

**RECOGNIZING CRITICAL EXPERTISE  
IN GENDER-BASED VIOLENCE WORK**

Learning from 500 years of experience:  
Consultations with Canadian experts providing  
services to men who have abused their partners

# Acknowledgements



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# Outline

- Describe the project
- Competency based frameworks
- Methods
- Preliminary findings
- Important points of collaboration
- Next steps



# Why Are We Doing This?

GBV specialists have a clear understanding of the skills and knowledge needed in their work (i.e. training, supervising others, developing services, reviewing practice). However,

- this knowledge is not generally written down
- it is unclear the extent to which there is agreement across or within regions, provinces and territories
- there is a limited number of GBV specialists across Canada, especially those with expertise in working with men who perpetrate violence and children exposed
- early GBV leaders are retiring and there is a risk of losing their knowledge and expertise.

# Recognizing Critical Expertise in Gender-Based Violence Work: Project Aims

Collaboratively establish shared principles and assumptions for doing the work

Agree upon a core set of knowledge and skills held by GBV specialists

Determine what is needed to adequately support the development of this expertise by GBV organizations

- Compile a “starter” compendium of information on training offered by the GBV sector across Canada

# Narrowing the focus

This project relates to a major form of GBV—intimate partner violence (IPV)  
IPV is disproportionately perpetrated by men against women.

Our focus is on survivors who identify as women, the children exposed to IPV, and the perpetrators who identify as men.

Focus on GBV *specialists*, including

- advocates who support and work with women and children in shelters and agencies
- providers of services to support children exposed to IPV
- facilitators of services for men who have behaved abusively
- individuals and teams within larger organizations who are the “go to” specialists for GBV (specialised child protection, children’s mental health)

# What are the advantages of clearly “spelling out” skills and expertise?

Increases recognition of the expertise of GBV specialists by other systems

Places the relative emphasis on the knowledge and skills of the person providing supports/services rather than on programs themselves

Complements training initiatives that facilitate the “scale up” of intervention responses, reduce burden of “on the job” training, and increase access to well-trained and qualified experts

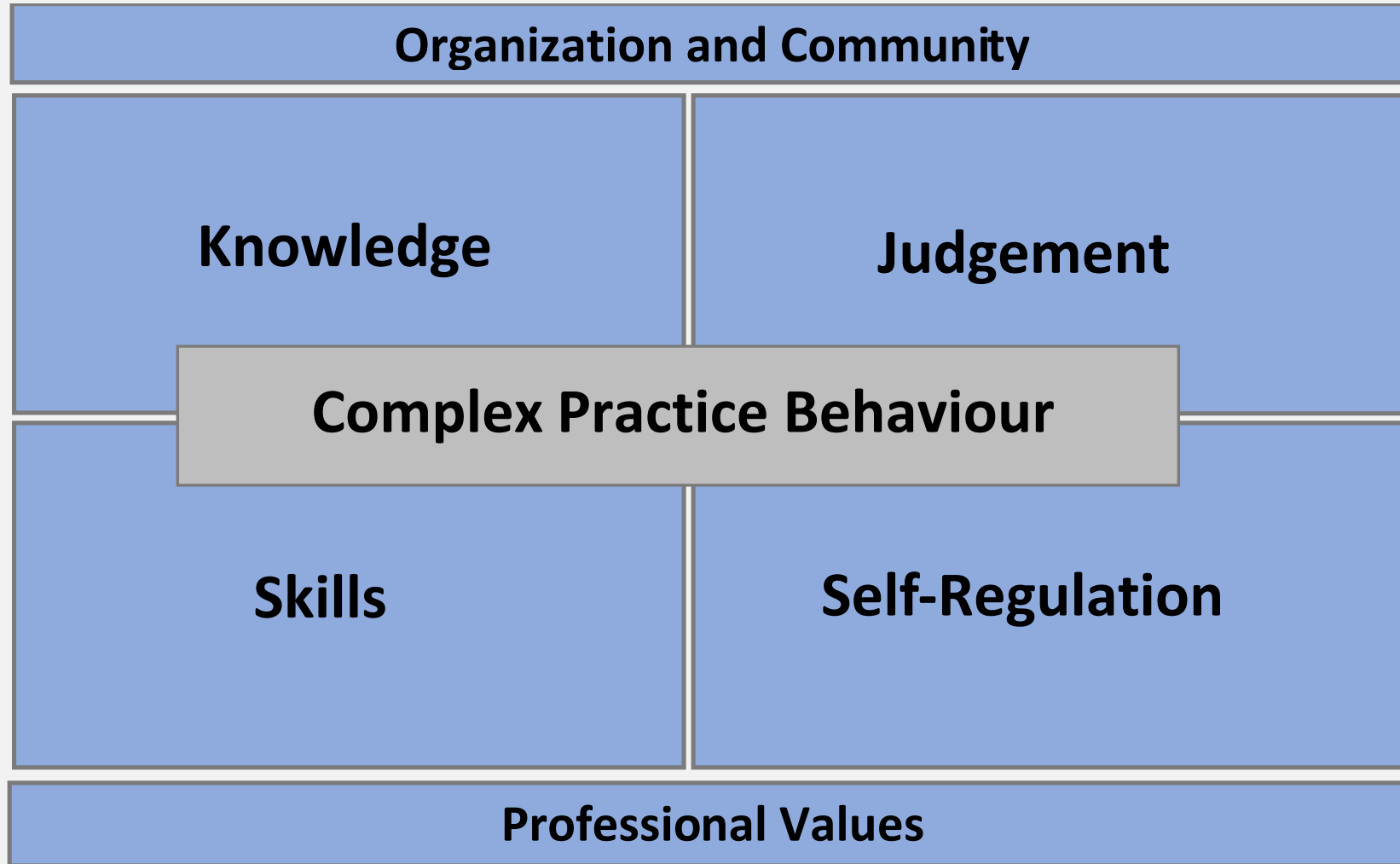
# How will we know that we are going off track?

- The project occurs in a silo
- The outcomes do not positively contribute to one or more of the following—services, training, policy development
- The outcomes do not recognize and respond to non-urban, northern and culturally and socially diverse settings and populations in Canada
- The project does not recognize different ways of acquiring core knowledge and skills (e.g. grass roots experience, preservice education, in-service education/training)
- The work does not follow the agreed upon foundational understandings



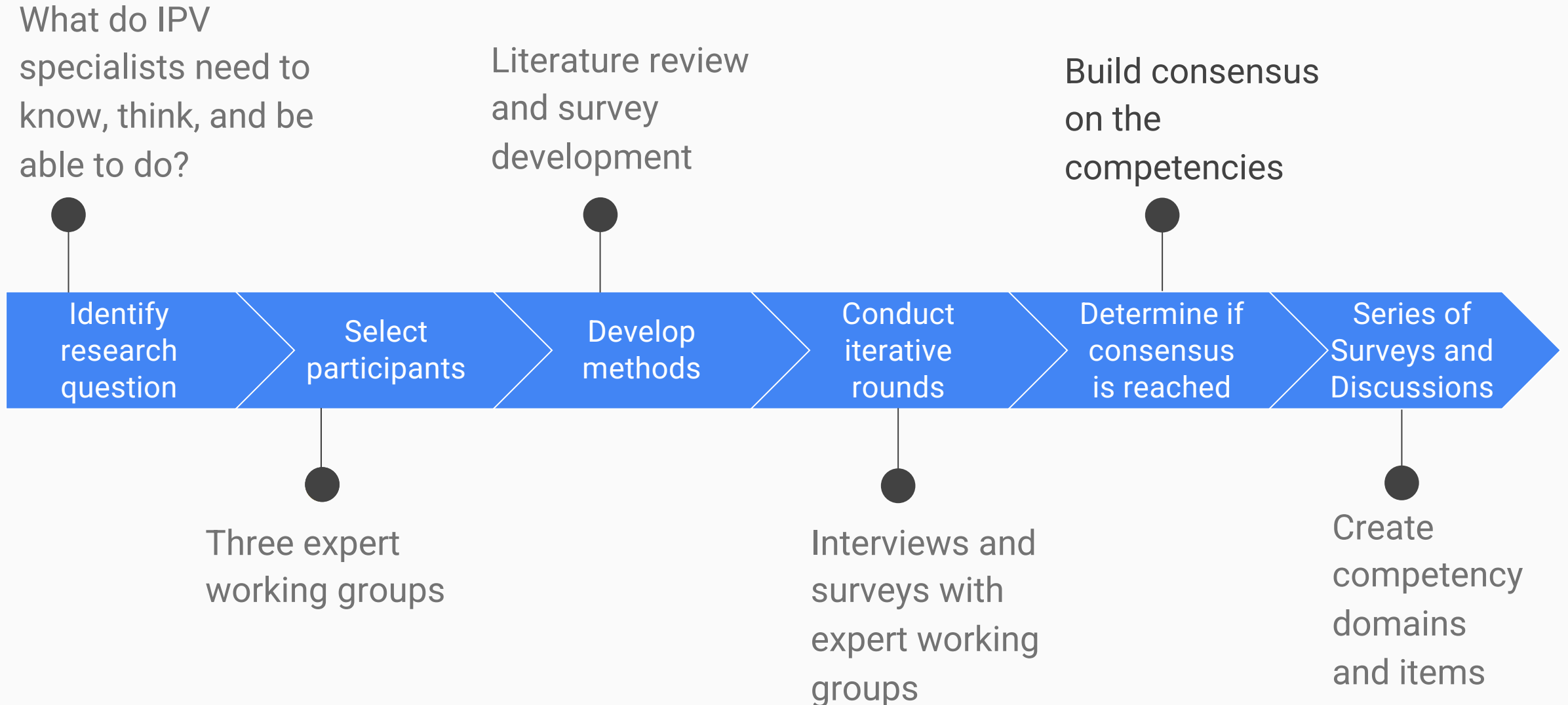
# Competency-based frameworks

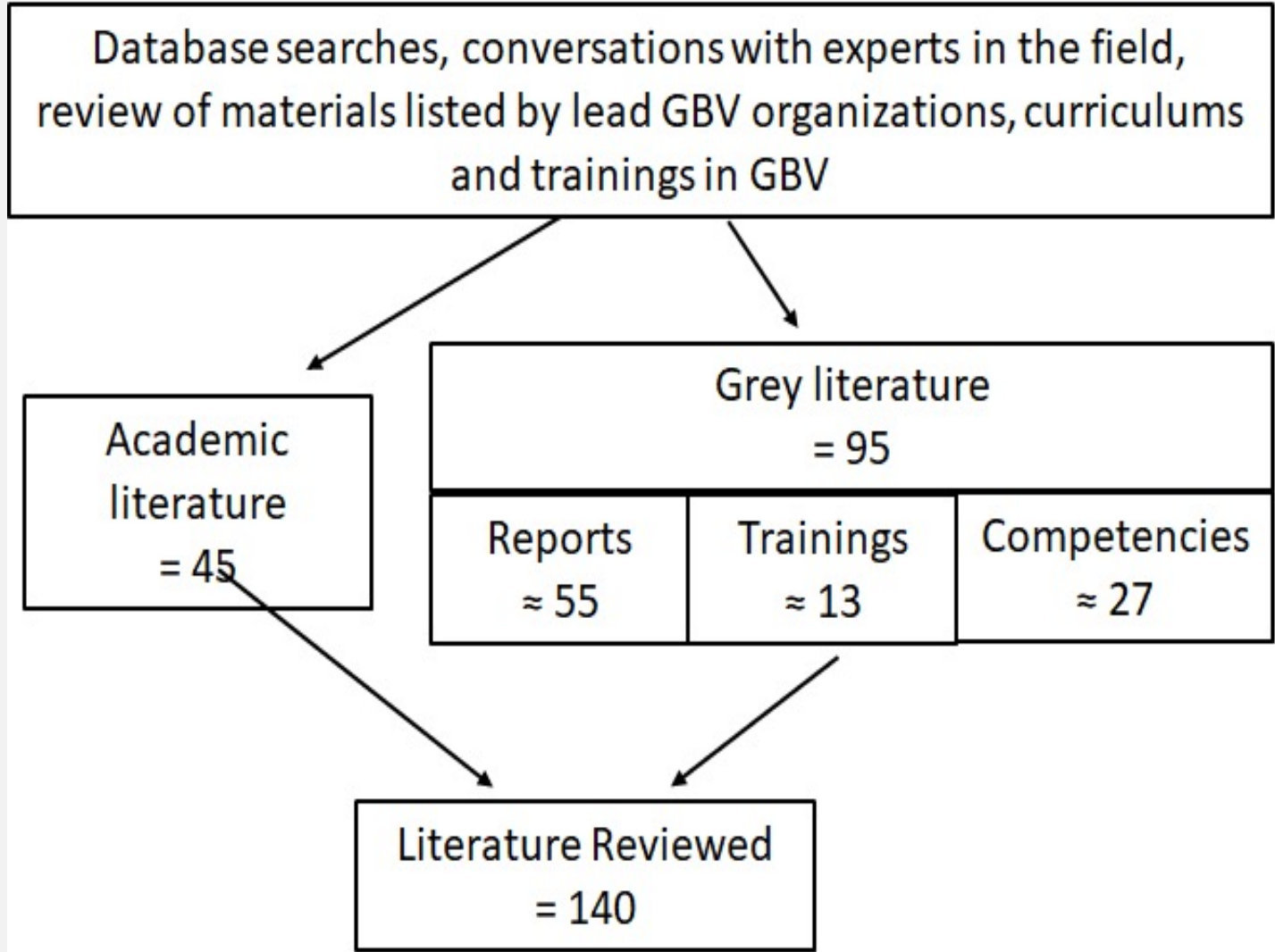
- Concern the knowledge, understanding and skills of service-providers
- Offer a parallel view to empirically-supported practice
- Usually developed through consensus processes, though can then be put to test empirically
- Relevant to developing workforce capacity
- Canada has done very little work in this area



Bogo et al., 2014

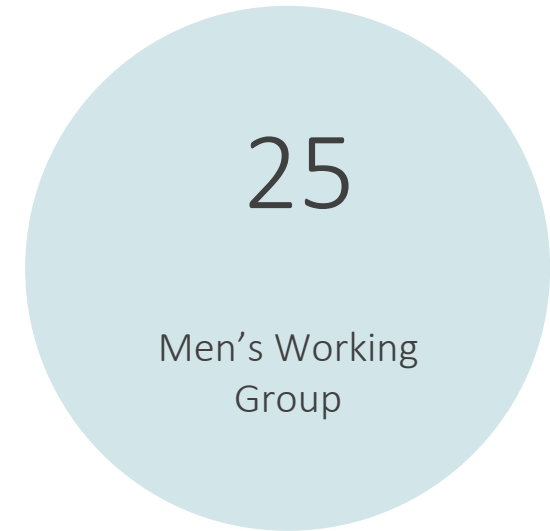
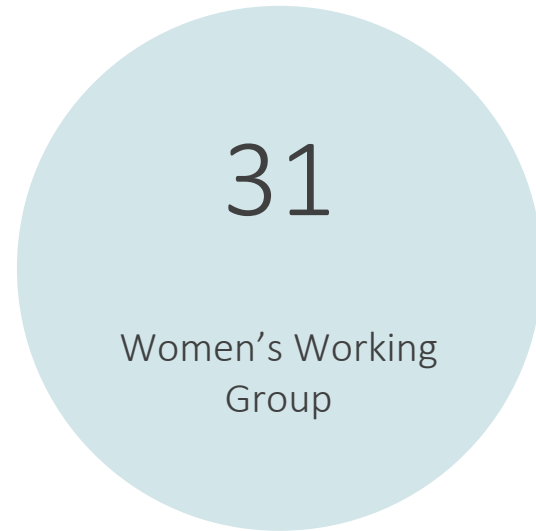
# Research Process







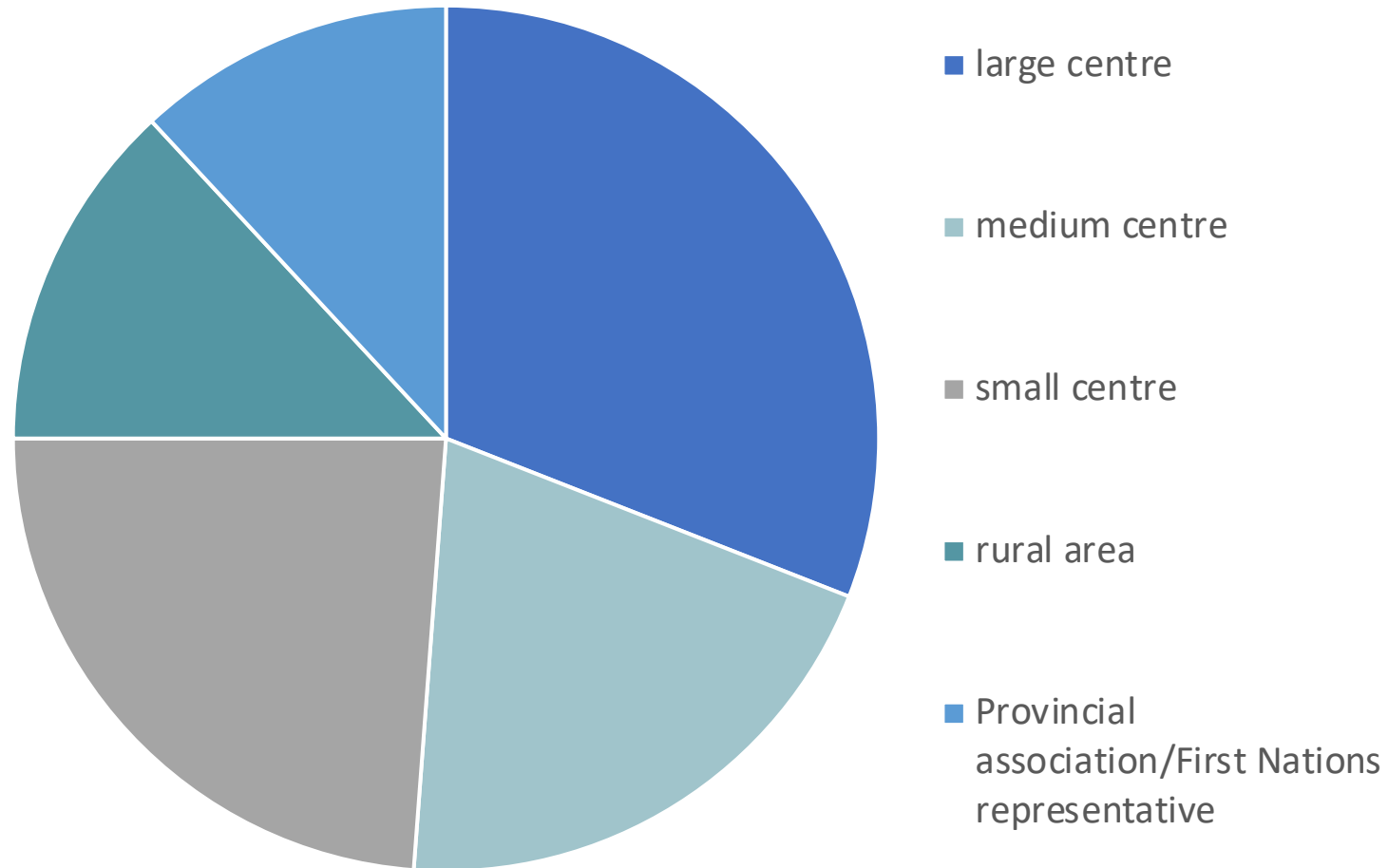
# Expert Working Group Members - Interviews



Please indicate how many years of experience you have working with each service user group (if applicable):

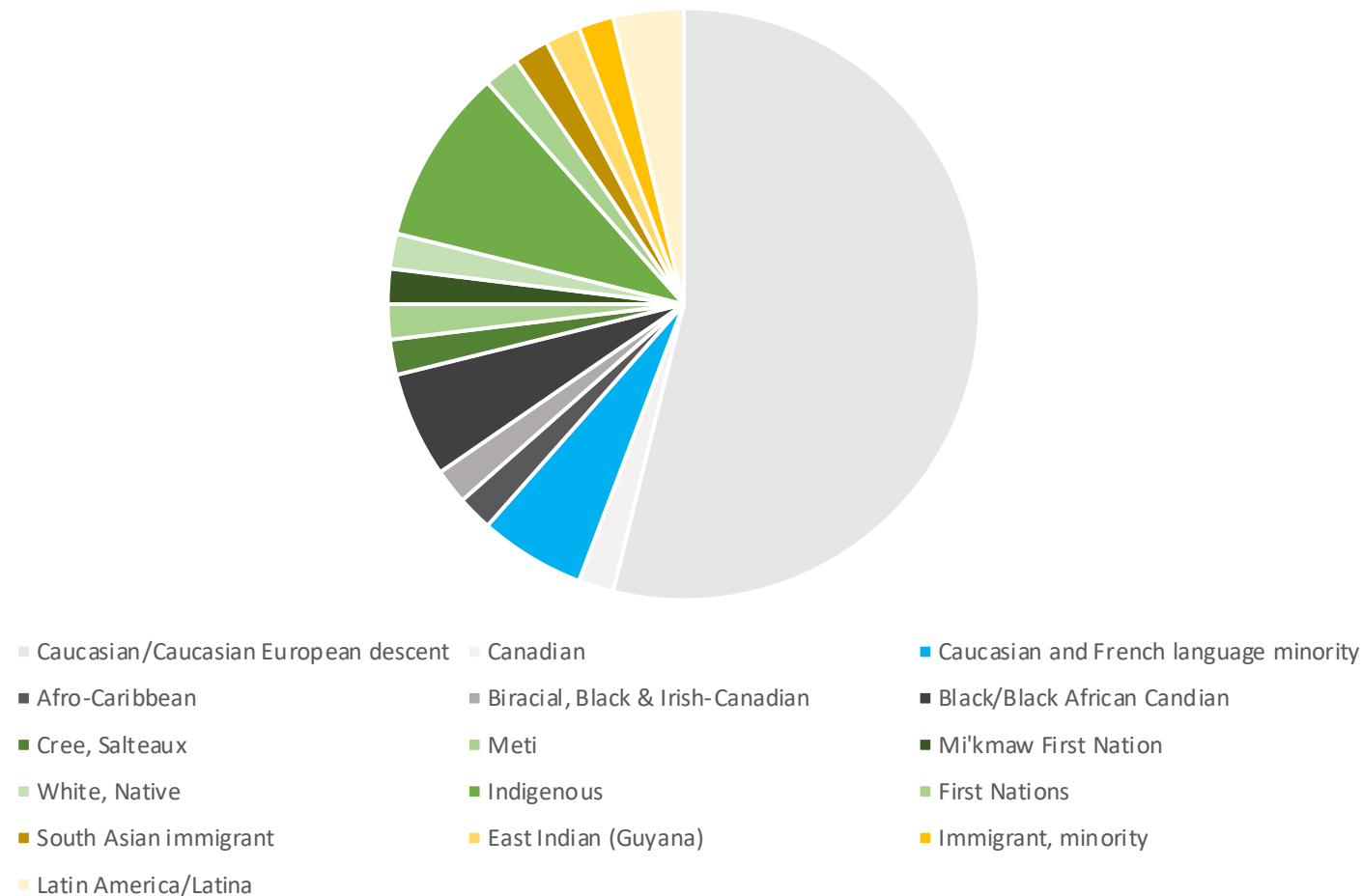
	# respondents	Total years
Work with <i>women</i> survivors	52	802 years
Children exposed	37	569 years
Men who have behaved abusively	34	499 years

Please indicate the option that best describes where the service user population that you currently work with resides (if applicable, check all that apply):

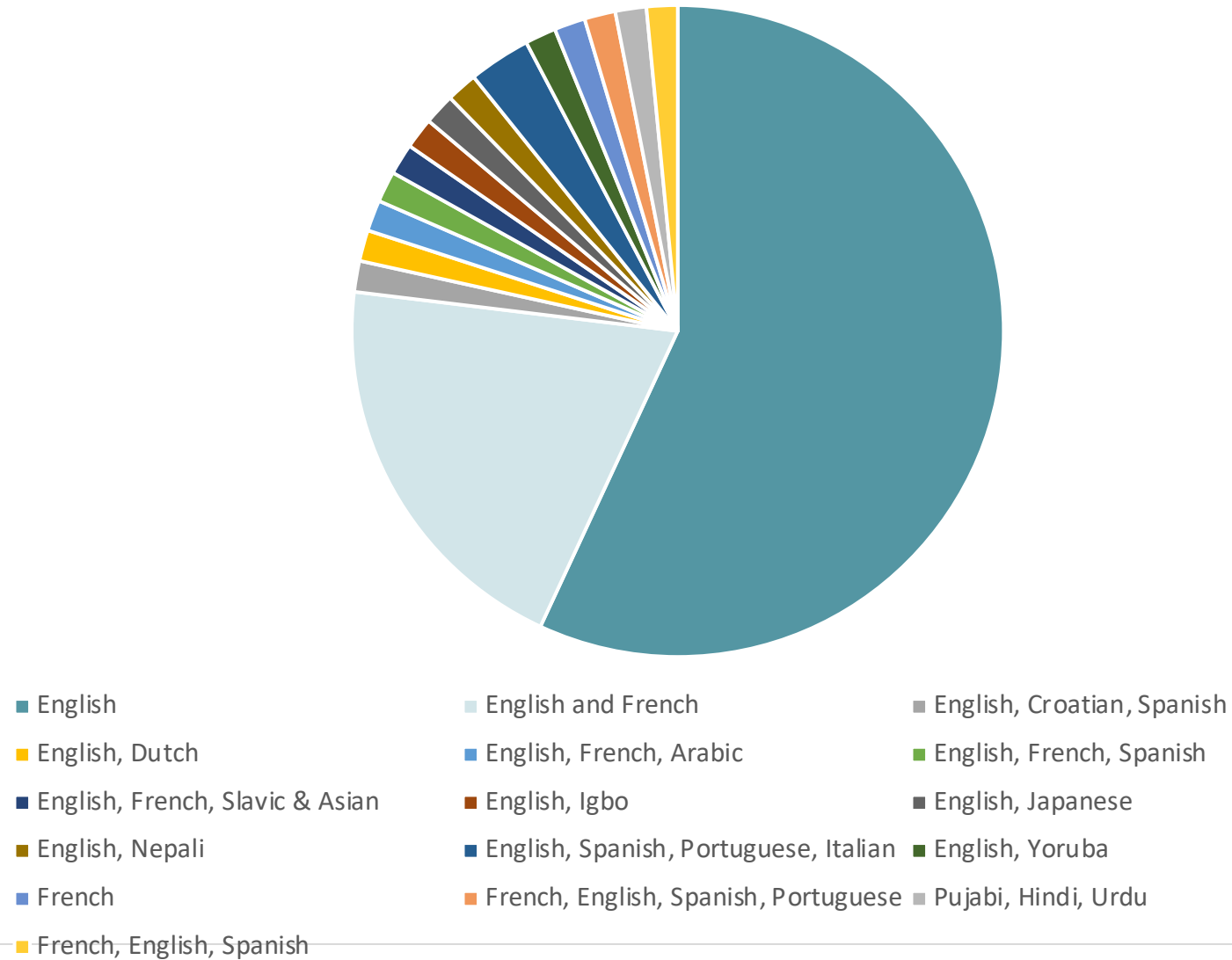




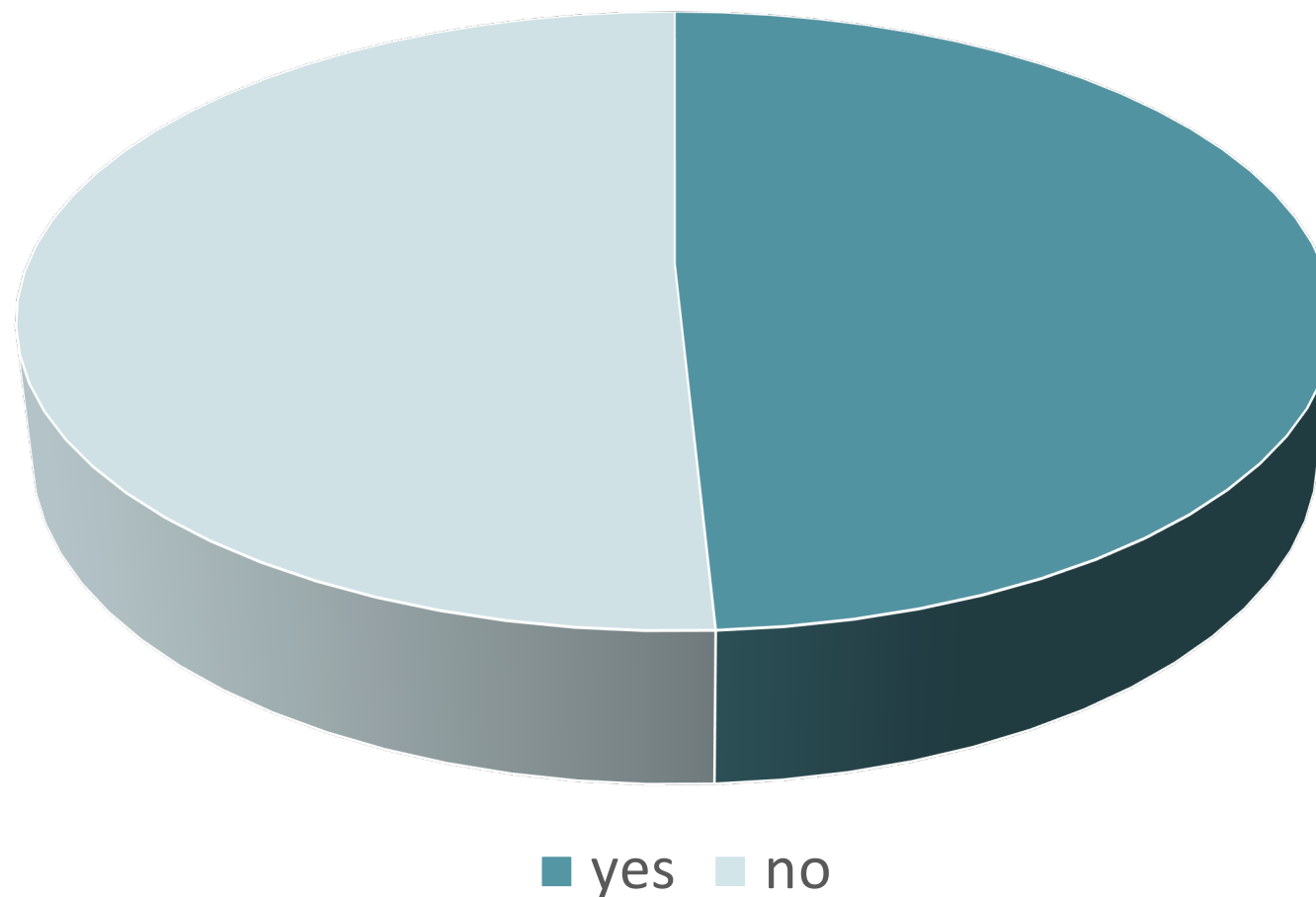
# With which racial and ethnic group(s) do you identify?



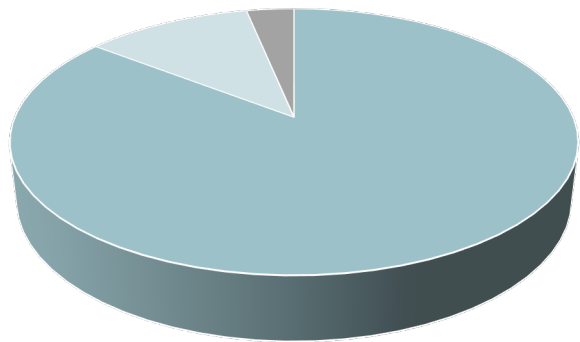
# Which languages do you speak?



# Do you identify as a survivor of IPV?

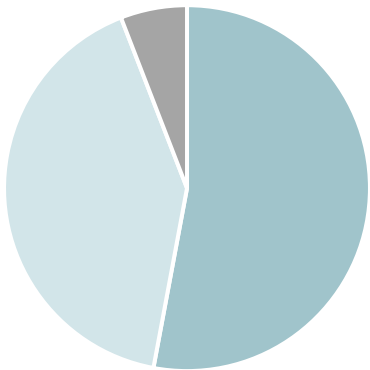


How do you currently describe your gender identity? (for example: male, non-binary, gender nonconforming)



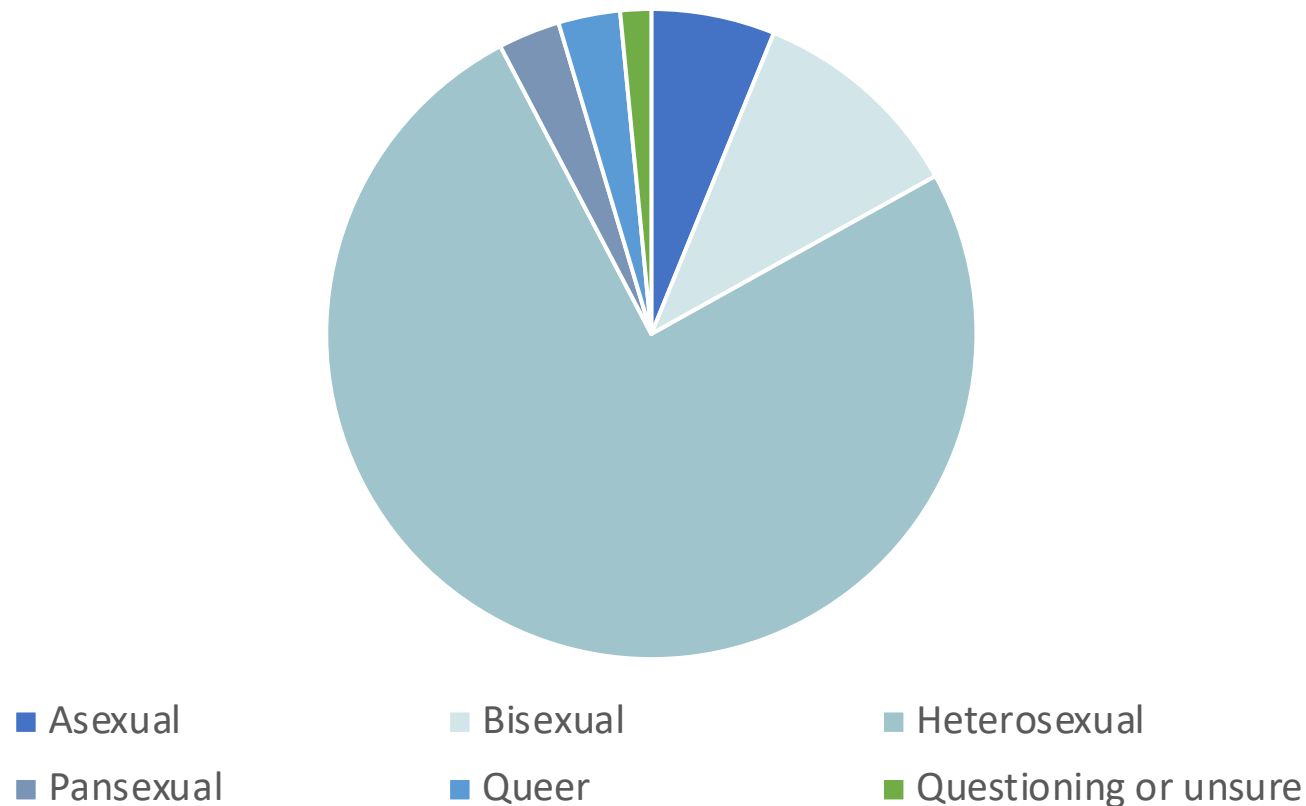
- Cis gendered female/woman or woman or female or she/her
- Male
- Non-binary

Male Working Group Only



- Female
- Male
- Non-binary

How do you currently describe your sexual orientation (check all that apply)?



1 preferred not to answer

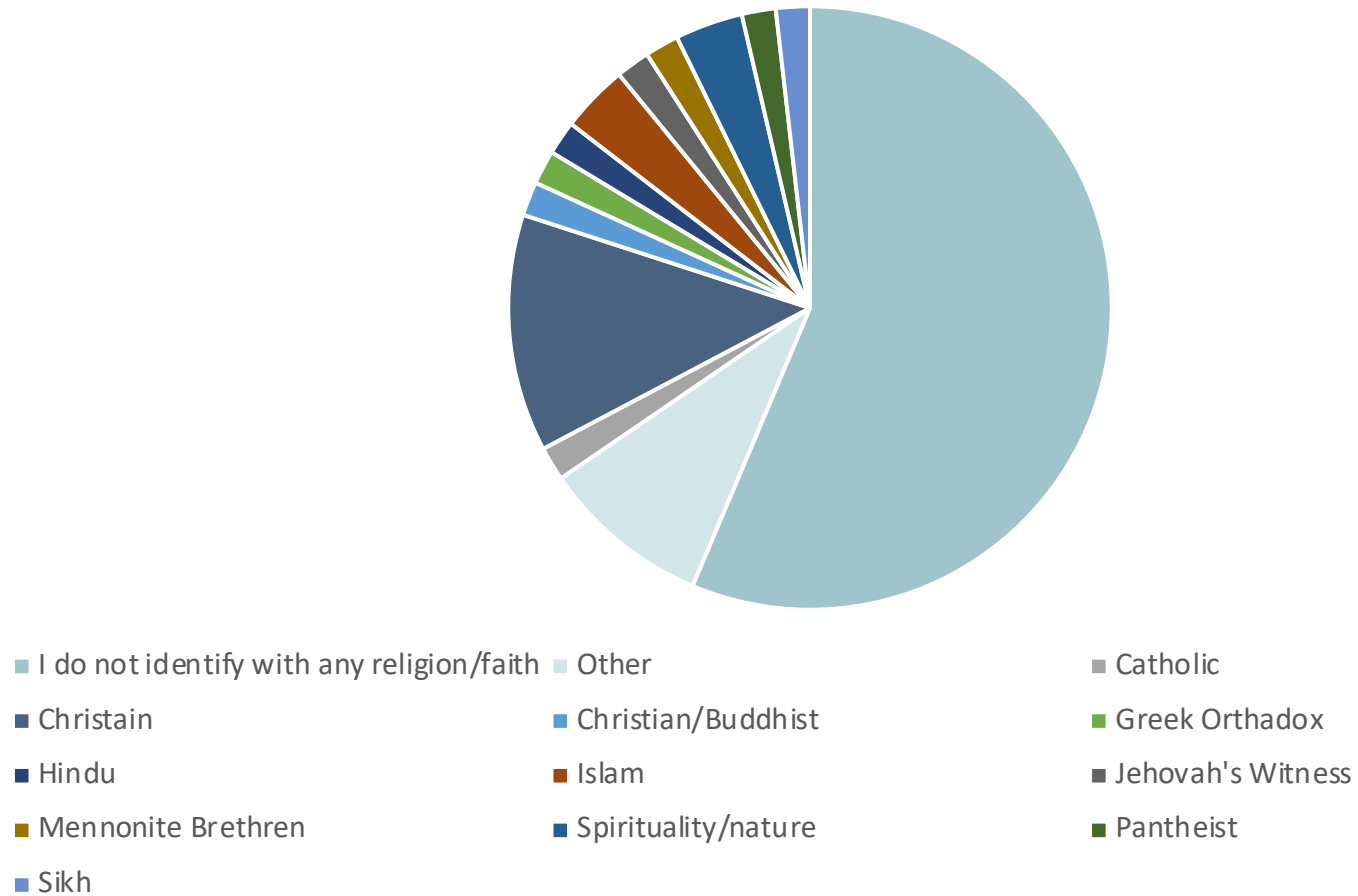
Do you identify as a person with a disability?

- 4 participants identified as people with disabilities

Do you identify as a newcomer / immigrant / refugee?)

- 8 identified as newcomer/immigrant/refugee

# With which religions, faiths, etc. do you identify?



# Surveys of Items

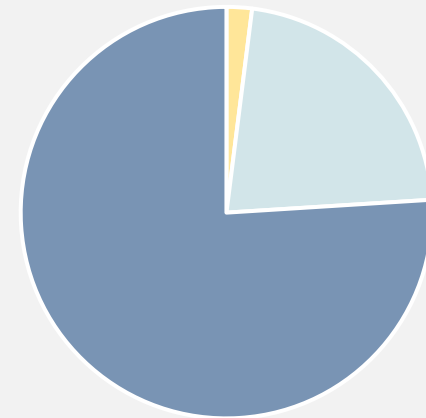
## Appreciates and understands the confidentiality risks with vulnerable populations

This item resonates with me, it is part of what I think is important in the work.

☐ Strongly Disagree (1) ☐ Disagree (2) ☐ Neither Agree nor Disagree (3) ☒ Agree (4) ☒ Strongly Agree (5)

Within the 50-80% range

This item resonates with me (% agreement)



☐ strongly disagree ☐ disagree ☐ neither disagree nor agree ☐ agree ☒ strongly agree



# Meetings and Discussions to Revise

# Preliminary Results



# Area 1: Navigate Laws and Ethics

## Three Complex Practice Behaviours

Makes complex decisions about documentation and confidentiality

Meets mandatory reporting requirements in ways that increase survivor safety

Knows about, shares, and helps service users navigate the criminal and family courts systems

# Area 2: Service-User Centered Approaches

## Three Complex Practice Behaviours

Upholds diverse identities and cultures

Uses strengths-based approaches

Respects Indigenous cultures and identities

# Area 3: Understands and Responds to Trauma

## Three Complex Practice Behaviours

Maintains empathy through reflexive practice and self-care

Recognizes the impacts of violence and trauma and engages in trauma and violence-informed practices

Understands and responds to trauma and violence in children

# Area 4: Assess and Manage Risk and Safety

## Three complex practice behaviours

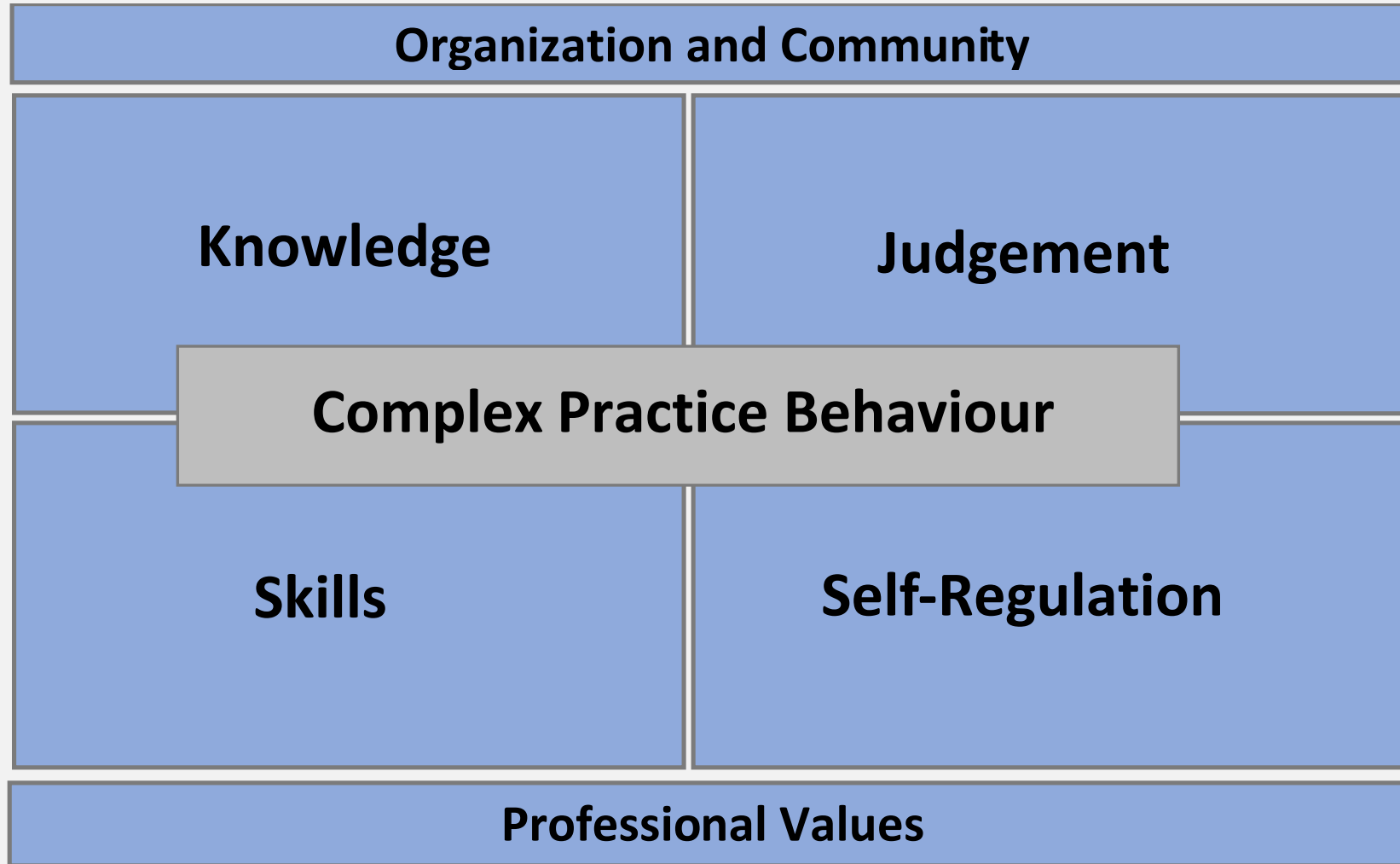
Core aspects of risk and safety when working with survivors and children

Understanding and supporting disclosure

Collaboration – you can't do it alone

Core aspects of risk and safety when working with men who have been abusive

Example of what is  
arising for work with  
men who have  
behaved abusively



Bogo et al., 2014



# Organization and Community Level

## **IPV specialist organizations that work with men who cause harm ally and collaborate with services to women victim/survivors of abuse**

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

- An agreement specifying that a range of risk and safety information (i.e., beyond merely duty to warn) will be shared with victim/survivors of abuse
- Open sharing of information with survivor/victims about the general content and aims of intervention with men who cause harm
- A requirement that men who cause harm 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 cause harm and with victim survivors of abuse
- An understanding that information may be shared with organizations (such as probation, CPS) responsible for intervening with men for the safety for victim/survivors.

# Knowledge Items

Understands that risk assessment often requires/benefits from collaboration

Know that information from men who cause harm alone is useful, but not sufficient, for assessing risk

Have knowledge of risk and protective factors for IPV

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

# Judgement – Applicable to everyone

**Understand, appreciate and accept that service users will share their stories in their own time and in their own ways**

IPV specialists' acceptance of disclosure is grounded in awareness that past violence, poverty and systemic structural violence can impact people's experiences/perceptions of IPV.

IPV specialists recognize that effectively working with disclosures requires an attitude and approach which respects that service users impacted by IPV will share their story in portions, as trust is developed. IPV specialists commit to a non-judgmental, culturally safe, collaborative, and non-labelling manner.

IPV specialists are aware that selective or incomplete disclosures do not reflect service-user dishonesty. Instead, specialists know that service-users may limit or omit parts of their own disclosures, as a means of fostering their own or others' protection.

IPV specialists are aware that service providers' responses to disclosure, when ineffective, may compound the harm survivors are experiencing rather than contribute to their safety.

# Judgement – Working with men only

Makes complex and ongoing judgements about the level of empathy appropriate for assessing and managing the risk of men who cause harm

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 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 women and children may be experiencing his thinking and behaviour.

# Skill

## “Not on our watch” - Share information and advocate to address risk posed by men who cause harm

IPV specialists who work with men who cause harm 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 that is occurring within sexual relations).

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 cause harm 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 response to the risk being posed by men who cause harm.

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.

# Self-Regulation

Regulate their own reactions to service users' disclosures

Maintain awareness of their sensitivity to risk

Regulate their own reactions to issues of safety

# Ongoing work



**WHAT'S  
NEXT?**

## Still working....

Intervention with men  
who have behaved  
abusively

Intervention with  
women survivors

Collaborate across  
systems

Advocate for change

Intervention with  
children exposed



Review of Project

# Timeline

In the fall, we will finalize and release the competencies.

2021

**August**

Final set of competencies ready for review. Creation of self and supervisor guides for assessing competency development

**November**

Final two day meetings for review of all products and recommendations

2022

**December to February**

Knowledge mobilization activities  
End of project

# Survey of Training in the GBV Sector

Goal is to ensure that the expertise of GBV specialists is better recognized and valued.

1. How do GBV specialists across Canada gain expertise?
2. How is initial and ongoing training supported?
3. What training is available in our areas of competency? Is it of high quality?
4. What training is provided across Canada?

\*10 to 15 minutes, both official languages



Thank you

**RECOGNIZING CRITICAL EXPERTISE  
IN GENDER-BASED VIOLENCE WORK**

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

