

Gender-Based Violence Survivors' Voices and Experiences: Risk Assessment & Safety Planning



RESEARCH BULLETIN TWO



Introduction

The Barbra Schlifer Clinic conducted a series of consultations with survivors of gender-based violence to understand their experiences and needs when assessing risks and to plan for their safety.

The consultations with survivors of gender-based violence address a key gap identified in the literature, namely, that most studies on risk assessment gather information solely from perpetrators or their records, without collecting data or input from survivors (Graham et. al, 2019, 35). Many risk assessment tools have been developed in North America and without adequate consideration of or input from minority groups, such as same sex-couples, linguistic minorities, women living with disabilities, and women of colour (Brown, New Zealand, 21). Leaving out these key populations of individuals subjected to violence can diminish the tool's overall effectiveness. Generalized tools may not apply to diverse women to the same extent as it does others (Campbell et al., Domestic Homicide Brief Two, 11).

In consulting with survivors of gender-based violence, the consultation's main goal was to explore and understand their experiences and perspectives on risk assessment modalities, safety strategies, and additional risks faced due to systemic oppression based on their social identities.

This bulletin summarizes findings from a community-based research study conducted between 2021-2022, and it was created for Gender-Based Violence service providers who want to enhance their knowledge about the experiences and specific needs survivors face when seeking help regarding their safety. This bulletin includes consultation methodology and sample, data analyses, key findings from the study, and a list of suggested readings.

About the Schlifer Clinic's National Risk Assessment project:

The research in this bulletin was conducted as part of the Schlifer Clinic's 5-year national project on "Guiding Systemic Responses to Gender-Based Violence through Risk Assessment – A Survivor-Centric approach."

The Risk Assessment project focuses on promising practices in GBV risk assessment and safety planning, by leveraging partnerships and consultations with GBV survivors, agencies, and scholars across Canada. Our goal is to blueprint safety assessment tools and resources that are trauma-informed, survivor-centred, and intersectional.



RESEARCH METHODS

The project collected data using two methods: from a Community Engagement Working Group (CEWG) and individual semi-structured interviews. Participants from the CEWG and interviews shared their experiences accessing services, identifying risks, and seeking safety measures. Participants also shared their insights and recommendations to service providers and survivors of gender-based violence.

COMMUNITY ENGAGEMENT WORKING GROUP (CEWG)

The project team created a CEWG one-pager to recruit survivors and inform working group's main objectives, including topics for discussion and how to participate. CEWG meetings had a duration of about 1.5 to 2 hours with a total of 9 meetings with two rounds, the first from September to November 2021 and the second round of meetings from March to April 2022.

CEWG meetings explored different topics regarding risk, safety, and resilience. The project coordinator and a trauma-informed counsellor facilitated the meetings. In addition, each session had a component of grounding and self-care techniques.

The Clinic hired a digital recorder to capture survivors' main recommendations on the topics discussed during the meetings. CEWG participants provided feedback on the digital images and stated that they felt their voices and experiences were well captured in the digital images. CEWG participants demonstrated appreciation and provided consent to the Clinic to share images with service providers as part of the project consultation findings.

SEMI-STRUCTURED INDIVIDUAL INTERVIEWS

The Clinic created flyers inviting people with lived experience to participate in the research study. Flyers were translated into 5 different languages and provided information about the Clinic, details of the study, and honorarium. Flyers were sent to agencies that provide services to survivors of gender-based violence across Canada. Participants who demonstrated interest in participating received questions and instructions before the interview, followed by a consent to participate form.



A total of 29 survivors participated in semi-structured qualitative interviews from June to August 2022. Interviews were conducted by phone or videoconference (Zoom), depending on the participant's choice, and lasted approximately one hour to one hour and 45 minutes. The Clinic provided interpreters to survivors whose first language was not English.

DATA ANALYSIS

Both methods of consultation used qualitative methods to collect data. The Clinic's staff and project coordinator captured notes during the group discussions and interviews. The interviews were conducted by the project coordinator, who took notes of the interview responses. The project coordinator transcribed interview notes individually. In addition, about 95% of interview participants consented to record their interviews, and the project coordinator conducted the second level of data coding by listening to the recordings and revising transcribed notes. Sixteen specific questions guided the sorting of data.

To analyze the data, the project team compiled all data in a report and identified key themes that emerged from consultations. The project team met to discuss their respective interpretations and agreed on the research's most salient themes, which are identified below.

RESEARCH SAMPLE

A total of 38 survivors participated in the consultations, 9 survivors were part of the community engagement working group, and 29 survivors participated in the individual interviews. In terms of representation, the Clinic had a diverse representation of participants. All CEWG participants lived in Toronto, and about 60% of participants were immigrants and women of colour. Regarding interview participants, most participants were based in Ontario (75%) and identified as women (90%), while 55% identified as heterosexual, 20% as bisexual and 5% queer. 60% of participants identified as “White” and about 40% as BIPOC.

In addition, 35% of participants identified as a person with a disability. About 30% of individual interview respondents self-identified as service providers working in the gender-based violence field.

KEY FINDINGS

FINDING 1: SURVIVORS WANT TO BE CONSULTED AND HAVE A LOT TO SHARE ABOUT THEIR EXPERIENCES

A major finding from consultations was the participants' level of interest and engagement in participating in different modalities of consultations. Participants were eager to participate and share their experiences with service provision, the use of tools to assess risk, and safety planning strategies. Participants from the CEWG stated they felt empowered to be part of a group of survivors and contribute to developing tools and resources that will benefit other survivors.

In addition, a few participants demonstrated interest in further participating in the project and future consultations since they felt that their experiences could help other survivors. Below are some quotes from CEWG participants that demonstrated their enthusiasm about being part of a group.





"For me, believe me, you are creating the chain of holding hands. The positivity you give us, we can give to society. An energy booster, a belief in myself that I can do for society for my kids and me. I'm doing something important..."



"To see all the work behind the scenes, whatever I can do to give back is the least I can do. I'm very grateful".



FINDING 2: TRAUMA-INFORMED AND STRENGTHS-BASED APPROACH

Another finding from consultations was how trauma impacted survivors, and they shared the importance of having support to assist them with their journey. All survivors who participated in the consultations stated that their trauma impacted their ability to fully understand the potential risks they faced. Further, they noted how vital support was when service providers used a trauma-informed approach. One participant stated that she knew she was at high risk of severe harm, and having a professional helping her to understand the risks was fundamental for her to leave an abusive relationship.

"When I talked to the counselor it helped me to understand my risks, I knew I was at risk of possibly being killed. I just did not want to think about it, I did not know how to get out of the situation. I would say when someone is screaming and threatening you, It was to the point that I thought it was normal, she helped me to realize that it was not normal, not every relationship is like that, I thought because I did something wrong that's why, but it was not because I did something wrong, – it was abuse".





Going to the shelter and seeing and listening to other people's experiences with various levels of abuse and staying too long, helped me to identify that and see the impact of violence on people and children and realize I made the right decision because you see the impact on their health and their kids. Also helped me to see the potential risks I would face in case I did not leave. Doing the counseling and talking about what you went through also helped.



Furthermore, survivors emphasized the need for a survivor-centred approach when assessing risks.



There is such a need for trauma-informed care and training in mental health, and substance use care. Helping professionals must have a trauma-informed and strengths-based approach, focusing on the strengths of the person and how you can build them, it is essential and very important".

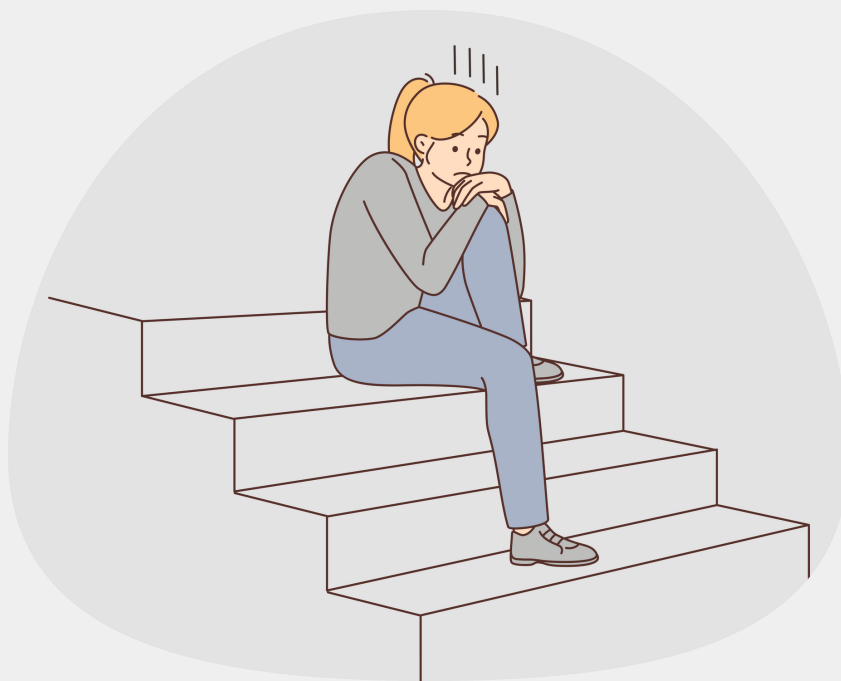


Regarding feedback on risk assessment tools, participants of the CEWG who participated in a role-play of a commonly used tool indicated that the tool's structure was not sufficiently trauma-informed, particularly regarding the content and sequence of questions. However, survivors stated the importance of having a tool that lays out potential risks they might be facing. Some reflections from survivors regarding the tool are listed below.

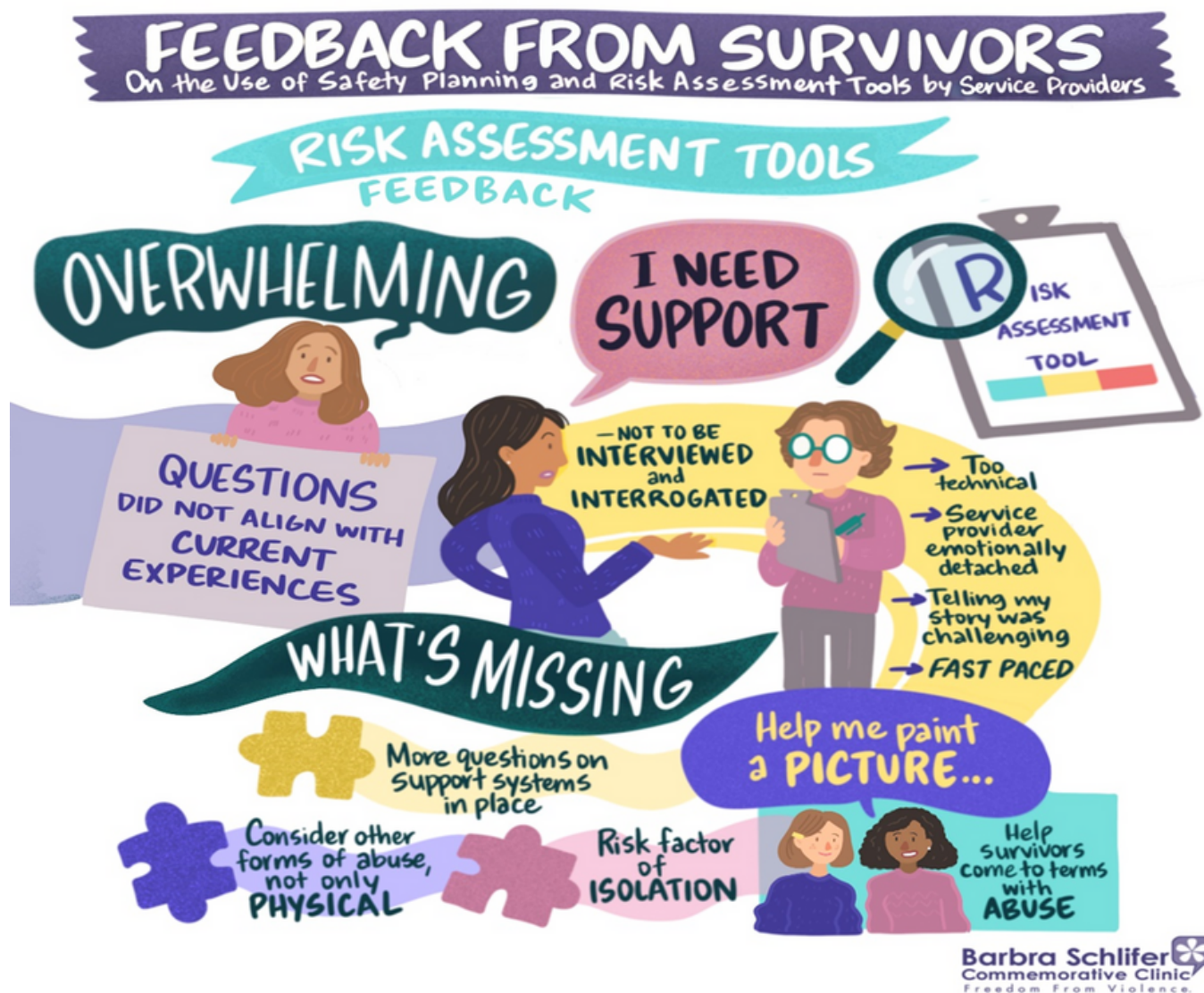
One participant felt like there was not an emphasis on the severity of abuse that did not involve physical harm. (Such as emotional & financial abuse).

What about things like breaking plates and items around me?

Other participants emphasized the need to explore the cultural aspect of shame and not being able to open up to their families or their community. (The risk factor of isolation).



Participants also provided suggestions on the methodology of the tool. One participant stated that the risk assessment tool was overwhelming, especially with the pace and the number of questions. Another participant described feeling emotionally detached from the service provider regarding the nature of the questions, which may have been due to how the tool was structured. The digital image below summarizes CEWG participants' feedback on the risk assessment tool.



FINDING 3: EMOTIONAL SAFETY IS ESSENTIAL TO RECOGNIZE RISK AND PLAN FOR THEIR SAFETY

A common theme raised by participants from both consultation modalities was the need to include emotional safety in any safety plan strategy.

Participants indicated that emotional safety should be a priority when creating a safety plan with survivors. Regarding emotional support, one participant noted that survivors are often very "disturbed and absent-minded" when they contact any group or organization. She further stated, "even if the organization provides some tools or resources, people who experience trauma will forget what people told them." Therefore, the participant concluded that "it is crucial to have service providers who understand trauma and are patient to support."

Moreover, when asked about risk assessment, survivors indicated it was essential to receive emotional support from service providers to enable them to understand and identify the potential risks and help plan for their safety. In addition, all participants from consultations emphasized the need for counselling sessions and support and how they can play a vital role in their journey to leave an abusive situation and in terms of their healing journey from trauma and abuse.

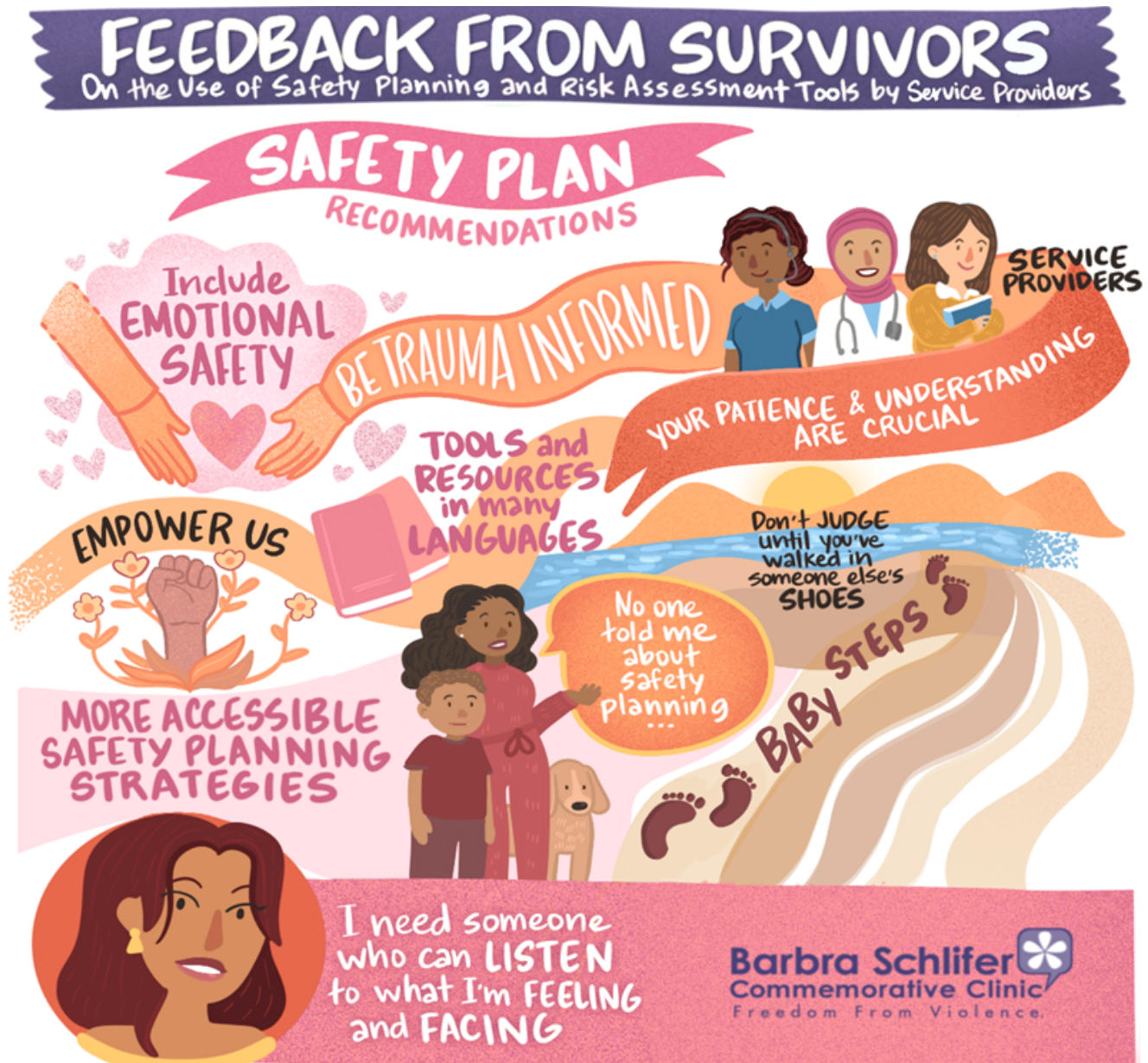


"It was mainly I felt heard, I was understood, and people listened and validated my feelings and concerns. It helped me to feel safe".

"There were many experiences that helped me to feel safe. When service providers express empathy, they seemed more receptive therefore my sense of safety was increased.



The digital image below summarizes CEWG participant's recommendations regarding safety planning.



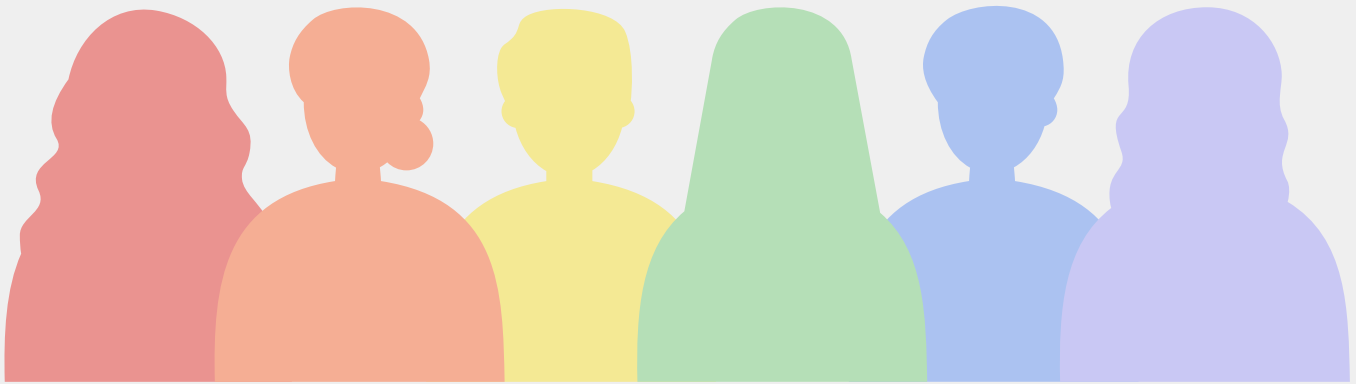
FINDING 4: PARTICIPANTS WANTED TO SEE THE DIVERSITY OF THEIR EXPERIENCES BETTER REFLECTED IN SAFETY PLANS AND THEIR INTERACTIONS WITH SERVICE PROVIDERS

Many survivors indicated they wanted to see the diversity of their experiences reflected in service provision. One participant highlighted the importance of not having the same approach for each client since people's experiences, backgrounds, races, traditions, and cultures differ. She further stated that service providers must be more sensitive to survivors' needs based on their unique experiences and identities.

Another participant raised the issue of deadlines for applications for some programs and support services and stated that people have different rhythms to responding and filling out forms, including a not visible disability and language barriers. In addition, many participants emphasized the need for resources in different languages.

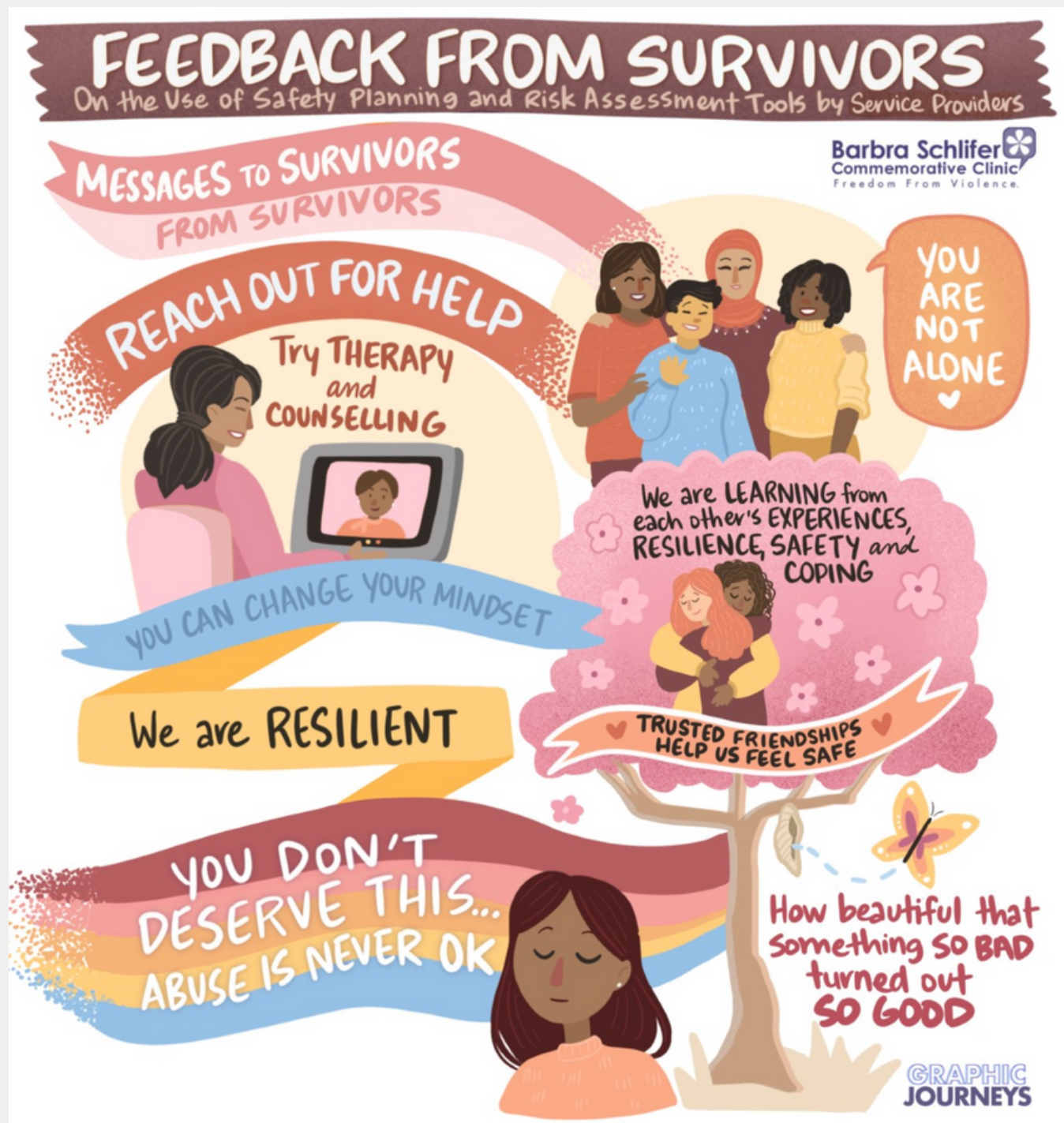


Another issue raised by one participant was related to gender-diverse and non-binary language and materials for survivors from gender-diverse communities.



“In terms of suggestions to service providers, there is a couple of things that come to mind. First, would be to make services more welcoming to people who are not like man/ women relationship, even making specific language, around like posters and flyers, because someone can be in need but when reading that poster the person would think this service does not reflect the person I am and my relationship but I think that if there are some posters that show some specific wording and show inclusiveness that they (service providers) understand that not all relationships look the same way and sometimes abuse is not only physical”.

Survivors also had lots of advice and supportive comments that they wanted to share with other survivors to know that they are not alone and to encourage them to reach out for support. A visual summary of survivors' advice for other survivors is provided below.



SUGGESTED READINGS

- ***Creating Safety Plans with Vulnerable Populations to Reduce the Risk of Repeated Violence and Domestic Homicide - Canadian Domestic***
http://cdhpi.ca/sites/cdhpi.ca/files/Brief_6-Online_0.pdf
- ***Gender, Trauma & Violence - Knowledge Incubator - Western University***
[Resources – GTVIncubator \(uwo.ca\)](http://Resources-GTVIncubator(uwo.ca))
- ***Crisis & Trauma Resource Institute***
<https://ctrinstitute.com/>
- ***E-learning: Principles of Trauma- and Violence-Informed Care by University of British Columbia:***
<https://equiphealthcare.ca/tvic-foundations/>
- ***Public Health Canada – Trauma and violence informed approaches:***
<https://www.canada.ca/en/public-health/services/publications/health-risks-safety/trauma-violence-informed-approaches-policy-practice.html>

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Brown, Melanie. Family Violence Risk Assessment: Review of International Research. New Zealand Police, 2011.

Campbell, Marci, Zoe Hilton, Randy Kropp, Myrna Dawson and Peter Jaffe. Domestic Violence Risk Assessment: Informing Safety Planning & Risk Management. Domestic Homicide Brief 2. Canadian Domestic Homicide Prevention Initiative, 2016.

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