV specialists are aware that, in response to their own concerns and worries about service users, they may behave in ways that use their power as a service provider to remove or limit the agency of service users with actions such as rescuing, making decisions on the behalf of service users, pushing a course of action on a service user, overriding service users' wishes, etc.

IPV specialists remind themselves of their role, which is to support service users with clear information about potential outcomes of various choices. They use reflective practice to maintain service user-centred, strengths-based approaches.

IPV specialists who are working with children also consider the dynamic of age and the lack of agency given to children in all their

environments (e.g., school, courts). IPV service providers regulate their reactions to the many ways that children may respond to experiences of IPV (e.g., they may be angry at mothers, have inappropriate boundaries, anger issues) in ways that are trauma- and violence-informed, maintaining voice and choice for children whenever possible.

IPV specialists who are working with men who have been abusive also consider that police, courts, and other systems have often removed service user agency. They recognize that, when worried or angry with service user actions, they can fall back on court/police rules, move into an unhelpful place of "enforcing" limits, and/or act in ways that are punitive towards service users. They recognize that such actions run counter to the intervention goal of helping service users recognize and be accountable for his agency in behaving abusively.

Collaborate across systems

Collaborate with others to manage risk and promote safety

IPV specialists recognize that collaboration, with consent of service users, is often required for effective risk assessment, risk management and safety planning.

IPV specialists develop and maintain relationships with police, child protection and other emergency (e.g., mental health crisis, Indigenous-led crisis response teams) and IPV (e.g., shelter and men's program leads) service providers who they can call when necessary to immediately manage high risk situations. IPV specialists cultivate these relationships with individuals in broader services, often through cross-agency collaborative work, to ensure that they can reach responders with a deeper and broader understanding and appreciation of IPV when necessary. They also maintain relationships with each other (e.g., shelters and men's programs).

IPV specialists have a strong understanding of their role and responsibility in assessing and managing risk and safety when they work in collaboration with others. They are aware that when IPV specialists do not fulfill their role and responsibility, risk can increase.

IPV specialists are aware of the ways that hierarchy among collaborators (credentials, seniority, status) can occur and recognize that it can negatively impact the assessment and management of risk and safety. They guard against reproducing oppression in the context of collaboration with others.

Understand and promote the value of community-based responses to violence

IPV specialists know that communities hold local knowledge and expertise of IPV, and they have knowledge of how culture interconnects with identity. They work within communities and alongside community-based groups and agencies to understand patterns and determinants of violence, to ensure that interventions are responsive and appropriate, and to connect with community-based supports and services, as guided by the service user

IPV specialists recognize that mainstream services are not always culturally appropriate, or trauma- and violence-informed. They understand that "responsibility" and "accountability" for abusive behaviour play out in the individual, family, and community relationships of those who have behaved abusively. They have knowledge of community-based, culturally appropriate responses including alternatives to the family and criminal justice systems. They recognize the potential value, and possible limitations, of using community-based, restorative processes as a way to meet the needs of survivors, repair harm and achieve "accountability".

IPV specialists understand the value of supporting service users to build both formal and informal support networks (e.g., family,

friends, co-workers) within their communities. They understand that individual safe networks can provide safety for survivors and children and that there are times when informal supports are preferred by the service user.

IPV specialists encourage and invite participation and leadership from members of diverse communities, with an understanding that factors such as racism, classism, sexism, misogyny, heterosexism, transphobia, biphobia, ageism, and other forms of discrimination and oppression might pose barriers to such participation.

Knowledge of community and external services and resources

IPV specialists are familiar with resources and services in IPV prevention and intervention including services for women survivors (e.g., shelters, transition houses, specialized hospital, and legal services), children who have experienced IPV (e.g., intervention programs for children, supervised visitation centres), and men who have behaved abusively (e.g., programs for men who use violence). They have knowledge about these services, including information about approach, efficacy, and quality consistent with IPV practices.

IPV specialists are knowledgeable about general community resources available to service users including those related to basic needs (e.g., food banks, homeless shelters, financial assistance), immigration (e.g., settlement and legal services), separation and divorce, and mental and physical health (e.g., trauma, substance use); and/or directories containing information on available community resources.

IPV specialists are familiar with directories and distress lines which contain information on community services available by region, for example, 211, Sheltersafe, and the First Nations and Inuit Hope for Wellness Help Line.

IPV specialists are aware of resources that address service user access to assistance (i.e., language interpretation, onsite childcare).

IPV specialists are aware of systemic gaps in policies, programs, and services to address the needs of IPV service users and that they, as service providers, need to work within the realities of what exists. This often involves partnering with agencies and members of the community that can best support individual service users.

Understand how collaboration across agencies can support service users

IPV specialists have an understanding and appreciation of the diverse professionals and agencies involved in addressing IPV and their unique perspectives, priorities, cultural practices, and approaches. They understand the need for developing, strengthening, and maintaining collaborative and trusting relationships between specialist IPV services, community-based agencies, and partners (e.g., immigrant and refugee aid services, subsidized housing services, addiction services, etc.) and mainstream services (e.g., healthcare, legal aid, education, etc.).

IPV specialists appreciate the value of a multi-disciplinary approach to service delivery and case management, cross-agency case reviews and information sharing (using appropriate protocols). They are also aware that different considerations apply to decisions around collaboration when working with adult and child survivors and with those who have behaved abusively.

- For IPV specialists working with women survivors, decisions about level and extent of collaboration across agencies and services are service user-driven and service user centered. IPV specialists continue to

support service users who do not consent to be identified at collaborative planning tables.

- IPV specialists working with children experiencing violence share information about the potential value of cross-agency work with children's adult survivor caregiver and are guided by the decisions made by the adult survivor. They work collaboratively with survivor parents, non-offending caregivers, and children.
- For IPV specialists working with men who have behaved abusively, decisions about collaboration across agencies and services, although service user driven, when possible, are superseded by concerns about risk and harm to survivors. In such cases, IPV specialists collaborate across systems (e.g., on multi-agency risk assessment and management teams), placing considerations about safety above concerns about service users' privacy. They share information and advocate to address risk posed by men who have behaved abusively.

IPV specialists know that, although collaboration is valuable and may, in fact, be necessary to support survivors' safety needs and manage risk in those who have used abusive behaviour, such collaboration often takes a lot of time, energy and resources. IPV specialists understand that other organizations and service providers (e.g., child protection, justice, mental health services) may not value, appreciate or prioritize the need for collaboration. They nevertheless continue to push for collaboration, understanding that lack of coordination increases the possibility of domestic homicide and results in a system where survivors' holistic needs are not well met.

IPV specialists allow for others to make mistakes and learn through the process of collaboration, they patiently share their knowledge to educate and advocate for change.

Make decisions about when to seek additional information, consultation, or support to manage risk and safety

IPV specialists make decisions about gathering additional information/collaborating with others while balancing the need for or value of such information with the creation of "abuser generated" (e.g., injury from violence, harm to children, reduced access to resources) and "social and structural" (e.g., discrimination, inadequate system responses) risks of violence for the survivor.

IPV specialists are survivor-led in considering the balance of need for additional information, consultation, or support with the potential risk to the survivor.

Refer effectively to services

IPV specialists provide resources and referrals to service users as appropriate, which includes the creation and sharing of resource lists with service users and other service providers. IPV specialists regularly update these resource lists with the most current resources and contact information to prevent them from becoming obsolete.

IPV specialists understand the assessment criteria for referrals, and implement proper referral protocols (e.g., appropriate disclaimers) in order to make effective referrals.

IPV specialists are service user-centred in considering referrals. They work closely with service users to provide information about available resources, meet their needs and understand that it is the service users' decision if, when, and how they will access support. Support may include the IPV specialists accompanying the service user as they access other services/resources at the service users' discretion.

IPV specialists collaboratively problem solve with service users to find ways to address their needs in situations where resources are not available.

Establish, develop, and maintain cross-agency relationships that work from a survivor-focused lens

IPV specialists consider survivor safety as a collective system responsibility and hold the system accountable for creating that safety. They amplify their voices to prompt recognition and elimination of IPV.

IPV specialists advocate, at a broad level, for cross-agency information sharing agreements that prioritize safety and for the creation of guidelines and protocols for survivor-focused, cross-agency work. They participate as members of coordinating committees, cross-agency teams, and community tables to represent the needs of survivors and to promote effective, survivor-centred responses to IPV.

IPV specialists understand the value of collaborative relationships and responses for managing risk, streamlining services, and providing holistic support to service users. To that end, they seek out, form, develop and maintain such relationships as part of their work to collaborate with others to manage risk and promote safety.

IPV specialists develop respectful and supportive interagency relationships that are equitable, collaborative, and meaningful. This includes attention to the sharing of resources that is equitable across partners and avoids tokenism or exploitation of survivors and members from marginalized communities (e.g., ensuring all voices are valued). IPV specialists view the diversity of the community that an individual belongs to as a strength and seeks to incorporate this diversity in collaborative relationships.

IPV specialists also appreciate that cross-agency work should be individualized to service users, bringing together the right resources and services for the situation rather than the same ones (e.g., only justice or statutory service partners) in all situations. They appreciate that more flexible structures of collaboration support work that is more service user-centred and respectful of the intersecting identities and cultures of service users.

IPV specialists explicitly negotiate and establish roles and responsibilities within a multi-system and multidisciplinary collaboration. Part of this negotiation includes advocating for supporting inclusion of service users as part of decision-making processes impacting their lives.

Foster inclusive, respectful, and healthy collaborations with Indigenous organizations

IPV specialists collaborate in ways that are inclusive of Indigenous representatives, recognize the diversity of Indigenous communities through adequate representation, and foster a balance of voices in collaborative problem solving across organizations and systems.

IPV specialists promote collaborative engagement in ways that recognize and minimize the potential for collaborations across systems to be triggering and re-traumatizing for Indigenous representatives.

IPV specialists provide strengths-based services that center Indigenous cultures and identities.

Guard against reproducing oppression in the context of collaboration with others

IPV specialists centre knowledge of intersectionality and apply anti-racist and anti-oppressive approaches to IPV work to guard against reproducing oppression during cross-agency work (e.g., collaborations where community-based agencies are sidelined/silenced by statutory agencies). They reflect on their own values and actively guard against reproducing oppression and harmful power dynamics during collaborations across organizations and systems.

IPV specialists manage their feelings of defensiveness around the expectations or judgements of others related to the service users they are working with.

IPV specialists manage their feelings related to professional power imbalances in the collaborative process in terms of decision-making and information sharing. They are mindful of the impact their opinions may have on the process/outcome of collaboration and adapt their language accordingly.

IPV specialists recognize the fear in others as well as themselves when working collaboratively in the best interests of service users and recognize co-regulation as part of the collaborative process of debriefing and case management.

IPV specialists continuously reflect on and address their own power and privilege in service user-service provider relationships. They reflect on their own social location, both as an individual and as the representative of an institutional or structural process and how that may contribute to ongoing harm (e.g., child protection). They do their own work in order to remain open, balanced, and reflective throughout the process.

IPV specialists are mindful of their own agendas and expectations when collaborating with others. They work honestly and transparently with others to ensure that the working relationship is clear from the start.

Navigate laws and ethics

Complex Practice Behaviour 1: Thinks complexly about mandatory reporting, confidentiality, and documentation

Have knowledge and understanding of mandatory duty to report

IPV specialists have knowledge and understanding of mandatory duty to report (i.e., suspected child maltreatment, risk of harm to self, or duty to warn) policies that exist within their workplaces as well as the legislation regarding mandatory duty to report within their region. They have a clear understanding of their role and professional responsibilities as mandatory reporters, and they are knowledgeable of the procedures for reporting.

IPV specialists understand what happens (e.g., approximate timelines for investigation) following a mandatory duty to report. They understand their role in supporting service users following a report.
IPV specialists use this knowledge as part of a basis to make complex decisions about mandatory reporting to child protection, appreciating the tensions, gravity, and implications of reporting for service user safety.

Have knowledge of laws, regulations, ethical guidelines, practice standards, and best practices relevant to IPV work

IPV specialists have knowledge and understanding of laws, regulations, ethical guidelines, standards of practice, and best practices that are specific to their position, organization, region, and profession. These can include, but are not limited to: preserving human rights; duty of care; (i.e., the duty to not disclose information to the extent possible) and privacy (i.e., the right of an individual to have some control over how personal information is collected, used, and/or disclosed, for examples, the right to read and correct information); limitations of practice; duties to testify; and responsibility to community and society to minimize and prevent harm. They understand legal and practice definitions of terms including IPV, child abuse, elder abuse, abuse of persons with disabilities, and sexual assault. IPV specialists also know that laws, regulations, standards, legal and practice definitions, and best practices are dynamic and that it is necessary to engage in regular review and updates to ensure that their knowledge is current.

IPV specialists use legislation and legal frameworks within their jurisdiction to help increase safety of survivors and manage risks posed by those who have behaved abusively.

IPV specialists also have strong knowledge of the impact of laws, regulations, guidelines, standards, and practices that impact privacy and confidentiality for service users and their implications for service user safety.

IPV specialists have excellent knowledge of laws, regulations standards and best practice

recommendations on personal safety and security that have potential relevance to service users. In particular, they have knowledge of legislation and regulations requiring workplaces to include intimate partner violence as a form of workplace violence that employers are responsible for preventing and responding to in an effective manner (e.g., by putting workplace safety plans in place).

IPV specialists understand both the benefits and limitations of laws, regulations, and standards when applied to work in IPV contexts. For example, requiring workplaces to consider IPV as a health and safety issue has the potential to provide better support to survivors in their workplaces. However, when workplaces are not survivor-centered, this requirement may result in survivors having less autonomy for making decisions relevant to their safety (e.g., a supervisor might decide that a survivor must change work location in order to remain safe. This decision may not align with the judgment or choices of the survivor).
IPV specialists understand the challenges of working within social systems (particularly the legal system and the child protection system) that may do more harm to survivors by engagement. They understand the possible impacts of sharing experiences of abuse on risk and safety for survivors. *Specifically, that disclosure may result in greater jeopardy/escalation of violence, loss of confidentiality and unwanted intervention of other professionals.*

IPV specialists also centre their knowledge of intersectionality and apply anti-racist and anti-oppressive approaches to IPV work and to their understanding of laws, regulations, and standards are applied. *They understand that social structures of power, including the criminal justice system, child protection system, legal system, healthcare system, and many others perpetuate systemic violence and harm against individuals on the basis of their identities and cultures. These systems use their power to further marginalize particular groups of people and uphold the status quo of power and privilege for others. IPV specialists understand how different individuals with their own unique intersecting identities experience oppression within these systems differently. IPV specialists apply this understanding to the services they provide.*

Make complex decisions about mandatory reporting to child protection, appreciating the tensions, gravity, and implications of reporting for service user safety

IPV specialists make complex decisions about when safety concerns must supersede service user privacy and autonomy. These skills include specific risk management skills such as understand that risk assessment and management often benefit from collaboration, understanding the possible impacts of disclosure on risk and safety, and the need to share information and advocate to address risk posed by men who behave abusively. IPV specialists understand, and can articulate, possible negative repercussions for service users of mandated reporting to child protection.

IPV specialists know that Black and Indigenous families and families living in poverty are over-represented in the child protection system overall and that children in Black, Indigenous and/or families living in poverty are over-represented “in care”. They understand that systemic structural violence relating to gender, race, ethnicity, sexual orientation, socioeconomic status, culture, immigrant / refugee status, age, geographic location, religion / spirituality, (dis)ability, language, and/or mental health status, as well as other aspects of identity, influences who is likely to be reported to child protective service and which families face greater scrutiny and surveillance while involved. They keep systemic structural violence in mind when making decisions about

mandatory reporting and the potential safety and harms for children.

IPV specialists reflect on how their social location influences their role as mandated reporters. They continuously reflect on and address their own power and privilege in service user-service provider relationships and guard against reproducing oppression in the context of collaboration with others.

This means that, among other things, *they acknowledge power and privilege within IPV specialist roles. They aim to identify their own privilege. They continuously educate themselves about intersectionality and challenge their own biases. They think critically about the ways in which patterns of power and manipulation play out in the service provider / service user relationships* and they guard against using their social location to reproduce oppression and harmful power dynamics.

IPV specialists are concerned with the tensions between being an advocate for IPV survivors and a mandated reporter. They are aware of the exacerbated power differences that are created when service providers must act as mandated reporters.

IPV specialists understand that service users may experience mandated reporting as a form of surveillance as well as being at risk of having abusive partners weaponize the system against them. They never use mandatory reporting to child protection as a threat against a service user.

Understand and navigate the complexities of confidentiality and privacy

IPV specialists have knowledge and understanding of intersectionality. They understand that as a result of systemic structural violence relating to gender, race, ethnicity, sexual orientation, socioeconomic status, culture, immigrant / refugee status, age, geographic location, religion / spirituality, (dis)ability, language, and/or mental health status, as well as other aspects of identity, service users may distrust service providers. Furthermore, IPV specialists understand that privacy and confidentiality may require additional or different supports, explanations, and protections.

IPV specialists also understand that for service users who have less decision-making power (e.g., children, service users who have had fewer rights), education about confidentiality and privacy rights can be empowering. They understand that, as a tactic of abuse and control, those who behave abusively often deliberately undermine survivors' confidence in making decisions and exerting their rights, including confidentiality and privacy rights.

IPV specialists understand that discussions about confidentiality (i.e., the duty to not disclose information to the extent possible) and privacy (i.e., the right of an individual to have some control over how personal information is collected, used, and/or disclosed, for example, the right to read and correct information) should be had at the beginning of service and also in an ongoing way, keeping in mind that service users might need the opportunity to develop confidence in their own decisions and voice. IPV specialists also have discussions with survivors and older children about how information gets transferred (e.g., location devices in phones, social media tracking devices).

IPV specialists understand that an effect and/or deliberate tactic of abuse perpetration is to undermine and take away confidence survivors have for making decisions and exerting their rights. IPV specialists keep in mind that service users might need the opportunity to develop confidence in their own decisions and voice, including confidence in changing their decisions.

IPV specialists also understand that confidentiality and privacy are especially important for service users who require support from caregivers who have behaved, and/or continue to behave, abusively towards them (e.g., children, older people, individuals with (dis)abilities, survivors who are depending on an abusive partner for immigration or basic financial needs).

Support information sharing that prioritizes service user safety, privacy, dignity, and trust

IPV specialists understand how collaboration across agencies can support service users and may, at times, be necessary to manage risk and safety. In such cases, they collaborate with others to manage risk and promote safety.

At the same time, they appreciate that service users may be involved with many service providers and systems and that they may not always be informed of this involvement (e.g., service users may not realize or identify that they are involved with child welfare, legal or immigration systems). They work in alliance, prioritizing safety, with service users to make decisions about when to seek additional information, consultation or support to manage risk and safety and about how much information to share, with whom.

IPV specialists also work to establish, develop, and maintain cross-agency relationships that work from a survivor-focused lens, part of which involves recognizing the burden on survivors to share information repeatedly.

Make complex decisions about confidentiality and its limits, while remaining as open and transparent as possible with service users

IPV specialists are transparent from the beginning of their relationships with service users about their roles and responsibilities related to mandatory duty to report - particularly regarding child protection, risk of harm and duty to warn.

IPV specialists ensure that service users understand confidentiality and the limits of that confidentiality so that they can make informed decisions based on this. When confidentiality must be breached, IPV specialists remain service user-centred and focused on safety.

To the extent that it is safe and possible, IPV specialists collaborate with service users in how they want to engage with the mandatory duty to report. To the extent that it is safe and possible, they provide clear information about what information will be reported, with whom information will or may be shared (e.g., child protection, or as part of legal proceedings) and of possible implications of reporting with an understanding of the unpredictability of the system (e.g., a police report may be shared with child protection). This includes providing clear information to service users involved in court-linked intervention for abusive behaviour on information that is, and is not, shared with the court.

IPV specialists recognize that information shared with one partner or system may be shared with another and that there are variations between and within systems (across jurisdictions) that may result in increased risks (e.g., abusers may discover women as having initiated a child welfare report). IPV specialists recognize the risk/potential for abusive partners to weaponize the system of mandatory reporting to further perpetuate abuse.

IPV specialists are as open and transparent as possible on what their role is as a supportive service provider following an instance of mandated reporting.

Document in ways that accurately reflect the dynamics of abuse, being mindful of the legal system and service user dignity

IPV specialists keep documentation in a way that prioritizes dignity and safety while also balancing the duty to preserve evidence for potential legal purposes. They are aware of the possibility of documentation being subpoenaed as part of legal processes.

IPV specialists complete record-keeping and reporting according to both professional, organizational, and jurisdictional standards and procedures, privacy, and confidentiality requirements. They are skilled at documenting in ways that are accessible and have meaning for service users. When possible, they take a collaborative approach to documentation, where the service providers and service users work together to review and discuss what is placed in service users' records.

When documenting with victim survivors, IPV specialists use language that does not blame victims while highlighting victims' resistance, revealing entrapment.

When documenting abuse perpetration, IPV specialists focus on the behaviours of the person who has behaved abusively. They document discrepancies in service users' accounts of abuse and use language to highlight risks posed by the person who has behaved abusively to potential victims (e.g., lack of compliance with court orders). They also document areas where the person who has behaved abusively has demonstrated progress or compliance such as completing an IPV perpetrator program. They understand that compliance does not equal remorse or reduced risk to survivors, children, or other potential victims.

When documenting the experience of children exposed to IPV, IPV specialists use

language that highlights children's resistance and the short- and long-term impacts of abuse. They consider risks that may result from the access that the abusive parent and survivor parent may have to child records. IPV specialists further consider that children may eventually read their own documents as they get older.

Apply knowledge of GBV-related legislation, regulations, standards, and procedures in a way that increases safety of survivors and manages risks posed by those who behave abusively

IPV specialists use legislation and legal frameworks within their jurisdiction to help increase safety of survivors and manage risks posed by those who have behaved abusively.

IPV specialists demonstrate an understanding of, and discuss with service users who have behaved abusively, types of violence and child abuse and the potential legal consequences of the different types of violence. When working with service users who have behaved abusively, they emphasize the importance of complying with court orders.

Complex Practice Behaviour 2: Legal, Court and Professional Knowledge & Navigation

Have knowledge of family court experience for survivors of IPV

IPV specialists have knowledge of the systemic violence that survivors and children can experience in finding safety and support in the family court systems and how family court can put them at risk of further harm. They know that family courts often do not recognize IPV and its past and ongoing impacts and understand how courts often disregard and exacerbate trauma associated with IPV.

IPV specialists also have knowledge and understanding of intersectionality, and apply this understanding to inform their understanding of how service users may experience family court. They know, for example, that the parenting of Black and Indigenous service users is likely to be scrutinized more closely and judged more harshly and that individuals facing systemic structural violence face additional challenges and barriers in parenting that may not be appreciated in family court. They also know that there is inequitable access to family court (including having access to a lawyer) associated with socioeconomic status, location (rural areas may lack a consistent family court) and other aspects of identity including gender, race, ethnicity, sexual orientation, culture, immigrant / refugee status, age, religion / spirituality, (dis)ability, language, and/or mental health status.

IPV specialists know that survivors are often put in a no-win, double-bind situation by family courts where both raising and not raising IPV is likely to result in unintended consequences and fewer protections for survivors. Specific understandings held by IPV specialists are as follows:

- Courts start with the assumptions that shared parenting is the best outcome, that conflict is mutual, separation conveys safety from ongoing IPV and that having clear orders around parenting contact and responsibility will resolve conflict. It is very difficult to shift these assumptions.
- Family courts have poor recognition of the ongoing impact of children's experiences of IPV. Children's experiences of violence and their wishes around avoiding or limiting contact with a parent who has behaved abusively are seldom given due consideration and weight by the court.
- Family courts often fail to recognize the influence of systemic, structural violence on families, including the influence of structural violence on the decisions parents make in caring for their children.
- Family courts often fail to recognize the ongoing impact of a parent who has perpetrated intimate partner violence. Evidence, or lack of evidence, of accountability and change is seldom requested, considered, or given weight by the court.
- Survivors are often pressured by family court professionals to accept joint custody/shared parenting even in the face of serious past IPV and ongoing risk.
- Interim plans often become permanent because courts support a status quo arrangement unless there is compelling evidence to change parenting arrangements.
- Family courts generally encourage families to "move on", but survivors can only move on when the system acknowledges safety issues and put safety measures in place as well as trauma informed support/counselling.

- Survivors often feel threatened, intimidated and/or worn down by the abuser's constant pressures and by the family court's minimizing or disregard of IPV. Survivors may, as a result, end up being forced into making agreements that are the best of a set of bad options and do not ensure safety and freedom from abuse for her and her children.
- Survivors are often forced to justify reluctance to coparent with their abusers and, if they express or act on concerns, are at-risk of being accused of alienating the children from the abuser.
- Allegations of "parental alienation" are often misused in family courts in cases involving domestic violence. There is little to no recognition of children's justified rejection of a parent who has perpetrated domestic violence.
- Survivors fear that their reports of IPV will not be believed without compelling evidence and that their fears will not be taken seriously; and that instead, their partner's version of events will be given more credibility. These concerns are justified.
- Family courts often order unsupervised exchanges and shared parenting time that jeopardize the emotional and/or physical safety of survivors and their children. Abusers' violations of access conditions are not taken seriously as indications of risk.
- As a result of self-litigation, survivors may be in the situation of being forced to interact with their abusers as legal representatives. This means that they may need to respond to affidavits prepared by their abusers or be cross-examined by their abusers.
- Even when IPV is recognized and acknowledged by the court, it often doesn't make a difference to parenting arrangements ordered.

IPV specialists also have knowledge of litigation abuse; for example, when service users who behave abusively perpetrate further violence by using the court system to harass, intimidate, and control victims.

Support survivor service users through criminal and family law systems with an understanding of how courts often exacerbate trauma associated with IPV

IPV specialists understand that when survivors are knowledgeable about legislation, legal frameworks, and procedures specific to their needs and probable outcomes, they are more likely to feel competent and empowered in their actions.

IPV specialists utilize their knowledge and understanding of anti-racist and anti-oppressive approaches when considering service users' experiences and knowledge of violence and oppression within structures such as legal systems. They understand that experiences of racism, islamophobia, homophobia, transphobia, patriarchy, xenophobia, and other forms of oppression impact service users as they access legal services and navigate criminal and family law systems.

IPV specialists have working knowledge about the criminal and family law systems (e.g., no contact orders, family court orders) and share it based on the specific needs of service users. When they do not have this information, they work with service users to find and access relevant legal information, advice, and support. IPV specialists understand that it is not uncommon for service users to have to deal with multiple legal systems at once (e.g., immigration law, family court, criminal court) and each of these systems can be complicated, difficult to navigate, and contradictory. They understand and describe the ways that abuse strategies may be used to deliberately cause harm within and between each of these systems.

IPV specialists are aware that no contact orders are broken frequently and that, often, there is a very delayed response and no legal consequence applied to the abusive person as a result. They share this understanding with survivors as part of their work to engage in safety planning that is service user centered, individualized, and recognizes survivors' expertise.

IPV specialists help survivors prepare for and deal with the outcomes of court, knowing that the survivor's truth and the ruling of the court on the "facts of the case" seldom align. They help survivors continue to honour their own experience and communicate that criminal justice and court-related outcomes do not change the validity of survivor experiences.

IPV specialists understand that service users benefit from access to IPV-informed legal services and that such services are not always available. When possible, IPV specialists provide survivors with assistance to find a lawyer, or other legal assistance, with knowledge and sensitivity to IPV.

IPV specialists understand that their role involves emotional support and witnessing as part of this process and that it may also include advocacy depending on the circumstances. For example, IPV specialists can help survivors document the risks they face through appropriate screening and assessments that could be shared with their lawyer or the court (e.g., risk assessment, abuse assessments and impact assessments). They may themselves provide evidence to the court of the impact of abuse.

IPV specialists may also support survivors in identifying critical evidence that would assist them in court such as individuals in whom they have confided (e.g., friends, family, co-workers) or counsellors with whom they have spoken in the past.

IPV specialists provide information about court processes and protocols of court (how to address the judge, how behaviour and presentation is likely to be judged). They may accompany service users to court, provide practical support (e.g., water, food, comfort items) and they may advocate with the court for more trauma and violence-informed treatment (e.g., safer space, opportunity for a break).

IPV specialists help survivors understand that court systems often have a limited understanding of IPV, trauma, and oppression. They help survivors understand the ways that courts are likely to interpret and misinterpret survivors' actions. IPV specialists center their understanding of survivors' ways of responding to violence and help survivors to *understand that certain strategies and responses impact risk or the perception of risk by others (e.g., the ways in which the justice and child protection system may view flight or resistance). They do this in ways that are nonjudgmental.*

IPV specialists talk to survivors about the potential repercussions from the abuser (e.g., escalation in abusive tactics) associated with raising or reporting IPV in the absence of any safety plan or system risk management plan such as suspending, or supervising contact with the abuser.

IPV specialists appreciate that survivors are likely to need extensive support due to the length of legal proceedings, which are usually measured in months and years.

Provide navigational support for criminal and family court to service users who are children living with IPV and their protective parent(s)

IPV specialists recognize the varied and differential impacts on children of experiencing IPV, they listen to, respect, and value children's voices and experiences and they use

developmentally appropriate assessment and intervention strategies. They apply this understanding to providing support to children whose families are, or may be, involved in criminal or family court.

IPV specialists are able to explain court processes to children in developmentally appropriate ways.
When providing intervention to children, IPV specialists make complex decisions about parental consent, being mindful of who has parental rights, about court processes, and about protecting the child.

IPV specialists understand the role of children within the family court (child protection and parenting/custody disputes) and criminal court systems including the following:

- familiarity with federal and provincial /territorial laws that focus on children's safety and best interests (for example child friendly court procedures, and protocols)
- avenues for children's voices to be heard by the court
- access to specialized assessment and support resources (when available) such as the Office of the Children's Lawyer, victim services and child witness court preparation services

IPV specialists advocate for trauma-informed approaches to children's testimony if needed in criminal and family court proceedings

IPV specialists recognize the many professionals that may be involved in the lives of children exposed to IPV, and if necessary, may be a point of collaboration among educators, lawyers, social services, and mental health professionals working with children. They liaise with school and childcare contacts around children's legal involvement. For example, they recognize that school and childcare settings are a point of access to children for fathers who behave abusively. They also recognize that schools and childcare settings hold information about children that fathers who behave abusively may try to access. They communicate this and other IPV specialist knowledge to school and childcare contacts to help individuals in these settings appreciate risk. They also collaborate with school and childcare contacts to create and implement safety plans and strategies for children (e.g., ensuring that information about who can, and cannot, sign a child out of school is clearly and consistently communicated to school staff).

Provide navigational support for criminal and family court to service users who have behaved abusively

IPV specialists have working knowledge about the criminal and family law systems (e.g., no contact orders, family court orders) and share it based on the specific needs of service users. IPV specialists communicate to service users using supportive, non-punitive approaches and that help them understand the link to concerns about risk and safety, as well as their own well-being and best interests. They communicate in ways that are distinct from, rather than directly replicate, criminal and family justice system messaging.

IPV specialists understand that it is not uncommon for service users to have to deal with multiple legal systems at once (e.g., immigration law, family court, criminal court) and each of these systems can be complicated, difficult to navigate, and contradictory.

IPV specialists centre knowledge of intersectionality and apply anti-racist and anti-oppressive approaches when considering how service users experiences criminal and family court involvement. They understand that service user experiences of court processes and outcomes are influenced by racism, islamophobia, homophobia, transphobia, patriarchy, and xenophobia. *They understand that social structures of power, including the*

criminal justice system, child protection system, legal system, healthcare system, and many others perpetuate systemic violence and harm against individuals on the basis of their identities and cultures. These systems use their power to further marginalize particular groups of people and uphold the status quo of power and privilege for others.

IPV specialists understand what a no contact order is and the stipulations it entails (e.g., whether no contact is inclusive of phone/online contact, contact at public events, sending messages through others, responding to contact initiated by children or whether contact is limited to planning for children, etc.). They help service users understand the possible consequences (e.g., charged for breaching conditions, escalation in concerns about safety) for failing to abide by the conditions of a no contact order.

IPV specialists are able to explain the meaning of court outcomes that are often applied to those accused of abuse-related offenses including findings of guilt, conditional discharge, absolute discharge, and peace bonds. If working in a community with a domestic violence court, IPV specialists are able to provide a basic explanation of eligibility and outcomes/remedies available to the accused through the domestic violence court. IPV specialists are familiar with the various conditions that might be applied to the accused by the legal system, including conditions that may be associated with bail, peace bonds, probation, conditional discharge, restraining orders, promises to appear, etc. They are able to help service users read and understand the nature and meaning of the conditions of the court, including the gravity and possible implications of failing to comply with these conditions.

IPV specialists help manage service user expectations regarding the (very slow) speed of court processes and the possibility/likelihood of decisions being adjourned. They support service users in managing their frustration around delays.

IPV specialists are aware of the Gladue decision of the Supreme Court of Canada, along with Criminal Code provisions, that requires judges to look at the history, experiences and realities of Indigenous offenders when determining appropriate sentences. They understand the purpose of this decision is to reduce the overrepresentation of Indigenous People in detention across the country, as well as recognize the impacts of colonization on Indigenous people. They inform service users about the Gladue decision and help to connect them with appropriate legal counsel if appropriate.

IPV specialists provide clarity and transparency about their role in court proceedings, including explaining the kinds of information that they may and may not share with other parties.

IPV specialists understand limitations on the scope of their role and refer service users to other parties such as lawyers and probation officers when appropriate.

Engage in advocacy

Partner with survivors to advocate for change

IPV specialists understand the reciprocal benefits that result from partnering with survivors to advocate for change. Advocacy offers service users an opportunity to continue their healing by contributing to broader efforts to eradicate GBV, and to change and improve systems. Advocacy can restore a service user's sense of agency (i.e., their independence and freedom to make decisions) and voice and may provide a sense of meaning to their journey. Sharing their lived experience may also contribute to a survivors' feeling of empowerment. IPV specialists appreciate and value lived experience as expertise and understand that partnering with survivors is integral to advocating for systemic change and advocacy for individuals (i.e., helping service users navigate systems).

IPV specialists understand that advocacy can be used to raise awareness about the lived experience of injustice, oppression, and systemic violence. They understand that service users' resilience and efforts to prevent future violence can be strengthened through allowing service users to make their own decision if/when to become an advocate, and how to advocate for change as a person who is experiencing or has experienced oppression and/or trauma.

IPV specialists understand the importance of not asking or compelling survivors to become advocates.

IPV specialists understand the service users' basic rights; they provide avenues they can pursue when dealing with inappropriate experiences with some agency personnel, e.g., Child/Youth

Ombudsman. IPV specialists support survivors who are advocating for themselves within systems.

Have knowledge of IPV that informs effective individual and systems level advocacy

IPV specialists have knowledge of IPV that informs their efforts around effective individual and systems level advocacy. Specialist knowledge that contributes to effective advocacy includes:

- Current knowledge of the prevalence of IPV in their communities, as well as the impacts of IPV on individuals and communities.
- Current knowledge about system and service limitations impacting service users.
- Knowledge of various forms of gender-based violence, including IPV: specialists know that many forms of abuse and violence coexist. They also understand that forms of gender-based violence exist along a continuum of severity and that understanding this continuum requires consideration of a range of factors,

including the severity of specific "acts" of gender-based violence, their frequency, pervasiveness, impact, and the context in which they are perpetrated and experienced.

- Knowledge about the dynamics of abuse, including patterns of abuse, coercive control, primary aggressor, and the differences between people in relationships who abuse and/or use violence versus those that do not.
- Knowledge and understanding of intersectionality including how inequities and oppression inform patterns of IPV, including dynamics of harm and victimization.

IPV specialists utilise this knowledge to raise their voices about IPV, articulate facts about IPV prevalence and its effects, understand and counter myths about separation and safety, and advocate for system change They also use this information to prevent re-traumatization and/or revictimization (e.g., in youth protection, the judiciary, etc.).

Identify systemic gaps in policies, programs, and services to address IPV

IPV specialists have knowledge and understanding of anti-racist and anti-oppressive approaches. This means, among other things, that *IPV specialists must recognize and challenge the social hierarchies associated with identities by highlighting their social construction and advocating for change.*
IPV specialists actively participate in social justice movements that relate to and intersect with IPV outside of service delivery alone.

IPV specialists identify gaps and cracks in the system's responses to survivors, children and men who have behaved abusively by listening to service users' experiences and engaging in critical thinking. Advocacy efforts often begin with specialists' support work with individual service users, in which the experiences of individual service users identify systemic problems and trends.

IPV specialists are aware that services available to address IPV are often funded at inadequate levels to meet service user needs. They advocate for adequate funding and sufficient services. They share information and stories about the impact on service users of not being able to access needed IPV specialist services.

IPV specialists understand IPV as a manifestation of *broader-level* systemic injustice and violence. They are also aware that social injustice and systemic violence exists within the systems that shape IPV services and supports, in the form of systemic racism, support barriers, and harms that occur in community, health, child protection and criminal justice systems.

IPV specialists centre knowledge of intersectionality and apply anti-racist and anti-oppressive approaches to IPV work.

IPV specialists, with the support of IPV organizations, take leadership in fostering a social justice perspective to IPV work. IPV organizations and specialists challenge language that reproduces harmful, inequitable, and oppressive practices, as well as language that obscures or hides violence, including IPV. They raise awareness of systemic injustices experienced by survivors, children, and men who have behaved abusively, and of social justice movements that address these realities. They raise awareness of injustices and systemic realities when working across agencies and in multi-disciplinary teams.

IPV specialists, with the support of IPV organizations, align individual, organizational, and local advocacy with other ally campaigns,

messaging, and recommendations: for example, recommendations from the Truth and Reconciliation Commission. IPV specialists, with the support of IPV organizations, participate in system-level advocacy efforts in partnership with other organizations, associations, or coalitions.
IPV specialists are aware that advocacy issues related to IPV may differ regionally, as do resources for survivors, children and men who have behaved abusively. Partnerships available for collaborative advocacy may vary in different communities as well.

Raise their voices to prompt recognition and elimination of IPV

IPV specialists assert that IPV is unacceptable and must be always challenged. They recognize the severity of gender-based violence and assert freedom from gender-based violence as a human rights priority.

IPV specialists have knowledge and understanding of intersectionality and assert that IPV occurs in all cultures, races, societies, and classes. IPV specialists believe that all communities have a responsibility to work toward the prevention of IPV, to demonstrate the unacceptability of all forms of IPV, and to demonstrate their support of survivors, including children.

IPV specialists break down stigma and myths about IPV to reduce their prevalence and facilitate better understanding of violence. They challenge myths about:

- experiencing violence
- perpetrating violence
- misogynist, racist, classist and colonialist beliefs that inform violence
- other taught beliefs that reproduce harm, oppression, and violence; and
- the notion that violence is accidental, inevitable, or ecological (instead, specialists identify violence as a chosen act).

IPV specialists help others understand how stigma and myths negatively impact individuals' safety and autonomy.

IPV specialists, with the support of IPV organizations, mobilize during times of tragedy to foster support, decrease community trauma, increase awareness about violence, and advocate for change. They inspire others by articulating and demonstrating core values, purposes, and principles for addressing IPV and promoting equity.

IPV specialists are aware of the differential impacts of violence on different people and communities, depending on their social location. This understanding informs both advocacy efforts, and approaches to systemic advocacy: for example, they consult with survivors and others when devising advocacy messaging and strategies.

IPV specialists are aware that while advocacy aims to create positive change, it can also have unintended consequences. Advocacy efforts may therefore include strategies to protect small, marginalized or otherwise vulnerable organizations and communities (for example, through advocacy led by a coalition, group, or more privileged ally organization).

IPV specialists are aware that coalitions and collaborative advocacy can leverage the needs of marginalized groups and engage in collective advocacy messaging and positioning.

Are skilled in organizing advocacy efforts to end IPV

Using their knowledge of anti-racist, anti-oppressive approaches, IPV specialists are skilled in bringing together and engaging

diverse stakeholders to advocate to dismantle systems of oppression and to end IPV.

IPV specialists understand advocacy as "weaved into what we do" within every component of the work.
IPV specialists' advocacy skills include engaging in informal advocacy: examples of *informal advocacy* include educating partners, community members and those in decision-making positions about IPV, or working to improve service user experiences.

IPV specialists' advocacy skills also include engaging in *formal advocacy*. Examples of this include IPV work such as:

- Creating compelling, properly targeted, and accessible communications which bring advocacy plans to life.
- Knowing and effectively using advocacy techniques and strategies for working with media.
- Knowing and effectively using advocacy strategies in organizational social media messaging, in prevention and educational messaging, and when pointing out trends and contexts related to IPV.
- Effectively engaging with government to promote change and to consult on policy and program improvements.
- Working with other allies to advocate as a collective or united voice.

IPV specialists are able to identify which advocacy strategy to use when and may change strategies as needed depending on the audience, the participation (or lack of) of allies, or the needs of the service user.

IPV specialists are skilled in strategizing while engaging in advocacy, including knowing when to "push" harder for immediate change and when to focus on longer-term strategies such as:

- building relationships while also asking for change;
- integrating oneself into systems that require change; or
- utilizing messaging or language that is strategically more amenable to partners, funders, or community members.

Maintain empathy through reflexive practice and self-care

Knowledge of the impacts of IPV work on service providers

IPV specialists are aware that bearing witness to the violence, abuse, and trauma is emotionally challenging. When victimization occurs within a system that fails to respond in a way that is consistent with and responsive to service provider values, ethics, and needs (i.e., with dignified responses from police, adequate justice, availability of safe and affordable housing), the impacts of violence and abuse are substantially worsened. IPV specialists are aware that constantly fighting to have IPV recognized and understood by society and its institutions (e.g., justice, child protection, courts) causes emotional and physical exhaustion. Further, bearing witness to and taking action against oppression and the ways that it intersects with IPV as well as the systemic response to IPV (e.g., racism and colonialism) can result in emotional and physical exhaustion. The combined impacts on service providers can include:

- secondary traumatic stress, which is emotional and psychological effects experienced as a result of vicarious exposure to the details of abuse/traumatic experiences of others
- compassion fatigue, which is emotional and physical exhaustion leading to a diminished ability to empathize or feel compassion for others and
- vicarious trauma, which is a longer-lasting "soul weariness" with cumulative transformative effects on service providers' worldview and assumptions.

IPV specialists understand the differences between these terms and have knowledge of factors that contribute to each.

IPV specialists are aware of conditions in their workplace environment (e.g., high caseloads, lack of time for supervision, inadequate training) that have the potential to contribute to secondary traumatic stress, compassion fatigue and vicarious trauma.

IPV specialists also know that survivors respond to violence in many ways and that bearing witness to survivors acts of resistance can inspire and positively transform service providers.

Understand the value of reflexive practice

IPV specialists know how to engage in reflexive practice activities. They actively pay critical attention to the knowledge, values and theories that inform their everyday actions. This includes the ways in which they are involved in actively shaping their surroundings; and ways they may be creating, reinforcing, or participating in systems and relationships that run counter to

their values or that perpetuate structural systemic violence and inequity.

IPV specialists understand the use of reflexive practice especially as it pertains to privilege and power in relationships, to gain awareness of power dynamics in the service provider/service user relationship. They actively question the assumptions and biases they bring into their relationships with service users.
IPV specialists understand how reflexive practice is linked with self-care as a mechanism of managing risks of secondary traumatic stress, compassion fatigue and vicarious trauma.

IPV specialists understand that service users are impacted negatively when service providers are struggling to address their own vicarious trauma, secondary traumatic stress, and compassion fatigue.

Monitor and maintain empathy

Through reflexive practice, IPV specialists deepen their understanding of how bearing witness to violence and abuse affects both service users and themselves.

IPV specialists are compassionate with themselves, understanding their emotional responses as appropriate reactions to the challenges of this work (and not as a result of a lack of abilities).

IPV specialists consider how their own experiences with violence, abuse, structural inequities, and failures of the system to respond adequately to IPV may influence their response to service users' experiences.

IPV specialists monitor and reflect on their use of reflexive and self-care strategies. They are aware that survivors' pain, and the continued injustice, inaction and discrimination of systems and institutions that victims seek out for help (e.g., police, courts, child protection) can lead to feelings of hopelessness, which if go unchecked, can increase risk of compassion fatigue and vicarious trauma. Knowing this, service providers seek out additional supervision and peer debriefing for collective care and to nurture collective justice-doing so that they can continue to respond to service users

authentically, with empathy and in ways that recognize service user strengths.

IPV specialists are aware of limitations within their own workplaces (often due to a lack of human and financial resources) that impact their ability to access supervision and peer debriefing. They know that these limitations can impact their ability to practice reflexively as service providers.

Use self-care skills

IPV specialists engage in a range of self-care practices. These can vary widely based on the individual and include tending to physical, psychological, and emotional wellbeing and can also include continued learning and skill development.

IPV specialists understand that self-care is a responsibility to maintain their capacity to support service users. They also understand self-care as a strategy for preserving their own health and well-being.

IPV specialists understand the risks of isolation and they connect with and rely on others for resources and support.

IPV specialists understand the value of maintaining interests separate from work.

Use supervision and peer debriefing to support reflexive practice and self-care

IPV specialists seek out and use opportunities for debriefing and clinical supervision. They recognize these opportunities as important for deepening their reflexive practice, gaining emotional support for self-care, and maintaining ethical practice.

IPV specialists accept and provide positive feedback, identify successes in themselves and in their work with service users. They celebrate service users' resilience, empowerment, and healing, recognizing the value for service users and for themselves.

IPV specialists are also able to hear and accept feedback that is challenging to them, critical, or negative. They engage in reflexive practice, especially as it pertains to privilege and power in relationships. They continuously reflect on and address their own power and privilege in service user-service provider relationships and about signs of secondary traumatic stress, compassion fatigue and vicarious trauma.

Attend to the need to keep themselves physically and emotionally safe from those who behave abusively

IPV specialists are aware of their own need and right to feel physically and emotionally safe while engaged in their work. They are aware that, when they feel safe, they are better able to work with service users.

IPV specialists are aware of the increased personal risk that living in a small community can pose. They navigate confidentiality and ethics, for example, by setting clear boundaries, as a way of increasing their own physical and emotional safety.

IPV specialists use personal safety measures, as needed, to protect against becoming a target of abusive behaviour. Such measures may include keeping one's family name confidential, avoiding use of personal phone numbers, maintaining personal privacy and security online, etc.

IPV specialists involve their colleagues and share their safety plans with others, including co-workers and superiors, when appropriate as a way of increasing their personal safety. For example, IPV specialists tell colleagues when they are engaging in work offsite with a service user and/or doing work that is highly visible in the community.

IPV specialists understand the importance of taking steps to increase their own physical and emotional safety and do so wherever possible. At the same time, they also understand that there are limits to what they can do to eliminate risks and that the responsibility for harm lies within the person who has compromised their safety.

Recognize and respond to secondary traumatic stress, compassion fatigue, and vicarious trauma in themselves

IPV specialists pay attention to their responses to service user experiences of violence, oppression, and abuse as part of monitoring their level of emotional exhaustion. They are diligent and honest about their feelings of depression, anxiety, and exhaustion.

IPV specialists recognize their limits and monitor risk to their emotional safety. They take care to avoid emotional exhaustion and they seek services for themselves when necessary.

When their reflexive practice and self-care skills are overwhelmed, IPV specialists take breaks

and/or limit their interactions with service users, if possible.

IPV specialists communicate with colleagues and/or their supervisor(s) when possible, about their experiences of secondary traumatic stress, and compassion fatigue and vicarious trauma.

Although IPV specialists are aware of the need and value of recognizing and responding to compassion fatigue, vicarious trauma, they also know that, if they step back, there is often no one there to step in.

Recognize, assess, and communicate risk

Have knowledge of risk and protective factors for IPV

IPV specialists have deep and broad knowledge of risk and protective factors for IPV at the individual, family, community/society, and systems levels. They understand that risk factors are not cancelled out by protective factors. Examples of risk factors include pervasiveness, potency of past violence, recent separation, survivors' sense of fear, suicidality in the person who has behaved abusively, presence of guns, coercive control, stalking/monitoring behaviours, as well as many others that are both general and specific to individual service users (e.g., risk associated with threats of disclosing sexual orientation). Examples of protective factors include social support and employment for survivors and service users who behave abusively, developmental maturity, and greater social connection in child survivors, and many others that are both general and specific to individual service users (e.g., connection to culture, having a supportive workplace).

IPV specialists have knowledge of structured risk assessment tools (e.g., Danger Assessment, BSAFER) that can aid in risk assessment.

IPV specialists have knowledge of risk factors, or combinations of risk factors are warning signs of lethality.

Understand that risk and safety are individual, intersectional, and dynamic

IPV specialists understand that listening to survivors is critical to assessing risk and planning for safety.
IPV specialists understand that risk management with men who have behaved abusively is an aspect of planning for safety.

IPV specialists centre knowledge of intersectionality and apply an anti-racist anti-oppressive lens to IPV work to provide IPV services that are safe, culturally responsive, and informed by community collaboration. Among other things, this means that IPV specialists understand that *systemic factors, oppression, and inequities influence the ways that people experience violence, interpret violence, and seek help.* They *understand that social structures of power, including the criminal justice system, child protection system, legal system, healthcare system, and many others perpetuate systemic violence and harm against individuals on the basis of their identities and cultures. These systems use their power to further marginalize particular groups of people and uphold the status quo of power and privilege for*

others. They *think critically about service users' experiences of oppression as structural violence and as a source of trauma.* They recognize this as one way that intervention systems create risk for people involved. IPV specialists apply this knowledge when engaging in risk assessment and safety planning/risk management. IPV specialists understand that risk assessment and safety planning/risk management requires flexibly exploring individualized options and takes into account all aspects of the service users' identity and contexts including all those associated with broader systems and environments.

IPV specialist know that risk and protective factors may be specific to the unique intersectional identities of service users including, but not limited to, Black, Indigenous, Newcomer and 2SLGBTQIA+ service users, service users who are older, who live in rural areas, who are in policing or the military and who are part of insular and/or orthodox communities. They are careful to avoid building a "White one-size-fits-all response" and to instead continually centre the individual, intersectional experiences of service users.

IPV specialists appreciate the value of having, or seeking out, knowledge specific to service user identity. They understand how collaboration across agencies can support service users including how such relationships may help to alert service providers to risks that they may not be aware of (e.g., risks that might be more common within a specific group such as risks associated with parental rights in different countries). They listen carefully to service users to understand risks and to identify the natural supports that service users can draw on.

IPV specialists understand that risk and safety are dynamic and need to be continually re-evaluated. They are aware of the kinds of changing circumstances that often increase risk (e.g., separation, a new relationship, upcoming court date, child custody/access agreements).

IPV specialists understand that risk assessment and safety planning/risk management is about anticipating and putting safety provisions in place for what may occur, not about predicting with certainty.

Understand that risk assessment and management often benefit from collaboration

IPV specialists collaborate with others to manage risk and promote safety. They know that different people in the lives of service users, both professional (e.g., police, child protection, employers, teachers, health) and personal (i.e., neighbours, friends, family), often hold different and important information and consultation relevant to assessing and understanding the level and nature of risk. IPV specialists know that collaboration with the service user, other professionals, and sometimes third parties is often useful and is sometimes necessary to effectively assess risk to survivors, children exposed to IPV, and in those who have behaved abusively.

IPV specialists understand there may be challenges involved in acquiring knowledge necessary for effective risk assessment (including information sharing/privacy legislation issues, limited resources service providers may have to support disclosure from survivors, learned distrust in the system on the part of survivors).

Understand and counter myths about separation and safety

IPV specialists are aware that separation from an abusive partner often increases risk to survivors and children.

IPV specialists also understand that there are many reasons that survivors stay with a partner who has harmed them. These include, but are not limited to:

- survivor's isolation from friends, family, and other supports
- financial dependence on their partner
- guilt and shame
- not wanting others to know about the abuse
- personal, familial, religious, or cultural beliefs that prohibit or discourage leaving
- concerns about the impacts of separation on children
- anxieties about building a life alone, or as a single parent
- fear of reprisal from the partner, fear that things will get worse instead of better, fear of change, fear of the unknown
- hope that one's partner will change, and the abuse will end
- not knowing about systems or services that can help
- lack of trust in systems that can help
- love for partner
- the possible benefits (i.e., financial, social, relational, and emotional) of remaining in the relationship.
- believing that the best way to protect children from acts of violence is to stay present in the home and relationship
- not wanting to risk loss of custody of children

IPV specialists know that survivors often face judgement for their decisions about staying; that the myth that "she would leave if it was that bad" is prevalent and harmful. They also know that survivors often face judgement for their decisions about leaving; that the myth that the relationship is failing because she is not a "good" mother or partner is prevalent and harmful. IPV specialists explore and counter these myths with survivors, child survivors, men who have behaved abusively, and with other service providers.

IPV specialists are aware that practical, social, financial, and other barriers to support can vary greatly depending on the survivor's social identity, where they live, or what resources they have available to them.

IPV specialists know that leaving is often a process; that survivors might leave and return to an abusive relationship many times. They understand ways of responding to violence, appreciate and value lived experience, and apply these to safety planning discussions that touch on questions of separation.

Recognize the prevalence and impact of children's experiences of IPV

IPV specialists appreciate and value lived experience including *believing children's experiences of violence, understanding that children's lived experience could be direct, or indirect, in connection with, or separate from, the experiences of their caregivers. They also recognize and explore the unique lived experiences of children, understanding how they may differ from the adults in their lives and provide support accordingly. They also know that children's lived experience is also felt through the impact of IPV on their survivor parent (e.g., survivor parents' responsiveness to children).* They actively recognize children's strategies of resistance to and coping with violence.

IPV specialists know that abusive parents, survivor parents, and service providers often underestimate the extent to which children are directly exposed to IPV and the degree of understanding that children have of IPV.

IPV specialists understand that younger children are not protected against impact as a result of their age. The impact may be greater for younger children because they are more often in the presence of their mother during victimization, they have fewer strategies and options to escape exposure, and they rely more on their primary caregiver (who is themselves

dealing with victimization) to help make sense of and regulate their emotions.
All IPV specialists have basic knowledge of signs associated with children who are experiencing intimate partner violence, they have knowledge of community and external services and resources, and are aware of the need to provide referral to child specific services when such signs are present. These include but are not limited to:

- Physical signs: injuries, stomach pains, diarrhoea, constipation, delays in growth, injuries not shown to the doctor or that are unlikely to occur in accidental incidents
- Behavioural changes: regression (e.g., urinary incontinence), aggressiveness, nightmares, hyperactivity, hypervigilance
- Social and emotional signs: withdrawal, anxiety, sudden changes in interests, sudden changes in relationships
- Fear or reluctance: Expressions or signs of fear of a parent such as hiding, flinching, or backing away or reluctance to leave with a parent

Know that children's risk and safety must be considered alongside that of survivors

IPV specialists have working knowledge of the impact of violence / IPV and trauma on children (of all ages, including infants and youth) when working with adult service users. They recognize the varied and differential impacts of children's experiences of IPV and they consider children within the context of their families.

IPV specialists recognize that the safety of children is aligned with safety of their survivor mother or other caregivers (who may be at risk of IPV). This recognition leads to collaborative safety planning that involves survivors and children. It may also include engaging with parents who have behaved abusively (addressing risk factors directly) in ways that increase safety for children and survivor caregivers.

At the same time, IPV specialists recognize that survivor safety does not necessarily translate into child safety. Children's risk and safety may also need to be assessed and planned for separately (but with caregiver involvement when appropriate), especially when children have separate independent contact with the parent who has behaved abusively.

Understand trauma-informed safe spaces and relationships as a component of effective risk and safety planning

IPV specialists understand that an important part of working with service users is creating a safe environment for sharing and receiving information related to trauma and violence. They appreciate that risk and protective factors may become evident when service users feel safe and choose to share their experiences and situations. Specialists use knowledge of risk and protective factors to support safety planning and assess and manage risk.

Creating a safe environment includes being non-judgemental, culturally safe, collaborative, and aware of the service user's personal space; establishing trust; making the space accessible (i.e., through language or ASL interpretation; providing a physically accessible space) and ensuring that service users understand what can happen when they share their experiences.

IPV specialists recognize trauma and its impacts and avoid re-traumatization, and specifically, they understand that sharing information about traumatic and violent experiences often evoke intense reactions for service users.

IPV specialists understand and acknowledge that *barriers to* seeking support and sharing information *exist*, including shame, fear of

judgment, fear of greater jeopardy in the wake of disclosure, fear of losing control of one's story, and experiences of structural violence. They appreciate how such barriers can impact safety planning and assessing and managing risk.

IPV specialists are aware that some forms of IPV are conventionally viewed as "more serious" or substantive than others -- for example, physical abuse versus emotional abuse -- and actively resist this type of categorization, viewing *all* violence as connected to risk and safety.

IPV specialists know that, given these complexities, service users may minimize or not identify experiences as abuse. Service users may choose to limit or not share information about IPV as a means of fostering their own self-protection.

Understand risk associated with different patterns and severities of abusive relationships

IPV specialists have knowledge that IPV is gendered and that gender is one of many important dimensions of power (knowledge of intersectionality). They understand that a simple "count" of behaviours does not adequately capture critical differences in patterns of coercive control and harm. Understanding patterns of abuse and control, including frequency, intention, impact, and response, is critical.

IPV specialists know that the most common pattern of abuse in relationships is that in which a man is exerting control and causing harm to a partner who identifies as a woman or non-binary person. They understand ways of responding to violence and specifically, that partners and their children who are experiencing abuse are likely to use resistant and defensive violence.

IPV specialists make complex judgements about men's reports of victimization, knowing that the majority of men who behave abusively present as "victims" of partners who are described as aggressive, controlling and abusive. IPV specialists use information on the pattern, prevalence and potency of violence and abuse to "see through" these descriptions and make judgments about the ways in which patterns of abuse, control and harm are primarily from one partner to another or are mutual. IPV specialists further understand that children of these men may also report similar narratives of his victimization and consider the context in which this occurs.

IPV specialists also know that some abusive relationships are:

- those in which both partners have equal levels of power and cause relatively similar/mutual levels of harm to each other
- those in which a partner who is a woman or non-binary person has power over and causes harm to a partner who is a man (who may be using defensive or resistance violence).

Understand and share with survivors the potential unintended consequences of IPV services and interventions

IPV specialists, regardless of whether they are working primarily with adult or child survivors, children, or with men who have behaved abusively, share information obtained (either directly or indirectly through collaborative relationships with other IPV specialists) with survivors about risk related to services and interventions.

IPV specialists apply their knowledge of risk and safety to IPV services and intervention. They understand that services meant to increase

safety (e.g., getting an emergency protection orders or restraining orders, accessing a shelter) can also trigger escalations in the abusive behaviour of partners who have behaved abusively and/or create a false sense of safety in survivors. IPV specialists work collaboratively with survivors or with IPV specialists supporting survivors to share, assess, and respond to these risks, understanding and respecting that survivors know their situation best and have unique and personal expertise on their risk.

IPV specialists, especially those who work with individuals who have behaved abusively, alert survivors or service providers supporting survivors to the possible ways that their abusive partner might continue to abuse them and exert control over them (e.g., applying for full custody of their children, reporting her to child protection, attempting to get other family members to align against her). IPV specialists also share information about the ways in which abusive partners might use intervention program content against survivors (e.g., by requiring the survivor to "be accountable" for responses to abuse) or attempt to use their attendance or words alone to gain greater contact (e.g., to argue for reunification or more contact with children) or advantages within "the system".

IPV specialists share frank and honest information about the prospects of change, and no change, in abusive partners. They help survivors, including child survivors, consider what it would mean for their abuser to "be accountable", i.e., what accountability may look like (e.g., stop all abusive and controlling behaviour, behave in predictable and safe ways).

Understand, appreciate, and accept that service users share their experiences in their own time and in their own ways

IPV specialists understand and accept the fact that there are many reasons why adult and child survivors may choose not to share their experiences. Specialists also understand that men who behaved abusively may be reluctant to share their situation for a range of reasons. Service users sometimes share only some components of their situation and not others. Given this, working effectively with service users refers to the ability to create spaces that are safe, build trusting relationships, and provide opportunities for sharing and receiving information.

IPV specialists accept that past violence, poverty, and systemic structural violence can impact people's experiences/perceptions of IPV; this, in turn, may also impact whether or how they choose to share information about themselves and their experiences.

IPV specialists recognize that effectively working with service users requires an attitude and approach which respects that those impacted by IPV choose if and when they will share their experience and situation.

IPV specialists commit to a non-judgmental, culturally safe, collaborative, and non-labelling manner. They are aware that ineffective responses to service users, may compound the harm survivors are experiencing rather than contribute to their safety.

IPV specialists are aware that service users may limit or choose not to share information as a means of fostering their own or others' protection.

Promote safety by skillfully engaging in risk assessment and risk management

IPV specialists have deep knowledge of risk assessment and safety planning with survivors, have deep knowledge of risk assessment and

safety planning with children, and have deep knowledge of risk assessment and risk management with men who have behaved abusively. Generally held skills include identifying and analyzing risk factors and prioritizing safety through:

- Collaborating with others to manage risk and safety
- Establishing, developing, and maintaining cross-agency relationships that work from a survivor-focused lens
- Recognizing higher risk events (such as pending/recent separation, legal processes/consequences, custody/access decisions, new relationships)
- Balancing risk with protective factors
- Gathering and including the survivor's perceptions of risk
- An awareness that systemic factors affecting any of the above may complicate or make access to safety more difficult for some survivors

IPV specialists recognize that risk management involves monitoring, supervision, and appropriate follow up. They demonstrate an understanding of risk management that is responsive to dynamics and shifts over time including changes in the survivor's, abusive person's, and family circumstances. IPV specialists include risks in their assessment processes that relate to the identities and cultures of service users and their families.

IPV specialists understand that service users may benefit from gaining additional information through the risk assessment process. IPV specialists recognize risk assessment as an opportunity for a mutual exchange of knowledge between service users and specialists in order to promote safety.

Maintain awareness of their sensitivity and reactions to risk

IPV specialists maintain an awareness of and manage their own emotions and attitudes in response to issues of risk and safety.

IPV specialists strive to monitor and maintain awareness of their reactions to risky and dangerous situations. They are aware of the possibility of being desensitized to, or overly reactive to, the possibility of risk of harm. Because of this awareness, they do not "hold" or make judgments on the level of risk alone but instead share this information with their supervisor and/or peers to gauge and balance their view of risk and dangerousness.

Regulate their own reactions to the experiences shared by service users

IPV specialists recognize the importance of their own reactions to experiences of abuse shared by service users. They reflect on their own social location and privilege in relation to their responses to service users, are mindful to not judge the service user in the process of hearing disclosures, and do not project their own assumptions upon experiences they hear. Instead, IPV specialists focus on the preservation of service user self-determination and the service user's expertise in the risk assessment and safety planning process for themselves and their children. Specialists work in respectful collaboration with service users in deciding on next steps and support.

IPV specialists are aware that the contexts of disclosures as well as their own lived experiences may impact their reactions to the experiences shared by service users. For example: disclosure shared with relief feels different than disclosure shared out of despair; disclosures by isolated or unsupported service users feel different than those offered by service users with networks of support; IPV specialists with lived experience of injustice may be differently impacted by disclosures of injustice; and IPV specialists who are parents may experience children's disclosures in ways

that reflect their own beliefs and feelings about parenting. IPV specialists may have also have different kinds of reactions to service users sharing survivor experiences and experiences of engaging in abusive behaviours.
IPV specialists are also aware that harm is caused to them by the pain and continued challenge of confronting systemic harms, barriers and realities present in service user experiences. Social injustice and the pervasiveness of structural violence affects workers negatively. This is distinct from harm caused by disclosure content in itself and must be acknowledged as such by organizations and specialists.

Regulating one's own reactions to the experiences shared by service users is informed by an awareness that hearing about service user experiences of abuse (victimization and perpetration) has impacts for the person hearing the disclosure. Impacts can include emotional reactions, self-protective responses such as seeking to "find a solution" or seeking to "fix things", secondary trauma, compassion fatigue, vicarious trauma, or vicarious resiliency.

With this in mind, IPV specialists are aware of the importance of self-care, reflexive practice, supervision and peer debriefing in working with disclosures. IPV specialists also commonly support co-workers and allies in their own work of hearing about experiences of abuse and offer debrief support to others.

Support and collaborate with survivors

Complex Practice Behaviour 1: Collaborate with and Support Survivors in Considering Risk and Promoting Safety

Have deep knowledge of risk assessment and safety planning with survivors

IPV specialists understand that risk and safety are individual, intersectional, and dynamic and that risk assessment, in turn, is an ongoing process that is revisited at every interaction with a survivor. T**his** means that they understand that *systemic factors, oppression, and inequities influence the ways that people experience violence, interpret violence, and seek help.* They *understand that social structures of power, including the criminal justice system, child protection system, legal system, healthcare system, and many others perpetuate systemic violence and harm against individuals on the basis of their identities and cultures. These systems use their power to further marginalize particular groups of people and uphold the status quo of power and privilege for others.* They *think critically about service users' experiences of oppression as structural violence and as a source of trauma.* They recognize this as one way that intervention systems create risk for people involved. It also means that they understand that *risk and safety are dynamic and need to be continually re-evaluated. They are aware of the kinds of changing circumstances that often increase risk (e.g., separation, a new relationship, upcoming court date).*

IPV specialists know that risk assessment with survivors is an opportunity to understand their experiences and share information with them that builds trust and helps establish the service provider as an ally in keeping them safe.

IPV specialists understand risk management as a collaborative process between a survivor and service provider that results in the construction of a plan that is focused on increasing her safety and reducing her risk of further violence.

IPV specialists know that children's risk and safety must be considered alongside that of survivors and, as a result, safety planning and risk management with survivors who are parents must address children's safety needs.

IPV specialists understand the goal of risk assessment and safety planning with survivors is to support them in strengthening their capacity to perceive and make their own decisions about risk and safety. They use a strengths-based approach to appreciate responses to violence

and capacity for change while engaging in risk assessment and safety planning.
IPV specialists understand ways of responding to violence and appreciate and value lived experience.

IPV specialists know that there is no single way to support survivors of IPV.

IPV specialists are aware that learning about a survivor's individual needs and circumstances is an integral part of offering effective support and intervention.

Understand the possible impacts of sharing experiences of abuse on risk and safety

IPV specialists appreciate that there may be impacts on survivors and their children when they share experiences of abuse.

IPV specialists ask questions about abuse that are caring, thoughtful, non-judgmental, inviting, and respectful of the survivor's self-determination. They allow time for a trusted relationship to develop.

IPV specialists recognize that there are many possible benefits of breaking the barrier of silence around violence for a survivor. For example, sharing an experience of violence may result in feeling less isolated and a better understanding of abuse, indicators of risk, and safety strategies.

IPV specialists also understand and acknowledge that sharing experiences of abuse may interact with the risk and safety of survivors and their families. For example, sharing experiences may result in greater jeopardy/escalation of violence, loss of confidentiality, and unwanted intervention of other professionals and systems. There are also emotional impacts of sharing experiences of violence and trauma: for example, acknowledging the reality of one's situation. IPV specialists use this understanding when they

make complex decisions about confidentiality and its limits, while remaining as open and transparent as possible with service users.

IPV specialists recognize that parents may also be sharing or managing the impact of disclosures from their children and the potential consequences of such disclosures. IPV specialists work with survivors to consider the unique consequences to disclosure for children, such as family or parental separation and child protection involvement. IPV specialists apply this knowledge to make complex decisions about mandatory reporting to child protection, appreciating the tensions, gravity, and implications of reporting for service user safety.

IPV specialists know that, given these complexities, survivors may choose not to share their experiences of violence. When choosing to share, they may minimize or not identify their experiences as abuse. Survivors of abuse may also limit what they share as a means of fostering protection for self and/or others.

IPV specialists recognize that the knowledge required to work with survivors includes an understanding of the dynamics of intimate partner violence, trauma and violence informed approaches, survivor self-determination, and the possible impacts and repercussions for survivors when they share experiences of violence—especially, those relating to risk and safety.

Engage survivors in considering how ways of responding to violence may influence risk and safety for themselves and for their children

IPV specialists understand ways of responding to violence and use a strengths-based approach to appreciate responses to violence and capacity for change. They know that survivors

respond to violence in ways that are resourceful and that serve the purpose of surviving violence. Ways of responding can include use of substances, self-harm, disassociation, denial, flight, or resistance violence. IPV specialists do not make judgements about the effectiveness of survivors' responses to violence, while recognizing how such strategies may increase or reduce risk. They take ways of responding to violence into account when working with survivors to create plans for safety.

IPV specialists help survivors understand that certain strategies and responses impact risk or the perception of risk by others (e.g., the ways in which the justice and child protection system may view flight or resistance). They do this in ways that are nonjudgmental.

IPV specialists recognize that, for survivors who are parents, parenting decisions are often influenced by concerns about keeping children safe. Survivor caregivers' ways of working with children to manage risk are typically a positive and helpful model for children. At the same time, specialists know that survivor ways of managing risk to children (e.g., requiring children to stay quiet, keep safety information secret) may lead to scrutiny of her parenting and may have follow-on impacts for children (e.g., unhelpful withdrawal; avoidance of all anger and conflict) and for the relationship of survivor parents with their children.

IPV specialists have knowledge of the impacts of trauma and violence on parenting and provide support for survivors as mothers.

In situations where survivor responses to violence may increase risk, IPV specialists work with survivors to plan for safety for them and for their children.

Use comprehensive risk assessment processes to effectively identify, communicate and respond to risk with survivors

IPV specialists build trusting and collaborative relationships with survivors that create safe and supportive environments for sharing and receiving information on risk and protective factors in a timely way and to build comprehensive safety plans with survivors through:

- Understanding and working with survivors who share experiences of or related to violence and trauma
- Inquiring about areas of risk, including those related to children, knowing that children's risk and safety must be considered alongside that of survivors
- Identifying risk factors and checking-in regularly with survivors throughout the process
- Identifying protective factors continually
- Identifying and considering systemic and structural risk that may compound other risk factors
- Accessing specific evidence-based tools or processes (such as high-risk committees)

IPV specialists use screening and risk assessment practices to effectively communicate and discuss risk with service users.

IPV specialists respond to referrals for in depth risk assessment and safety planning.

IPV specialists demonstrate effective interviewing skills to safely assess risk.

IPV specialists perform a range of different kinds of risk assessment including screening for domestic violence, focused assessment of

immediate risk/safety, broader and more in-depth assessments of risk and safety (including, for example, risk and safety in different locations, at different times of the day) and monitoring of ongoing change in risk and safety.

IPV specialists document in ways that accurately reflect the dynamics of abuse, being mindful of the legal system and service user dignity. They use their documentation skills as a component of effective risk assessment (e.g., make good notes to manage risk, respond to risk, report on/advocate for increased safety measures from systems (justice, child protection). They also recognize that documentation itself can be weaponized by those who have behaved abusively.

Engage in safety planning that is service user centered, individualized, and recognizes survivors' expertise

IPV specialists centre knowledge of intersectionality and apply anti-racist and anti-oppressive approaches to safety planning work. Among other things, this means that IPV specialists understand that *systemic factors, oppression, and inequities influence the ways that people experience violence, interpret violence, and seek help.* They *think critically about service users' experiences of oppression as structural violence and as a source of trauma.* They supportively engage in safety planning that considers how the risks related to IPV interact with and are compounded by the risks experienced by survivors due to social structures of power that perpetuate systemic violence and harm against individuals on the basis of their identities and cultures.

IPV specialists work with survivors to develop safety plans that are responsive to the survivor's current situation and setting, and appropriate to their current needs. Safety plans are individualized and take into account factors such as ability, geography, relationship, technology, gender identity, and many others.

IPV specialists initiate discussions with survivors about their safety and, where appropriate, the safety of others (e.g., children, extended family members, pets). IPV specialists co-create meaningful and accessible safety plans that include areas of high risk, anticipate, and reduce

known risks, clarify how a survivor can respond to emergencies, identify indicators of escalation of violence and danger, and clarify how the survivor can communicate with the service provider, agency/organization, or police emergency contacts.

IPV specialists engage in safety planning in ways that are service user-centred, apply strengths based approaches, acknowledge and promote self-determination, appreciate and value lived experience, and recognize service user expertise in the process, including:

- Appreciation of protective factors, resources, and actions already in use and when appropriate, building on what the survivor is already doing to increase her and her family's safety
- Engagement of survivors as part of an interactive and collaborative planning process
- Listening for the specific safety concerns of the person involved
- Collaboratively exploring the individual's support networks and sources of assistance
- Concentration on actions that survivors want to take, and feel are realistic and possible

IPV specialists invite survivors to regularly revisit safety plans to ensure their continued relevance.

IPV specialists safety plan with an understanding that when a survivor who is a parent is at risk of intimate femicide, the survivor's children are at risk of being killed as well. They also recognize that survivor safety does not necessarily translate into child safety. IPV specialists co-create safety plans

with an understanding that children's risk and safety must be considered alongside that of survivors. Safety planning with survivors and children also include ways of mitigating emotional and physical harm and fostering emotional security, safety, and well-being.

Are skilled in gathering, interpreting, and integrating information from others as part of assessing risk to survivors

IPV specialists are skilled at considering the information provided from other service providers and sources. They know that others may not understand patterns of IPV and, as a result, may record, report, or interpret information in ways that are not trauma and violence-informed and/or that may blame survivors (e.g., inappropriately interpreting survivor's later addition of details about their experiences of abuse as supposed evidence of untruthfulness). They are skilled at filtering information provided through a lens of understanding IPV.

IPV specialists working with survivors may, with their consent, seek information from and collaborate with others to manage risk and promote safety. IPV specialists are skilled at knowing what information related to risk may be available and at seeking it out. Information from other service providers and sources may include some or all the following:

- Information from legal sources, police, probation, or parole (e.g., police arrest reports, 911 call records, information about the criminal history, previous statements or affidavits, probation orders, release conditions of the person who has behaved abusively)
- Information provided by other family members, workplaces, or other witnesses (friends etc.) who may have knowledge about the abusive man's pattern of behaviours;
- Information from other collateral systems (e.g., child welfare files, health services);
- Information provided by the man who has behaved abusively if available (e.g., known risk factors for lethality) or from an intervention program addressing men's abuse.

Regulate their own reactions to concerns about survivor safety

IPV specialists maintain an awareness of and manage their own emotions and attitudes in response to concerns about risk and safety. They share their reactions and concerns (e.g., "I am very worried for your safety") with survivors in authentic and empathetic ways.

IPV specialists regulate their own emotions and behaviours in the process of safety planning as they understand the limits of safety planning, personal accountability, and recognition of the risks that individuals using violence pose. To this end, they actively work to manage their reactions to the survivor's choices, and their own desire to influence/resolve concerns about safety by prioritizing survivor self-determination.

IPV specialists regulate their reactions to structural violence and endemic issues (i.e., frustrations with the restrictions, limitations of support services, courts, legal aid, counseling, emergency protection orders, etc.) to centre and adequately meet the needs of survivors, as well as to promote self-care for the service provider.

Complex practice Behaviour 2: Promote self-determination and empowerment in survivors

Knowledge of key intervention models that increase survivor safety, self-determination, and empowerment

IPV specialists have knowledge of women-centered/survivor-centered/service user centered approaches to intervention and how to provide service user centered services. This includes:

- *Following what the service user believes is important and has identified as strengths and supports*
- *Progressing at the service user's pace*
- *Incorporating the worldviews and values of service users*
- *Prioritizing accessibility (for example, wheelchair accessibility, interpreters, accommodating support animals, and many more).*
- *Providing individualized services which respond to the unique life situations, social locations, and strengths of each service user.*

IPV specialists have knowledge of strength-based approaches to intervention with survivors. Among other things, this means:

- *They understand that service users are the experts on their lives.*
- *They understand the service user as a capable person with their own sources of resiliency, wisdom, and strength.*
- *They understand that self-determination within services represents an opportunity for service users to have control in their lives.*

IPV specialists have knowledge of risk and protective factors for IPV and know how to assess survivors' risk, immediate needs, and longer-term needs. This means they *have deep and broad knowledge of risk and protective factors for IPV at the individual, family, community/society, and systems levels. They understand that risk factors are not cancelled out by protective factors.* They *have knowledge of structured risk assessment tools (e.g., Danger Assessment, BSAFER) that can aid in risk assessment,* and know *which risk factors, or their combinations, are warning signs of lethality.*

IPV specialists have knowledge of safety planning strategies for working with survivors. IPV Specialists understand the importance of survivor self-determination and engage in safety planning that is service user centered, individualized, and recognizes survivors' expertise. They consider *how the risks related to IPV interact with and are compounded by the risks experienced by survivors due to social structures of power that perpetuate systemic violence and harm against individuals on the basis of their identities and cultures.* Safety plans also *take into account factors such as ability, geography, relationship, technology, gender identity, and many others*.
IPV specialists have knowledge of practical assistance (i.e., transit/travel assistance, immediate access to healthy food) and access assistance (i.e., language interpretation, onsite childcare) that can make intervention more effective.

They understand how solution-focused intervention approaches can support survivors.

IPV specialists have knowledge on how to support system navigation, including the legal system. They have knowledge of family court experience for survivors of IPV and support

survivor service users through criminal and family law systems. They are also aware of systemic barriers and ways that systems can perpetuate oppression for survivors attempting to access and utilize intervention-related services.

IPV specialists have knowledge of the different purposes to intervention: that is, what the intervention aims to foster, mitigate, or shift. They understand and are open with survivors about how intervention may or may not respond to what an individual survivor is requesting or seeking.

IPV specialists know that effective intervention with survivors must be strengths-based (use a strengths-based approach to appreciate responses to violence and capacity for change), including a non-judgmental approach, and based on a deep understanding of both ways of responding to violence and myths about separation and safety.

Knowledge of the impacts of trauma and violence on parenting

IPV specialists have knowledge that violence and trauma impact parent-child relationships and the parenting practices of survivors and partners who have behaved abusively. They understand that when violence and trauma are factors:

- The quality of parenting and the ability of both parents to meet children's' needs may be compromised.
- That children may experience pressure, manipulation (gifts, resources) or fear from an abusive parent which may result in behaviours that look like choices between parents (e.g., conflicting loyalties or "parental alienation")
- Consistency in parenting, monitoring of family rules, and discipline is reduced.
- Abusive partners may have targeted survivor's parenting, and the survivor parent-child relationship is often attacked/sabotaged as part of coercive control
- Parents who abuse their partners may also use negative child-rearing strategies, display more power assertions and ownership over children, be neglectful, or be under-involved with their children. Their potential as a parent is not realized.
- Survivors may engage in compensatory parenting practices to counter the parenting of men who have behaved abusively (e.g., if he is rigid and harsh, then she may compensate by being permissive).

Appreciate access to safe space as central to survivor-centered, trauma and violence-informed services

IPV specialists understand that sometimes the best intervention for survivors is simply creating spaces of secure refuge, peace, and community.

IPV specialists provide access to safe spaces without pressure or external expectations (including expectations to participate in formal intervention).

IPV specialists appreciate that well intended efforts to support survivors to address their needs, especially when engaging other services and systems, can feel overwhelming and intrusive when experiencing the impacts of trauma and violence.

IPV specialists thoroughly consider and center survivors' identification of their priorities in collaborative assessment, safety, and intervention planning.

Apply critical frameworks and use survivor-centered, trauma- and violence-informed approaches

IPV specialists continuously reflect on and address their own power and privilege in service

user-service provider relationships. Among other things, this means that *IPV specialists acknowledge power and privilege within IPV specialist roles. They aim to identify their own privilege. They continuously educate themselves about intersectionality and challenge their own biases. They think critically about the ways in which patterns of power and manipulation play out in the service provider / service user relationships*. They *actively work to acknowledge and disrupt power dynamics in their relationships with service users.*

IPV specialists engage their knowledge and understanding of intersectionality as well as their knowledge and understanding of anti-racist and anti-oppressive approaches to provide effective intervention and address experiences of oppression. This means that *IPV specialists centre intersections of identity in their IPV work with service users. An awareness that multiple, simultaneous forms of oppression have cumulative -- and differential -- effects on service users is a core part of IPV work.* They use anti-racist and anti-oppressive approaches *in order to see, identify and honor how identities, and the oppressions associated with them, co-exist and shape people's lived experiences. This includes their experiences of violence, their experiences of systems and services, and their responses to (strategies for negotiating) each of these.* Their response to survivors' experiences of systemic oppression and structural violence includes identifying and reducing barriers to services through:

- Inclusive language throughout all aspects of service delivery.
- Advocacy and activism within their own organization and the IPV sector.
- A commitment to ongoing learning from community members about barriers that those in need of IPV services might face.

IPV specialists recognize and respond to survivors' experiences of violence and trauma and provide services based in trauma and violence-informed principles. This includes providing services *based in principles including trustworthiness and transparency, collaboration and mutuality, peer support, and safety.*

IPV specialists demonstrate respect, empathy, non-judgemental acceptance, and a sincere and genuine interest in the experiences of survivors.

IPV specialists actively listen with no or minimal interruptions to survivors' narratives and convey belief and validation.

Working within the parameters of their organizational policies and procedures, IPV specialists foster survivor agency, self-determination, and emotional safety to the fullest extent possible.

IPV specialists work in ways that earn survivors' trust, invite survivors' full selves to be present, and center survivors' voice and choice.

IPV specialists meet survivors "where they're at" and create safe spaces for survivors to heal, access reliable information and supports, identify options, and make decisions.

Support survivors in recovering from experiences of violence

IPV specialists are skilled at supportively inviting survivors to share information about their situation and experiences to inform the collaborative process of identifying and prioritizing needs and intervention goals. Specialists support survivors' autonomy and right to determine if they are in a place where they feel safe to or choose to share information.

IPV specialists are skilled in counselling practices and intervention approaches that are appropriate for supporting survivors to heal and

recover from experiences of violence and trauma. Interventions are women centered, trauma and violence informed, solution focused, strengths-based, and rooted in intersectional and anti-oppression and anti-racism frameworks.

IPV specialists work with survivors to identify and address barriers to accessing supports and services (for example, isolation, a preference for informal sources of support, lack of services that respond to diverse identities and cultures, fear of losing children, fear of deportation) and assist them with system and service navigation (including navigation of education, health, employment, housing, child welfare, immigration, and family law and criminal justice systems).

IPV specialists are skilled at being fully present to hear information survivors choose to share and provide support in various formal (e.g., counselling sessions) and informal situations (e.g., meal preparation, group sessions). This includes a readiness to hear survivor information sharing at diverse times, and the skills and commitment to follow-up with the survivor in any circumstance.

IPV specialists establish healthy boundaries in their relationships with survivors, and support survivors in exercising healthy boundaries.

Knowledge of and Engagement with multi-sector service provider teams to increase survivor safety

IPV specialists knowledge of community and external services and resources, and they understand how collaboration across agencies can support service users, including by increasing the safety of survivors and their children and by managing risks presented by a current or former partner.

IPV specialists are aware of collaborative options that may exist (or that they would like to have access to) in their local community; for example, high risk teams, collaborative case management tables addressing IPV, or situation tables.

IPV specialists understand that, in high-risk situations, the survivor may benefit from a multi-sector team to increase safety (e.g., wrap-around services, HUB models, Interagency case assessment teams (ICATs).

IPV specialists are aware that multi-sector service provider teams with expertise on children who have been exposed to IPV as well as expertise on working with those who have behaved abusively, can contribute to increasing safety and wellbeing for survivors and for children.

IPV specialists are aware that these multi-sector service teams bring additional expertise on issues such as mental health, substance use or local resources, which can also contribute to increasing safety and wellbeing of survivors.

IPV specialists are also aware of and are equipped to navigate the potential barriers and challenges that may arise from multi-sector collaboration (for example, power imbalances; tensions resulting from differing organizational mandates, priorities, and approaches).

IPV specialists are aware that engaging multi-sector service teams can only occur with the survivor's consent and that their success depends upon trusting relationships and reducing systemic barriers.
IPV specialists know how to access and engage multi-sector service provider teams that may exist in their community to increase individual survivors' access to safety options, programs, and tools (for example, collaborative case management tables addressing IPV; women-centered, trauma and violence informed circles of safety groups that can include multi-disciplinary collaboration). They only do this

with the consent of the survivor and understand that doing so can increase safety and help empower survivors (for example, collaborating with organizations that help support survivors through the court process).

IPV specialists point out access barriers present in collaborative options (for example, inclusion/exclusion criteria) which can make it hard for some survivors to utilize them. IPV specialists know how to advocate for the inclusion of survivors who do not meet referral criteria, or who do not wish to access particular options, but who remain in the community with imminent or unaddressed safety concerns. This may include speaking about the safety concerns of survivors who are not engaged with the criminal justice system, or when someone is at risk but chooses not to involve the police.

IPV specialists are skilled at maintaining a commitment to survivor self-determination, safety, and individual wishes while working within multi-sectoral service teams that may not share feminist and survivor centered values and approaches.

Provide support for survivors as mothers

IPV specialists provide intervention that is based on their knowledge of the impacts of trauma and violence on survivors' parenting of their children. IPV specialists recognize that recovery from trauma takes time, and they support mothers to re-establish stability and reduce stress to allow healing. They recognize that supporting mothers will indirectly support children's healing, as mothers assist children through their trauma and support children with continued exposure to potential harm (e.g., access visits with a parent who has behaved abusively).

IPV specialists create safe spaces for mothers who wish to discuss the potential impacts of violence and trauma on themselves, their parenting, their relationships with their children, and their children.
IPV specialists recognize and respond to the particular needs of pregnant survivors (e.g., increased risk of abuse and need for referrals for prenatal care).

IPV specialists are skilled at developing safety plans with mothers and their children. They engage in safety planning that is service user centered, individualized, and recognizes survivors' expertise. They also engage in risk assessment and safety planning related to children's contact with a parent who has behaved abusively. In developing and reviewing safety plans, they attend to the safety measures to mitigate dynamic risks associated with separation, post separation abuse tactics, and access and access exchanges.

IPV specialists provide information about available programs to support mothers and children to recover from violence and trauma, and to support parenting. IPV specialists collaborate across systems to refer effectively to services.

Maintain awareness of, and regulate personal reactions to, survivors

IPV specialists maintain awareness of and challenge their beliefs about what a "typical survivor" looks or sounds like. IPV specialists maintain supportive relationships with survivors whose choices they agree with; they also maintain supportive relationships with survivors whose choices they disagree with or believe are not best for the survivor and/or her children.

IPV specialists are also aware that different options and choices are differentially available to different survivors. For example, separation, single parenting or raising a family on limited income are options afforded more easily to survivors with age, race, and class privilege. With this in mind, IPV specialists maintain awareness of their personal reactions, which

may be connected to their own experiences of privilege.

IPV specialists maintain awareness and self-regulate by engaging in reflexive practice, and always monitoring:

- their personal reactions to choices survivors make
- their personal reactions to resistance from service users: while building relationships with service users, understandably, IPV specialists are often confronted with survivors' resistance. Specialists are aware that survivor resistance is healthy, and an expression of self-determination and agency
- what may be behind their reactions to survivors: for example, personal reactions are sometimes informed by implicit bias, assumptions about what a 'typical survivor'/'good victim' looks like, or social expectations related to aspects of identity and culture, including but not limited to: ethnicity, gender, gender identity, sexual orientation, socioeconomic status (including educational attainment and access to financial resources), culture, immigrant / refugee status, age, geographic location , religion / spirituality, (dis)ability (physical, cognitive), language, literacy, and mental health status).
- healthy boundaries: for example, specialists work to ensure that they are not "rescuing", not advising or "leading" survivors, that they remain aware that their worth is not bound to survivors' choices and outcomes, and that they are connected to service users in healthy ways that don't transgress personal boundaries
- for signs of compassion fatigue and vicarious trauma

IPV specialists are able to maintain a supportive relationship with a survivor, while also expressing concerns about the survivor's choices. For example, IPV specialists can communicate their concerns about a choice, or its possible outcomes, without shaming, demeaning, debating, or "catastrophizing". The survivor - service provider relationship is not affected by the survivor's choices or outcomes.

Complex Practice Behaviour 3: Respond to the complexities of co-occurring substance (mis)use in survivors

Knowledge of harm reduction approaches

IPV specialists understand that harm reduction approaches involve:

- understanding substance use as a complex, multi-faceted phenomenon that ranges from severe use to total abstinence,
- acknowledging that some ways of using substances are safer than others,
- using non-judgemental, non-coercive provision of services,
- meeting individuals who use substances where they are at,
- affirming people who use substances as the primary agents of reducing the harms of their drug use,
- working to minimize harmful effects of substance use,
- recognizing that the realities of social inequalities (e.g., poverty, class, racism, trauma, gender-based discrimination) influence people's vulnerability to and options for dealing with substance-related harm.

They know that using harm reduction approaches does not mean minimizing or ignoring the danger and real harm that can be associated with substance use.

In addition to basic knowledge about harm reduction approaches, IPV specialists have a comprehensive knowledge of specialized services and supports available in their community/region to assist survivors seeking intervention.

IPV specialists are aware that some survivors may use substances to cope with the impacts of violence and trauma, including intergenerational trauma. For example, they may use substances to manage anxiety, intrusive memories or intense emotions that result from experiences of violence and/or trauma.

IPV specialists understand the need to take into account all aspects of survivors' lives when providing services, including potential substance use. They know that asking survivors to "leave parts of themselves at the door" when they access services can lead to less helpful, less effective services.

Knowledge of the stigma connected to substance use

IPV specialists centre knowledge of intersectionality and apply anti-racist and anti-oppressive approaches to IPV work, including

applying this knowledge to their understanding of stigma, myths, and social assumptions about substance use, as well as their negative impacts on survivors of violence and their children.

IPV specialists are aware of substance use stigma concerning those who use substances and are parents, as well as the myths and social assumptions about "good parenting" that inform this stigma.

At the same time, IPV specialists understand that substance use can impact parenting and children. They incorporate relevant options in the intervention they offer to survivors, with the understanding that not all service users are ready to address substance use issues.

IPV specialists are aware that those who use substances and are young, racialized, impoverished, or living with other marginalized social identities will experience more barriers to accessing services and more or differing stigma and assumptions about their substance use, themselves, and their parenting, than do privileged individuals.

IPV specialists are aware that system intervention, such as child protective services, commonly occurs in situations where a family has IPV experiences, and a parent uses substances. IPV specialists know that this is particularly the case for families that are young, racialized, or impoverished, and that this reality is informed by substance-use stigma.

Demonstrate skill in harm reduction approaches to substance use with survivors

IPV specialists recognize co-occurring IPV and substance use as a means of survivor coping, and name these as common impacts of and responses to violence and trauma, rather than mental health problems absent of social context.
IPV specialists work with survivors to explore and acknowledge their responses to violence and trauma, including substance use, and work in partnership with survivors to expand their coping strategy options and processes.

IPV specialists are able to work with survivors who use substances in a professional way without judging them or their substance use.

IPV specialists demonstrate skills for working outside of 'zero tolerance' or 'clean-and-sober' expectations of service user substance use. They implement harm reduction approaches while maintaining the sense of safety for all in the program.

IPV specialists utilise support models informed by principles of behaviour change, self-determination, and empowerment to promote harm reduction in substance use. Using the latter approaches, they diminish stigma and decrease risk and isolation by skillfully engaging in, or with the survivor's consent involving a specialized resource to engage in dialogue about issues such as: safer substance use, overdose prevention, HIV/AIDS prevention, Hepatitis C prevention, testing and supports for HIV/AIDS.

IPV specialists understand that for some survivors, being exposed to others who are using substances while accessing services can be a challenge and are able to skillfully provide support in these instances.

IPV specialists are aware that, for some service users, neurological disorders such as brain injury, fetal alcohol syndrome and substance use-related neurological disease, may be a concurrent issue. They recognize signs of brain injury and make referrals to specialized services.

Recognize and address stigma connected with substance use

IPV specialists name substance use stigma as a barrier to support for survivors that use substances. IPV specialists address increased barriers facing survivors who are young, racialized, impoverished, or living with other marginalized social identities.

IPV specialists integrate harm reduction approaches, including resistance of substance use stigma, into their advocacy for survivors that use substances. Specialists challenge system responses that are unhelpful or discriminatory toward survivors that are young, racialized, impoverished or with other marginalized social identities.

IPV specialists foster access to substance use support for survivors of violence (e.g., shelters that use harm reduction models; access to trauma-informed substance use treatment services; access to women's treatment services; access to women's substance use recovery groups in the community).

IPV specialists work collaboratively with substance abuse treatment service provider allies who understand the dynamics of IPV, trauma and substance use. Where needed, IPV specialists provide education and advocacy on the dynamics of IPV, trauma and substance use to substance abuse treatment service providers.

Regulate personal biases that can impede harm reduction approaches

IPV specialists refrain from conceptualizing survivor substance use as "good use" or "bad use" and from the judgement that is inherent in this binary distinction.

IPV specialists monitor personal views on particular substances and substance use and actively guard against personal biases preventing survivors from receiving fair and equitable access to services.

Recognize and respond infant, child, and youth experiences of violence

Complex Practice Behaviour 1: Consider and Manage Risk Factors to Promote Safety for Children

Have deep knowledge of risk assessment and safety planning with children

IPV specialists have knowledge of the impact of trauma and violence on development. They recognize the necessity of taking child developmental ages and stages into account along with other impacting factors.
IPV specialists recognize that there are specific issues related to assessing and managing risk for children (at all ages including infants and youth) which includes creating safe spaces to facilitate disclosures from young people.

IPV specialists understand that children's disclosures of violence and abuse (towards them or others) may occur intentionally or unintentionally through their behaviour and indirect disclosures, as well as direct verbal disclosures. They also know that children are also likely to disclose in other environments with trusted adults (e.g., to teachers or other family members).

IPV specialists working with families have knowledge of the vulnerability and heightened risk of structural violence due to social identity, and of physical, psychological, and sexual violence for 2SLGBTQIA+ children both within and outside of the family.

IPV specialists understand the complexity of children's relationships with fathers who have behaved abusively. IPV specialists know that children within the same family can describe contradictory experiences and alignments and that they can be influenced by their father's narratives. They know that understanding children's perspective on their relationship with the parent who has behaved abusively is critical to assessing and planning for their safety during all forms of contact.

IPV specialists are aware of the risk of children and youth experiencing IPV at home to also experience violence / aggression in peer and romantic relationships.

Understand, differentiate, and make judgments about when to intervene with children

IPV specialists work to ensure that none of their interventions put children at risk. They work to identify with the child (and/or caregiver) what risk may look like in specific situations. They strive to help children identify and develop their own protective strategies while recognizing how they have been resisting violence. They understand that children's ability to engage in their own safety planning may also contribute to their healing.

IPV specialists make decisions to only work with a survivor parent in her support of the child and not directly with the child where appropriate and when in the best interests of the protection and safety of the child and survivor parent

IPV specialists ensure that when making judgements about interventions they are also prioritizing empowerment for the survivor parent to support healthy parenting.

As part of practicing safely, IPV specialists recognize their scope of practice and respectfully stay within that when working with children. They make appropriate referrals as needed.

Effectively work with children to continually assess risk and safety plan

IPV specialists look for a variety of ways to engage children in discussions about their experience and exposure to violence. They consider the child's age, development, understanding of the violence and their relationship with the survivor parent and the parent who has behaved abusively. They use developmentally appropriate assessment and intervention strategies and help children understand their experiences of violence while recognizing how they have coped with and resisted violence.

IPV specialists working with children create a safe and welcoming environment so that questions about experiences of and exposure to violence and abuse are done in a way that children feel safe to talk about.

IPV specialists working with children know how to comfortably ask about experiences of and exposure to violence and abuse to foster healthy disclosure processes.

IPV specialists are skilled at engaging in safety planning with children. This includes an ability to work with children to create individualized and developmentally appropriate safety plans, which acknowledges children as being central to these plans.

IPV specialists manage children's disclosures by:

- Understanding variations in children's disclosure (verbal, non-verbal)
- Helping children feel safe, supported, and believed
- Recognizing that when their safety is at risk, it cannot be kept secret
- Being transparent about steps being taken
- Providing support and reassurance for the child that abuse is not their fault
- Helping child discuss feelings/concerns and work to develop a developmentally appropriate safety plan (which may include role playing and practice sessions).
- Recognizing children's strategies of resistance to and coping with violence.

IPV specialists work with caregivers and other safe adults in order to support children.
IPV specialists consult with community partners concerning the risks for the child before access visits and especially if there is a pending or recent separation.

Engage in risk assessment and safety planning related to children's contact with a parent who has behaved abusively

IPV specialists engage in contact planning which involves recognizing that children's desire for contact with a parent who has behaved abusively, while important, is not the primary determining factor in access planning; Parents who have behaved abusively must be able to engage in child-centred contact that prioritizes the child's needs by being safe, positive and must be meaningful and beneficial to the child.

IPV specialists pay attention to dynamics of contact (pre-during-after) that may influence children.

IPV specialists (depending on their role) may engage in a comprehensive risk assessment and safety planning process leading up to contact with a parent who has behaved abusively which includes factors such as:

- History, type, and lethality of abuse toward the children and their caregiver(s)
- History of abuse against other children and their caregiver(s)
- History of using the children as weapons, and of undermining the mother's parenting
- History of neglectful or severely under involved parenting.
- Level of risk to abduct the children
- Mental health/substance abuse history

Regulate their own reactions to children's risk and safety

IPV specialists recognize that working with children requires them to manage their own feelings and professional boundaries around child safety and well-being. They intentionally focus on strengthening parent-child relationships whenever possible.

IPV specialists consider and regulate themselves in the context of being an adult to work in a child-centered way. (e.g., they *recognize that they bring their own adult lens to their work with children and separate out their own childhood experiences from how children are perceiving their own experiences in the moment. They are able to maintain the focus on children and not view everything through their own adult lens.)*

Complex Practice Behaviour 2: Recognize Children's Experiences of IPV

Recognize the varied and differential impacts on children of experiencing IPV

IPV specialists appreciate and value lived experience, including the lived experience of children (i.e., *IPV specialists understand that children's lived experience could be direct, or indirect, in connection with, or separate from, the experiences of their caregivers). They recognize and explore the unique lived experiences of children, understanding how they may differ from the adults in their lives and provide support*

accordingly. They also know that children's lived experience is also felt through the impact of IPV on their survivor parent (e.g., survivor parents' availability to children). IPV specialists recognize that children and youth do not passively 'witness' IPV; rather, they experience, resist, respond to, are exposed to, live with, and are affected by violence and trauma. This recognition informs IPV specialists' understanding of the developmental needs of and responses to children

IPV specialists recognize how children may have actively managed and resisted violence in the home. They understand ways of responding to violence as it applies to children (i.e., *IPV specialists understand that children respond to violence in ways that are resourceful and adaptive and that serve the purpose of surviving and resisting violence (for example, with aggressive behaviour and use of violence, defiance/oppositional behaviour, social and/or emotional withdrawal). They understand that these ways of responding may be less adaptive in other circumstances. They know that helping caregivers understand child behaviours as responses to violence may open up opportunities for caregivers to respond differently and to promote children's healing.)*

IPV specialists use a strengths-based approach to appreciate responses to violence and capacity for change with children (i.e., *IPV specialists understand and have compassion for the hope for change in survivors and children and do not judge or try to fix it. For example, they hold space for survivors' and children's hope for reconciliation.)*

IPV specialists know that children may experience divided loyalties or parentification as a result of IPV. They do not participate in the impact hierarchy (defined as levels of exposure such as child was sleeping versus child in the room) or the idea that children are not as impacted as their parents.

IPV specialists recognize differential impacts and narratives of abuse based on child age, developmental level, gender, relationship with abusive parent (biological or step), perceived or real identification with either parent, and experience of violence. IPV specialists have knowledge of the impact of trauma and violence on development.

IPV specialists have knowledge of family court experience for survivors of IPV, including child survivors (e.g., *children's experiences of violence and their wishes around avoiding or limiting contact with a parent who has behaved abusively are seldom given due consideration and weight by the court*). They know that the

impact of IPV does not necessarily end with separation; that often children experience impact associated with post-separation violence and abuse.
IPV specialists have knowledge of forms of violence and abuse where children are weaponized against caregivers, or even as co-participants in abuse against a caregiver.

IPV specialists understand that children's disclosures and expressions of their feelings may also make them feel like they are being disloyal to a parent.

IPV specialists understand that children can love a parent who has behaved abusively and, at the same time, be scared by past or potential future incidents of violence.

IPV specialists consider the needs of all the children in the family in a holistic way – recognizing impacts on all children at all ages, even if they can't demonstrate impact through externalizing behaviours (I.e., infants).

IPV specialists recognize that IPV may also have an impact on sibling relationships. Such impacts may include the development of a sibling hierarchy, experiences of violence (from or towards a sibling) and intensified feelings of not-belonging. Such impacts may be particularly pronounced in blended families. Sibling relationships, in turn, may influence children's IPV experiences.

Recognize the impact of accessing IPV services on children

IPV specialists (taking developmental levels and trauma experiences into account) consider the voice of child service users when making decisions about their services and make decisions collaboratively with children whenever possible.

IPV specialists understand that children respond in various ways to accessing IPV services and supports. They know that transitions between homes, schools and neighbourhoods can create additional stresses for children and may remove access to resources that promote resilience through connection and belonging (such as peers, networks, and communities).

IPV specialists understand that the loss of resources children experience when accessing services may be due to a change in physical location, but could also be related to feelings the child may have. For example, shame about living in a shelter and not wanting anyone to know, and fear of contact with an abuser or peers through returning to an old neighbourhood or school.

IPV specialists recognize that it is often valuable to maintain regular routines and consistency for children and they work collaboratively, centering children's voices, to maintain protective supports whenever possible.

IPV specialists also consider ongoing risk to children as part of their work to understand, differentiate, and make judgments about when to intervene with children.

Use developmentally appropriate assessment and intervention strategies

IPV specialists foster connection when working with children through adapting to children's needs and by appropriately responding to cognitive, developmental and activity levels.

IPV specialists use age-appropriate communication and understand how developmental stages impact children (and their experiences of trauma and IPV). They may also engage caregivers and others within the child's network of support in this process to deepen their understanding.

IPV specialists use developmentally appropriate interventions for both individual and group

counselling, which may include using creative and arts-based techniques.

IPV specialists engage with children about their identities (such as gender) without making assumptions, and while relying on their knowledge and understanding of intersectionality and knowledge of how culture interconnects with identity.

IPV specialists engage with children to determine who they trust and who they can go to for support (for example, safe adults, peers, and community resources such as kids help phone or a local distress center).

IPV specialists understand and navigate the complexities of confidentiality and privacy. They explain to children the process of working with a counsellor, educating them on privacy issues while also letting them know their caregivers may be contacted or involved in the process depending on choice. In such cases, specialists are open to connecting with all children's caregivers (if appropriate and if it can be done safely) in the best interests of children they are working with in a counselling capacity.

Listen to, respect, and value children's voices and experiences

IPV specialists appreciate and value lived experience. They believe children and understand the importance of acknowledging their experiences. They understand, appreciate, and accept that service users share their experiences in their own time and in their own ways.

IPV specialists keep children informed about their role in the helping process by using child friendly
language, terms, and explanations to help children understand IPV issues and related concerns (like abuse and violence, safety, separation/divorce, parental access, and limitations of confidentiality etc.) and recognize children's wishes for their family. They also use child-friendly therapeutic activities (such as play) that privilege voice and storytelling.

IPV specialists engage children in decision-making and support their autonomy. They advise children of their rights when working with them and they engage in advocacy as needed. This work may involve explaining and advocating for children's rights with, and alongside, children's survivor parents and non-offending caregivers.

In older children, IPV specialists help promote self-advocacy.

IPV specialists work within the complexities of children's caregiving situations, recognizing that aunties, grandmothers, grandfathers, and others may have primary caregiving roles for children.

IPV specialists work with children to rebuild bridges of communications with their survivor-parents. This may include advocating on behalf of children when working with survivor parents to help this parent understand the child's perspective. They keep children's survivor parents in mind, recognizing that this relationship may be important to children even when their survivor parents are not physically present in children's lives.

Consider and regulate themselves in the context of being an adult to work in a child-centered way

IPV specialists continuously reflect on and address their own power and privilege in service user-service provider relationships. (*IPV specialists working with children survivors ensure that they are not reinforcing power differentials and abusive patterns in relationships. They are aware that children often have less choice and opportunity for consent in their relationships with adults. They*

are also aware that children may take on caretaking or other roles in the context of their family's crisis and ensure not to reproduce or foster this dynamic in their work. They are aware that abusers may have worked to undermine mother-child bonds. Like other service users, children are aware of their social location when receiving services. IPV specialists working with child survivors maintain this awareness while working with children. IPV specialists working with child survivors are aware of Canada's history of systemic racism, classism, and ageism: in particular, they are aware that this history has created negative constructions of Black, Indigenous and person of color parenting, parenting by working class parents or those living in poverty, and young parents. IPV specialists actively work to challenge these constructs in themselves and others. They are aware that this history has also co-constructed implicit, positive, and normalized notions of white childhood, white motherhood, and white social work, and they work to challenge these constructs in themselves and others as well.)

IPV specialists are aware of how their identity and the identity of the children they work with can influence as well as complicate their work together. They are mindful and deliberate in ensuring they are not enacting colonial or white saviour approaches.

IPV specialists recognize the limits of their roles and maintain boundaries to support caregivers to parent in their own space and time, to support caregiver autonomy and capacity. They recognize and manage their own feelings about being a parent, including their own experiences of parenting during or after abuse experiences.

IPV specialists consider safety to child, family and others when dealing with their own reactions to violence on the part of children. They balance the need for accountability for unacceptable behaviours with an understanding of trauma-informed care practices to create safety for everyone involved. They may work as a team to meet the unique needs of children who may have significant challenges that make intervention difficult.

IPV specialists recognize that they bring their own adult lens to their work with children and separate out their own childhood experiences from how children are perceiving their own experiences in the moment. They are able to maintain the focus on children and not view everything through their own adult lens.

Complex Practice Behaviour 3: Collaborate to Support Children

Knowledge of a range of theoretical and intervention models relevant to working with children

IPV specialists have knowledge of trauma and violence-informed practice frameworks and knowledge of the impact of trauma and violence on development including service user-centred approaches with children, child expressions of resistance and dignity, and child development. They also have knowledge of the impacts of trauma and violence on the parenting of survivors and understand how violence can impact the relationship between children and their parents.

IPV specialists working with child survivors may have both formal and informal training and knowledge in a range of specific, trauma-

informed, and child-centred approaches according to their mandate, orientation, and preferences, including individual, dyadic and group interventions.

IPV specialists recognize the impact of trauma on development while also being respectful of a child's chronological age. To this end they have clear knowledge and understanding of developmental/age-appropriate resources, strategies, and techniques in order to design and facilitate age-appropriate interventions for children.

IPV specialists recognize the value of all forms of expression, not just talk, when providing support to children, including art, play, music, and movement.

They also recognize that intervention may involve role modelling positive behaviors

and communication with children/youth who have experienced IPV.

Recognize and respond to the impact of IPV on parent-child relationships

IPV specialists know that children's risk and safety must be considered alongside that of survivors and engage in risk assessment and safety planning related to children's contact with a parent who has behaved abusively.

IPV specialists recognize, respect, and work with the complex and strong feelings and responses that children may have towards one or both of their parents when they are experiencing violence and trauma.

IPV specialists provide services for children and their survivor parents to address their needs both individually and conjointly. Importantly, IPV specialists recognize that a child's relationship with their survivor parent may have been damaged by the abusive parent. They support children and survivor parents in rebuilding and strengthening their relationship.

IPV specialists have knowledge of the impacts of trauma and violence on parenting of survivors. They recognize that a survivor's potential parenting may have been compromised by their experiences of abuse and trauma and that they may benefit from support to strengthen parenting skills.

If appropriate and available, IPV specialists offer separate services for abusive parents (as intimate partners and parents) or offer appropriate referrals in order to work with parents who have behaved abusively to stop harm and repair damage to parent-child relationships.

If appropriate and possible, IPV specialists provide the opportunity for children to share their experiences and receive support after they have spent time with an abusive parent (for example, access/supervised/unsupervised visits).

Help children understand their experiences of violence

IPV specialists work with children to help them understand their experiences of violence. They provide developmentally appropriate support to provide accurate information about abuse and violence including assuring children that they are not responsible for the violence they experienced nor for any consequences of the violence experienced by them or family members. They provide developmentally appropriate information about IPV, trauma and responses, including acknowledging that everyone responds differently.
IPV specialists understand ways of responding to violence and assist children in recognizing their own responses as resistance and coping to manage their experiences of IPV. They strive to

help children identify and develop their own protective strategies.

IPV specialists work with children to understand and process possible conflicted feelings, including fear of an abusive parent but also love for that parent.

IPV specialists provide children with opportunities to process their experiences by talking to children about fears, identifying what makes them feel safe and assisting them in developing healthy coping strategies.

Help children develop skills for healthy relationships

IPV specialists understand ways of responding to violence and use a strengths-based approach to appreciate responses to violence and capacity for change when engaging in intervention with children. They support the development of children's self-confidence with a focus on their strengths and on how they have resisted violence and abuse in their lives.

IPV specialists support children to identify, name, express and normalize feelings in healthy ways.

IPV specialists help children to identify violent, intimidating, and abusive behaviors to equip them to recognize and respond to situations they may encounter in the future.

IPV specialists acknowledge loss and separation issues and grief around things a child may have lost or that were taken from them (e.g., toys and belongings, pets, homes, peers, school).

Work collaboratively with survivor parents, non-offending caregivers, and children

IPV specialists involve survivor parents and non-offending caregivers (e.g., grandparents, aunties) in safety planning processes, centre children's experiences, and communicate information about child interventions for survivor parents and caregivers. IPV specialists engage in risk assessment and safety planning related to children's contact with a parent who has behaved abusively.

IPV specialists prioritize the relationship between the survivor parent and child by promoting positive parent-child relationships. They work with survivor parents and children together on strengthening communication and problem solving, establishing safe ways to talk about the past, and working to heal and move forward as a family. When working with children, IPV specialists speak about survivor parents and non-offending caregivers (even if absent) in ways that restores, honours, and dignifies them.

IPV specialists provide support for survivors as mothers. They intervene in supportive ways that highlight survivor-parenting strengths, respect survivor autonomy, "uplift" the survivor parent and child relationship, and provide context for children's behaviour. They create spaces that foster safety, recovery from violence and trauma, and support parents and children to adjust to the transitions they are experiencing. They ask parents if there are areas they wish to have assistance with and how best to provide support to them and their children. They use approaches that support survivor parents and guard against intervening in ways that erode or compromise parental agency, parental authority, and the survivor parent and child connection.

IPV specialists recognize the value of including survivor parents and non-offending caregivers in therapeutic, supportive, and/or psychoeducational processes with children (while also recognizing the value of children having their own therapeutic space) and keep the survivor parent and child relationship at the forefront of their work. Specialists work in ways that recognize children are part of a larger

family unit (e.g., siblings, grandparents, aunties and uncles, cousins) and community (e.g., which could be based on school, recreational, spiritual and/or cultural connections).

IPV specialists working with child survivors are aware that, as a service provider, they may appear especially competent, accepting, and safe for children, and that children's perception of them in their role, if not addressed directly, may negatively affect children's relationships with their mothers. As a result, they actively strive to support the mother-child bond in all their work.

IPV specialists recognize the importance of supporting healthy relationships in children's lives with positive role models (e.g., relatives, coaches, teachers).

IPV specialists navigate the complex issues of consent in order that children can receive services.

Liaise with school and childcare contacts

IPV specialists liaise with contacts in children's school and childcare settings, such as teachers (including learning resource teachers), principals, counsellors, and childcare providers to gain a fuller understanding of a child service user's experience (e.g., how the child is behaving in their school setting).

IPV specialists help school and childcare contacts better understand and contextualize the behaviour of children who are experiencing violence and trauma.

IPV specialists recognize that school and childcare settings are a point of access to children for fathers who behave abusively. They also recognize that schools and childcare settings hold information about children that fathers who behave abusively may try to access. They communicate this and other IPV specialist knowledge to school and childcare contacts to help individuals in these settings appreciate risk.

IPV specialists collaborate with school and childcare contacts to create and implement safety plans and strategies for children (e.g., ensuring that information about who can, and cannot, sign a child out of school is clearly and consistently communicated to school staff).

Complex Practice Behaviour 4: Understand and Respond to Trauma and Violence in Children

Knowledge of the impact of trauma and violence on development

IPV specialists have knowledge of human development across the life course.

IPV specialists have knowledge that exposure to violence and trauma can affect development in children and youth, and that these impacts are also evident in adulthood.

IPV specialists have knowledge that the impacts of violence and trauma differ based on an individual's age and stage of development.

Other intersections of a person's identity may also affect how they are impacted by trauma and violence, such as race and systemic barriers to support as a result.

IPV specialists understand the ways that early and prolonged exposure to violence and trauma may create more severe and long-term impacts on children and youth, including impacts in adulthood. They understand that impacts of violence and trauma may not always be visible and may sometimes show up later in development.

IPV specialists have knowledge that the impacts of violence and trauma differ based on multiple levels of social responses the victim receives and the systemic barriers experienced at the time of the violent/traumatic event. Such responses and systemic barriers have an impact on healing.

Use knowledge of trauma and violence when making decisions about care and services for children

IPV specialists recognize that children and youth do not passively 'witness' IPV; rather, they experience, resist, respond to, are exposed to, live with, and are affected by violence and trauma. This recognition informs IPV specialists' understanding of the developmental needs of and responses to children and youth.

IPV specialists carefully consider the impacts of trauma and violence on children when making decisions about care and intervention including how this influences their resilience and the protective factors within their lives.

IPV specialists (taking developmental levels and trauma experiences into account) consider the voice of children when making decisions about their services and make decisions collaboratively (with children) when and if possible.

Recognize and respond to violence and trauma experiences in working with children

IPV specialists recognize, respect, and work with the complex and strong feelings and responses that children and youth may have towards one or both of their parents when violence/trauma is a factor.
IPV specialists provide services for children and youth and their survivor parents to address their needs both individually and conjointly. Importantly, IPV specialists recognize the need to counter the damage inflicted upon the parent-child relationship through providing tools for both parent and child so they can rebuild and strengthen their relationship.

IPV specialists recognize that a survivor's potential parenting may have been impacted by their experiences of abuse and trauma. Parents may benefit from support to strengthen parenting skills.
If appropriate and available, IPV specialists offer separate services for abusive parents (as intimate partners and parents) or offer appropriate referrals in order to work with parents who have behaved abusively to stop harm and repair damage to parent-child relationships.

If appropriate and possible, IPV specialists provide the opportunity for children to share their experiences and receive support after they have spent time with an abusive parent (for example, access/supervised/unsupervised visits).

Intervene to end abusive behaviour

Complex Practice Behaviour 1: Manage risk and promote safety with men who have behaved abusively

Have deep knowledge of risk assessment and risk management with men who have behaved abusively

IPV specialists have deep understanding and appreciation of patterns of risk in men who have behaved abusively. They understand that risk and safety are individual, intersectional, and dynamic. This means that they understand that *systemic factors, oppression, and inequities influence the ways that people experience violence, interpret violence, and seek help.* They *understand that social structures of power, including the criminal justice system, child protection system, legal system, healthcare system, and many others perpetuate systemic violence and harm against individuals on the basis of their identities and cultures. These systems use their power to further marginalize particular groups of people and uphold the status quo of power and privilege for others.* They *think critically about service users' experiences of oppression as structural violence and as a source of trauma.* They recognize this as one way that intervention systems create risk for people involved. It also means that they understand that *risk and safety are dynamic and need to be continually re-evaluated. They are aware of the kinds of changing circumstances that often increase risk (e.g., separation, a new relationship, upcoming court date).*

IPV specialists are able to recognize overt and subtle forms of coercive control and risk. They consider differing levels of power and vulnerability in relationships. They have knowledge of the features of situations described by men who have behaved abusively that are indicative of greater risk and/or potential lethality (e.g., suicidality, obsessiveness, non-compliance with court-orders)

IPV specialists know a range of risk management strategies that can be flexibly applied to manage risk with men who have behaved abusively.

IPV specialists recognize denial, blame and minimization. They are skilled at listening to men's phrasing, explanations, and attitudes for indications of blame, minimization and justification as opposed to accountability. They are also skilled at listening *through* men's narratives for indicators of risk for abusive behaviour.

Know that information from men who have behaved abusively is useful, but not sufficient, for assessing risk

IPV specialists understand that relying on service user report is insufficient for assessing the level of risk in men who have behaved abusively. They know that, when they have information from men alone, they may have a false sense of safety.

IPV specialists appreciate that assessment of risk to perpetrate ongoing harm benefits from a combination of information from survivors and service users and third parties, when available (e.g., police), on the pattern, prevalence, and potency of past violence.

IPV specialists know that using information that has been disclosed by survivors and / or children within services for men has a high potential for escalating risk. They make ongoing judgments about the use of information from service providers who are working with victims of men's abuse.

IPV specialists also appreciate that, by virtue of their discussions with men, they may have critical information about risk (e.g., fantasies about revenge, level of suicidality) that is not known by other service providers (i.e., those working with women and children). They share information and advocate to address risk posed by men who have behaved abusively.

IPV specialists understand there may be challenges involved in acquiring knowledge necessary for effective risk assessment (including information sharing/privacy legislation issues and inadequate trust and resources to support disclosure from survivors). They also know that part of their role is to understand when safety trumps privacy. They advocate with others to share information and understand the importance of working together when risk is high, and they collaborate with others to manage risk and promote safety.

Are aware of, and respond to, risks associated with men's involvement in intervention for abuse perpetration

IPV specialists are aware that the involvement of men who have behaved abusively in intervention has some inherent risks including the possibility of men misusing tools discussed in intervention and of using program materials against victims of their abuse. They discuss possible misuses of program materials openly and directly with service users (e.g., "program materials are a tool, not a weapon"), including specific examples of how program materials may be misused (e.g., accusing a partner of communicating aggressively or of being controlling).

IPV specialists are aware of the possibility that material discussed in intervention may raise levels of distress, anger, and sense of entitlement in men who behave abusively and that such anger might be directed at victims of men's abuse. IPV specialists watch for heightened levels of arousal in service users. When IPV specialists are concerned about such a possibility, they address it directly with men before they leave intervention by working with service users to deescalate anger and to create a safety for others plan. Depending on level of risk and the plan created, they may also inform survivors directly, or indirectly through IPV specialists working with survivors of men's abuse, about their concerns.

IPV specialists are aware that men who have behaved abusively may seek to use attendance alone (i.e., without any change in attitudes, accountability, or actions) as a basis to argue for leniency or for reduction in monitoring or consequences of abusive behaviour. They are accountable to this risk by clearly informing

men who have behaved abusively, their victims, and the wider system of service providers involved (e.g., justice, child protection) that attendance alone is not sufficient as evidence of change.

Make ongoing judgments about the use of information from service providers who are working with victims of men's abuse

By virtue of being allied with IPV specialists working with victim survivors, IPV specialists working with men who have behaved abusively often have additional information about the level and nature of risk that a service user might pose to his family.

IPV specialists make ongoing judgments about how to use this information safely knowing that any sharing of survivor disclosure has a high potential of escalating level of risk. They are, therefore, skilled at bringing forward general patterns and examples of risk that can be addressed by the group to reduce a service user's risk without revealing their knowledge of the connection of these patterns and examples to a specific service user.

IPV service providers may also be part of collaborative teams making decisions relevant to risk management, and by virtue of this involvement, have additional information about risk (e.g., that an ex-partner is starting a new relationship, that there will be a new report to court). In such situations, IPV specialists working with men who have behaved abusively may need to communicate decisions about ongoing risk management (e.g., exchanges to continue through a third party, no contact orders will not be lifted) to service users in ways that prioritize survivor safety and that reference team decision-making or the judgement of the service provider themselves rather that the "wishes" or fears or the survivor. For example, an IPV specialists might say "This is me saying that you won't have access for six weeks. If you want to get angry at anyone, I'm the person who is saying to you now, not your spouse, to stay away from the home".

Make complex and ongoing judgements about the level of empathy appropriate for assessing and managing risk in those who have behaved abusively

IPV specialists are aware of the value of understanding and empathizing with men, knowing that his sense of being a victim of his partner, her family, society, and the 'system' is likely distorted as part of his pattern of abusive thinking. IPV specialists are aware that good reflective listening provides space and silence for him to "tell his story" (talk about his experience), and allows the service provider to understand, in a much deeper way, the level and nature of risk he poses to others in his life.

IPV specialists employ empathy with the awareness that being non-judgmental, "listening to hear" truths, building rapport and trust, talking about emotions, relationship, and communication, and creating a space in which some emphasis is on men's healing is valuable to the process of assessing and managing the risk. In addition, empathy in itself is valuable in creating a safe environment for disclosure.

IPV specialists are aware of the importance of practicing empathy (and its benefits) and make a clear distinction between hearing men's stories and agreeing with or condoning what they hear.

IPV specialists balance their understanding of the value of empathizing with men with the concern about aligning with, and potentially reinforcing, men's view of themselves as victims. They continually keep in mind the

possible ways in which survivors and children may be experiencing his thinking and behaviour.

IPV specialists aim to mitigate this by engaging the service user to reflect on and share his own concerns about safety. They make ongoing decisions about when to bring their understanding of risk into conversations in open and transparent ways; they consider when to continue to prompt disclosure in order to gain a more fulsome understanding of risk. They recognize that, by explaining the reasons leading to certain questions, which would otherwise damage the bond of trust, they can gain service user understanding and collaboration around dealing with risky and dangerous situations. With this in mind, IPV specialists provide information about limits of confidentiality as well as when they may need to take action; they also actively acknowledge the impacts of trauma and intersectional forms of systemic inequity and know when to make referrals for men's deeper work.

Adept at asking questions in ways that help men who have behaved abusively disclose abuse and other important information about risk

IPV specialists have open and frank discussions with men who cause harm about risk. They ask direct questions about specific abusive behaviours.

IPV specialists use a range of tools and strategies in engaging in open and frank discussions with men about risk. These include, but are not limited to:

- Employing a risk assessment tool or questionnaire during initial interviewing or subsequent conversations with men
- Engaging in discussions about past risks, past incidents of violence and existing risks during group programming, so to encourage learning from the disclosures, truths, and risk-mitigation strategies of others
- Observing men's body language and implicit reactions to discussions of risk, and noting any observations verbally: for example, *"I can see that your posture changed as we began talking. What are you feeling as we talk about this?"*
- Engaging in discussions about the impact of one's behaviors on the safety (and the perception of safety) of others
- Presenting the service user with scenarios of potential risk, and asking them how they might proceed or respond in these scenarios, for example, *"What are your options/possible ways of responding if your friends show up at your place this weekend with alcohol?"*

IPV specialists are also aware of the emotional risks of disclosure for men who have behaved abusively and integrate this awareness into their discussions. This may include, for example, talking about the dynamics of violence following a disclosure; talking about difficult emotions such as shame, regret, or sadness; or articulating the benefits and emotional impacts of disclosures.

IPV specialists are aware that service users who have experienced trauma may have been "questioned" about their experiences in ways that are not trauma and violence informed. In response, they utilize interviewing skills that intentionally aim to avoid replicating such past experiences.

In addition to the above practical skills and strategies for use with service users, IPV specialists have additional skills and strategies to support themselves in remaining open and active in discussions with men about risk.

Continuously monitor, manage, and prompt change in service users' risks of using abusive behaviour

IPV specialists have knowledge of risk and protective factors for IPV and they understand that risk and safety are individual, intersectional, and dynamic. They understand and consider that part of their role in engaging men who have behaved abusively is to constantly monitor, manage, document, and respond to risk dynamically over time.

IPV specialists are able to assess the factors that have coalesced to precipitate abusive behavior and the factors that are working to maintain that type of behavior. IPV specialists make risk management or "safety for others" plans with service users who have behaved abusively as one strategy to manage risk. Such plans include safety of children and may include plans for what to do when a service user recognizes their own risk of using violence. A safety plan with a service user who has used violence may also highlight the potential for an absence of violence and law-breaking as beneficial to his well-being.

IPV specialists understand and consider service users' commitment to their partner and children's safety and their willingness to comply with court orders as important to assessing and monitoring risk.

IPV specialists have skills to assess level of service user accountability including attendance and participation, the service user's commitment to partner's and children's safety, willingness to acknowledge and accept the consequences of their behaviour, willingness to accept responsibility for one's own behaviors and compliance with no-contact orders.

IPV specialists consider their relationship with a service user as a potential component of "safety for others" plans. They understand that part of safety may depend on the quality of their relationship with a service user who has behaved abusively. Knowing this, IPV specialists make complex judgments about when and how to confront service users about patterns of abuse, keeping in mind the primary aim of safety and balancing the need to confront abuse with the potentially protective value of the ongoing relationship between the specialist and the service user.

IPV specialists share information with collaborating partners (for example, shelters, VAW services, probation officers, child protection services, courts) about service users' participation, progress, and engagement in intervention, as appropriate and with safety considerations at the forefront. They let the service users know that they are doing this when it is safe to do so.

Join with service users who have behaved abusively around a shared commitment to safety

IPV specialists have open and direct conversations with men who have behaved abusively about their focus on risk and safety right at the beginning of service and in an ongoing way through working together. They clearly explain when and how the service provider will monitor and respond to varying levels of risk of dangerousness, including risk of causing emotional harm, physical harm, suicidal or homicidal ideation. They let the service user know that, to the extent possible, they will be informed and involved in actions taken to address risk and create safety.

As part of having open and direct conversations, IPV specialists working with men who have behaved abusively help manage service user expectations, especially around the processes and timeframes of court involvement as part of providing navigational support for criminal and family court to service users who have behaved abusively.

IPV specialists have transparent conversations with men to provide rationale and clarity about their need to have contact with victims of abuse. When it is safe to do, they clearly explain what information will and will not be shared with their (ex)partners, and how information sharing will change depending on level of risk. They help him recognize behaviours that are indicators of escalating risk (e.g., violating no contact orders, increased substance use), share how these behaviours are likely to be seen by others (e.g., child protection, probation) and amplify his desire to reduce these risks.

IPV specialists are skilled at having conversations with service users that result in a shared commitment to the safety of women and children in men's lives and help service users who have behaved abusively understand, and prioritize, the safety of children. IPV specialists appreciate that addressing risks and needs in service users who have behaved abusively contributes to safety for survivors. They engage with service users with this understanding, and in ways that create a shared commitment to working towards safety for everyone. They do this by drawing out, engaging with, prompting, and reinforcing men's desire to be safe with people in their lives.

IPV specialists let men know that they are a resource to them in addressing risk - that they have someone who "knows their story and their history". They identify themselves as someone to whom men can reach out if they feel like they are "slipping up", find themselves falling back into abusive patterns, if they feel like they are a risk to themselves or their partners.

Gather information from survivors and collaterals in assessing risk posed by those who have behaved abusively

IPV specialists establish, develop, and maintain cross-agency relationships that work from a survivor-focused lens.

Because IPV specialists know that information from men who have behaved abusively is useful, but not sufficient, for assessing risk, they assess risk posed by those who have behaved abusively by seeking and considering, information from a range of other service providers including some or all the following:

- Information from legal sources, police, probation, or parole (e.g., police arrest reports, 911 call records, information about the criminal history, previous statements or affidavits, probation orders, release conditions of the person who has behaved abusively)
- Information provided by survivors, the child(ren) and other family members, or other witnesses (friends etc.) who may have knowledge about the abusive man's pattern of behaviours;
- Information from other statutory service agencies (e.g., child welfare files, health services);
- Interviews with men who have behaved abusively (e.g., known risk factors for lethality).

Share information and advocate to address risk posed by men who have behaved abusively

IPV specialists who work with men who have behaved abusively are aware that they might hold information relevant to risk that is not known to others (e.g., level of revenge fantasy, deliberate strategy of control), or that a survivor might not yet be ready to, or ambivalent about,

sharing (e.g., control and abuse involving children or sexually abusive behaviours).

IPV specialists who work with men who have behaved abusively have a commitment to act on risk information – encapsulated as "not on our watch".

IPV specialists collaborate with others to manage risk and promote safety. They share information about risk, and they advocate with others (police, child protection, shelters) when necessary for recognition and response to risk that men who have behaved abusively may pose to survivors. This advocacy may involve pushing for more open sharing of information or for involving a high-risk, coordinated response, or situation table. It may involve "moving up the ladder" (e.g., asking to speak to management at child protection and not just intake) to explain and advocate for better responses to the risk being posed by men who have behaved abusively.

IPV specialists have skills for clearly communicating risk level to others. They are able to effectively present and share information about risk and have strategies for when their conclusions about risk are challenged by others who perceive risk to be lower.

Manage their sense of uncertainty about the future risk of abuse perpetration

IPV specialists are, inevitably, involved in the lives of service users for a limited amount of time. They often feel a sense of uncertainty about whether the services that they have provided have been sufficient to create safety for survivors and promote change in service users who have behaved abusively. IPV specialists "sit with" and manage this sense of uncertainty.

IPV specialists are sometimes asked to make judgements about future risk and safety; for example, they may need to report to court about level of change in a service user who has behaved abusively or contribute to decisions about whether it is, or is not, safe to remove no-contact orders. In making these statements, they clearly communicate the limits of making these sorts of judgments while, at the same time, they try to use information relevant to each situation and guard against over-estimating or under-estimating risk and safety on the basis of their sense of uncertainty.

IPV specialists sometimes feel that the services that they have provided have not been helpful. For example, they may feel that an abusive service user has gone through intervention without making any changes in attitudes or behaviours or might feel that they have been unable to provide a survivor with the resources needed to maintain safety. They recognize and respond to secondary traumatic stress, compassion fatigue, and vicarious trauma in themselves. They identify systemic gaps in policies, programs, and services to address IPV. Specifically, they communicate that IPV services to address abuse perpetration are often funded at insufficient levels. *They advocate for adequate funding and sufficient services. They share information and stories about the impact on service users of not being able to access needed IPV specialist services.*

Complex Practice Behaviour 2: Change abusive behaviour

Have a complex and nuanced understanding of abusive behaviour

IPV specialists have knowledge that IPV is gendered, as well as knowledge and understanding of intersectionality and knowledge of colonization. They know that along with gender, individuals experience many forms of inequity, and that multiple, intersecting forms of inequity are drivers of IPV. IPV specialists have knowledge of risk and protective factors for IPV, including knowledge of "honour"-based violence and they understand risk associated with different patterns and severities of abusive relationships. They recognize denial, minimization and blame and have knowledge and skills for responding to disclosures of victimization as well as perpetration.

Center the safety of child and adult survivors of violence while providing intervention to those who have behaved abusively

In all of their intervention work, IPV specialists maintain a focus on the impact of violence and abuse on survivors, including children, and on the need for intervention to enhance survivor safety and well-being.

IPV specialists working with service -users who have behaved abusively also use an approach that affirms the potential for change in those who have behaved abusively. They use a strengths-based approach to appreciate responses to violence and capacity for change.

IPV specialists join with service users who have behaved abusively around a shared commitment to safety. They are skilled at honest communication with service users about their focus on risk and safety, and on the goals of the intervention.

As part of centering safety of survivors, IPV specialists work collaboratively with survivors and survivor services. They establish, develop, and maintain cross-agency relationships that work from a survivor-focused lens, and they share information and advocate to address risk posed by men who have behaved abusively.

Have knowledge of intervention frameworks and theories that underpin working with service users who have behaved abusively

IPV specialists have knowledge and understanding of anti-racist and anti-oppressive approaches. They centre knowledge of intersectionality and apply anti-racist and anti-oppressive approaches to IPV work to provide IPV services that safe, culturally responsive, and informed by community collaboration. Among other things, this means that IPV specialists understand that *systemic factors, oppression, and inequities influence the ways that people experience violence, interpret violence, and seek help.* They *understand that social structures of power, including the criminal justice system, child protection system, legal system, healthcare system, and many others perpetuate systemic violence and harm against individuals on the basis of their identities and cultures. These systems use their power to further marginalize particular groups of people and uphold the status quo of power and privilege for others.* They *think critically about service users' experiences of oppression as structural violence and as a source of trauma.* They recognize this as one way that intervention systems create risk for people involved.

IPV specialists continuously reflect on and address their own power and privilege in service user-service provider relationships. This means, among other things, that they *acknowledge power and privilege within IPV specialist roles. They aim to identify their own privilege. They continuously educate themselves about intersectionality and challenge their own biases. They think critically about the ways in which patterns of power and manipulation play out in the service provider / service user relationships.*

IPV specialists understand accountability as including recognition of wrongdoing, acknowledgement, and appreciation of causing harm, and making changes to stop the abusive behaviour. IPV specialists know that helping service users understand who was impacted by their abusive behaviour and how, can be a powerful motivator for subsequent behaviour change.

IPV specialists know that beliefs and behaviours are intrinsically linked and that lasting change in abusive behaviour requires service users to change both thoughts and behaviours. IPV specialists know what is needed to support motivation, behaviour change and to challenge service user's thoughts, values, and beliefs around the use of abuse in relationships.

IPV specialists have knowledge of how to assess and measure change in the attitudes and behaviours of service users who have behaved abusively. They view the men's engagement in the process of change as one part of taking responsibility for their actions.

IPV specialists understand the limits of established interventions, and what interventions are not appropriate. They are aware of, and respond to, risks associated with men's involvement in intervention for abuse perpetration.

IPV specialists are aware that, in many Canadian jurisdictions, the programming available to address abusive behaviour is not nearly sufficient - too few sessions are offered, programs are not differentiated by level of risk or need, there is insufficient integration with services addressing concurrent needs (e.g., substance abuse), and there is too little flexibility for tailoring services to the specific situations of service users. They identify systemic gaps in policies, programs, and services to address IPV and advocate for increased services.

Understand the importance of recognizing and addressing concurrent problems and needs (e.g., mental health, substance use, and trauma) while also working towards accountability for abuse

IPV specialists have knowledge of risk and protective factors for IPV. They understand that multiple risk and influencing factors can be present and connected/related in a service user who has used abusive behaviour. Such factors include mental health, substance use, trauma, stress, and anger.

IPV specialists understand that concurrent problems are not causes of intimate partner violence but that they often escalate and aggravate abusive behaviour, especially for a person whose choices are influenced by unhelpful ideas about gender and violence.

IPV specialists have knowledge and understanding that substance use may be a coping mechanism for some service users who engage in abusive behaviour, and at the same time, is a risk factor for abuse perpetration. They know that for service users who also have substance use problems, there are advantages to accessing services that address both abuse and substance use.

IPV specialists are aware that, for some service users, neurological disorders such as brain

injury, fetal alcohol syndrome and substance use-related neurological disease, may be a concurrent issue. They recognize signs of brain injury and make referrals to specialized services while, at the same time, working to monitor, manage and change risks of harmful behaviours specific to the individual service user.

IPV specialists understand the importance and value of working through concurrent issues, including substance use, trauma, and mental health. They understand the importance of identifying these issues, making referrals, and working collaboratively with other services skillfully, effectively, and appropriately.

IPV specialists are aware of ways that men who have behaved abusively may use concurrent issues as a rationalization (or justification) for abusive behaviour. Such justifications may be deliberate (e.g., a service user who makes a strategic choice to use substances prior to confronting a partner as a way of excusing abusive behaviour). Alternatively, service users may hold the injustices from past trauma as a reason to use violence without reflection or without awareness. IPV specialists draw out and confront unhelpful patterns of thinking about concurrent issues.

IPV specialists knowledge of community and external services and resources, and they refer effectively to services for service users with concurrent issues.

IPV specialists have knowledge and understanding of intersectionality and understand that systemic structural violence and oppression such as anti-Black racism, colonization and transphobia contributes to men's mental health, substance use, and trauma, as well as to the risk of perpetrating abuse.

Understand trauma in service users who have behaved abusively

IPV specialists have knowledge of the impact of violence and trauma on service users. They recognize that many of those who behave abusively have complex trauma histories. They appreciate that elevations in trauma symptoms (e.g., irritability, anger, hypervigilance, feelings of detachment) may increase risk of perpetrating abuse.

IPV specialists recognize trauma and its impacts and avoids re-traumatization. They know that better awareness and understanding of service user's trauma can provide important clues about specific situations in which service users might be most dangerous to their partners and/or children. This understanding is part of IPV specialists' knowledge of risk and protective factors for IPV. They know that adopting a trauma and violence informed approach to avoiding re-traumatization with men who behaved abusively is safer for all service users.

Although IPV specialists recognize the trauma history of service users who behave abusively, they remain focused on safety as the core priority of their work.

Assess appropriateness when preparing for group-based intervention

IPV specialists are skilled at identifying instances when a service user is not a good fit for group intervention. They are aware of "red flags" that can disrupt group dynamics and progress of others in group such as extreme sexism, a lack of readiness to admit to using violence, intentional attempts to "do damage" to other group members. In some cases, IPV specialists recognize when a service user may have to work one-on-one to increase group readiness before starting group intervention.

IPV specialists utilize a harm reduction approach when working with service users who use substances. They understand substance use as a complex, multi-faceted phenomenon that ranges from severe use to total abstinence, acknowledge that some ways of using substances are safer than others, and are non-judgemental about substance use. IPV specialists recognize that substance use and intoxication can pose challenges in an IPV service setting, particularly in group intervention. They make ongoing complex decisions about service users' readiness and appropriateness to partake in services while centering the safety of other service users (e.g., the potential impact on other service users of being intoxicated while in a group session).

IPV specialists are aware that, for some service users, neurological disorders (e.g., brain injury, fetal alcohol syndrome), substance misuse, or psychological disorders (e.g., PTSD, social anxiety disorder) may make participating in group-based counselling difficult or impossible. They also understand the importance of recognizing and addressing concurrent problems and needs (e.g., mental health, substance use, and trauma) while also working towards accountability for abuse. For service users who are not able to participate in group counselling, they work creatively and flexibly to maintain relationships with service users and to continuously monitor, manage and change risks of harmful behaviours specific to the individual service user while they advocate for different models of service (e.g., one on one, or specialized integrated service) to better address risk and safety and prompt change.
IPV specialists make decisions about when it is appropriate and beneficial to speak to a service user or to discuss certain subjects in a group setting versus a one-on-one conversation and understand the different approaches may be associated with different benefits and drawbacks.

Support service users' better understanding of sexism and misogyny and their relation to IPV

IPV specialists have knowledge that IPV is gendered. They help men explore unhelpful ideas about gender including how misogynistic attitudes may contribute to violence against women and other genders. They are skilled at collaborating with service users to amplify men's own concerns about their misogynistic attitudes.

IPV specialists effectively challenge patriarchy and oppression in men who have used abusive behaviour. For example, they draw out and then challenge sexism within service user's narratives in a way that is safe and respectful. They are also vigilant and skillful in pointing out casual comments from service users that indicate patriarchal/misogynistic/ inappropriate attitudes in an effort to expose unconscious belief systems.

IPV specialists support service users in developing and expressing gender and masculinity in ways that are healthy, respectful, non-harmful to others and that align with the service user's identity.

IPV specialists continuously reflect on and address their own power and privilege in service user-service provider relationships. They understand that their gender may be a factor within the service user – service provider relationship. For example, a service user may direct more dismissive, derogatory, critical, and sexist comments towards service providers who are women compared to service providers who are men. IPV specialists strategically surface and discuss such patterns as part of intervention in ways that are safe, respectful, and that prompt deeper thinking about gender and its influence.

Use conversations about trauma to promote safe behavior in those who have behaved abusively

IPV specialists recognize trauma and its impacts and avoids re-traumatization. They engage with trauma when working with men who have behaved abusively to help promote safety (e.g., "help me understand what I need to worry about").

IPV specialists understand that actions may be both influenced by trauma and intentional. They know that the skills that they bring to the work will help service users "slow down" and "unpack" actions that are experienced and/or described as being uncontrollable. These conversations help men who have behaved abusively recognize both how trauma is affecting their behaviour and their agency and capacity to choose different actions and reactions.

IPV specialists know that helping men better recognize and understand how their trauma relates to their behaviour is empowering and is an important tool in helping service users who have behaved abusively achieve peace and safety for all family members. IPV specialists are skilled at maintaining a balance in acknowledging service user's experiences with trauma while also holding them responsible for their use of violence.

Prompt reductions in abuse

IPV specialists join with service users who have behaved abusively around a shared commitment to safety. They support service users to name and acknowledge abuse and to reflect on their own behaviour from this perspective. Service users are invited to study the effects of abuse and to consider alternatives to abusive behaviours.

IPV specialists are skilled at helping amplify men's own knowledge of what are healthy vs unhealthy behaviours, what are abusive vs non-abusive behaviours (in the contexts of their own situation), in highlighting their pre-existing abilities to behave respectfully at times, and in exploring their decisions to behave abusively at other times.

IPV specialists provide accurate and relevant information to develop awareness and understanding of the nature of coercion and abuse in relationships. They also provide information about, and modelling of, healthy relationships, communication, and decision-making.

IPV specialists support service users in recognizing their own patterns of violence, and the feelings in their mind and body that lead to the use of violence. They support service users in how to observe their own reactivity and how to calm themselves down to de-escalate in situations where they feel at risk of using violence.

IPV specialists encourage the service user's self-reflection, including an "alarm system" specific to his own patterns and situations, that builds his awareness and understanding of his use of violence. They help him to understand the weight his past abuse has for the present and they affirm any accountability-taking shown by him.

When safe and appropriate, IPV specialists offer their services on an ongoing basis or with a long-term plan in mind in recognition that many service users may need to return to services at a later time. They make themselves available to past service users for discussions about escalation in risk (e.g., "if you feel like you might be a risk to your family, call me and we will talk about it.").

Provide intervention that increase service users' skills in emotion regulation, empathy, equality, and other skills necessary for healthy relationships

IPV specialists are skilled at supporting men to enhance their empathy and perspective taking. They are able to help service users acquire new skills and abilities to embrace caring, egalitarian and respectful relationships.

IPV specialists use a strengths-based approach to appreciate responses to violence and capacity for change. They are skilled at helping service users build new skills and capacities. They model and promote an alternative, positive and constructive model of human relationships and provide strength-based support in service of new skills being developed.

IPV specialists are skilled at working with service users around anger. They help service users recognize and label signs of frustration and anger in themselves (e.g., foot tapping, louder tone). They are able to sit with men's anger and normalize the emotional experience of anger, while supporting him to develop healthy ways of expressing it within his intimate relationships. IPV specialists support service users to recognize, name, and express other emotions as well, such as disappointment, fear, rejection, jealousy, grief, and sense of injustice.

IPV specialists help service users identify when their emotions (anger, frustration, distress) are very elevated, it can be difficult to engage in meaningful and safe discussions. They invite service users to recognize the risk associated with these elevations in emotion and collaborate with them to pause discussions, take a break, or plan to come back to the discussion at a later time.

IPV specialists are aware of the potential risks to survivors of a service user leaving a session very angry. As a result, they plan sessions in a way to try to ensure that service users have time to deal with anger during the session and do not leave while they are still agitated or angry. They provide immediate individual support to service users who, at the end of a session, are experiencing high levels of anger and agitation.

IPV specialists support service users to identify their own goals for intervention and in their lives and intimate relationships.

Create safe group-based environments that facilitate change in abusive behaviour

IPV specialists are skilled in developing equitable co-facilitation relationships.

IPV specialists have skills in utilizing group dynamics to benefit the participants. They create a safe and open environment in groups.

IPV specialists observe group dynamics and collaboratively develop group norms and values that centre around respect and safety. IPV specialists collaborate with service users to create group norms that promote the expression of healthy masculinity and to use the group as a safe space to express, explore and discuss unhealthy beliefs and behaviours.

IPV specialists understand that benefits of group intervention may include: service users connecting about shared experiences (for example, shame and guilt over use of violence, wish to change, experiences of racism or childhood trauma and victimization, practicing being with others, and to disrupt the isolation and secrecy that often surround IPV). IPV specialists balance these benefits by ensuring that the collective experiences of using violence do not excuse it or make it acceptable.

IPV specialists know that words can be stronger and more impactful for service users when they

come from other group members instead of the IPV specialists. IPV specialists know that as a group develops and men begin to take greater responsibility for their behaviours and apply the content to their own context, they will be able to support other members of the group to do the same.

IPV specialists tailor the content of group sessions to be applicable for individual service user members. If one person brings something forward, for example, an IPV specialist might then develop a session on it knowing that it will likely benefit others too. If working in a program with more structured content, they will make sure that materials are presented in ways that are relevant to each service user.

Manage own reactions and emotions that arise when providing intervention services to men who harm

IPV specialists are aware of their own attitudes. They keep them aside, recognize and manage their own emotions. They maintain awareness of their sensitivity and reactions to risk.

IPV specialists regulate their own reactions to service users' disclosures. They know that disclosure is part of progressing in intervention and that certain IPV specialist reactions have the potential to impact a service user's willingness to continue disclosing. They seek out other avenues, such as supervision, to help with the burden of difficult disclosures.

IPV specialists manage their responses when they have gained knowledge that a service user has used violence again, lied, or reoffended. They engage in self-reflection to manage feelings of self-blame or regret, as well as feelings of frustration or disappointment toward the service user.

IPV specialists understand that service users may blame them for their current circumstances. For example, a service user may see an IPV specialists as a part of the system that is keeping them from being able to see their children. IPV specialists regulate their reactions to this blame so that they are able to not take it personally.

IPV specialists manage their sense of uncertainty about the future risk. They manage the fears that may occur within their relationships with service users, such as the fear of the harm he might do to himself and others, including to IPV specialists themselves.
IPV specialists manage their own level of emotional safety when providing intervention to men who have behaved abusively, knowing that a decreased feeling of safety can mean a decreased capacity for service provision.

Complex Practice Behaviour 3: Recognize and address denial, blame and minimization

Recognize denial, blame and minimization

IPV specialists recognize denial, countering, trivializing, withholding, minimizing, diverting, and blaming as methods used by men who have abused to avoid taking responsibility for abusive behaviour. They appreciate how these behaviours compound the harms of abuse, and also understand these behaviours as central to

risk assessment and risk management with men who have behaved abusively.

IPV specialists recognize common language and statements indicating blame. For example: “she overreacted”, “she has mental health issues”, “she wasn’t taking her medication”, “she fell down”, “she bruises easily”, “the neighbour called the police unnecessarily”, “she was drinking”, and “she pushed my buttons”.

IPV specialists understand how power and privilege allow for greater use of denial, minimization and blame by the person in power over the person who doesn’t. IPV specialists utilize their knowledge and understanding of intersectionality as well as their complex and nuanced understanding of abusive behaviour to understand how factors connected to the identities of the service user and their intimate partners impact denial, blame, minimization, and use of power within relationships. For example,

IPV specialists understand that denial, minimization, and blame may be motivated by fear of and/or desire to avoid consequences of abuse perpetration. Shame may also underlie, and be a major contributor to, denial, blame, defensiveness, and minimization. For example, a service user may be defending against their fear that they are a “monster”, a “jerk”, or “no good for anything”.

IPV specialists understand the value of identifying thought patterns, language, and/or phrases where service users depart from denying accountability for their abusive behaviours (e.g., a service user may talk about how his partner pushed his buttons but also say “but I know I shouldn’t have done it”). They understand the importance of appropriately highlighting these moments in conversation to help diminish denial, blame and minimization in order to motivate necessary behaviour change.

Make complex judgements about men’s reports of victimization

IPV specialists are aware that men who have used abusive behaviours often perceive and/or present themselves as victims of their partners’ abuse. They are aware that this presentation is often a means of defending against accountability for abuse and that the “abusive” actions men describe their partner taking may be self-defensive or a form of resistance. They also recognize that service users' perception of

their perceived victimhood/ abuse sometimes stems from feelings of injustice from name calling or of their perception of disrespect from their partner. IPV specialists are skilled at having conversations that both acknowledge the injustice of being insulted and can bring the conversation back to accountability of changing their own behaviour. Throughout these conversations, IPV specialists also make complex and ongoing judgments about the level of empathy appropriate for assessing and managing the risk of men who have behaved abusively.

IPV specialists are also aware that, although less common, men can be primary victims of abuse and that relationships can be bidirectionally violent.

To help make judgements about men’s reports of victimization, IPV specialists ask questions and consider:

- the relative power of those in the relationship
- the pattern of behaviours being described
- the motivation, reported and inferred, of each partner and
- the impact of the behaviours being described

IPV specialists use this information to form, and then revise as necessary, their perception of whether men’s presentation of victimization is

most accurately understood and processed with service users as blaming behaviour as opposed to men's victimization by their intimate partners.

Develop authentic relationships with service users that are built on trust and aimed at supporting change

IPV specialists have skills in engagement and relationship building with men who have behaved abusively. They demonstrate respect for the men they are working with by being non-judgmental, applying strengths-based approaches, and having an ability to connect, listen, and be truthful with him. Their engagement of men includes fostering a shared commitment to safety, including the safety of children, minimizing the potential for escalation of violence, and not colluding with his use of violence.
IPV specialists understand that it is vital that the initial focus with service users is relationship development and engagement. They are aware of high risk for attrition and use engagement skills to encourage continued involvement.

IPV specialists are skilled at engaging with service users who are reluctant to attend intervention (possibly as a result of being mandated to attend, though also for other reasons) and who may be resistant, resentful or angry about being there, or who believe they will get nothing out of the experience.

IPV specialists provide service users time and space to share their perspectives, feelings, and experiences, especially at the beginning of the service user - service provider relationship. They understand, appreciate, and accept that service users share their experiences in their own time and in their own ways. They invest in establishing a relationship that is safe, allows the service user to start opening up, differentiates this service from any other encounters the service user is likely to have had, sets the tone as non-punitive and non-judgmental, and builds trust. IPV specialists let service users know that they are there to help and support and help him figure out how to improve.

IPV specialists are adept at asking questions in ways that help men who have behaved abusively disclose abuse and other important information about risk. They are skilled at drawing out service users to provide the details of his abusive behaviour, and at highlighting the

discrepancies between his abusive behaviour and his preferred way of relating to his loved ones.

IPV specialists have strong listening skills that are attuned to risk, narratives that they later need to challenge, and strengths within the service user. They know that they must detail the behaviours that are harmful so that the service user knows what they are and can then work toward change.
IPV specialists seek to utilize the service user – service provider relationship as a model of a healthy, boundaried, violent-free relationship and to demonstrate ways to improve.

Once a strong relationship and alliance is established, IPV specialists communicate the behaviours that are causing harm, where the discrepancies are, and ask questions (e.g., "how will you do it differently next time") to support change.

Avoid collusion with narratives of violence

IPV specialists recognize and support service users in being able to identify, recognize, and take accountability when they are using manipulation or colluding behaviors.

IPV specialists recognize when attempts at collusion are made and, when it is safe to do so, name it to the service user and work with him

to help him recognize, reflect, and move on from these tactics.

IPV specialists are skilled at identifying service users' sophisticated manipulation skills that they (consciously or unconsciously) utilize within the service user - service provider relationship. For example, service users might try to manipulate the IPV specialist into believing their version of events, how they see it, and how they have rationalized their use of violence. They may adopt a variety of strategies in order to establish or maintain their power and avoid taking responsibility or changing their behaviours (e.g., threat, denial, belittling of service providers). In the face of these strategies, IPV specialists may try to protect themselves using a range of less powerful strategies (e.g., subordination, negotiation, counter-power, resistance). IPV specialists identify these instances and have strategies to avoid being manipulated and colluding. They also use this knowledge to continuously reflect on and address their own power and privilege in service user-service provider relationships.

IPV specialists point out ways in which power is being used in relationships and work with service users to recognize and identify the dynamics of inequitable power in relationships, see the possibilities and advantages of healthier and more equitable relationships, and change the misuse of power.

IPV specialists recognize that manipulation and attempts at collusion do not always feel obvious, negative, or violent. They can also feel like a positive interaction to be a part of (for example, compliments or positive comments about the service experience).

IPV specialists understand that manipulation skills can develop as a response to experiences of childhood trauma. They use conversations about trauma to promote safe behavior in those who have behaved abusively.

IPV specialists understand that when they collude, they are perpetuating a cycle of control and abuse, and putting others at continued risk. They know that participation in manipulation does not help the service user and may further endanger those impacted by the service users' abusive behaviours (e.g., service users manipulating the service provider to overestimate the progress they are making).

IPV specialists also name sexism, racism, colonialism, and other forms of violence and

oppression when they hear it so that it is clear that they are not colluding. They apply an anti-racist anti-oppressive lens to IPV work with men who have behaved abusively, using a non-punitive approach to promote responsibility-taking and behaviour change.

IPV specialists recognize that there can be a fine line between validating feelings and colluding. IPV specialists are skilled at balancing the validation of service users' feelings and experiences while making it clear that abuse of any kind is unacceptable, and that change is expected.

Foster accountability for abuse

IPV specialists join with service users who have behaved abusively around a shared commitment to safety. They are skilled in helping service users understand, acknowledge, and take responsibility for their use of coercive, controlling, victim-blaming or other abusive behaviours. They respectfully challenge abuse, denial, blame, defensiveness, and minimization in order to promote responsibility and change. IPV specialists maintain a focus on violence beyond physical (for example, they also focus on psychological / emotional, spiritual, financial, and other types of violence). They reframe behaviours as abusive, harmful, and impactful when service users downplay them or do not describe them as violent.

IPV specialists are skilled in challenging attitudes and beliefs which support violence and in amplifying service users' own discomfort with their behaviour.

IPV specialists open up and draw out the service users' narratives and deconstruct violent behaviours while supporting the service user to take responsibility and see that he has choice.

IPV specialists "roll with resistance" rather than counter it. They open it up for further discussion instead of contesting everything the service user says. For example, IPV specialists divert away from "he said, she said" conversations or arguing about the details of narratives and focus on how the service user might benefit from exploring their own thoughts and actions. They understand that engaging in combative conversations are not productive and do not create safety.

IPV specialists maintain the service user's responsibility for violence and its cessation, maintain that violence is a choice, and that it is unacceptable. They work gently with men to break down typical patterns of abuse in their relationships with their partners, helping them to identify the various points where both they, and their partner, have chosen to act in certain ways and well as times when fear may constrain survivors' choices. They help men see that, regardless of the actions of his partner, he is responsible for how he has chosen to behave.

IPV specialists are aware of, and respond to, risks associated with men's involvement in intervention for abuse perpetration and they continuously monitor, manage, and change risks of harmful behaviours specific to the individual service user. When intervention is not leading to change or improvement, IPV specialists are skilled at being able to recognize this and understand that risk remains and requires action and management. They share information and advocate to address risk posed by men who have behaved abusively.

Have knowledge and skills for responding to disclosures of victimization as well as perpetration

IPV specialists have knowledge that IPV is gendered. They also know that violence in intimate relationships between two adults can

be bidirectional or perpetrated by any gender. They recognize all violence as unacceptable.

IPV specialists know that intervention for violence perpetration differs in approach for men compared to people of other genders. They understand that the need to approach intervention differently results from a range of factors including structural and systemic inequities related to gender and norms around masculinity.

IPV specialists know that in instances where both partners are using violence, it may be beneficial for both partners to partake in different interventions or services simultaneously and independently. Benefits could include, for example, the parallel development of healthy communication and relationship skills, and the prevention of subsequent partnerships where IPV is present.

In instances where both partners are using violence, IPV specialists are also especially aware of the need to connect with men about their fathering in the context of IPV. They are *aware that they have an important role in bringing children's experience into the room, and to support men's own self-reflection* around their role and responsibility for child safety. IPV specialists respond to service users' disclosures of mutual violence. They support service users in applying an understanding of a continuum of harm and coercive control. For example, men who have behaved abusively often perceive the language women use as violence toward them.

IPV specialists help service users consider whether his partner's use of abusive language has caused fear and contributed to his patterns of coercive control. They support men to make distinctions between partners' behaviour that is abuse, self-defence, and resistance. They also use this framework to help men consider other unhealthy behaviours that might be present in both partners (e.g., yelling, name calling, throwing things) and to consider whether they are, or are not, part of a pattern of coercive control.

IPV specialists support service users to realize that even when both partners are using violence, they are still responsible for their own use of violence, and they still made a choice to use violence.

IPV specialists understand the limitations inherent in dichotomizing service users as either abuser or victim, while still seeing and understanding patterns of power difference in relationships.

Maintain perspective and awareness within the service user - service provider relationship

IPV specialists are attentive to the possibility that service user accounts may minimize the impact of abuse or blame survivors and children. They listen to men's stories while remaining aware of the multiple perspectives of the same incidents held by survivors and children. They know that information from men who have behaved abusively is useful, but not sufficient, for assessing risk and maintaining perspective.

IPV specialists provide details or narratives from their own life experience only when it is appropriate, useful, does not interfere with the service user's space and time, and is shared in a way that is mindful of the identities of oneself and the service user.

IPV specialists set aside preconceived notions of who the service user is based on his behaviour, his use of IPV, and their own experiences with other service users or in their own lives. They continuously reflect on and address their own power and privilege in service user-service provider relationships. They allow time and space to get to know each individual.

IPV specialists guard against overestimating service users' progress because of potential biases from relationship building.

Complex Practice Behaviour 4: Address fathering in men who have behaved abusively

Know that men's use of IPV impacts both children and mother-child relationships

IPV specialists know that men who engage in intimate partner violence often target women as mothers/parents. IPV specialists recognize common patterns such as blaming mothers for child behaviour, abusing mothers in front of children, undermining mothers' parenting decisions, deliberately eroding mothers' confidence and threatening to report her to child protective services. Fathers may attempt to undermine the other parent, may use loss of children as a threat against the other parent or may corrupt children's view of their other parent.

IPV specialists have knowledge of family court experience for survivors of IPV, including how fathers may use family court as a way to continue to abuse children's mothers. For example, fathers may exploit family court proceedings to intimidate or maintain contact with a former partner or prolong a dispute, falsely accuse the mother of alienating the children against him, or "aggressively insert" themselves into children's routines and activities, often without consultation and cooperation. In the context of separation, an abusive parent may engage in a range of control tactics including behaviours such as destroying things belonging to, or related to, children; using children as a justification for breaking no-contact orders; staying conspicuously just outside protection-order boundaries; using third parties to harass, threaten, coerce ex-partners, blocking access to money after separation; continuing to delay settling finances in court; failing to pay agreed upon or ordered child support; going around the other parent by trying to pay support directly in child expenses.

IPV specialists know that men who use abuse may also directly target the mother-child relationship. Fathers may be jealous of mothers' time and emotional closeness with children and may try to control the amount of time and attention she gives to him as compared to their children. This may involve bad mouthing mothers, constantly interfering with mothers' time with children and/or denigrating children for their closeness to their mothers (e.g., calling a child a "mommy's boy").

IPV specialists understand that children are impacted by fathers' use of violence against their mothers regardless of whether they are or are not present when they engaged in abusive behaviour. They appreciate that, especially when fathers' abuse also focuses on mothering or the mother-child relationship, children cannot help but feel involved and often responsible for problems. For all of these reasons, IPV specialists understand fathers' use of intimate partner violence as a choice to be abusive to both the mother and child. When possible and appropriate, IPV specialists working with fathers collaborate and/or connect with service providers to children who can work with directly with children to recognize and respond to the impact of IPV on parent-child relationships.

Help service users who have behaved abusively understand, and prioritize, the safety of children

IPV specialists join with service users who have behaved abusively around a shared commitment to safety.

IPV specialists are skilled at working with service users who are hyperfocused on reconciling with their partner and / or child(ren) or wanting to return to their home. They help service users understand that the purpose of intervention is to end abuse, which does not necessarily mean they will be able to reconcile with their partners or gain access to their children. They can help address a service user's sense of entitlement to resume their intimate relationship(s) or move back into the home.

While a service user may not be able to restore his intimate relationship, IPV specialists still support them to see the value of stopping their abuse and repairing the harm done by, for example, respecting the distance the survivor wants. They make space for discussion of concerns about no longer living with their family (for example, that a child will no longer "know" the abusive parent without contact) and provide strategies for managing these feelings, while working with them to get to a place where it is safe to resume contact if possible.

IPV specialists understand the value of helping service users appreciate that the pace of relationship rebuilding within the father-child relationship needs to be set by survivors (both child survivors and survivor-parents).

Recognize and address fathers' use of violence against children's mothers as a parenting choice

IPV specialists recognize the prevalence and impact of children's experiences of IPV and know that children's risk and safety must be considered alongside that of survivors. They take this knowledge into their work with fathers.

IPV specialists provide education based on their knowledge of the impact of trauma and violence on development in children. They support fathers in recognizing and engaging with the child's experience of violence and trauma and help them understand children's ways of responding to violence.

IPV specialists prompt men to examine strengths and limitations in their parenting practices and to support appropriate parenting and coparenting. IPV specialists set and hold high standards for men who have behaved abusively who are parents, holding them accountable for their violence and its impact on their children.

IPV specialists recognize that service users may lack appropriate models for safe, non-violent co-parenting. They work with service users to develop respectful, non-abusive ways to negotiate parenting and parenting decisions with children's mothers.

IPV specialists address any instances where the service user is "using" their children, for example, as a way of targeting the other parent or degrading their relationship or to prolong control of a partner through family court. IPV specialists frame this behaviour as violence and as impactful for children and families. They watch for instances where he is trying to maintain or exert control over his (ex) partner and using the children to do that and then work with him to increase his understanding of how to keep his partner and children safe.

Connect with men about their fathering in the context of IPV

IPV specialists understand the many ways in which parenting may be compromised in men who have behaved abusively towards children's mothers. These include understanding and awareness that:

- There is often overlap in men's use of abusive behaviour towards their intimate partners and towards their children. Commonly co-occurring forms of child maltreatment that overlap with men's use of IPV are child physical abuse, emotional abuse, and neglect.
- Men who have behaved abusively towards children's mothers often show other problems in parenting, particularly over-reactivity, rejection, and poor emotional connection with their children.
- Behaving abusively in their intimate relationship is poor modeling for children
- Patterns of coercive control exerted against children's mothers often extend to children. Children may be blamed for failing to side with an abuser, be asked directly or indirectly to report on the activities of the other parent and/or be used as "pawns" in competition with the other parent.
- Know that men's use of IPV impacts both children and mother-child relationships and that fathers' abuse in an intimate relationship is often focused on parenting.

IPV specialists are aware that while some men who have behaved abusively engage in some or all of the above behaviors, others do not. They support service users in developing healthy father-child relationships which includes ending abuse towards children's mothers.

IPV specialists are aware that they have an important role in bringing children's experience into the room, and to support men's own self-reflection. They recognize the varied and

differential impacts on children of experiencing IPV and bring this knowledge into the room. Bringing in children's experiences may include: asking fathers to consider the child's experience of his abusive behavior; the child's experience of witnessing or overhearing abuse; the child's experience of their other parent's fear; the reality that children are witness even if they are in bed or not directly exposed; and the impact of these situations upon children.

IPV specialists know that children's risk and safety must be considered alongside that of survivors and have knowledge of the impacts of trauma and violence on parenting of survivors. They also know that children are sometimes maltreated by their mothers and sometimes live in families where there is bidirectional violence. They help fathers to recognize and respond to all of children's experiences of abuse; focusing on what they can do to create safety and support for their children, while recognizing the impact of his past abuse on mothers and the mother-child relationship.

IPV specialists are aware of, and sensitive to, service user's desire and aspirations to be good fathers to their children. They foster a space to talk about and connect with these aspirations with service users who are fathers, as well as with men who are not yet fathers (but may be in the future).

IPV specialists invite service users who are parents to talk about what they want for their children and the values that they aspire to as fathers. They invite fathers to notice when they are, and are not, co-parenting with children's mothers in ways that are helpful, aligned with their values and with how they want to be as fathers. They help service users connect this motivation to the need to develop respectful, non-abusive relationships with children's mothers.

IPV specialists support men in their desire to develop better relationships with their children by connecting them with programs and resources that can support healthy, non-abusive parenting.

Address abusive fathering with an understanding of culture, social context, and intergenerational histories

IPV specialists are aware that men's use of IPV within their parent-child relationships can be understood as existing within social contexts. For example, one's parenting behavior, in addition to other factors, may reflect:

- one's own childhood experiences or trauma;
- parenting that was modelled: "this is how my father/our family did things";
- values from families or cultures of origin;
- feeling compelled to meet expectations of being a father/male role model/head of the family

With this in mind, IPV specialists that work with men who have behaved abusively to make efforts to raise these contexts to the surface. They query the effectiveness of parenting strategies that are rooted in historical and current social contexts and experiences, and, in collaboration with the service user, consider new ways of understanding fatherhood and being a father.

IPV specialists are aware that parenting norms and social norms are different in different cultures, and they have knowledge of how culture interconnects with identity. They understand that there is no one way of parenting that is healthy and appropriate for all children and families. IPV specialists utilize self-reflexive practices to detect and disrupt misconceptions in themselves based on stereotypes of gender, cultural practices, race, and other factors; as well as stereotypes about men who have behaved abusively.

IPV specialists utilize their knowledge and understanding of intersectionality when considering how systems (i.e., the criminal justice system, child protection) respond to families. They understand that some families (for example, those who are Black and/or Indigenous) are more likely to experience a punitive or surveillance response. IPV specialists promote system outcomes that are fair and healthy for fathers who have behaved abusively and their families. They do this as part of their skillsets in centering knowledge of intersectionality, and applying an anti-racist anti-oppressive lens to IPV work as well as identifying systemic gaps in policies, programs and services.

Glossary

Accessibility

Accessibility means making a program, service, or activity more user-friendly, available, or attainable to service users. Organizations can do many things to increase accessibility to their services. In addition, individual service providers, such as IPV specialists, can do many things to increase accessibility to services, resources and supports for service users. Accessibility can also refer to decreasing or ending barriers. Barriers are things that get in the way of a person's – in this case, a service user's – ability to get services, resources, and supports. Barriers can be:

- Physical
- Implicit
- Emotional
- Social and political
- Any combination of the above.

Physical barriers include inadequate facilities, or inadequate supports for different people, such as: ASL signers, language interpreters and wheelchair access for people with disabilities. Access barriers can also include challenges about a venue or space: for example, a meeting location that is not served by public transport, is in an unsafe area of town, or does not have a gender-neutral or single-cell bathroom.

Implicit ("*unspoken*") *barriers* are unchallenged assumptions which get in the way of services, resources and supports for service users. They can include unsuitable meeting times, lack of childcare facilities, hidden costs such as refreshments, or an assumption that the meeting will take place in someone's home. These unwritten codes are obstructive, since they create exclusion of some people, though not outright. There may be general agreement that everyone is welcome to a group, but some people will feel troublesome, inconvenienced, or unwelcome.

Social barriers occur when certain groups of people are excluded: for example, when older/younger people, religious, working-class people, trans and gender non-binary, immigrant people or people of color are either deliberately or unintentionally excluded. For example, if an organization's posters, outreach material and staff all depict people with white-skinned privilege, or taking part in activities that cost money, it can give the impression that only some people use the services there.

Financial barriers are things that can cost money or other resources. Financial burdens may be imposed by a service or organization intentionally (i.e., a fee for participation, fee for group materials, etc.) or incidentally: for example, it may cost a participant money in childcare to attend, to travel to the service weekly in gas or bus fare, or to leave work early to make their appointment.[6]

Anti-Racist and Anti-Oppressive Approach (ARAO)

"The term anti-oppression reflects a number of different approaches to the work of addressing the social and institutional inequalities in our society"[7]. "Anti-oppression work seeks to recognize and develop strategies, theories, and actions which challenge systems of inequalities and injustices that are ingrained in our systems, such as institutional policies and practices that allow certain groups to dominate other groups (or the ideologies that justify such domination)"[8]. "An anti-oppression framework involves an analysis of the effects of class demarcation, power, privilege, the absence and presence of civil liberties, internalized and external classism, caste systems, gender oppression, heterosexism, homophobia, and transphobia within society for the purpose of eradicating the associated burdens imposed upon oppressed and marginalized individuals and groups. An anti-oppression framework supports oppressed and marginalized individuals and groups in building their capacity for self-determination, while also challenging those who currently wield power to enact changes toward greater social equity"[9].

"Anti-racism is an active and consistent process of change to eliminate individual, institutional and systemic racism as well as the oppression and injustice racism causes. Anti-racism is an action-oriented strategy which mobilizes the skills and knowledge of racialized people in order to work for a redistribution of power in organizations and society"[10]. "To be effective, the Anti–Racism Strategies must be results-oriented and must produce long term, sustainable change that will withstand the test of time, and any change in political power"[11].

Continuity of care

Continuity of care refers to service users "experiencing their care as being connected and coordinated" as they move between providers, organizations, and systems[12].

In providing IPV support, service user care may often need to be transferred to another service provider at the end of a shift or when stepping away from one's service provider role, when referring to an external organization for additional support, or when closing service use: "If not properly managed, these transitions…can create breakdowns in continuity of care"[13].

Relational continuity refers to the *ongoing relationship* between the service provider and the service user[14]. In IPV, a lack of a positive relationship with the service provider has been identified as a barrier to disclosure. A lack of a positive relationship includes not trusting in the service provider, lack of continuity in the relationship, or limited time with the service provider[15]. Given this, service providers are key facilitators of continuity of care.

Cultural safety

"Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care"[16].

Cultural safety acknowledges that "for many thousands of years…First Nations enjoyed good health and wellness on their lands and territories, upheld by traditional cultural practices that maintained and supported wholistic healing and wellbeing. Processes of colonialism and racism systematically disrupted, and continue to disrupt, the health and wellness of First Nations. Systemic racism is woven into the foundation and practices of the health system, including through the exclusion and dismissal of First Nations perspectives and practices related to health and wellness"[17].

Cultural safety "support[s] a vision of a health and wellness system…that is free of racism and discrimination against First Nations; one where First Nations people seeking health care feel safe from racism; and, have access to care that positively affirms their cultures, rights and identities"[18].

Culturally responsive

Being culturally responsive refers to beginning with what the person has and knows, such as "their cultural ways of knowing, the diversity of their learning [and other] experiences, and their self-identified cultural identities"[19].

Culturally responsive approaches use individuals' own "cultural experiences and perspectives as channels for effective teaching and learning"[20], instead of centering a particular 'mainstreamed' experience (i.e. Western, White) as the most common or relevant knowledge. Through awareness and self-reflection, service providers can "ensure teaching and learning is inclusive, relevant and respects everyone regardless of their social, economic or cultural" background[21].

Related to this, "cultural humility is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience"[22]. Cultural humility creates an attitude and climate in which cultural responsiveness is possible.

Culture

Culture can refer to: a spiritual-based community (for example, a faith group), Deaf culture, sexual identity (for example, gay community), ethnicity (for example, Caribbean Black) among many others. Culture may also include cultural values and norms (for example, collectivism and individualism; the ways in which relationships with family or community connect with one's personal identity).

Identity and culture are individually defined and experienced. They know that the service user is the expert on their own identity and culture, and it is important to avoid making assumptions about others' culture and identity.

In situations of IPV, culture can be a source of strength and belonging for some service users. Conversely, culture may be expressed in different forms of control and acceptance of abuse for others.

The use of violence cannot be relegated to be the cultural practice of any particular group.

Intersectionality

Intersectionality is a concept and analytic framework coined by Kimberlé Crenshaw and further developed by numerous scholars, advocates, and activists[23]. "Intersectionality is a useful framework for examining how forms of privilege and disadvantage shape women's experiences of violence and their access to resources and supports"[24]. "Intersectionality is made up of 3 basic building blocks: social identities, systems of oppression, and the ways in which they intersect.

Social Identities are based on the groups or communities a person belongs to. These groups give people a sense of who they are. For example, social class, race/ethnicity, gender, and sexual orientation are all social identities. A person is usually a member of many different groups or communities at once; in this way, social identities are multidimensional. An individual's social location is defined by all the identities or groups to which they belong.

Systems of Oppressions refer to larger forces and structures operating in society that create inequalities and reinforce exclusion. These systems are built around societal norms and are constructed by the dominant group(s) in society.

They are maintained through language (e.g., “That’s so gay”), social interactions (e.g., “catcalling” women), institutions (e.g., when school curriculum does not acknowledge residential schools), and laws and policies (e.g., immigration policies that make it difficult for new Canadians to access health services). Systems of oppression include racism, colonialism, heterosexism, class stratification, gender inequality, and ableism.

Social identities and systems of oppression do not exist in isolation. Instead, they can be thought of as intersecting or interacting. In other words, individuals’ experiences are shaped by the ways in which their social identities intersect with each other and with interacting systems of oppression. For instance, a person can be both black, a woman, and elderly. This means she may face racism, sexism, and ageism as she navigates everyday life, including experiences of violence”[25]

In the case of intimate partner violence (IPV), “people of intersecting identities are affected by oppression in different ways and therefore have unique experiences of IPV and we should not assume that survivors of IPV speak with only one voice”[26]. “Intersectionality influences whether, why, how, and from whom help is sought; experiences with and responses by service providers and justice systems; how abuse is defined; and what options seem feasible, including escape and safety concerns. Policies and programs that do not include an intersectional dimension exclude survivors of IPV who exist at points of intersection between inequalities”[27].

Intimate partner

An intimate relationship is an interpersonal relationship that involves physical and/or emotional intimacy. *Intimate partner* refers to the person with whom a person has an intimate relationship: it can be a spouse; a former spouse; it can refer to two people who have a child in common (whether or not they have been married or lived together at any time); or a couple who are involved in a dating relationship. In addition to marriage and dating relationships, intimate partnerships also include common-law relationships. A person can be considered an intimate partner at any point in the relationship, including after it has ended, whether or not partners live together, and whether or not partners are sexually intimate with one another.[28]

An intimate partner may be the same or different gender as their partner.

Lived experience

Lived experience is defined as “personal knowledge about the world gained through direct, first-hand involvement in everyday events, rather than through representations constructed by other people”[29].

Our lived experience is shaped by our experiences in the world, as well as our "social identities, systems of oppression, and the ways in which they intersect"[30], in context with these experiences (for more on this, see *Intersectionality*, above).

Lived experience is also defined as "the experiences of people on whom a social issue or combination of issues has had a direct impact"[31].

Non-offending caregivers

A non-offending caregiver is a caregiver who has not committed violence against a child – e.g., physical, emotional, sexual abuse, or caused the child to witness violence, including intimate partner violence.

Note that a caregiver is not always based on blood or formal adoption ties, but "is based on care, responsibility and commitment. Examples include parents caring for children (also by adoption, fostering and step parenting)…and families headed by lesbian, gay, bisexual or transgendered persons"[32].

In IPV work, IPV specialists involve survivor parents and non-offending caregivers (e.g., grandparents, aunties) in a variety of areas: safety planning processes, centering children's experiences, and communicating information about child interventions for survivor parents and caregivers.

Resistance

"Whenever individuals are badly treated, they resist"[33]. In IPV work, resistance refers to "a form of opposition to violence and control"[34].

Survivors of IPV have many strategies of resisting and responding to violence. In addition, children have many strategies of resistance to and responding to violence. Overall, resistance is a broad term to reflect adult and child survivors' "active capacity to oppose, avoid, and push back against the abuse and its negative effects, the abuser and abusive relationships, and the broader social environment that upholds social and cultural norms of violence against women"[35]. Resistance refers to the myriad subtle and overt actions and inactions used "to resist and gain control over the conditions with which they were confronted in ways that they could"[36], as experiencers of violence.

There is also “a complexity of [survivor] responses to IPV”[37] that is often contextual to an individual’s situation and the resources available to them. Acts of resistance may include, for example:

- “Left home to get away from [the person acting abusively]
- Ended (or tried to end) the relationship
- Slept separately
- Used/threatened to use weapon against him/her
- Fought back physically
- Refused to do what [the person acting abusively] said
- Fought back verbally” [38]
- and many other actions or inactions.

Resistance can also refer to pushing back against systemic or oppressive forces by “speaking and acting against domination and a prevailing social order”[39].

The IPV field recognizes “conceptualizing resistance as a form of agency” and understands “resistance as self-protective and oriented toward…economic, physical, and existential survival”[40]. In this, IPV specialists appreciate that service users engage in both active and passive resistance against oppression and violence. IPV specialists are aware that survivor resistance is healthy, and an expression of self-determination and agency.

Social construct

A social construct is an idea that has been created and accepted by the people in a society.

For example, race “is a ‘social construct’. This means that society forms ideas of race based on geographic, historical, political, economic, social, and cultural factors, as well as physical traits, even though none of these can legitimately be used to classify groups of people[41].

Social constructs are based on subjective ideas and opinions, not facts. Nonetheless, they have an impact on what people think and how we behave socially. They can create hierarchies that negatively affect some individuals and groups, and benefit others.
For example, “although there are no biological ‘races’, the social construction of race is so strong that it creates real consequences for individuals. Historically, race was defined as a natural or biological division of the human species based on physical distinctions (such as skin colour)”[42].

IPV services must recognize and challenge the social hierarchies associated with identities by highlighting their social construction and advocating for change.

Social location

A geographical metaphor for thinking about the context in which each individual encounters the systems, institutions, power relations, and history of their society.

These encounters are often patterned around the social groups to which people belong – and thus pertain to the identities they hold as members of those groups. “All people have a social location that is defined by their gender, race, social class, age, ability, religion, sexual orientation, and geographic location. Each group membership confers a certain set of social roles and rules, power, and privilege (or lack of), which heavily influence our identity and how we see the world”[43].

Systemic factors

A systemic problem is a problem which is a consequence of issues connected to an overall system (or its structure) rather than due to a specific, individual, isolated factor.

Systemic factors can make a program, service or activity less user-friendly, available or attainable to some people. While systemic factors do “not necessarily exclude all of a group’s members,” and while any individual policy or practice may not appear overtly prejudicial, the effect of systemic discrimination is a process and pattern of exclusion, marginalization, or barriers faced by people based on the social group they belong to (such as women, non-white, immigrant, disAbled, 2SLGBTQIA+, poor, working class, etc.)”[44]. On the other hand, systemic factors can also make programs, services or activities *more available or attainable to others* – for example, those with socioeconomic, geographic or other privileges.

Violence is *informed by systemic factors* “when it is entrenched in systems like healthcare and child protection; and when little is done to hold people accountable for harmful behavior. Systemic violence is rooted in inequitable attitudes and beliefs – for example, in racism or colonial ideals”[45].

Trauma-informed

Trauma-Informed is an approach in the human service field that assumes that an individual is more likely than not to have a history of trauma.

A *trauma-informed approach* to services recognizes that even though we don't intend them to be, systems – such as intake for services, service user assessments; reporting systems; agency policies and procedures – can be inadvertently re-traumatizing by requiring support-seekers to continually retell their stories, by conceptualizing service users as their label (i.e., "addict", "victim") and by failing to ensure emotional safety[46].

A *trauma-informed approach* includes actions or preparations to foster a sense of emotional safety. Emotional safety is fostered by an environment for service-provision in which:

- common areas are welcoming
- privacy is respected
- support-seekers have a clear understanding of their right to confidentiality and any limits to it
- awareness that individuals are likely to have a history of trauma.

A trauma-informed approach always prioritizes the choice of the support seeker: service users are provided with options so that they can make informed decisions[47]. Emotional support is offered when next steps for service user or decisions are difficult.

A trauma-informed approach to outreach and education means that outreach and educational information (i.e., on sexual violence, trafficking, IPV) is delivered from a trauma-informed approach[48]: the presenter/presentation or outreach tools always assume that survivors of violence may be a part of the learning/outreach audience and may personally connect with the sensitive subject matter presented.

Vicarious resilience

Vicarious resilience has been defined as the positive impact on and personal growth of service providers, resulting from exposure to their service users' resilience[49].

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