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Identifying Intersectional Complex Practice Behaviours in IPV Services for Marginalized Women

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A thesis submitted in partial fulfillment of the requirements for the Master of Arts degree in Education

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Abstract

This study aims to identify the level of alignment between competent GBV work as identified in literature and by current service providers. Identifying areas of alignment and difference allows for developing theory-based practice informed by literature and highlights potentially unexplored areas of research. The study does this through thematic coding of interviews with GBV service providers across Canada, and coding of practice-based behaviour items constructed from current literature. Interview analysis revealed eleven themes of behaviour which were compared with ten themes developed from the coding of 140 literature documents. Triangulation from interviews and literature found that, of the eleven themes identified from interviews, ten matched with themes identified with the literature. The differences observed imply that there is a need for comprehensive theory informing practice in areas like Indigeneity, and honour-based violence. It also highlights the possibility of introducing the role of motherhood into research being done in the sector.

Keywords

intersectionality, domestic violence, social justice, intimate partner violence, race, social location, competency

Summary for Lay Audience

According to self-report data collected by the Government of Canada, 44% of women who have ever been in an intimate relationship – or about 6.2 million women - report having experienced a form of intimate partner violence in their lifetime. In contrast, 61% of Indigenous women reported experiencing intimate partner violence (IPV) in their lifetime. This highlights the need for services to be equipped to respond to individual needs in service provision. It is important to gauge the degree to which there is a match between current available literature and expert practice in the sector. This study aims to identify the level of alignment between practice behaviours identified by service providers in interviews and behaviours found in the literature. This research is being done to attempt to highlight and explore the gaps between theory and practice, and to understand where there is differentiation between current literature and work being done by experts in practice. Using a mixed-methodological approach that involves inductive narrative approaches, specifically interviews with GBV experts across Canada, and analysis of practice-based behaviour items constructed from thematic coding of current literature, it has been observed that there is consistency across theory and practice: experts already retain knowledge and understanding of intersectionality, with their interview responses largely matching what has already been identified in the literature. Interview analysis revealed expert responses converging into eleven themes around complex-practice based behaviours. These were then compared with twenty-five literature items that focused on service-user centred care. Of the eleven themes coded from interviews, all but one matched with literature items. Variance was observed in the depth and specificity of practice behaviours. It was observed that service providers can identify nuances in identity that inform a woman's unique experience of violence, that the literature sometimes fails to capture. The significance of this study is to understand what experts are considering to be essential parts of IPV work. These behaviours can be used to create a method of training that potentially creates a certain standard of IPV work.

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Identifying Intersectional Complex Practice Behaviours in IPV Services for Marginalized Women

1 Introduction

As recently as 2018, more than 44% of young women reported being violently victimized by an intimate partner at some point in their lifetime (Statistics Canada, 2021). These results do not consider the fact that 61% Indigenous women reported having experienced some form of intimate partner violence in their lifetime (Statistics Canada, 2021). These results come from self-report data from the Survey of Safety in Public and Private Spaces. These statistics suggest that a singular understanding of the experience of survivors of intimate partner violence (IPV) cannot be enough to encompass the lived reality of women across all races. In IPV, violence is perpetrated by a current or former intimate partner (who could be a spouse, common-law, or dating partner) and includes physical, sexual, and emotional abuse. Kimberlé Crenshaw (1991) writes that violence cannot be understood to exist as a singular aspect of experience, rather it is informed by factors such as race and class that intersect in people's lives. These intersections create unique and specific experiences that require consideration. For this reason, the theory of intersectionality becomes a guiding principle in working with cultural competency and IPV. These intersections can be vast and refer to any aspect of social location and identity, such as class, age, ability, socioeconomic status, immigration status, gender, race, etc.

1.1 Marginalized Women's Experiences of IPV

The power and oppression associated with women's identities affects all aspects of their experiences of IPV. Women of colour experience unique barriers in engaging with and accessing IPV services. For example, women of colour may feel as though they will be used as representatives for their cultural groups, and their experiences may be politicized (Bannerji, 2001). Issues like language barriers, fears of deportation, and cultural differences may make it difficult for women of colour to disclose IPV (Dasgupta, 2007). Anti-violence campaigns have constructed the image of the victim of IPV to be one that

is defined only by IPV (Lodhia, 2010). An understanding of violence being the sole identifier in a woman's life does not account for the ways in which systems of oppression converge upon each other to create individualized experiences for each survivor. Lodhia (2010) draws upon Crenshaw's (1991) discussion of structural intersectionality to argue that women who lack the protection of citizenship or economic security find it increasingly difficult to leave their abusers.

Okeke-Ihejirika et al. (2020) write that Western models of addressing IPV focus on the idea of "rescue and prosecution." Okeke-Ihejirika et al. (2020) highlight that immigrant women's use of religious and informal support is a direct result of the rescue and prosecution model not meeting the needs of immigrant women on account of removal of a husband from the family home being contrary to cultural or religious beliefs, economic reasons, or citizenship requirements. As touched upon earlier, the experience of violence within racialized populations varies even more when individual racial differences are considered. Some black women, for example, have reported that they are more inclined to deal with violence themselves (through self-protective aggression, retaliation etc.) than to attempt to access formal services, because they do not feel that services were created with their interests in mind (Potter, 2010). When the nature of state-sanctioned and facilitated violence against Black and Indigenous bodies is considered, it is not surprising that these women might be cautious of formal services that might not present as being created to understand their experiences (Potter, 2010; Rizkalla et al., 2020).

Women with disabilities also have unique experiences of IPV. Brownridge et al. (2008) found that abusive partners of women with disabilities were more likely to utilize patriarchal domination and display jealousy-related possessive behaviours. Women with disabilities were found to be at increased risk of experiencing violence and to experience it at a higher frequency than non-disabled women (Statistics Canada, 2020; Brownridge et al., 2008). Pittman et al. (2020) found that being a sexual minority increased vulnerability for all forms of IPV, regardless of race – that is to say, the risk of violence to women with multiple marginalized identities is greater than their counterparts who occupy a singular aspect of marginalized identity (like being a white heterosexual woman compared to a black lesbian woman). Messinger et al., (2010) identified the role of

minority stress in same-sex experiences of IPV, where perpetrators are able to use the shared experience of being a minority as part of the abuse, citing that a survivor would not find support due to their experience as a minority.

1.2 IPV and Indigenous Women

Earlier, it was explored that Indigenous women are more likely to experience violence than their non-Indigenous counterparts (61% compared to 44%) (Statistics Canada, 2021). Differences in rates of victimization can be understood to be informed by more than traditional risk factors such as previous exposure to violence; it must also be understood as a product of colonialism and a state that encourages violence against Indigenous bodies (Rizkalla et al., 2020). Service providers currently working with Indigenous women in largely Indigenous communities have reported that the “attitude” (behaviour, manner of speaking etc.) of the IPV survivor becomes a factor in whether they attempt to address the issue of violence (Rizkalla et al., 2020). Many Indigenous women highlight the intergenerational nature of the violence they experience, reporting that they feel they are “following in [their mother’s] footsteps” (Burnette, 2019). These women reported experiencing severe violence including being choked, threatened with knives, and pushed down flights of stairs (Burnette, 2019). The severity of the violence experienced by these women furthers Burnette (2019)’s report that Indigenous women are more likely to be hospitalized because of IPV compared to their non-Indigenous counterparts. Indigenous women report that they desire traditional teachings and culture to be a part of their healing processes, as well as having equitable access to practitioners outside of group settings (Varcoe et al., 2017). They highlighted the importance of programs hiring nurses that have knowledge and understanding of the lived reality for Indigenous women (Varcoe et al., 2017). However, in the same study, there were women who highlighted their lack of desire to include culture in their treatment, stating that they would like to, “get to the root of the problem rather than playing with beads” (Varcoe et al., 2017). The difference in the perception of these women is an important reminder that Indigenous women cannot be understood to be a monolith and the inclusion of culture in treatment can be a sensitive subject.

1.3 Purpose and Rationale of Research

The current study seeks to compare analysis of interviews of GBV service providers and literature items. Interviews and literature items were compared gain an understanding of how service providers are utilizing principles of intersectionality in their work, and if their described practice behaviour aligns with what current literature in the sector understands to be essential. Comparing these two sets of results involved a thematic analysis of the interview responses to uncover themes in service provider descriptions of practice behaviours.

In understanding potential results, it is important to assess the level of alignment between literature findings and service provider identified practice behaviours. The degree of alignment between these findings allows for an understanding of the extent to which service providers can incorporate theory into their practice. The aligning of research and practice lend themselves to the development and furthering of evidence-based practice in the sector. When integrating theory and practice, service providers can address challenges in practice on the ground by using theoretical definitions of systems of oppression (Duran & Shroulote-Duran, 2021). Duran & Shrouloute-Duran (2021) outline the example of how police violence can be addressed not just through thinking about the practice behaviours of police, but by countering the oppressive foundation of the system through using theoretical definitions of structural racism. In this way, alignment between literature results and service provider behaviour suggests a pre-existing level of integration in the IPV sector.

Where there is not alignment, this signifies that there is an issue in integrating that realm of theory into practice or that research in that area is underrepresented or non-existent. Highlighting these gaps is highly significant as it allows for the identification of areas in which there is the need for what can be understood to be representative research. Representative research refers to research that incorporates underrepresented populations or research that focuses on groups typically ignored in the creation of research samples. It can also highlight topics of research that might have gone unexplored due to societal norms around what is understood to be worth research and exploration. Duran &

Shroulote-Duran (2021) also write about the role of research in reinforcing systems of oppression, as academia functions as part of the system. It is entirely possible that service providers are engaging with topics that the system does not illuminate. Identifying these in the research allows for them to potentially become areas of research which can further develop the ways that the sector can respond to these concerns.

The literature suggests that the needs of marginalized women experiencing IPV seem to vary from those of other women. There seems to be a gap in addressing those needs, which might be a factor influencing the reluctance many marginalized women have in reporting violence (Potter 2010; Lodhia, 2010; Rizkalla et al., 2020; Okeke-Ihejirika et al., 2020). The purpose of this study is to address this gap by identifying a tangible set of intersectional complex practice behaviours that IPV specialists require when working with marginalized IPV survivors. It also seeks to highlight any gaps between what current literature identifies as being intersectional behaviour and what expert practice in the sector currently looks like. Any identified complex practice behaviours could be used to create standardized training protocol for service providers (police, shelter workers, advocacy groups etc.). The question that guides this research then becomes identifying the level of alignment between what current IPV service providers are reporting competent GBV work to include and what current literature reports this work to look like.

Literature Review

2 Literature Review

The literature review will cover models of competency that can be used to contextualize complex practice behaviour, the limitations of knowledge in developing culturally competent practice, the role of values of cultural competency, and limitations of organizational practice. The reviewed literature was organized into these categories to develop an understanding of what the literature currently identifies competent practice to be comprised of.

2.1 Models of Competency

In reviewing relevant literature around intersectional competencies in IPV work, it became essential to understand how currently reported practice behaviours could be broadly categorized. A number of models were reviewed and ultimately informed analysis for this thesis. One of these models was that of McLeod et al. (2010) who identified a checklist of items that practitioners should review to assess their own competency in engaging with practice in the realm of IPV (See Appendix A). The checklist was used to understand what a potential framework around competency in the field looks like and was used to create a working model of organization, as much of the reviewed literature did not identify tangible practice behaviours to assess. McLeod's checklist was analyzed and coded into three broadly categorized characteristics essential to competent IPV practice: knowledge of IPV, values of competency, and understanding organizational practice. These characteristics were found to be ones that repeated themselves in the existing literature as part of the trajectory to developing competent practice. It is important to note that McLeod's model, while useful in beginning the process of organizing literature, does not necessarily account for the specific needs of marginalized survivors.

A second model that was reviewed was Bogo's model of holistic competency (Bogo et al., 2013). holistic competency model. Bogo's model held promise for addressing the

divide between user needs and practitioner competency by articulating competencies as holistic, requiring integration of knowledge, skills, values and critical self-reflection (Bogo et al., 2013). Holistic competency refers to the creation of an idea of competence that identifies broad, overarching characteristics that service providers need to have, but also highlights the cognitive processes of self-reflection, analysis, and regulation that are involved in effectively utilizing those (Bogo et al., 2013). A holistic definition contrasts with definitions of competence that involve emphasis on knowledge, values, and skills. These definitions have been critiqued to ignore the holistic nature of practice and be devoid of context to guide practice (Bogo et al., 2013). Bogo et al., (2006, as cited in Bogo et al., 2013) identified two dimensions of competence, one being meta-competence and the other procedural competence. Meta-competence refers to higher order, overarching, conceptual qualities that are personal and specific to the practitioner in question, like self-reflection. Procedural competence refers to a practitioner's ability to perform job-related tasks and understand the procedures necessary to competent practice, like relationship building and professional knowledge. The goal of the holistic competency model is to combine these two dimensions to create complex practice behaviours for service providers that are reflective, continuously evolving, and informed. Service providers in the broader context of IPV work can include, but are not limited to, shelter workers, police, midwives, crisis workers, health workers, and counsellors.

2.2 Limitations of Knowledge of IPV and Different Cultures in Understanding Competency

The literature outlined knowledge of IPV as an occurrence, of the signs and symptoms, and of different cultures as being elements that define the competency of a service provider's response to IPV. While knowledge can be a helpful tool, it can also serve to be constraining and lead to reduced competency in practice, as explored by Warriar (2008) in her work on critiquing the training of court personnel who work with IPV survivors. She writes that much of this training material is comprised of essentialist characteristics of minority groups with specific solutions being matched to people of

particular racial groups (Warrier, 2008). These characteristics cannot hold true for everyone, nor can this form of knowledge be considered generalizable in any way.

Warrier (2008) argues that this understanding of culture to be distinct and separate allows for an ignoring of intersectional understanding and the more nuanced nature of IPV. An intersectional approach would require the recognition and addressing of factors like race, age, class, ability, sexuality, gender identity, etc. A lack of intersectional awareness is evidenced in the case of courts disregarding restraining orders victims have sought against their abusers by reasoning that spousal violence is normalized in South Asian culture (Dasgupta, 2007). In this sense, simply having a cursory knowledge of different cultural backgrounds is not adequate in creating culturally competent praxis – which is rooted in intersectionality. Crenshaw (1991) furthers this in her stipulation that solely addressing violence perpetrated by an intimate partner is insufficient, rather it is necessary to address the social legacies that inform both the experience of violence and its aftermath. In this sense, knowing that IPV is a problem is not enough, specialists must also know that not all violence is created equal, and not all survivors are created equal either. Crenshaw (1991) uses the framework of structural intersectionality to address the very real concerns of racialized women in engaging with services like shelters and the legal system like housing insecurity, poverty, and employment discrimination – which women of colour face often. They do not feel understood while accessing these services because the specific historical legacies that brought them there go unrecognized. Neither Warrier nor Crenshaw can identify what specific skills are essential in marrying knowledge of oppression with an intersectional praxis. Both advocate for education, re-training, and an understanding of positionality.

Brienza et al. (2005) found that health practitioners were reluctant to ask about IPV, despite studying curriculums that provide seminars, workshops, and lectures on the topic. They had 36 medical residents complete an educational intervention comprised of the informative measures outlined above and had the case group attend a shelter to engage with victims in person (Brienza et al., 2005). They measured four subscales: knowledge, attitude, skills, and resource awareness on a survey and found that exposing participants to only the educational intervention had no significant effect on their efficacy in

addressing IPV in patients (Brienza et al., 2005). In this sense, increasing knowledge was not enough to translate into practice.

Nyame et al. (2013) conducted a cross-sectional survey of 50 psychiatric nurses and 81 psychiatrists (the group that responded to the survey of a potential n=71 and n=280 respectively), where they used the Physician Readiness to Measure Intimate Partner Violence Survey (PREMIS) to measure knowledge of and attitudes towards domestic violence. They found that despite reporting a more comprehensive base of knowledge, psychiatrists felt less competent in addressing the issue of abuse and providing information and resources (Nyame et al., 2013). Similarly, in this study, the authors proposed that clinical training skills be devised to foster competency – what these skills could be was not explored in the slightest.

In summary, although knowledge is a preliminary building block in the development of competent practice and an essential characteristic in IPV specialists, knowledge alone is not sufficient for competent intersectional practice (Nyame et al., 2013; Brienza et al., 2005). An over-focus on increasing the knowledge of service providers may also inadvertently essentialize descriptions of diverse groups and ultimately contribute to racist thinking that could alienate racialized survivors (Warrier, 2008; Dasgupta, 2007). As a result, it can be understood that practice behaviour is complex, and the proposed study seeks to identify how that complexity manifests.

2.3 Values of Cultural Competency

Anti-racist and feminist values lend themselves spectacularly to cultural competency work. Rather than existing distinctly from knowledge, McLeod et al. (2010) suggest that knowledge and values must exist in tandem to constitute competency. Warrier (2008) discusses the importance of combining an anti-racist and feminist lens to understand the unique role of minority women in engaging with services when they might come from cultures that are marked as violent by outsiders. She writes that any shifts in cultural practices target women initially and are framed as cultural loss or betrayal in the sense that there are specific powers that shape what practices are normalized (Warrier, 2008).

An understanding of the role of gender marks the importance of bringing feminist values into conversation to understand the ways that norms of culture target women specifically. Women of colour labour under the combined burdens of race and gender, they suffer under patriarchal and racist regimes simultaneously. Warriar (2008) recommends that anti-racist values and principles should explicitly guide IPV work to remain far from stereotypical depictions and responses but does not explore what that work might look like.

Feminist lenses applied to IPV have evolved to move away from using gender as a solitary lens of analysis (McPhail et al., 2007). Race has also been understood to be a means of understanding how power is distributed in society (McPhail et al., 2007). In this sense, it is crucial to have intersectional feminist values inform IPV work. McPhail et al. (2007) interviewed a focus group of 33 people who work in IPV (shelter work, collaborative agencies), and found that respondents thought an integrative feminist model was best equipped to conceptualize and work with IPV as it allowed for a complexity of analysis while also accounting for the multiple possible manifestations of violence.

In the context of Indigenous peoples, Weaver (1999) used surveys sent to social work schools for Indigenous students (n=240, 78 respondents) and identified four major values essential to culturally competent practice with Indigenous nations. Humility, a willingness to learn, self-awareness (which can also be understood to be positionality), and respect (Weaver, 1999). While Warriar (2008) makes broad recommendations, Weaver (1999) identifies tangible values and skills that Indigenous peoples have identified in being key to working with Indigenous populations. However, this data, while insightful, cannot be uncritically used and applied to all people of colour – not when thinking in terms of intersectionality and varied experience.

Kulkarni (2019) writes that marginalized women experience violence in a way that makes them reluctant to engage with service out of fear of deportation or ostracization. As a result, work that solely uses gender as a guiding value cannot encompass the totality of their needs. Intersectional values that focus on the individual and focus on ensuring that they are being provided with service that is appropriate and understandable to them are

instrumental in survivor perception of efficiency (Kulkarni, 2019). Kulkarni (2019) posits that currently survivors and practitioners have different images of empowerment, and that this divide can be bridged using an intersectional framework that centres individual experience by creating culturally specific programs, reworking current programs to follow intersectional values, and encouraging clients to use cultural knowledge in finding solutions.

Walker (2011) writes that the overarching structures of oppression that lead to marginalization for women must be accounted for, identified, and contested in therapeutic work, otherwise the work runs the risk of simply replicating external power structures within sessions. Recognizing and contesting power structures can also be understood to apply to IPV work in the sense that not identifying the complexity of racialized women's experience does nothing to contest circumstances that shape a woman of colour's experience of IPV. If anything, it risks further oppressing a woman of colour by denying the specificity her racial background lends to her experience. Utilizing a solely feminist (in the sense that gender is the only area of analysis) approach is insufficient in bridging the gap that exists between racialized IPV survivors and the broader sphere of services available. The proposed study seeks to identify a tangible translation of knowledge and values into guidelines for practice that can be widely utilized. While values and knowledge together are important in shaping practice, they do not necessarily translate into competent practice.

2.4 Organizational Practice

Culturally competent practice is difficult to define and can take many forms. Individuals are often limited in their practice by the organization that they work with. Knowledge and values play a large role in shaping the practice of an organization. Walker (2011) explores the idea of creating language to label experience, rather than replicating a 'power-over paradigm' that continues to disempower people. Organizations run the risk of replicating this paradigm unless their knowledge base and values explicitly contest and name these experiences.

Shoener (2017) interviewed survivors and found that they reported feeling most comfortable with practitioners equipped to offer resources that were specific, targeted, and beyond the scope of just one organization. These practitioners worked with survivors to determine their needs and acted accordingly rather than following a pre-determined set of guidelines. Survivors report that the level of comfort they feel in the shelter, the degree to which the care they receive is personalized, contributes to their willingness to stay – with some women identifying it as being the reason they took the step of permanently leaving a violent relationship (Shoener, 2017). Women recounted that when the approach was one that was limited to a prescribed set of guidelines, they did not feel comfortable engaging with the service or consider it a source of great support (Shoener, 2017).

Organizational practice must be informed by a diverse knowledge base, and intersectional values to achieve effectiveness with survivors (Shoener, 2017). The literature suggests that certain organizations are currently not meeting that gap, and those that seem to be able to do this are achieving greater success and engagement with their clients. The implications for practice that is not guided by a specifically identified empowering set of values is one that seems to benefit no one Monckton-Smith et al. (2014). Therefore, organizational practice without identified skills does not begin to ensure competent practice.

In summary, the literature has highlighted areas of knowledge, values, and organizational alignment to be key in defining competent practice. It has been identified that, when taken in isolation, knowledge of IPV as a construct, and values of equity do not necessarily translate into culturally competent or routine practice. It can also be suggested that certain organizations are doing IPV-sector work more efficiently than others are, with the example of shelter workers being particularly competent as per Pyles & Kim (2006) and Shoener (2017). While much of the literature has discussed the efficiency and competency of these workers, little has been identified to assess what tangible skills make them as competent as they are.

This study seeks to bridge this gap by identifying tangible competencies that are allowing certain organizations, like shelters, to do meaningful work with survivors. By analyzing

data obtained from literature coding and interviews with service providers, the study can begin to assess the degree of alignment between literature consensus and service provider practice. The exploration of both sources of data allows for the exploration of places in which there is a difference in alignment and what the implications of that difference would be for research and practice behaviours.

Methodology

3 Methodology

The study utilized a mixed methodological approach that incorporates quantitative methodologies but also inductive narrative qualitative methodologies to inform interviews with service providers. The interview is one of expert working group members, where they were asked to talk about what IPV specialists know, understand, and are able to do in response to given and self-generated cases. The interviews were conducted with a focus group comprised of IPV service providers from across Canada who work with women who have experienced intimate partner violence. Thematic coding of the literature was conducted to create items that exemplify practice behaviours.

3.1 Method 1 – Interviews with Members of an Expert Working Group on Practice with Women Survivors of IPV

3.1.1 Interview Participants

Participants were gender-based violence (GBV) specialists across Canada who agreed to participate as a member of an expert working group for a larger collaborative effort (participation in the service provider working group goes beyond this specific research, e.g., to share information with their professional networks, and is independent of this research. Working group members could consent or not consent to take part in the original research and still serve on the working group). This study's participants are 33 individuals who have expertise in working with women survivors by virtue of either lived experience and/or experience in providing services to women who have survived IPV. 86% of the participants are women, 3% are non-binary, and 11% are male. Majority of the participants identify as heterosexual (75%), while 11% identify as bisexual, 6% identify as asexual, 3% identify as pansexual, and the remaining 5% identify as questioning or unsure. Majority of the participants (54%) identified as being Caucasian or of European descent, and 6% as being Caucasian but French language minority.

However, 10% of participants identified as being Indigenous, 2% as being First Nations, 2% as being Cree, 2% as being Metis, and 2% as being from the Mi'kmaw First Nation. 6% of participants identified as being Black and 4% as being Latin American. The remaining 12% was distributed across identities like South Asian (2%), East Indian (2%), Biracial (2%), Canadian (2%), White Native (2%), and immigrant as a broad category (2%). In selecting participants for the original study, the aim was to involve the lead of the shelter organizations across all Canadian provinces and territories. In the event that the shelter lead was unavailable or unwilling to participate, a shelter worker who was not the lead was approached to participate. The study involves representatives from almost every province and territory, with a minimum of one representative per province or territory.

It was essential to ensure that the focus groups were as diverse as possible, so four shelter representatives have been identified as coming from organizations that primarily serve Indigenous or immigrant populations. There was also the inclusion of shelter associations that are Indigenous-led, allowing for the incorporation of Indigenous perspectives in IPV work. Survivors have also been included to ensure that both perspectives are being included in what creates a competent practitioner. The number of speciality shelter organizations or survivors included is not deliberate or controlled but a product of representative availability. Ethical approval was obtained from Western University for this study.

3.1.2 Interviews

Participants were scheduled for a virtual interview with a research assistant, and the Zoom Meeting ID and password was shared with them by email. All participants were asked if they wanted a phone call, text message, or email reminder about their virtual meeting. Individuals who did not attend their appointment or contact the research assistant, were sent a follow-up email within one week to reschedule the virtual meeting. Participants who attended the virtual meeting had informed verbal consent obtained and documented by the research assistant before the interview began. The research assistant reviewed the consent letter with the participants, and, upon agreement, signed the consent

form, indicating that they obtained informed consent from the participant, as well as consent to record the interview. Once consent had been obtained, the research assistant began the interview. All interviews took approximately one hour to complete and were recorded only if consent was obtained. Participants who declined to have the interview recorded were still eligible to participate in the study.

The interview focused on participants views of what IPV specialists need to think, know, and be able to do. To facilitate discussions, interviewees were presented with scenarios (See Appendix B). The questions were created through the research team's personal experience of what typical situations that shelter workers encounter look like, or 'normal' representations of IPV. The aim of the interviews was to develop an understanding of what specialists believe are necessary characteristics of IPV workers. Once completed, interviews were uploaded to a transcription service (NVIVO) and transcribed for analysis. Of relevance was part one of the interviews, which involved presenting a service provider with a scenario of a mother about to engage with a shelter. The service provider was then asked to describe what sort of complex practice behaviours they believed were necessary. A follow up to this scenario involved asking how these behaviours might change if the survivor was a woman of colour, or if she was a mother who was engaging in substance use. This section was analyzed to understand how aspects of marginalization influenced service provider response and to what degree. An essential consideration here is to be aware of how the structure of the interview limited the scope of diversity identified in the responses. The interview asked participants to identify how their response to the scenario would be changed if the family in question identified as racialized. The term racialized is a broad umbrella term that cannot be understood to refer to any group; the participant would have referred to whatever group they associate with the term. In addition, the structuring of the questions does not encourage the identification of multiple forms of marginalization because participants were not asked to identify multiple forms of marginalization but, instead, were asked to identify a shift in response to one, unspecified form.

Fifteen interviews were chosen at random and thematically coded until code saturation had been reached. Thematic coding of the interviews involved grouping based on

reoccurring terminology and ideas in service providers' responses. Once code saturation had been reached, gestalt summaries were created of each code that allowed for the theme to be captured in a short description that was used to identify the theme and analyze its implications.

3.2 Method 2 – Qualitative Coding of Literature on Competence in GBV Specialists

3.2.1 Identification of Literature

The research began with the thematic coding of national/international literature in the IPV sector. 140 sources were reviewed in this process, with curated search terms like “competence” or “skills” being used in conjunction with IPV terms like “intimate partner violence” or “partner abuse.” This literature was split between academic literature (45 sources) and grey literature, which includes reports, trainings, and competencies (95 sources). Literature was obtained from databases like social work abstracts, social service abstracts, PsychInfo, SocIndex, PubMed, CINAHL, and OMNI.

3.2.2 Thematic Coding of Literature Sources

Extracted content from this literature was transcribed into word documents and uploaded into a data management software, Dedoose, along with the original articles. The literature was thematically analysed to identify overarching values inherent in GBV work. The literature was used to track commonalities in the explored literature and formulate broad competency codes based on overlap and reoccurrence in the literature. Analysis was done through research members coding the same ten articles independently to test for inter-rater reliability in developing competency codes. These codes were further developed through weekly discussion to develop an idea of what they entail. Coding continued until no further codes were able to be developed from the literature.

There were forty-five initial competency codes created, with descriptors of the competency, and the literature was coded into ‘buckets,’ to signify statements that fell

into each of these forty-five areas. The buckets were then condensed into a summary with illustrative examples to represent that code. Researchers conducted thematic coding of the literature to uncover what actions and identifiers were representative of the competency. The coding process involved reviewing all excerpts under the code, listing them out and looking for overlaps and relationships, developing categories amongst the excerpts, and reorganizing these excerpts into new categories. Reorganization was followed by a breakdown of the categories with illustrative examples added in, and an integration of all the information found in the process to write the summary narrative that reflects that competency.

Resulting codes were organized using Bogo et al., (2013)'s holistic competency model which includes skills, self-regulation (e.g., emotions, reflection and self-awareness), knowledge (general and specialist, theoretical and empirical), and judgement (assumptions, critical thinking, decision making). These forty-five codes were grouped into broad domains based on the commonalities emerging from the final thematic coding of the literature. The final emerging domains are those of interventions, navigating laws and ethics, service-user centred care, collaboration across systems, advocacy for change, addressing risk and safety, understanding, and responding to trauma, engaging in reflective practice behaviour, and understanding the impact of GBV.

For the purposes of this study, the broad domain of service-user centred approaches is the domain that will be tracked and analyzed. The construction of this domain involved the identification of 1,631 relevant literature items. The service-user centred domain was constructed by conducting a review of the literature and coding them into buckets. Thematic coding of this domain revealed complex practice behaviours that could be understood to be reflective of these codes. This coding process involved grouping items and their descriptions to create a central idea that was used to name the code and assess its implications. For a full list of the items that were coded, see Appendix C. For a detailed description of coding and grouping, see Appendix E.

Results

In interviews with IPV specialists, 11 themes of competency in intersectional practice were identified. These 11 themes are outlined in Table 1, and include: individual approach, motherhood, mental health, police, child protection, self-awareness, competence training, substance use, the “double burden,” racism, and social location.

Each of the outlined themes represent an aspect of identity that intersects with a service user’s ability to access service or influences the perception of service providers in shaping competent care. While this connection is easier to draw with broad indicators of identity like race, it is also prevalent in shaping the experience of women who are mothers, or mothers who are using substances. Detailed descriptions of each theme are provided in Appendix D.

Interview Themes

- 1. Understanding the Unique Situational Factors of an Individual Woman**
- 2. Understanding the Role of Motherhood in Informing Access to Service and Practitioner Response.**
- 3. Knowledge of the Role of Mental Illness and Trauma in Constructing Survivor Responses and Engagement with Service**
- 4. Understanding Of the Systemic Nature of Police Violence and How This Influences Survivor Willingness to Engage with Them**
- 5. Understanding Of the Systemic Nature of Oppression Imbued in Child Protection Services and How This Can Influence a Woman’s Willingness to Engage with Service**
- 6. Understanding The Role of Service Provider Positionality in Influencing Service Provision.**

<p>7. Understanding of the Difference Between Knowledge of a Concept from Training and Application of It.</p> <p>8. Understanding of the Variability of Substance Use as A Behaviour, And Its Influence on Access to Service and Service Provider Response</p> <p>9. Understanding of the Intersection of Race and Gender to Create a Unique Experience for Women of Colour Experiencing Violence</p> <p>10. Knowledge of the Systemic Nature of Racism and Understanding of How It Influences Service User Experience.</p> <p>11. Knowledge of the Impact of Aspects of Social Location on Determining Access to And Engagement with Service</p>
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Table 1: List of Themes Coded from Interviews

Thematic analysis “deep dive” coding of literature on competent GBV practice identified ten final themes. These themes, outlined in Table 2, encompass what the literature presents to be examples of complex practice behaviours pertaining to service-user centred approaches. These include Indigeneity, the targeted nature of GBV, the co-existence of privilege and oppression, the role of sexual orientation and gender, honour-based violence, the role of race and culture, practitioner positionality, decolonization, knowledge of trauma-informed approaches, and service user-individuality.

Each of the outlined themes is the result of thematic coding of the literature. A description of this coding process is available in Appendix E. For a full outline of items and descriptions, refer to Appendix C.

Literature Themes
1. The role of Indigeneity in Informing Experience and Service Access
2. The Targeted Nature of Patriarchy and GBV

<p>3. Recognizing the Co-existence of Privilege and Oppression in Service Provision</p> <p>4. The Role of Sexual Orientation and Gender Identity in Influencing Access to Service</p> <p>5. Understanding Honour-Based Violence to be a Form of GBV</p> <p>6. The Importance of Understanding the Role of Race and Culture in Influencing Engagement with Service</p> <p>7. Understanding How Practitioner Positionality Influences Service Provision</p> <p>8. Creating and Maintaining a Commitment to Decolonization</p> <p>9. Knowledge of the Compounding Traumatic Effects of Structural Violence and How This Can Shape Survivor Experience and Response</p> <p>10. Maintain Awareness of Service-user Individuality and Regulate Individual Responses to Coping Mechanisms</p>
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Table 2: List of Coded Themes from the Literature Items

4 Comparison of Themes Across Literature and Interviews

The comparison of themes across the literature and interviews demonstrated that there is consistent alignment between what the literature identifies as being competent GBV work and what service providers are identifying as being competent GBV work. Out of the eleven themes coded from the interviews, all but one aligned with the ten themes coded from the literature. Motherhood was the only theme coded from the interviews that did not align with the literature.

These items were understood to be reflective of complex practice behaviours pertaining to competent GBV work that arose from the literature. In contrast, the interviews

highlight practical aspects of work and the application of these principles. When considering the two in conjunction with each other, it can be understood that there are elements of competence reflected in the literature that are not referenced by service providers in their interviews, practical applications of competence outlined by service providers in their interviews that are not referenced in the literature, and themes of competent practice that are reflected in both the literature and interviews. However, there are frequent instances in which there is a reference of the theme identified in the literature in the interviews, with a difference in the depth of inclusion. That is to say, the inclusion of the theme not only represents a knowledge of an issue, but also a description of the skills required to practically apply the concept.

Themes in the Literature	Co-Occurring Themes	Themes in the Interviews
<ul style="list-style-type: none"> ○ The role of Indigeneity in informing experience and service access ○ The targeted nature of patriarchy and GBV ○ Recognizing the co-existence of privilege and oppression in service provision ○ The role of sexual orientation and gender identity in influencing access to service ○ Understanding honour-based violence to be a form of GBV 	<ul style="list-style-type: none"> ○ The importance of understanding the role of race and culture in influencing engagement with service ○ Understanding how practitioner positionality influences service provision ○ Creating and maintaining a commitment to decolonization ○ Knowledge of the Compounding Traumatic Effects of Structural Violence and how this can shape survivor experience and response ○ Maintain awareness of service-user individuality and regulate individual responses to coping mechanisms 	<ul style="list-style-type: none"> ○ Understanding the role of Motherhood in informing access to service and practitioner response

	<ul style="list-style-type: none"> ○ Understanding of the difference between knowledge of a concept from training and application of it ○ Knowledge of the impact of aspects of social location on determining access to and engagement with service 	
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Table 3: Distribution of themes across interviews and literature and how they co-occur

4.1 Co-occurring Themes in the Literature and Interviews

4.1.1 The Importance of Understanding the Role of Race and Culture in Influencing Engagement with Service

The literature and the interviews both extol on the importance of competent GBV work being situated in an awareness of how racism and cultural factors (like ethnicity and faith) influence a woman's ability to access and engage with service.

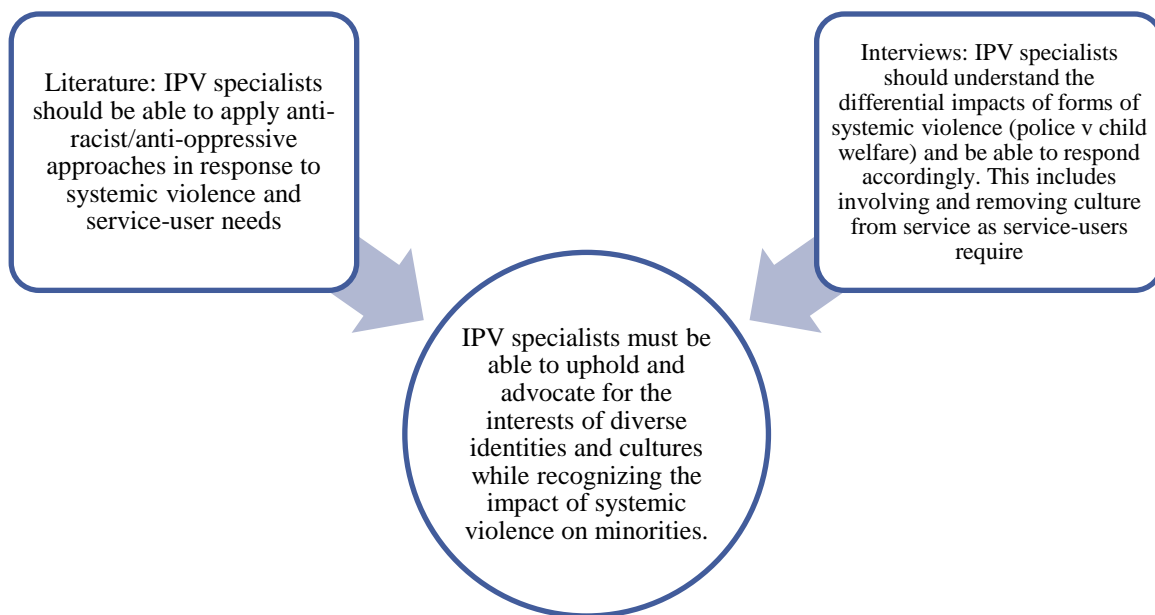


Figure 1: Comparison of literature and interview discussion of the need to uphold diverse identities and cultures

The literature highlights how IPV specialists should be able to apply anti-racist approaches to understanding how systems of child protection, the justice system, and education are all marked by systemic racism. The literature shines a spotlight on the way GBV is used as a tool of reinforcing these systems of discrimination. In the interviews, the connection between GBV and systems of discrimination is referenced by service providers discussing how women’s individual experiences of racism can colour their engagement with services, the IPV sector, and the systems it relates to. A service provider highlights that, “the system, being racist, is not going to treat her fairly. It’s unlikely to believe her. The system, being racist, is unlikely to be gentle” (EWG Member 1). The interviews provide the example of the context of understanding the unique positionality of women of colour who grapple with simultaneous forms of violence to demonstrate the specific roles that anti-racist practice can take. This service provider references the need for specialists to understand how certain populations are more vulnerable to structural violence and, as a result, competent GBV work must be rooted in an awareness of this, a willingness to understand specific situations, and a readiness to

advocate on behalf of women who do not desire police involvement in their service provision. When considered in conjunction with each other, this can be taken to be a complex practice-based behaviour that exemplifies the idea presented in the literature of the necessity of anti-racist practice. Service providers stipulate that “racial trauma is very much a part of the trauma that [the woman] has experienced likely most of her life” (EWG Member 2).

The literature and the interviews also identify the role of culture in shaping how a woman experiences violence, interprets violence, and responds to violence. They situate competent GBV work as being work that rests on a knowledge of the fact that culture can influence the way a woman experiences violence and whether she is able to access service. The literature spotlights the ways in which violence can manifest differently depending on cultural identity and family structures. The interviews also touch on this but exemplify this idea in the form of understanding how aspects of culture (e.g., religion) can become a tool of violence (such as in the context of Muslim women reporting that their husband’s interpretation of the Quran was used as a method of attempting to legitimize the violence they experienced). This service provider highlights that, “the abuses that these women, these immigrant women face from their abuser is not necessarily just a physical situation, but very psychological and even spiritual in the sense that they will lie about what services are out there and how they can access and how they might be discriminated against” (EWG Member 3). Service providers also stressed that, in providing service to diverse women, there was a difference in people whose experience necessitated culturally specific and faith centred interventions, and people whose experience with culture and faith caused them to specify that they wanted zero involvement of religion in their service provision. Both approaches to service provision required an awareness of how a similar experience could create different needs in women, and thus, required an individualized approach and an understanding of how this response could be different in different women. As a result, this can be understood to be a way in which the interviews create a complex practice-based behaviour to illustrate a broad concept outlined by the literature.

4.1.2 Understanding How Practitioner Positionality Influences Service Provision

The interviews and literature highlight how competent GBV work can be understood to be rooted in a strong sense of self-awareness. Awareness of positionality involves a GBV specialist working to understand their own social location and how this connects them to power and privilege in different spaces.

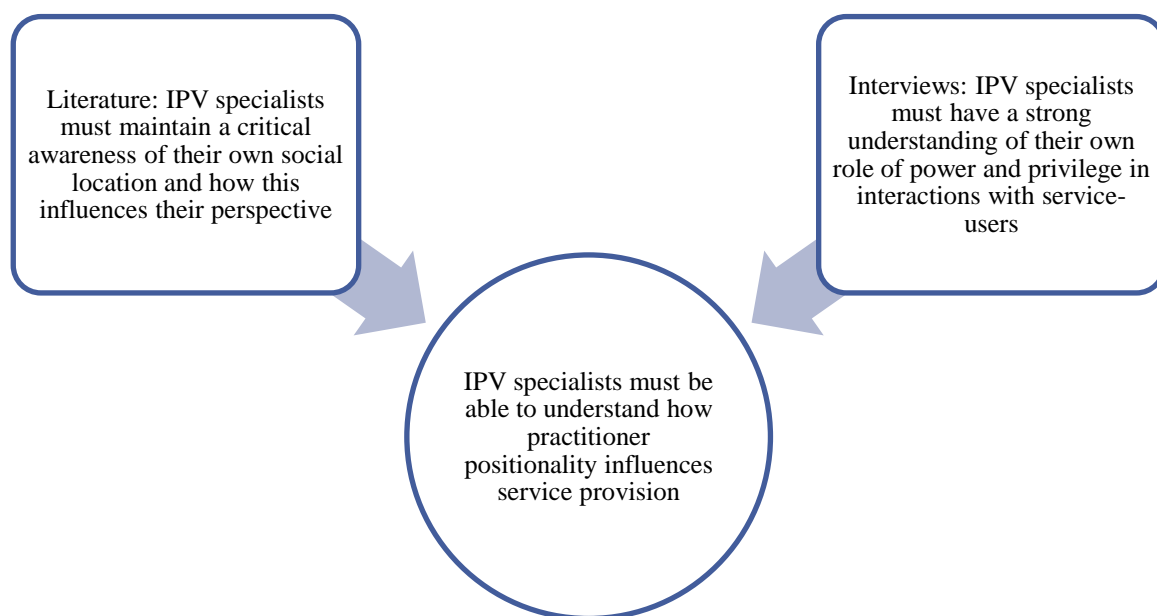


Figure 2: Comparison of the literature and interview discussion on the importance of understanding how practitioner positionality influences service provision

The literature presents the need to maintain a critical awareness of social location and identity, including recognition of how identity creates biases and perspectives that a service provider brings to their work. The interviews present a similar perspective, with service providers speaking on the importance of recognizing how being a service provider is a source of power that interacts with any other aspect of social location and identity. As a result, they posit that an awareness of how the role of service provider requires understanding power and privilege is essential in doing competent GBV work. The interviews also provide a practice-based example of what it looks like to engage in

work that is rooted in self-awareness. A service provider states that her approach to engaging in work is to utilize what she refers to as ‘critical white feminist theory’ (EWG Member 2). An idea like ‘critical white feminist theory’ involves continuously engaging with and unpacking the nature of whiteness in relation to other identities and how whiteness plays a role in shaping the IPV sector. She stipulates that “the field is dominated by white women in the shelter movement, and that's highly problematic in my view” (EWG Member 2). For another service provider, critical self-awareness looks like “that ability to self-reflect having that enhanced self-awareness so that you can be open about what your own beliefs and values are, be aware of where your biases may be, and then working to ensure they don't interfere with your ability to maintain professionalism” (EWG Member 8). As a result, the interviews create an example of how to engage in competent GBV work that deepens the literature’s position that it is essential to understand how power and privilege are connected to service providers.

4.1.3 Creating and Maintaining an Explicit Commitment to Decolonization

It is important to note that while the interviews do not speak in detail on the nature of Indigeneity, colonization, and resilience – there are shared discussions in the literature and the interview on the importance of creating and maintaining decolonized practice.

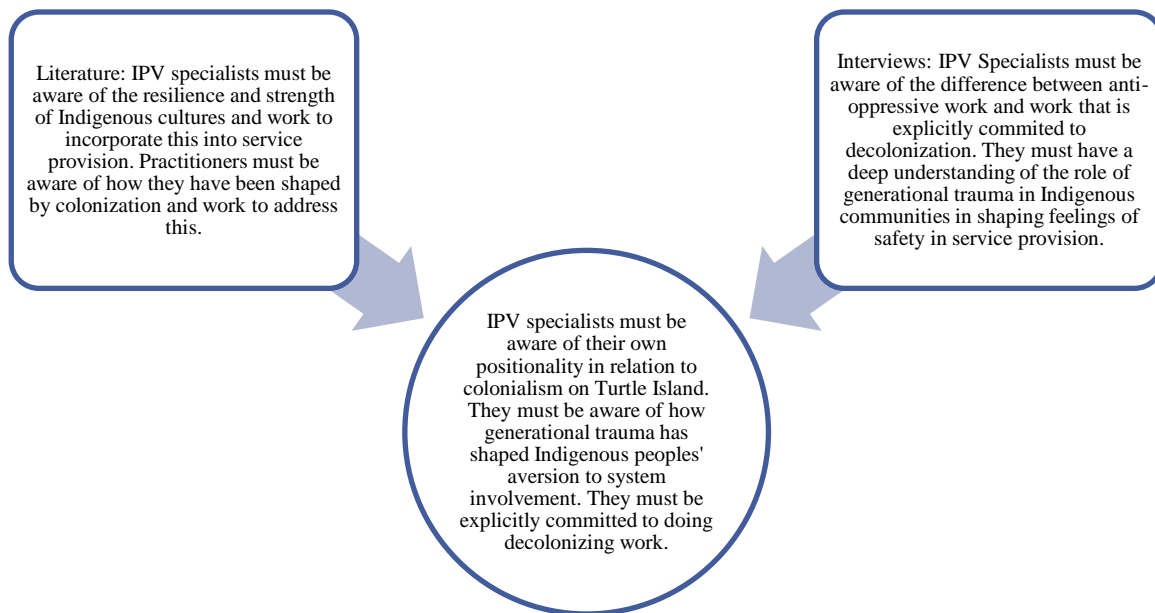


Figure 3: Comparing the literature and interview discussion on the importance of creating and maintaining explicit commitments to decolonization in IPV work

The literature highlights the need for competent GBV work to be situated in an awareness of the resilience and strength of Indigenous cultures and how they should be used as valuable assets in creating culturally appropriate service for Indigenous peoples on account of standard services not being equipped to meet their needs. Services not being able to meet the needs of Indigenous peoples can be understood to reference the fact that standard services are ones constructed to operate within the settler-colonial status quo, a system that is contrary to Indigenous ways of knowing. As a result, the literature specifies that IPV specialists must be aware of how they have been shaped by colonization and how this impacts their practice. After this, they must be prepared to shift their practice to reflect a more decolonized worldview. The interviews also speak on the debate between decolonization and cultural competence, with a service provider highlighting “that’s highly problematic in my view. I don’t abide by the terms, cultural competence, cultural safety. I don’t work with those terms anymore. I work with a decolonizing framework” (EWG Member 3). The same service provider highlights the importance of IPV specialists being able to understand their own role in colonialism, stating that, “there’s a

tremendous amount of systemic racism in our movement and in so many of the sectors. So, I think a basic part of their training should be around decolonizing themselves.” Service providers also spoke of changes in agency practices and interventions meant to decolonize practice, such as having Elders available for support.

Both the literature and the interviews make mention of the role of generational trauma in informing a survivor’s potential level of anxiety regarding the involvement of systems like child protection in her life. The role of this trauma is highlighted in the context of generational trauma resulting from residential schools and how this can create anxiety regarding the involvement of child protection systems in the lives of Indigenous mothers and children. The literature writes of the ways in which what can traditionally be seen as avenues of support, such as child protection, police, the justice system, or social services, can very often be linked to experiences of discrimination and oppression for Indigenous peoples. As a result, competent GBV work must be situated in an understanding of the need for services that reflect a knowledge of this. The interviews reference these same concerns and highlight the ways in which many Indigenous mothers fear the involvement of child protection, on account of its connection to the legacy of residential school and removal of Indigenous children from their cultures and families. One service provider highlights that, “intergenerational trauma and fear of authority for a lot of Indigenous and other racialized groups is ingrained. There's an instant fear of you know that, again, that judgment that, you know, I did something to deserve this, because that's how authorities have often responded and treated, you know, certain racialized groups” (EWG Member 4). Competent GBV work should centre in an understanding of how GBV work – that intersects heavily with child protection – can use an understanding of the colonial process to promote a decolonized perspective in viewing survivor engagement with service.

4.1.4 Knowledge of the Compounding Traumatic Effects of Structural Violence and how this Shapes the Need for Survivor Self-Determination

The literature and the interviews both touch on the nature of structural violence and the ways in which it can become a source of trauma for survivors. They also highlight the

importance of being aware of how this shapes survivor response and emphasizes the importance of self-determination in IPV work.

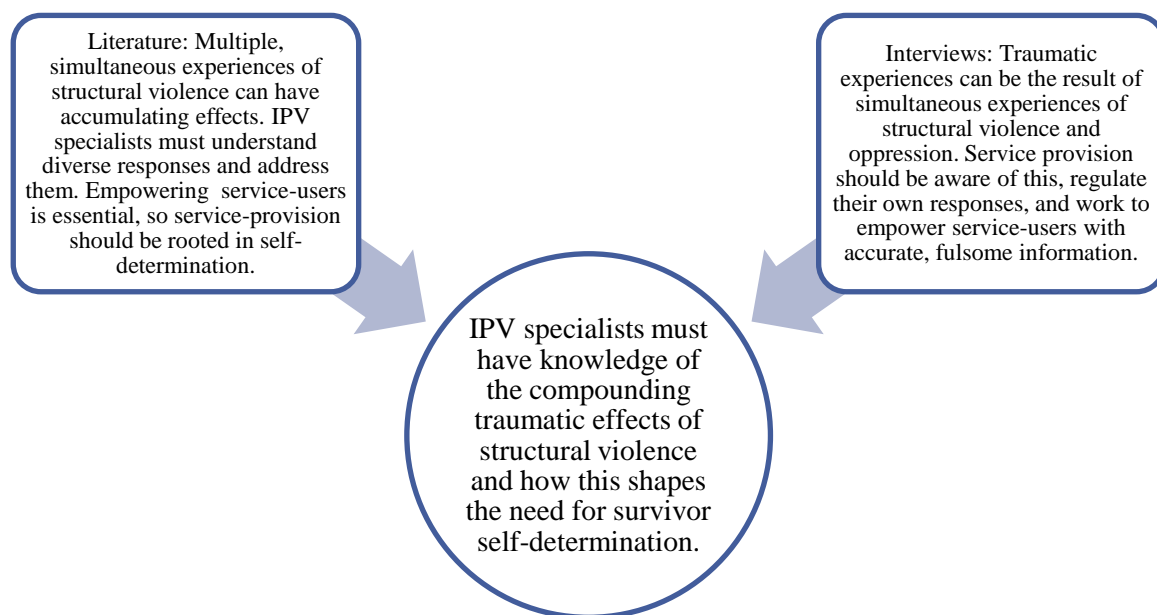


Figure 4: Comparison of the literature and interview discussion around the importance of understanding traumatic responses and how this stresses the importance of survivor self-determination

The literature highlights that multiple, simultaneous experiences of structural violence can have accumulating effects. As a result, it argues that competent GBV work must be rooted in a knowledge of the nature of structural violence and the ways in which it can occur simultaneously for many survivors. In addition, there is the necessity for an awareness of how these experiences can create an experience of trauma that colours a survivor's experience and their access to service. The idea of survivor self-determination is closely linked to the idea of intersectionality, as the identification of multiple, simultaneous forms of structural violence cannot be achieved without an understanding of the ways in which systems of oppression and privilege are dynamic and co-occurring. Also tied to this, is the literature's discussion around the necessity for IPV specialists to regulate their own responses to the coping strategies employed by survivors. Ultimately,

the literature makes the argument that experiences of structural violence can result in trauma and that this manifestation of trauma requires special acknowledgement.

The interviews echo this assertion, with service providers speaking particularly about the ways in which trauma and mental illness can colour a survivor's response to violence and how they engage with service. Service providers highlight the need for compassion and awareness of how trauma can influence a person's behaviour. One service provider applies this as a practice-based behaviour when they discuss how IPV specialists must be able to understand that "[the survivor] is in a fight or flight situation or a freeze situation, you know. So, there are circumstances that would really disconnect a person from being able to make choices for themselves that they would not normally do because of the trauma" (EWG Member 3). Another service provider posits that it is essential to interact with a survivor to understand, "the totality of what is going on for the woman. I'm not isolating issues or asking her to leave a part of solutions at the door. She comes in with who she is - her mental health and substance use issues" (EWG Member 5). As a result, competent GBV work is situated in trauma-informed perspectives and an understanding of how structural violence can create experiences of trauma.

Both the literature and interviews also highlight the importance of self-determination for service-users. The literature posits that competent GBV work is situated in the ability to recognize and promote autonomy and agency in service-users. The goal of work should be empowerment. The literature specifies that this takes the form of providing service-users with information and options that they can use to make decisions for themselves and remain active participants in their own service experience. Self-determination becomes particularly prevalent in instances where survivors have experienced trauma that has stripped them of their right to make choices. The importance of autonomy is seconded by the interviews, where many service providers assert the importance of remembering that competent GBV work does not involve making decisions for service-users but giving service-users what they need to make their own informed decisions. A service provider states that, "we really need to get a sense from her what her own personal sense of safety is and what her options are" (EWG Member 6), while another

highlights that, “we really are not in the business of telling women what choices to make” (EWG Member 7).

The importance of empowering survivors is also demonstrated through service providers discussing the idea of reconciliation in interviews, stating that it is irrelevant how they feel about the idea of reconciliation. What they stipulate as being the most important aspect is safety planning and providing the service-user with the information they require to make an informed decision. They also highlight the need to allow service-users to feel as if they are not being judged for their choices, as the aim is to leave a woman feeling like she could access service again if she wanted to. A service provider demonstrates this when they report that,

“If you build trust and understanding, it is possible to say to her, I have deep concerns about your safety. Here are some alternatives to the choices you're making. Here are some supports we can offer to the choice, right... It can be OK for an employee who's built lots of trust with a woman to say, 'I've been doing this work for a long time, and I see a pattern in some of the outcomes to the type of decision that you seem to be making. I'd like to present with some alternatives because I'm concerned.' Also, 'here's the support you'll have if you choose to make that choice'” (EWG Member 7).

4.1.5 Maintain Awareness of Service-User Individuality and Regulate Individual Response to Coping Mechanisms

The literature and interviews both touch on the theme of practitioners needing to regulate their own responses to survivor coping methods and maintain an awareness of service user individuality.

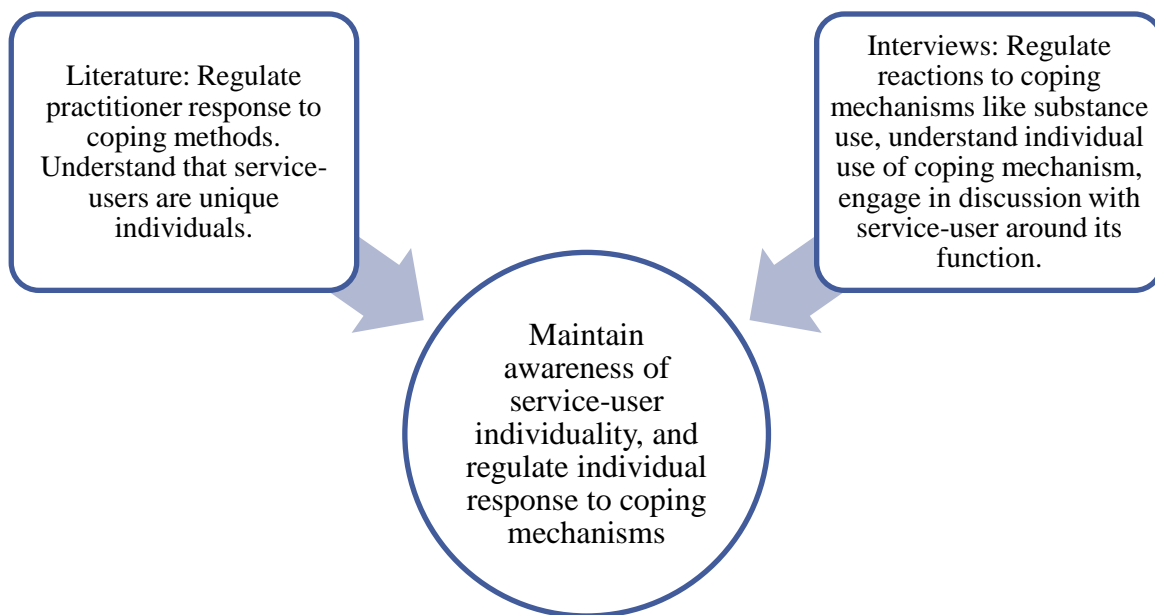


Figure 5: Comparison of literature and interview discussion on the need to recognize and amplify strengths in response to violence

The literature on recognizing and amplifying service user strengths focuses on recognizing that coping strategies are responses to traumatic events that serve a purpose for the survivor. While the literature does not discuss specific coping strategies that practitioners must guard their own reactions to, it highlights the importance of IPV specialists being aware of and managing any emotional responses they have towards service users and/or their coping strategies. As a result, the literature situates competent GBV work to be rooted in the awareness that survivors live through violence that necessitates the development of coping strategies. Competent GBV work is situated in approaching these situations in a trauma-informed way and without judgement.

The interviews echo this assertion, with specific and detailed examples of the kinds of coping strategies that might be used and the ways that service providers must actively resist judgement. The service providers speak primarily using the example of substance use as a coping mechanism that a practitioner must regulate their response to. In doing so, they create practice-based behaviours that can be used as examples of ways in which IPV specialists can ensure they are regulating their own emotional responses towards coping

methods and instead focusing on the survivor. The service providers highlight the importance of utilizing trauma-informed perspectives when considering women who use substances and how this coping method can influence their ability to access service based on shelter policies. One service provider argues that “substance use is a coping mechanism. It isn’t that she is so wealthy and has nothing better to do with her time” (EWG Member 1). Another service provider spotlights how “[it] can be a very validating discussion about understanding from her what is working with the substance use, are there times where it doesn’t work? What does she want to do about that? Does she have goals around her substance use?” (EWG Member 6). Essentially, the literature posits that competent GBV work rests in regulating practitioner response to survivor coping methods, and the interview presents an example of a practice behaviour relating to this argument in the context of regulating reactions to substance use as a coping mechanism.

Both the literature and the interviews also touch on the theme of the importance of the individual. That is, both highlight how varied individual experience can be even under the same overarching systems. The literature discusses the importance of understanding principles of intersectionality, particularly in the context of how different aspects of social location can create a highly individualized experience for a survivor. Competent GBV work can be understood to be situated in an awareness of this occurrence and an understanding of how this experience can be dynamic and multifaceted.

A service provider highlights a practice-based behaviour around this concept when they discuss the idea of individualized safety planning and service user autonomy. They speak about how any kind of planning around safety or around service provision must be done after the development of an understanding of what unique factors are influencing a woman’s situation and her perception of it. They report that “the planning would be around her unique situation and how she’s managed it in the past... the piece that seems to be forgotten very quickly is, how has she managed this in the past? Because most women who come into shelter have done a really good job of coping and dealing with things” (EWG). In addition, there must be an acknowledgement of how an individual woman has managed her situation in the past. This contrasts with a model in which every woman would be provided with a standardized service protocol. As previously explored,

this notion of standardized service is grossly incompatible with many women, such as Indigenous women, who require culturally specific service.

4.2 Themes in the Literature Only

There were several themes present in the literature that were not mentioned by service providers. These differences highlight potential areas in which there is decreased awareness of certain aspects of identity and how they influence experience of violence as well as service provision. This difference can influence the depth of intersectional practice service providers exemplify in their responses.

4.2.1 The Role of Indigeneity in Accessing and Engaging with Service

The exploration of the role of Indigeneity in informing access to service, and competent GBV work is prevalent in the literature. While both the interviews and literature touch on the importance of decolonization in IPV work, the interviews do little to acknowledge the historical legacy that creates the need for decolonized practice. Service providers can provide examples of practices that integrate Indigenous culture into their scope, but do not broadly incorporate the role of colonialism in shaping Indigenous women's experience of violence or acknowledge how this violence is uniquely situated. The literature is vocal about the importance of utilizing anti-colonial approaches and developing a knowledge base of the process of colonization and its long-term effects on Indigenous peoples. What is associated with this is also the role of systems and their interactions with experiences of Indigeneity. While both the literature and interviews reference the continued removal of children and youth from Indigenous families, it is only the literature that recognizes this as being a perpetuation of the legacy of residential schools. The literature also explicitly highlights that this legacy of violent colonization, as facilitated by systems like child welfare, can result in legitimate distrust of service involvement for Indigenous people. In addition, it highlights the importance of culturally specific responses, considering that standard IPV work can be understood to be insufficient in addressing Indigenous peoples' needs, because it has been created in a

system that prioritizes and emphasizes white, Christian perspectives and experience. As a result, the literature positions competent GBV work to be work rooted in an awareness of the resilience of Indigenous communities, the role of colonization in shaping access to services, and the role of culturally specific responses (such as referral to Indigenous-led services). This difference is best observed when understanding the way that the literature not only acknowledges contemporary realities for Indigenous communities but works to situate them as existing because of a continued colonial process. The literature also goes the extra step of highlighting the standard IPV service is the product of a colonial system, which contextualizes the need for culturally specific service.

4.2.2 The Targeted Nature of Patriarchy and GBV

The literature highlights the systemic nature of patriarchy, but also works to contextualize GBV as being targeted and rooted in historical precedents that inform contemporary experiences of gender inequity. Contextualizing IPV work as being rooted in patriarchy involves spotlighting the importance of an awareness of the role of social location in creating systems of oppression and inequity, as well as an understanding of the discourses that inform these realities – both historical and current. The literature also highlights how discourses of masculinity and femininity can serve to normalize violence as a masculine behaviour that is directed at women. As a result, the literature contextualizes competent GBV work to be work that is situated in a knowledge of how violence against women has come to be normalized and how this is a deliberate process.

4.2.3 Recognizing the Co-Existence of Privilege and Oppression in GBV Work

The literature emphasizes the importance of a fulsome knowledge and understanding of intersectionality as being a basis upon which competent GBV work can be done. A significant part of this means recognizing that the forms of systemic violence that can inform experiences of violence are also a part of the sector and those who work within it. While both the literature and interviews speak on the importance of intersectionality in working with survivors and identify an understanding of how identity is multi-

dimensional and cannot be understood to be informed by a singular aspect of social location, it is only the literature that broadly highlights the way that this applies not only to working with survivors but the construction and maintenance of the sector itself.

Competent GBV work rests on an understanding of the fact that inequity becomes a driver of IPV, and that people can experience privilege based on some aspects of their identity, while also being oppressed because of others. The literature posits that GBV service providers can recognize this, not only in their clients but also in themselves. It highlights the importance of competent GBV work contesting systems of oppression not just in women's lives outside of shelters, but also within service provision. Contesting systems of oppression involves practice in trauma-informed contexts and understanding barriers to meaningful engagement with service. Understanding and stripping barriers to engagement can be specified in the need to utilize inclusive language all throughout service delivery, a commitment to engaging in advocacy and activism within their own communities and the broader sector of IPV work, and a commitment to ongoing learning from community members. Inclusivity in this domain rests on responding to the systemic nature of violence in a trauma-informed manner and being aware of the way that structural violence can be a part of the IPV sector and shelter organizations.

4.2.4 The Role of Sexual Orientation and Gender Identity in Influencing Access to Service

The literature highlights the importance of being aware of how social exclusion can influence IPV service delivery. Developing and maintaining this awareness involves highlighting the effect of heterosexism, homophobia, biphobia, and transphobia on service delivery. The literature positions these as being areas that require special consideration to be able to account for, as they influence a survivor's experience of violence and ability to engage with and access service.

4.2.5 Understanding Honour-Based Violence as a Form of GBV

The literature identifies the importance of competent GBV work resting in a knowledge of the practices of honour-based violence and the ability to situate this violence as a form

of GBV. Contextualizing honour-based violence involves understanding that this violence is caused by perceived ‘immoral,’ behaviour that dishonours a woman’s partner, community, or family. The literature highlights that honour codes exist as sets of rules that women are expected to follow, as they are understood to be responsible for family and community honour in situations where these codes are applied. Developing a context for this form of violence also involves understanding that if women are situated as being responsible for upholding honour, men become responsible for enforcing it. These codes of honour exist as forms of social policing and largely centre around women’s sexuality and efforts to control it. This same code may also become a hindrance to help-seeking as it can potentially encourage shame and secrecy in survivors of violence.

4.3 Themes in the Interviews Only

There were themes that service providers were able to identify in interviews that the literature could not fully capture or represent. This difference is important as it highlights the areas in which service providers can capture nuance in their practice behaviour that research cannot always identify.

4.3.1 Understanding the Role of Motherhood in Informing Access to Service and Practitioner Response

Service providers emphasized that discourses of competent mothering and motherhood are deeply ingrained in social structures and inform systemic response to mothers experiencing violence and their children. When women flee violence with children, part of the work that is done with them includes navigating systems involving children and their expectations. The idea of competent motherhood is one that interacts with many other indicators of social identity like race, mental health, and socioeconomic status. Competent GBV work can be understood to be rooted in an awareness of the way that mothers are uniquely situated in society and in service provision. GBV service providers doing this work can recognize that “judgement is there more when there are children involved... I find that’s one of the areas where it’s easiest for people to rush to judgement” (EWG Member 9). Competent GBV work is also work that recognizes the

ways in which the label of motherhood intersects with other aspects of identity to create specific expectations of certain mothers. Differential experiences of motherhood are highlighted in a service provider's assertion that "we know the child welfare system is rife with anti-black racism... they use that as a way to actually catch all black children and not to help black mothers better protect their children" (EWG Member 1). An awareness of this experience is what allows for GBV service providers to provide specialized, intersectional support to the mothers they are working with, as it facilitates a deeper understanding of their experience and the concerns that they may have in engaging with authorities. Service providers also highlighted how motherhood is uniquely situated in Indigenous communities, particularly considering the legacy of children being removed from families. They report that "there's a constant fear of losing the children without due process. There's an instant fear of that judgement that [they] did something to deserve this" (EWG Member 4). The perception of child protection services in Indigenous communities suggests that women experiencing violence with children have a different experience on account of having to factor in legacies of child removal and judgement from society while trying to protect themselves and their children. Competent GBV work is work that acknowledges this unique placement and recognizes that a mother will require interventions and services that address this aspect of her identity on top of those that prioritize her safety and autonomy as a woman. The inclusion of children in work with women is because service providers taking the position that "healthy moms make healthy kids," (EWG Member 10), causing them to provide children's programming within the shelter to allow a mother to be able to focus on the work she needs to do with a GBV service provider for herself while knowing her children are safe. In conclusion, service providers emphasized that motherhood is an aspect of identity that requires consideration when offering services for women experiencing violence, and competent GBV work not only acknowledges the role of motherhood in defining experience but also the way that motherhood can intersect with differential aspects of identity to create specialized circumstances.

Discussion

5 Discussion

The question that guided this research was around identifying the level of alignment between what current service providers report to be competent GBV work and what thematic coding of literature in the sector reveals competent GBV work to be. The research was done with the intent of understanding this area of practice with both forms of data and highlighting a potential gap between current literature and expert practice in areas where there is no alignment. The identification of gaps between service provider practice and literature can allow for the integration of theory into practice, aiding in the development of evidence-based practice in the sector, as well as identify gaps in current research and highlight the need for research that is representative of nuance seen in practice (i.e., practice to theory). Interview analysis revealed expert responses converging into eleven themes around complex-practice based behaviours. These were then compared with twenty-five literature items that focused on service-user centred care. Of the eleven themes coded from interviews, all but one matched with literature items. Variance was observed in the depth and specificity of practice behaviours. It was observed that service providers can identify nuances in identity that inform a woman's unique experience of violence, that the literature sometimes fails to capture.

By using a mixed methodological approach review and coding of literature with inductive narrative methodologies, it was observed that current IPV specialists' reports of intersectional behaviours largely match the scope of available guidance in the literature. The results demonstrate that there is alignment between the literature data and interview data in the following themes: individual approach, mental health, police, child protection, self-awareness, competence training, substance use, the "double burden," racism, and social location. However, there are areas in which IPV specialists can identify areas of particular consideration that the literature does not capture. This difference exists in the theme of motherhood, with IPV service providers identifying motherhood as being an area that requires consideration. The interview data and literature not being aligned here identifies motherhood as being an area that is not being addressed in current literature,

and, thus, outlines an opportunity for research that can address the nuance of this aspect of identity. It was also observed that there are aspects of consideration found in the literature that IPV specialists did not identify like the role of Indigeneity in shaping experiences of violence, sexual orientation and gender identity, and honour-based violence. It is important to remember that this is likely the result of the structuring of the interview, which does not ask participants to explicitly identify multiple forms of marginalization. An additional implication of the findings is the consideration of cultural humility as an alternative to cultural competence in IPV work. Cultural humility can be understood to be representative of the complex practice behaviours identified by service providers and the literature. This discussion will focus on cultural competence and humility, motherhood, Indigeneity, and honour-based violence because of the potential of these areas to inform changes in areas of research as well as to broaden the intersectional thinking informing practice in the sector.

5.1 Implications of Findings

5.1.1 Cultural Humility

An implication of these results is the exploration of whether the idea of cultural competence reflects practice being done in the sector, or whether a shift in terminology might better encapsulate the nature of service providers' work. Cultural competency can be understood to refer to the knowledge, skills, and attitudes held by service providers that aid them in serving minority populations (Pyles & Kim, 2006). Culture, in this context, can be understood to refer to groups of people that are united by aspects of social identity – this can refer to race or ethnic background, but also to other aspects of social location.

In contrast, cultural humility has been defined as a lifelong process of self-reflection, self-critique, continual assessment of power imbalances, and the development of mutually respectful relationships and partnerships (Tervalon & Murray-Garcia, 1998, as cited in Gallardo, 2014). What is important to consider when discussing the idea of cultural competence is the knowledge that this is not a finite process or set of skills that will be acquired only once. The difference between these ideas is one that lends itself to

the crux of where skills meet knowledge, and values. Cultural humility becomes a complex behaviour comprised of all these things and, by definition, involves a continuous life-long commitment to questioning power structures. A complex practice behaviour is a method of working that combines aspects of procedural competence and practitioner specific qualities, like reflective ability, to create a holistic model of competency that provides a guiding framework for practice (Bogo et al., 2013). In this sense, an implication of this research became developing an understanding of what this guiding framework of intersectional practice can look like in IPV work (compared to current existing literature).

5.1.2 Motherhood

IPV service providers identified the area of motherhood to require specific consideration when working with women who have survived violence. They identified motherhood as being a pressing concern for many women who experience violence. Mothers must engage with child protection services while balancing the needs of their children with their own. Pregnancy can be an event that causes a shift or escalation in a woman's experience of violence, and tends to predict future violence (Vatnar, & Bjørkly, 2010). Children also play a role in understanding post-separation IPV, as increased interaction with the perpetrator due to custody agreements increases the likelihood of IPV (Vatnar, & Bjørkly, 2010). Results revealed that service providers find that assisting mothers in navigating interactions with child protection is a significant part of working with women – as work with women often involves work with children. However, results also revealed that women were sometimes evaluated based on how fit of a mother they were perceived to be. When presented with a scenario of a mother who was using substances to be able to generate enough energy to make it through the day, many service providers commented on prenatal exposure, the use of hard narcotics, and immediate child protection involvement despite the scenario not specifying any of this information. Others commented on acknowledging how child protection can serve as a 'mother-blaming' agency.

Mothers reported that their children became a source of empowerment for them and a source of hope that allowed them to leave their relationships (Bach et al., 2013). Service providers report that women experience significant anxiety around service involvement due to fears that their children will be removed from them. Removal of children becomes an especially frightening consideration for mothers of colour, who have harsher interactions with child protective services and are disproportionately represented in child protection intervention (Schmidt et al., 2021). The interviews highlight the need to be able to account for the unique impact child protection can have in a woman's experience. The interviews also highlight the importance of service providers being non-judgemental and open to understanding experience as well as mitigating their own reactions to the experiences of service-users. Self-awareness becomes prevalent when the importance placed by society on motherhood is considered. The literature, in contrast, makes no mention of motherhood as a specific area of consideration. This difference in inclusion might be because motherhood becomes part of the assumed experience of a woman surviving violence rather than as an aspect of identity that women are assigned. Discourses of motherhood emphasize self-sacrifice and protection, and IPV service providers recognize that the involvement of children can cause harsher judgement if these discourses are not seen as being fulfilled. In addition, the idea of competent mothering is differentially applied to mothers of colour, with Indigenous mothers reporting that they felt they were judged and surveilled by child welfare systems, who they experienced as perpetuating colonial discourses and stereotypes (Robertson et al., 2021).

Motherhood being absent from the literature implies a gap in the sector's understanding of how 'mother' can become a loaded term weighed down with gendered and racialized discourses that require specific intervention in anti-oppressive work. Supporting mothers experiencing violence involves an understanding of them beyond the simple definition of having children; it involves an understanding of the totality of their experience. By ignoring the specific experience that motherhood creates, researchers inadvertently reinforce the patriarchal system that considers motherhood to be inherent to a woman's experience and, therefore, not note-worthy enough to warrant specific investigation. This highlights an instance in which research is not capturing the nuance of experience that

service providers witness and opens an opportunity to engage in research that addresses a current gap in the literature.

5.1.3 Indigeneity

While the literature made extensive references to the nature of violent colonization, how this has led to distrust of systems, and the importance of recognizing colonialism to have disrupted traditional Indigenous methods of governance, the interviews did not make mention of the role of Indigeneity in shaping Indigenous women's experiences of violence and situating standard IPV service to reflect the colonial system that informs the perpetuation of that violence. Indigeneity becomes crucial to consider when discussing IPV, considering that the patriarchal power structures that can reinforce gendered violence are contrary to the traditional teaching and way of life of many Indigenous communities – who can be matrilineal or maternally-focused (Burnette, 2019). The process of colonialism being a part of a literature base but not surfacing in the interviews might suggest that an understanding of the role of colonization does not necessarily end up applied in the formation of complex practice behaviours, which can be understood to exist as an area of variance in the level of application of principles of intersectionality. It is also important to consider the ways in which the interview scenario itself, by using the term 'racialized' does not necessarily encourage the explicit identification of Indigeneity as an aspect of identity to think deeply about, which likely impacted the lack of discussion around the nature of colonialism. Despite not discussing the process of colonialism or the unique situating of violence in Indigenous communities, service providers did make mention of infusing Indigenous culture and tradition into services.

The literature highlights the importance of recognizing the resilience of Indigenous communities and engaging in culturally responsive and appropriate care. It also highlights the importance of being committed to decolonized practice. It is worth noting that the idea of decolonized practice is one that is echoed by service providers in the interviews, citing this as being a process that involves self-critique, reflectivity, and learning. Decolonization being situated as a process of reflection echoes the idea that decolonized practice aligns more closely with notions of cultural humility than cultural

competency. In engaging with Indigeneity, the literature extols on the importance of understanding the specific needs of Indigenous communities and recognizing where practitioners need to form community networks to be able to meet these needs – because they are beyond their own scope. Identifying scope of practice in this way is an exercise in self-reflection and understanding practitioner positionality. Both the literature and the interviews highlight the importance of understanding practitioner positionality to be a component of competent service provision. When considering the role of Indigeneity in informing experiences of violence, and how a non-Indigenous practitioner might be able to or not be able to understand these, the work calls for a shift towards ideas of cultural humility and decolonization. It is by taking the position of cultural humility, that a non-Indigenous practitioner can recognize that violence is uniquely situated in Indigenous communities and that the work of healing may require commonality that they do not possess.

The findings fail to capture the complexity that Indigenous identity lends to experiences of intimate partner violence, particularly in capturing the phenomenon of lateral violence and intergenerational violence. Hoffart and Jones (2018) found that all five of their participants reported having at least one parent that attended residential school and experienced physical, sexual, and/or emotional abuse. The participants reported that the firm separation of children by gender led to them having difficulties in understanding relationships and sex roles later in life, leading to difficulties in intimate relationships (Hoffart & Jones, 2018). They reported that continuous exposure to violence influenced their understanding of what normal domesticity consisted of, leading to them normalizing abusive behaviours in their own relationships (Hoffart & Jones, 2018). This cycle is the result of what Burnette (2015) labels patriarchal colonialism – that is to say, the burden placed upon Indigenous women of navigating systems that prioritize men and whiteness – leading to them being subjected to colonialism and patriarchy. The distinction here is important as, while patriarchal colonialism initiated as a European import, its role in degrading the place of women in many Indigenous communities caused the internalization of these ideas, leading to circumstances that encourage IPV and allow it to persist at disproportionate rates (Weaver, 2009). Maintaining an awareness of this development becomes crucial in developing complex practice behaviours in the IPV

sector, as any work that does not account for this contextualization fails to capture the totality of the impact of IPV on Indigenous communities. It also allows for the possibility of work and research that does not address the root of the problem, and instead assigns violence to be the ontological property of Indigenous communities.

Freire (2000) writes of how when oppression is harsh and consuming, individuals may strike out at relations or community members – particularly when striking out at the oppressor is too risky. Lateral violence also involves the adoption of the oppressor's values, as no other choice is provided. Burnette (2015) applies this to Indigenous women's experiences of IPV, situating them to be unique and thus, requiring explicit naming. The lack of acknowledgement of this in IPV work on the ground through the interviews suggests that current practice may not be adequately addressing the complexity of experiences of violence for Indigenous women. In fact, the literature items do not explicitly acknowledge this unique situation of violence either. Instead, the focus is on recognition of broad impacts of colonization and historic trauma. In this context, this difference has the implication of avoiding addressing the manifestation of gendered violence in Indigenous communities and their direct impacts on the role of women in community. Highlighting this difference allows for a reconciliation of broad and specific impacts of colonialism, to strengthen the sector's understanding of colonialism to include patriarchal colonialism as a targeted form of oppression that requires intersectional intervention based on both race and gender.

5.1.4 Understanding Honour-Based Violence as a Form of GBV

The literature highlights the importance of understanding honour-based violence as a form of GBV. It does this through explaining the context around honour-violence and understanding it as a behaviour designed to control women's mobility and freedom through strict adherence to community norms around morality. The literature also presents honour-violence as potentially being rationalized by fears around women becoming too Westernized. It is important to note that the idea of honour-based violence is not mentioned by service providers in the interviews as being a point of awareness or something to craft interventions around. While there are brief mentions of collectivist

communities, the creation and maintenance of an honour-system and the way it is enforced by both family and community is not mentioned. This difference in inclusion highlights that the challenges that can be encountered by women experiencing this form of violence are not necessarily being highlighted in current practice in the sector. The literature makes a point of highlighting that the nature of honour-based violence and the way it reinforces ideas of shame and secrecy can lead to difficulties in engaging with and accessing service for women experiencing this form of GBV.

Gregory et al. (2020) highlight that there is a spectrum upon which honour-based violence exists, with honour-based killings existing as the most severe form of honour violence. The literature highlights that idea of honour is one established, maintained, and 'defended' by male members of the family although it is often enforced with the help of female family members. Female members of the family are understood to be representatives of the family and thus, the honour of the family rests on the decisions that they make. Any woman who is understood to have brought shame to the family, by breaking one of the moral codes that defines 'honour' for the family in question, must be punished and brought in line by her relatives – mostly male (Mucina & Jamal, 2021). Honour-based violence can also include, but is not limited to, forced marriage, threats of murder, acid attacks, mutilation, curtailing access to education and technology, forced pregnancy, and isolation (Gregory et al., 2020). While there is significant overlap between forms of IPV and forms of honour-based violence, and IPV can fall within the umbrella of honour-based violence, the motivation and impact that honour-based violence has must be considered distinctly enough to be able to account for the fact that is another area that largely requires intervention based on race, ethnicity, and gender.

Research and work done around honour-based violence are uniquely situated as, without critical awareness, they run the risk of becoming what Sherene Razack calls 'culture talk' (Mucina & Jamal, 2021). This refers to legal and social responses to honour-based violence that emphasize religion and culture rather than the underlying system of misogyny in the perpetuation of gender-based violence. Understanding these to be distinct allows for people to wrongly assume that this kind of violence exists as being entirely distinct from gender-based violence seen in the West and creates a system in

which this violence is assigned to be the legacy of certain racial and ethnic groups (Shier & Shor, 2012). A lack of critical exploration of this aspect in both the literature and interviews can suggest that this ability to contextualize the response to honour-based violence is lacking in work and research currently being done in the sector.

While there is typically a set of criteria that allow for honour-based violence to be differentiated from other forms of gender-based violence (like premeditation, community involvement, rewards for the perpetrator in the form of respect and honour), policymakers, politicians, and academics often ignore these criteria in assigning a label of honour-based violence to a situation (Shier & Shore, 2012). Kortweg and Yurdakul (2009) note that honour-based violence becomes an area in which there is a line of demarcation drawn between immigrants and the majority. It is worth considering whether this line of separation and the assignation of 'honour' norms to exist solely in racialized communities contributes to the experience of stigma and shame that disallows survivors or women currently experiencing honour-based violence from accessing service. If there is an assumption that their communities, religions, and families will be vilified, it is little wonder that they have trouble with service engagement.

Neither the literature nor service providers contextualize the phenomenon of honour-based violence existing as an inherently racialized term. The weight associated with this terminology is important to consider, as it highlights an area for increased awareness for the way the system influences our perception of violence. While it is indisputable that the motivation of family and community honour for the perpetration of violence against women and girls can function differently than other motivations for gender-based violence, it is also worth questioning whether there is overlap in the underlying motivation of control and a perception of male authority to police women's behaviour. Shier & Shor (2012) highlight the difference in how whiteness plays a role in whether femicide is labelled a crime of passion or an honour-based killing – regardless of whether it fulfills the typically understood criteria that differentiates honour-based violence from more commonly observed gender-based violence. The labelling of women's experiences based on cultural identity can be understood to be linked to images of 'victimized' women and girls who need to be rescued from 'barbaric' men of their culture (Mucina &

Jamal, 2021). Racialized labels of aggressor and victim are not new and are closely connected to colonial discourses around South and West Asia that were used to justify imperialist and colonial agendas (Loomba, 2015). Loomba (2015) uses the example of British policy around the practice of *sati* in India, which had largely fallen out of use, but experienced a revitalization when British policy decreed it barbaric, illegal, and falsely applied it to be a practice upheld across India. This is an example, not only of patriarchal colonialism and lateral violence, but also of how women become the first to feel the effects of honour-based violence and the struggle between a system that uniformly assigns them to be victims in need of rescuing and a community that seeks to hold fast to ‘tradition,’ in the face of forced assimilation.

Systematic reviews of how the labelling of violence can change based on an identifier like race, religion, or culture have shown that the term ‘honour-based violence,’ can become an inherently charged one laden with racialized discourses that can impact a service provider’s perception of the violence in question, and of the survivor (Mucina & Jamal, 2021; Shier & Shore, 2012). The culture created by this labelling can also lead to increased secrecy and shame that makes it difficult for women to access service, on top of the difficulties encountered because of potential community expectations. As a result, it becomes crucial to ensure that the context behind this terminology is well-accounted for in both service-provision and research to allow for a challenging of the systemic perception of this violence and practice in which service-providers can be sure they are accurately labelling experiences of violence based on survivor perception rather than the settler-colonial perception that informs the system.

5.2 Limitations and Future Directions

This study involved the use of inductive narrative methodologies in the form of interviews with service providers, wherein they responded to a scenario provided by the facilitator. The provided scenario represented what the research team understood to be a ‘normal’ representation of IPV; it was a scenario that a service-provider would very likely have encountered before in their work. While this consideration allowed for service providers to be able to speak to the proposed scenario across the board, it also limited the potential scope of the study’s results. The scenario involved the analysis of what can

appear to be a heterosexual couple wherein a man is perpetrating violence against a woman. The couple has children, and anything about their social location beyond marital status, and gender identity is not specified.

Since aspects of social location and identity were not explicitly identified, service providers made their own assumptions of identity, which resulted in the scope of intersections being identified being limited. Aspects of identity like ability, sexual orientation, and employment status went unmentioned. A lack of acknowledgement of these factors can be understood to be a product of participants not being asked to explicitly identify and consider multiple aspects of marginalization. Inclusion of these aspects in the scenario itself, or the interview process encouraging the identification of these aspects, would have resulted in much more nuance in the practice-behaviours being identified.

Another limitation of the study centres around the participants in this research being highly experienced service providers in the sector. Participants were mainly shelter leads from across the country. This is a limitation of this research because the identified complex practice behaviours are ones that represent the knowledge and experience of highly skilled service providers and may not be representative of how the average service provider is conducting their work. It is worth considering how the results might have been different if shelter workers of varying levels of experience had been included in the research. As it currently stands, the results represent the insights of experienced service providers who have years of practical knowledge to apply to the scenario provided. The experiences of the participants, who work in leadership roles, likely vary from the experience of service providers across the country who are working on the ground and might have had different insights to offer. In addition, the participants were primarily of European descent and heterosexual. Due to the fact that demographic data was collected separately from interview data, it is not possible to highlight what level of diversity was present in the randomly selected fifteen interviews. As much of these findings centre around positionality and diverse experiences, it is important to consider the manner in which service provider positionality might have impacted the depth of exploration of multiple forms of marginalization. If the fifteen interviews selected were not

representative of the diversity of the broad participant sample, it is possible that this impacts the depth of the findings.

As a result, future research should be explicit in the acknowledgement of diverse experiences of violence to be able to capture the work being done in the sector in these areas. Diverse research can take the form of scenarios that reflect different experiences of violence, or studies that have a focus on distinctive experiences of violence that bring issues like disability, sexual orientation, and IPV against men to the forefront of the analysis. It would also be fruitful to conduct research that focuses on the work of service providers at different levels of expertise, rather than solely hearing the insight of highly experienced service providers in leadership positions.

5.3 Conclusion

In conclusion, it can be understood that IPV service providers are largely engaging in praxis that allows for them to integrate anti-oppressive and intersectional theory with their work. It is essential to keep in mind, however, that the theory that informs practice must be comprehensive. As a result, it is insufficient to consider IPV in Indigenous communities without considering the role of patriarchal colonialism. Similarly, it is crucial to be critical of labels such as ‘honour-based’ violence and of how such terminology can intersect with aspects of social location. It is also important to consider the role of cultural humility in creating complex practice behaviours that allow for service providers to foster opportunities to address these challenges. This research adds to understanding in anti-oppressive work in the IPV sector and allows for an exploration of potential areas of developing both research and practice. It allows for the highlighting of neglected areas of research, like the role of motherhood in informing a woman’s experience, and highlights theory, like the role of patriarchal colonialism, that can be better integrated into current and future service-provider training to bridge these gaps.

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Appendices

Appendix A

This appendix details McLeod et al.'s (2010) Checklist of Practitioner Competency that formed part of the basis of comparison for competency models explored in the literature review.

McLeod, Hays, and Chang (2010) Checklist of Practitioner Competency

Intimate Partner Violence (IPV) Competency Checklist for Counselors

Respond to the following self-evaluation questions to identify how effectively you meet the needs of IPV survivors:

- Are you aware of your personal biases regarding IPV?
- Do you screen for IPV with every female client?
- Are you actively creating a safe and supportive environment that encourages IPV disclosure?
- Have you compiled a list of a wide range of IPV-related community resources and logistical resources (e.g., transportation, housing)?
- Do you provide information to clients on IPV and a list of resources regardless of whether IPV is disclosed?
- Are you knowledgeable regarding potential safety concerns involved in survivors leaving an abusive relationship?

When working with clients who disclose IPV, do you:

- Assess the degree to which family and friends are a source of support?
- Assist the survivor in identifying personal characteristics that are strengths (e.g., persistence, desire to care for children)?

- Assess for self-destructive behaviors and unhealthy coping mechanisms and brainstorm with survivors on how to replace these behaviors with healthier coping mechanisms?
- Assess the survivor's self-care techniques and brainstorm with survivors about additional ways they can nurture themselves?
- Help survivors explore reasons behind emotional attachment to the abuser and brainstorm alternative ways to meet the need for emotional connection?
- Educate survivors about the cycle of violence, including warning signs and the fact that IPV typically does not improve over time?
- Assist survivors in developing a safety plan?
- Address the impact of IPV throughout the counseling process?
- Consider the effects of IPV in clinical decision making (e.g., diagnosis, treatment planning)?

Appendix B

This appendix includes the full script for the interviews, including the full scenario presented to participants. Of particular interest is Part One that is the section of the interview that was used for analysis in this study.

WAGE Interview Script

Round One Delphi Interview – Script

As we discussed during the consent process, the goal of this research project is to highlight the expertise of Canadian Gender-Based Violence (GBV) specialists, and to identify a national set of knowledge, skills and attitudes (i.e., what GBV specialists need to know, think, and be able to do) that will be helpful to GBV organizations as they continue to design and implement relevant training to strengthen collaborative community responses. The focus is on intimate partner violence, and GBV specialists include those working with women and children in shelters and community agencies, children exposed to IPV, and those working with men who harm them.

Today's interview will take approximately 1 hour and will focus on identifying what GBV specialists need to know, think, and be able to do when working through challenging situations. There are no right or wrong answers to any of the questions. Your ideas from today's interview will be put together with the ideas of others to create a list of what GBV specialists need to know, think, and do. You'll have a chance to review the list and provide feedback in the Fall.

Do you have any questions? (pause) You can ask questions at any time throughout this interview.

In the first part of this interview, you will be asked to discuss what specialists need to know, think, and be able to do in situations that may have to deal with as part of their work. You will have time to read the situation and then, I'll ask you some questions.

Part 1 – IDENTIFYING WHAT GBV SPECIALISTS NEED TO KNOW, THINK, AND BE ABLE TO DO IN AN EXAMPLE SITUATION

Police responded to a call last month involving a domestic violence incident at a home. The father was arrested and removed from the home. Three children were present at the scene, an infant, a 4-year-old and a 15-year-old. This is the first call to police that has resulted in charges being laid. The father was held overnight and then released on bail. Child protection was notified by the police, and a child protection worker initiated contact with the family. Due to the mother's growing worries about safety and her ability to make ends meet, she has contacted a shelter. The father has completed an intake assessment for a perpetrator intervention program and has indicated that he wants to see his kids and get back together his wife.

1. Thinking about your first few contacts with the [mother, children, father], what would you need to know, think, or be able to do if you were working with the [mother and children in shelters and community agencies, children exposed to IPV, or father that harmed their partner and children]. [note to interviewer: use the sentence stems appropriate to the participants' working group]

Possible follow-up prompts:

- Are there other specialized things you would need to know, think, or be able to do throughout this situation?
- What aspects would you find more difficult to navigate or work through in this situation?

Additional details for ALL working groups:

- Introduce that this family identifies as racialized and expresses some concern with involving the authorities.

Follow up question: With this information, are there additional things you would need to know, think, or be able to do in order to work with this particular family?

Additional details for women survivors of IPV working group:

- Introduce that the mother and her children are now staying at a shelter and you learn that she has been using substances. The mother is also struggling to have

enough energy to make it through the day. Repeat question about what you would need to know, think or be able to do.

- Introduce that one-month later the mother wants to go back home and get back together with her partner, e but you are aware that there are ongoing and high levels of concerns with her safety. Repeat question about what you would need to know, think or be able to do.

Additional details for *men who cause harm* working group:

- Introduce that the father denies that anything happened and believes that he has not done anything wrong – he describes that it is all his partner’s fault that the police got involved. Repeat question about what you would need to know, think or be able to do.
- Introduce that the father has been progressing well in group and seems to have made good progress through intervention; however, you receive information from the partner contact worker that the father drives by the home daily and calls out to the children, despite a no-contact order. Repeat question about what you would need to know, think or be able to do.

Additional details for *children exposed to IPV* working group:

- Introduce that the mother is worried about her infant’s safety and the father’s capacity to care for child. Repeat question about what you would need to know, think or be able to do.
- Introduce that the 4-year-oldchild is eager for visits and wants to see their father, whereas the 15-year-old does not want anything to do with their father. Repeat question about what you would need to know, think or be able to do.

Part 2 – SCENARIO AND BRAINSTORMING

In this next section, I will be asking you to describe and discuss another situation that you might encounter in your work that might require that that you know, think or be able to do different or additional things. This could be a situation where you were a consultant, direct service provider or supervisor/coordinator/manager. It is useful to have a situation in mind, but very important that you do not provide any identifiable information (e.g., names) or describe it in so much detail that the situation that it might be identifiable. You can (and we encourage you) to also combine situations - for example, you might combine details from two or three similar situations to both allow to you elaborate more on what

you would need to know, think or be able to do and to be sure that there are no identifying details. We will then spend some time talking about this situation.

1. Please take a few minutes to think of about this situation. Some questions that might help guide you in your thinking are:
 - what did you need to know, think, or be able to do to provide effective and quality care when working with the [mother, children father] in this situation?
 - what aspects did you struggle with most in terms of what you needed to know, think or be able to do?
 - if the situation is now closed or if you are no longer the primary service provider, how did you navigate and work through the situation;
 - what specialized things did you need to know, think, or be able to do throughout this situation in order to provide effective and quality care?

* If interviews are conducted by Zoom or a similar virtual platform, the interviewer can use the “Screen Share” function to illustrate the four areas that the interviewee should consider. The screen share function will be disabled after the reflection period.

- a) Can you please describe this situation with enough relevant detail, so I can have a better understanding of it? Please remember to avoid providing identifying details. Feel free to give fake names and to change any details that you would like.
- b) What did you need to know, think, or be able to do throughout this situation?

Possible follow-up prompts:

- Were there other things you needed to know, think, or be able to do throughout this situation?
- Were there parts of this situation that you feel were outside what might be expected of a GBV specialist service provider? If so, what parts?
- What additional things do you wish you had known or could have done in this situation?

Thank you. This was very helpful. Just before we finish up talking about this situation, we would like to ask you if you might consent to sharing the situation you described, or aspects of this situation, with other specialists during a subsequent round of this project to facilitate the process of narrowing down the core knowledge, attitudes, and skills (i.e., the

things you need to know, think, and be able to do) in your work. For example, we might write bits of this situation into a scenario we ask other GBV specialist to respond to. Do you allow us to anonymously share your example in subsequent rounds of this project?
[Allow for questions and provide clarification]

Yes or No

2. When considering other complex situations where you were a consultant, a primary service provider, or a direct supervisor/coordinator/manager, were there other things you needed to know, think, or be able to do throughout those situations?

Part 2 – BRAINSTORMING WHAT IS EXPECTED OF NEW SPECIALISTS.

Now, I would like you to imagine that you are responsible for hiring a new specialist working with women survivors, children exposed to intimate partner violence, or men who cause harm) at your agency.

1. What would a new specialist need to know, think, and be able to do before joining your agency? In other words, what would you assess during their job interview?
2. When the new specialist begins work at your agency, what things do they need to learn during training? In other words, think about what they need to learn from the time they are hired to the time they have a shift alone or work independently as a direct service provider.

Possible follow-up prompts:

- Are there things that you might need/want within your specific context?
- Are there things you wish were included in your training that you have not had a chance to learn at your agency?

Part 3 – ASK SPECIALIST TO SHARE ANY RESOURCES

One of the ways that we are building our list of GBV specialist skills is by reviewing training and materials provided and used by agencies across Canada. We are doing a couple of things with these resources.

First – we are using them in our analysis of what GBV specialist service providers need to know, think, or be able to do (i.e., the list we will be sending you today).

Second, as part of this project, we are creating a database of these resources for GBV specialists across Canada. This database will include full resources, when they are available, or a short description, if it is not available.

Finally, we are hoping to use this work and this database as a way to support peer to peer learning. If there is an expertise that your agency has, or a training that you provide, that would be useful to other GBV specialists, can we profile it here? Initially, we will profile this by listing it as part of the database with a brief description and some information about who to contact but eventually, we aim to create a compendium of trainings available across the country.

With these purposes in mind, are there any resources, materials or trainings provided by or developed by your agency that you wish to share for any of these purposes? For each one, ask:

OK to analyse full text	YES	or	No
OK to share full text	YES	or	No
OK to share description only	YES	or	No
OK to include in compendium of training.	YES	or	No

Part 4 – REVIEW OF REMAINING COMPETENCY LIST

Our research team has conducted a national and international literature review on what GBV specialists need to know, think, and be able to do in their work. This may include skills and knowledge that develop on-the-job or through additional training, lived experience, practice, and supervision. You will be sent a document by email outlining the working-list of what GBV specialists need to know, think and be able to do, that we have developed so far. This list is not exhaustive and does not include the ideas you have shared with me in today’s interview. Future rounds of this project will incorporate your interview responses and feedback, and they will be added to this document. We invite you to review this document and indicate if there are knowledge, skills, and attitudes that are not yet reflected in this document, and that you did not talk about today during the interview, and that you wish to see included. In other words, you do not need to repeat the ideas you shared in today’s interview in your feedback of the document. You also do not need to provide feedback if you feel it is not needed. We are still in early stages of identifying the expertise of GBV specialists, so at this point our aim is to be as comprehensive as possible – we recognize that this list is long. Please note, the final document will not look like this. You will be given one week to review and provide

feedback on the working-list. You will be sent one email reminder to submit any feedback that you wish to share.

Appendix C

This appendix details the full list of literature items pertaining to competent GBV work and their subsequent descriptions that outline elements of practice.

Literature Items and Descriptions

KNOWLEDGE ITEM 1/8:

Knowledge that IPV is gendered

IPV specialists have knowledge of gender inequity as a driver 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.
- 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.

KNOWLEDGE ITEM 2/8:

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: gender, race, ethnicity, sexual orientation, socioeconomic status, culture, immigrant / refugee status, age, geographic location, religion / spirituality, (dis)ability, language, mental health status).
- They appreciate that individuals have multiple diverse social locations or 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 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.

KNOWLEDGE ITEM 3/8:

Knowledge and understanding of anti-racist, 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 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 heterosexism, homophobia, biphobia, transphobia, and social exclusion, including the ways in which they relate to IPV service delivery.

KNOWLEDGE ITEM 4/8:

Knowledge of how culture interconnects with identity

IPV specialists understand that the multiple aspects of our identities are associated with cultures and communities. Culture can refer to: a spiritual-based community (for example, a faith group), disability (for example, deaf culture), sexual identity (for example, gay community), ethnicity (for example, Caribbean Black) among many others.

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

- Cultural factors influence the ways that people experience violence, interpret violence, and seek help.
- Violence manifests 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 some people come from cultures where connections with family and community are central to personal identity.

IPV specialists understand the potential for culture to be a source of strength for service users.

KNOWLEDGE ITEM 5/8:

Knowledge of “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 by her partner, family, or community members, for what they consider “immoral” behaviour. IPV specialists understand:

- “Honour” codes exist that mean women must follow rules that are set out for them at the discretion of male relatives 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 is related to 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, young women being accused of being too “westernized”.

KNOWLEDGE ITEM 8/8:

Knowledge of colonization

IPV specialists understand that IPV within Indigenous populations can only be understood with in-depth knowledge and recognition of colonization and the cultural genocide of Indigenous peoples on Turtle Island.

IPV specialists have knowledge of residential schools, 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 the ongoing impacts of past and present harms of colonization

RECOGNIZE DIVERSITY AND STRENGTHS IN SERVICE USERS - JUDGEMENT CATEGORY ITEMS

JUDGEMENT ITEM 1/5:**Applies knowledge of intersectionality and anti-racist anti-oppressive approaches**

IPV specialists apply knowledge of intersectionality and anti-racist, anti-oppressive approaches to fully understand how identities, and the oppressions associated with them, co-exist, are interconnected, and shape people's lived experience – including their experiences of violence, and responses to it

IPV specialists think critically about service users' experiences of oppression as structural violence and a source of trauma. Multiple, simultaneous forms of violence can have cumulative, compounding effects.

IPV specialists carefully consider individual service users' experiences of oppression and violence to inform the delivery of responsive services.

IPV specialists understand the need for dominant groups to recognize their power and privilege, and how their power and privilege serves them while actively disadvantaging others.

JUDGEMENT ITEM 2/5:**Carefully consider own identities and cultures**

IPV specialists think critically about their own social location and access to power and privilege.

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

JUDGEMENT ITEM 4/5:**Appreciation and understanding of lived experience**

IPV specialists fully understand that lived experience is essential to effective service-user centered IPV service delivery.

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

IPV specialists believe survivors.

JUDGEMENT ITEM 5/5:**Apply knowledge of colonization, its impacts, and the strength of Indigenous culture**

to counter it

IPV specialists apply in-depth knowledge of colonization to center historical trauma, ongoing oppression and discrimination, and individual experiences of colonization when working with Indigenous service users.

IPV specialists understand that generic IPV services are ineffective for many Indigenous individuals. Further, IPV specialists understand that for many Indigenous individuals, systems and institutions (police, courts, child protection, healthcare, social services) may not be avenues of help or support, but as obstacles and sources of discrimination and violence.

IPV specialists understand the importance of Indigenous people's connection to land, community and culture and recognize these connections as strengths. They understand the role of traditional knowledge and healing practices, including the role of Elders in IPV service delivery.

IPV specialists recognize the resilience of Indigenous peoples and communities.

**RECOGNIZE DIVERSITY AND STRENGTHS IN SERVICE USERS - SKILLS
CATEGORY ITEMS**

SKILLS ITEM 1/9:

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.

SKILLS ITEM 2/9:

Build equitable relationships with service users

IPV specialists recognize and challenge power imbalances between themselves and

service users. They build equitable relationships characterized by respect, shared responsibility, cultural exchange, and cultural safety.

IPV specialists proactively guard against replicating oppression within service provision, particularly within relationships and programming.

SKILLS ITEM 3/9:

Adapt IPV services to be culturally responsive

IPV specialists adapt practices to be culturally responsive to enhance the well-being and safety of service users and their families:

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

SKILLS ITEM 4/9:

Engage with diverse community partners

IPV specialists establish and maintain relationships and collaborations with diverse community partners.

IPV specialists draw upon diverse community partnerships to offer culturally appropriate and responsive supports, services, and referrals.

SKILLS ITEM 8/9:

Foster self-determination

IPV specialists are skilled at recognizing and promoting service user autonomy and agency in decision-making and programming.

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

SKILLS ITEM 9/9:

Provide strengths-based services that center Indigenous cultures and identities

IPV specialists provide trauma-informed, holistic services that support service users to reconnect with Indigenous identity through a de-colonizing lens, as directed by the service user.

IPV specialists uphold Indigenous culture and utilize strengths-based, service-user centered approaches to service provision with Indigenous service users.

- 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.

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.

IPV specialists provide service options and referrals to Indigenous organizations and services as directed by the service user.

RECOGNIZE DIVERSITY AND STRENGTHS IN SERVICE USERS - SELF REGULATION CATEGORY ITEMS

SELF REGULATION ITEM 1/3:

Regulate own reactions to service users' identity and culture

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

SELF REGULATION ITEM 2/3:

Reflective practice to maintain service user-centered, strengths-based approaches

IPV specialists maintain an awareness of and manage their own emotions and attitudes in response to service users and their coping strategies.

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

SELF REGULATION ITEM 3/3:

Commit to decolonization within oneself

IPV specialists reflect on the ways that colonization have shaped them and monitor and adjust their practice accordingly.

RECOGNIZE DIVERSITY AND STRENGTHS IN SERVICE USERS - PROFESSIONAL VALUES CATEGORY ITEMS

There are currently SIX items in this category, shown below:

1. IPV specialists believe in equality, equity, and social justice
2. IPV specialists value the diversity, dignity, and human rights of all individuals
3. IPV specialists believe in human capacity for change and growth
4. IPV specialists value lived experience
5. IPV specialists believe in the resilience of individuals, families, and communities
6. IPV specialists value Indigenous knowledge, cultures, and rights

Appendix D

The following appendix details the full analysis of the themes uncovered from the coding of 15 interviews. This section outlines the eleven themes uncovered through the thematic coding process and the implications of these results.

In-Depth Analysis of Interview Themes

Understanding the Unique Situational Factors of an Individual Woman. The crux of applying principles of intersectionality rests in recognizing that everyone is uniquely situated in the world on account of the myriad of conflating systems of privilege and oppression that shape their experience. As a result, competent GBV work can be understood to be rooted in the idea that every woman will have a unique experience and knowledge of her situation that must be factored into the service and intervention process to maximize efficacy and empowerment. The importance of service-user individuality is reflected in service provider statements like “we tell all our clients that [they] are the service provider of [their lives] and we are not there to make decisions for [them] or to judge [them] for any decisions [they] make” (Expert Working Group (EWG) Member 12). Service providers report that an essential part of first contact with a woman is their need to “get her history of help-seeking [and] what’s helped her, what’s not helped her in terms of doing a safety assessment” (EWG Member 2). An awareness of individual needs not only informs competent work as part of a first contact with a woman, but also stretches to include what current GBV service providers consider essential when hiring new workers, reporting that a new employee should have “enough experience and enough sense to ask some additional probing questions to put into a risk assessment” (EWG Member 6) despite agreeing that these questions are not necessarily ones that would need to be asked routinely. The identification of judgement being a crucial skill in this area suggests that service providers are identifying the need for competent work to hinge on the ability to recognize when a situation requires a particular lens or consideration. Prioritizing service-user individuality is crucial in forming interventions that address what a woman understands to be her concerns. It allows for a service user and a GBV service provider to collaboratively explore critical topics like safety. GBV service

providers also report the importance of recognizing that a woman has likely already done a degree of managing in her situation before she ever reaches out for support and recognizing that effort – and the ways in which it will shape their interventions – is the basis of forming a productive working relationship and catering service and interventions to meet their needs. They report that “the planning would be around her unique situation and how she’s managed it in the past... the piece that seems to be forgotten very quickly is, how has she managed this in the past? Because most women who come into shelter have done a really good job of coping and dealing with things” (EWG Member 8). In conclusion, applying an individual lens to every woman allows for a GBV service provider to provide service that is tailored to meet a woman’s needs while exploring for systemic factors that might inform her experience – forming the crux of the application of principles of intersectionality.

Understanding The Role of Motherhood in Informing Access to Service and

Practitioner Response. Discourses of competent mothering and motherhood are deeply ingrained in social structures and inform systemic response to mothers experiencing violence and their children. When women flee violence with children, part of the work that is done with them includes navigating systems involving children and their expectations. An idea of competent motherhood is one that interacts with many other indicators of social identity like race, mental health, and socioeconomic status.

Competent GBV work can be understood to be rooted in an awareness of the way that mothers are uniquely situated in society and in service provision. GBV service providers doing this work can recognize that “judgement is there more when there are children involved... I find that’s one of the areas where it’s easiest for people to rush to judgement” (EWG Member 9). Competent GBV work is also work that recognizes the ways in which the label of motherhood intersects with other aspects of identity to create specific expectations of certain mothers. Differential treatment of mothers is highlighted in a service provider’s assertion that “we know the child welfare system is rife with anti-black racism... they use that as a way to actually catch all black children and not to help black mothers better protect their children” (EWG Member 1). An awareness of how motherhood intersects with identifiers is what allows for GBV service providers to provide specialized, intersectional support to the mothers they are working with, as it

facilitates a deeper understanding of their experience and the concerns that they may have in engaging with authorities. Service providers also highlighted how motherhood is uniquely situated in Indigenous communities, particularly considering the legacy of children being removed from families. They report that “there’s a constant fear of losing the children without due process. There’s an instant fear of that judgement that [they] did something to deserve this” (EWG Member 4). Women experiencing violence with children have a different experience on account of having to factor in legacies of child removal and judgement from society while trying to protect themselves and their children. Competent GBV work is work that acknowledges this unique placement and recognizes that a mother will require interventions and services that address this aspect of her identity on top of those that prioritize her safety and autonomy as a woman. This is on account of service providers taking the position that “healthy moms make healthy kids,” (EWG Member 10), causing them to provide children’s programming within the shelter to allow a mother to be able to focus on the work she needs to do with a GBV service provider for herself while knowing her children are safe. In conclusion, motherhood is an aspect of identity that requires consideration when offering services for women experiencing violence, and competent GBV work not only acknowledges the role of motherhood in defining experience but also the way that motherhood can intersect with differential aspects of identity to create specialized circumstances.

Knowledge Of the Role of Mental Illness and Trauma in Constructing Survivor Responses and Engagement with Service. Women who have experienced IPV will very likely experience trauma symptoms and develop specific coping mechanisms or behaviours that service providers report may not, at first glance, seem conducive to the GBV specialist. These aspects of mental health, which can be compounded by experiences of depression and anxiety, require special consideration when providing service. Competent GBV work can be understood to recognize the impact that mental health concerns can have on a service user’s ability to access and engage with service provision and interventions. It should also become something that is incorporated into an individualized, intersectional response. GBV service providers report that it is essential to “be as trauma informed as we can. So, recognizing that the impacts in the house are more important than behaviours. It gets tangly and messy, but we’re really trying very, very

hard to just accept women where they are and help them” (EWG Member 7). Knowledge of trauma-informed practice is also something that GBV service providers report as being important for new hires to be able to recognize, stating that “some of [the women] may have been engaged or forced into the mental health system. For a myriad of reasons, some of them might have formal diagnoses... so there is a lot to know, and [new hires] need to know all of this as it intersects with experiences of violence” (EWG Member 6). The intersection of violence with mental health and trauma is essential to understand in competent GBV work because service provision will likely take place at a point in a woman’s life where she is dysregulated and has experienced trauma. Experiences of trauma will influence her ability to respond to interventions and will influence her demeanour and behaviour in shelter settings. Service providers highlight the importance of understanding that “when you’re providing a service to a woman who’s in a trauma state, that’s not her normal self. She’s in a fight or flight situation or a freeze situation. So, there are circumstances that would really disconnect a person from being able to make choices for themselves that they would not normally do because of the trauma” (EWG Member 3). In conclusion, trauma responses and mental health concerns are aspects of identity that can interact with other identifiers, as well as require special consideration when considered independently. As a result, competent GBV work involves recognizing the impact of trauma on coping mechanisms, affect, and ability to engage with service. GBV service providers should be able to recognize these differential needs and accommodate them accordingly.

Understanding Of the Systemic Nature of Police Violence and How This Influences Survivor Willingness to Engage with Them. Engagement with systems of authority like the police force plays an important role in shaping the experiences of women experiencing violence. These experiences can be shaped by factors such as race and substance use. As a result of the broadly reaching impact that interacting with police can have on a woman experiencing violence, competent GBV work can be understood to rest in an awareness of these differential impacts and how they may require consideration depending on how they manifest. Of particular concern is the intersection between police interaction and racial identity. Service providers report that hearing that there are concerns about involving authorities can be obvious to them in certain circumstances. A

service provider states that “and to me, that’s obvious because I’m thinking of how the criminal legal system is racist towards black people. So, I understand why a black woman would feel reluctant to engage the criminal legal system against her black partner” (EWG Member 1). Competent GBV work involves recognizing that these concerns with police involvement can be the product of a woman’s positionality and informed by multiple aspects of her social identity. Something like this involves working to understand what an individual woman’s experience looks like. A service provider posits that they would “want to know if there’d been prior contact with the police. So, I’d want to know how they’d feel about that, and how that experience unfolded” (EWG Member 13). An understanding of differential experiences with systems like policing is one that competent GBV service providers assert should be continuous and pre-existing. They assert that it should extend to hiring individuals to do work as well, citing that “they need to understand what those experiences are and they need to understand that context, so that they’re prepared to respond when a woman says she doesn’t want the police involved” (EWG Member 6). While race can play a large role in constructing experiences with police, this wariness also extends to many women who do not find themselves marked by racial discourses. Competent practice in this area intersects heavily with individualized approaches where service providers assert that it is important to contextualize what women experiencing violence understand safety to look like and be able to respond when that does not involve police (EWG Member 5). GBV service providers report that competent GBV work involves being able and willing to stand as an advocate for women against police, positing that they “insist on speaking with the woman. So, if the police were to call or somebody else, that’s not acceptable” (EWG Member 14). The same service provider also highlights the importance of “being able to have the nerve, have the backbone to be able to step in and interject yourself between the police and the woman sometimes.” In conclusion, police interaction can be nuanced depending on any number of identity markers and is not always associated with feelings of safety for women. Competent GBV work involves recognizing this, understanding the history behind it, and being prepared to respond appropriately to a woman’s conceptualization of safety whether it involves police or not.

Understanding Of the Systemic Nature of Oppression Imbued in Child Protection Services and How This Can Influence a Woman's Willingness to Engage with

Service. Like police interventions, interactions with child protection can have differential impacts for women who have different social locations. Child protection can be influenced by many of the discourses of competent motherhood and racism that influence systemic response in other domains as well. As previously established, child protection can have links to traumatic histories in certain communities and can reinforce racist discourses for Black and Indigenous mothers. Service providers report that “[they] would be very concerned about the interactions of child protection with them and whether that would be coloured by any form of racism” (EWG Member 13). Competent GBV work can be understood to be situated in an awareness of this differential impact and a preparedness to understand and respond to how child protection agencies can elicit different responses in women. A service provider states that

“I have found that child protection is highly unskilled at doing this work. You might get the odd worker who really knows how to respond well, but generally speaking, I think there's a huge amount of misogyny in the child protection system and tremendous amount of mother-blaming” (EWG Member 2).

Child protection work can often be misaligned or stand in contradiction to the work necessary for GBV specialists to do in helping women experiencing violence. Service providers report that “making sure [that we are] advocating for her is another really important thing. She might be scared, you know, thinking my kids could be apprehended. So, how do we build that trust and try to educate her that sometimes we can use these services to support you” (Women 005). It becomes apparent that while child protection agencies can be a source of fear and anxiety for mothers experiencing violence, there are also opportunities for that relationship to be a fruitful and supportive one. However, understanding that the possibility exists for there to be that sort of duality necessitates an awareness of what both ends of that spectrum look like and being prepared to respond accordingly. A service provider reports that “a significant piece of my job in government relations is helping folks in Child Protective Services understand what their role could be as opposed to what their role needs to be” (EWG Member 7). In conclusion, child

protection agencies are often reflective of broader social discourses that oppress women experiencing violence (potentially in multiple ways), and competent GBV work rests on being able to recognize that and respond to it with advocacy and acknowledgement where necessary.

Understanding The Role of Service Provider Positionality in Influencing Service Provision. Self-awareness is an integral part of applying principles of intersectionality, involving an individual displaying an awareness of the nature of power, position, and privilege. Differences in social location can result in a service provider having a wildly different experience of the world than their clients. Self-awareness, or the ability to recognize this difference, is the crux of providing service that is tailored to the experience of the world that a service-user has, not a service provider. Competent GBV work can be understood to be performed by service providers that have a high degree of self-awareness and the role they play in a survivor's experience of service provision. A service provider discusses the importance of "understanding white privilege, white supremacy, white fragility, all those concepts," stating that they prefer to use "critical white feminist theory. So, I talk about levels of consciousness that people have to develop in order to be able to be critical around their social location" (EWG Member 2). Being critical of themselves is a way in which GBV service providers can ensure that their own positionality does not interfere with the quality or type of service they provide to women experiencing violence. A service provider emphasizes the importance of "being in a place where there's that self-awareness around what are your own biases, what are your own beliefs, does that interfere with your work? In particular, when it comes to harm reduction or parenting or all of those pieces" (EWG Member 8). This service provider highlights the importance of recognizing when positionality can impact service provision in the sense that the GBV service provider can potentially make judgements or inferences based on their own beliefs that do not coincide with the woman's experience. Another service provider describes how GBV service providers can be swept up in the "desire to do things the way you do them through your privileged experience... you need to recognize your own privilege too, I suppose, when you are working with them and how you involve the authorities, if indeed that is needed" (EWG Member 11). Self-awareness aligns with individual approach closely in that self-awareness is the crux of recognizing

why individual approaches are necessary. In conclusion, self-awareness is a necessary part of intersectional practice as it is the basis upon which individuals situate themselves in the complex systems of privilege and oppression that shape our experience. Self-awareness must be a facet of competent GBV work as it is what allows for a service provider to recognize how their positionality can impact the service they provide. It is this recognition that allows for them to work to address it.

Understanding Of the Difference Between Knowledge of a Concept from Training and Application of It. Competence training refers to any kind of specialized training that is required to do competent work in the GBV sector. Service providers have defined multiple types of competence training as being essential to competent GBV work but have highlighted competence training around substance use, and around anti-oppression and cultural competence. The idea of competence training is centred around the fact that these experiences are essential to understand to provide competent service. Sometimes this training can be incorporated into core programs, but competent GBV work is work that can be understood to have these aspects and work to apply them. A service provider states that

“VAW service providers believe that core and foundational learning is around anti-racism, anti-oppression training. But it’s not just about training. So, you know, we can push out all kinds of training, and we have over the years, but it’s really how does that then get integrated into the schools, into your practices?”
(EWG Member 6).

Service providers reported that a single form of competence training is insufficient in ensuring competent practice, rather this kind of learning needs to be infused into every aspect of a training and learning process. The importance of continuous learning can be understood to reflect the need to gravitate away from the idea of cultural competency being a finite and measurable concept. A service provider spoke on the importance of moving towards an approach that recognizes this, saying that “the field is dominated by white women in the shelter movement and that’s highly problematic in my view. I don’t abide by the terms cultural competence, cultural safety. I don’t work with those terms

anymore. I work with a decolonizing framework” (EWG Member 2). The recognition of needing more than a cursory course or module seems to resonate amongst the service providers, with another seconding this belief.

“You could go to a workshop, but you’ve got to understand, you’ve got to have the positive way of acting and responding and doing your own self-awareness as a part of that. So, sitting through a workshop sometimes just doesn’t cut it. So, it really is how you get that transformative training to really understand what’s going on for the family and how to respond to that that makes the difference” (EWG Member 11).

In conclusion, competence training, while helpful, cannot be understood to be a finite process. The key is to train in a way that results in transferrable and applicable skills to GBV work like understanding individuality and developing self-awareness. Having said that, competent GBV work does include aspects of additional training in areas like anti-oppression to help facilitate this understanding.

Understanding Of the Variability of Substance Use as A Behaviour, And Its Influence on Access to Service and Service Provider Response. Substance use has intersected with many of the other themes presented here. It can shape a woman’s access to service – rendering certain shelters inaccessible due to their policies – or shape the way she responds to service. As a result, it is an aspect of a woman’s identity that requires specific consideration. Competent GBV work that applies intersectional ideas recognizes that substance use informs a woman’s experience of the world and might require specialized interventions or referrals. Service providers assert the importance of recognizing that substance use is a variable behaviour and should not be stigmatized. Instead, competent GBV work involves understanding the role that substance use plays in a woman’s life. A service provider highlights that the most important thing for a service provider to remember is that “you must always lead with compassion because you don’t know what this woman has suffered. So, you know substance use is a coping mechanism. It isn’t that she is so wealthy and has nothing better to do with her time” (EWG Member 1). The most salient aspect here is to contextualize substance use as a behaviour that can

have various roots and should not be used to stigmatize, point fingers, or make someone out to be unfit (EWG Member 1). An empathetic, informed understanding of substance use as a coping mechanism is one echoed by many service providers (EWG Member 12, EWG Member 9, EWG Member 7, EWG Member 6), signifying that this is a facet of competent GBV work that intersects heavily with the area of trauma and mental health. Service providers assert that a part of building a fruitful relationship is having a discussion that identifies the specific role that substance use has in a woman's life. A service provider states that "[it] can be a very validating discussion about understanding from her what is working with the substance use, are there times where it doesn't work? What does she want to do about that? Does she have goals around her substance use?" (EWG Member 6).

Substance use is also something service providers highlight as having a close connection to motherhood, and the intersection of these two aspects of identity creates a particular set of challenges for GBV service providers. A service provider highlights that "now we're not just talking about assisting a woman experiencing violence. We're talking about substance abuse issues; we're talking about parenting issues. Were those substance abuse issues existing prior to pregnancy and was that transferred down to children?" (EWG Member 4). Service providers seem to draw a connection between substance use in mothers and the possibility of violence also being a theme for children. Service providers highlight that this connection makes it essential to contextualize the situation, saying that "if there was a concern with the day-to-day care of the children, then we do rely on our partners with children's services to do that assessment piece as well" (EWG Member 8). As a result, substance use in women experiencing violence becomes an issue that requires consideration from multiple angles. In conclusion, competent GBV work can be understood to understand the nuance involved in substance use and how this can intersect with multiple other aspects of identity such as motherhood and mental health to determine a woman's access to service and the type of obligations that GBV service providers must fulfill.

Understanding Of the Intersection of Race and Gender to Create a Unique Experience for Women of Colour Experiencing Violence. One service provider

highlighted the role of what they called “the double burden that gets laid on black women’s shoulders, because not only are [they] dealing with assault, dealing with the violence as a person, there is also this imposed community expectation that you can’t snitch” (EWG Member 1). The interaction of race and gender is a large piece of understanding the application of principles of intersectionality to women of colour experiencing violence. While this service provider speaks specifically in the context of black women, this idea has been discussed by other women of colour as well as being something that applies to their communities. What the “double burden” refers to is the sometimes-contradictory interests between being a woman and being a racialized person. Women of colour can often feel as though there are expectations towards maintaining the safety of their closed racial/ethnic communities that supersede their right to report violence perpetrated against them. Issues of reporting can become much more nuanced in the context of black women who must also grapple with the truth that involving authorities or reporting the violence could be dangerous for their partners. The same service provider contextualizes this, saying, “you can’t tell, you can’t hand him over to the police because if they kill him, if he dies while in police custody, that’s not what your intention is. So, when black women experience violence, they internalize it because they can’t go and report” (EWG Member 1). Understanding this different experience suggests that competent GBV work must be situated in an ability to recognize how the intersection of race and gender specifically create a unique experience of violence and of the process of reporting and seeking help.

It is essential for service providers to be able to recognize when gendered experiences of racism and cultural difference become a part of establishing a fruitful working relationship with a woman. One service provider points out that “it’s always helpful to have an advocate who can speak, and kind of help people understand. It’s helpful for them to not have to explain how it works in their families and their culture. So, without them having to tell their story of being a victim and on top of that a victim of racial prejudice” (EWG Member 12). Identifying the benefit of culturally safe spaces demonstrates the importance that being able to speak to that intersection has on establishing rapport and comfort in a working relationship with a woman experiencing violence. Understanding that intersection becomes even more salient when a GBV

service provider cannot speak to it through lived experience, and instead must have knowledge in the area. A service provider posits that

“Racial trauma is very much a part of the trauma that [the woman] has experienced likely most of her life. So, I would want the worker to be extremely well-trained on understanding the differential impact on different groups of women. Indigenous women, black women, immigrant and refugee women, and not just from the perspective of the ‘other’” (EWG Member 2).

In conclusion, competent GBV work must be situated in an awareness and understanding of positionality to be able to understand the intersection of race and gender in informing service user experience of the world and of GBV resources. Competent GBV workers highlight the importance of developing and furthering this knowledge and understanding the role of community in informing a woman’s perspective of her situation (EWG Member 2).

Knowledge Of the Systemic Nature of Racism and Understanding of How It Influences Service User Experience. Racism can be understood to inform multiple aspects of service user experience. It intersects closely with areas like gender, ability, class, etc. There is also significant overlap in issues of racism with themes like the “Double Burden,” Police, and Child Protection. Concerns surrounding systemic racism inform the experience women experiencing violence can have in shelters as well as in engaging with the GBV sector. Competent GBV work can be understood to be situated in an awareness of the systemic and far-reaching nature of racism, and the different way it can manifest in a survivor’s life. While experiencing racism at the hands of authorities is a pressing concern for women experiencing violence, there is also the possibility of experiencing racism in shelter. A service provider reports that an important piece for them is to “make sure that they’re safe in the shelter, that they won’t be exposed to any kind of racialized comments or hostility in the shelter” (EWG Member 13). This same service provider went on to highlight that an important piece of community knowledge for them is to “know if, in the community, there are any resources specific to the racial minority with whom they identify.” Competent GBV work involves recognizing that

racism is infused into our systems and thus, requires active awareness of to contest. It is not enough to passively be aware of the notion of racism in a woman's life, a competent GBV service provider must be willing and able to explore for its presence, even within shelter. Service providers must also be willing to understand the personalized impact that racism can have on women's lives and be able to facilitate conversations around these pieces to develop service and support networks that are accommodating of that. A service provider highlights that

“[We] need to lean into that experience of her being racialized and open up that discussion. And she may want to talk about that, or she may not want to talk about it. But I think by the VAW service provider being open to trying to understand her experience, being racialized, with her choices of not wanting to involve the authorities is an important way to be able to provide that support and validation of her experiences of racism and what that has meant for her in the context of accepting or not wanting to access police services. You know there might be a narrative there for her. And we need to understand what that is and what that experience has been for her in order for us to be able to support her, should she want to share some of that with the worker” (EWG Member 6).

Something to note is that there is also the perception that the introduction of ideas around racism to a case seems to make it more complicated, make it something that requires more experience and skill. A service provider suggests that a woman who is experiencing racism would require “somebody really well experienced to be working with them as opposed to somebody who has been on the job for less time. Or somebody who is very good at advocating and wouldn't shy away from saying they're getting a raw deal – that type of fearlessness” (EWG Member 10). The idea that addressing racism in service provision requires additional skill or experience is a daunting one considering the turnover rate in the GBV sector, but it does highlight the importance of situating competent GBV work to be work that is rooted in anti-racism and an awareness of the role of racism in shaping a woman's experience.

Knowledge Of the Impact of Aspects of Social Location on Determining Access to And Engagement with Service. Social location refers to aspects of identity such as immigration status, language barriers, and employment status. These are aspects of identity that can also inform much of a woman's experience of violence and her access to resources. Knowledge of the impact of social location is a theme that is tied to the development of an individual approach, as exploring elements of social location that may influence a woman's experience is a part of understanding how service can be best tailored to fit her needs. Competent GBV work can be understood to be situated in an awareness of the role of social location on influencing experiences of violence, and the role of violence in shifting a woman's understanding of her social location. Service providers should be able to identify and highlight areas that might be influenced by experiences of violence that will alter a woman's life dramatically. One service provider highlights the importance of employment, citing "I would be interested in whether she has any work-related constraints or concerns if she's an employee. If there have been any conversations with her employer prior to this or whether the employer knows that there is intimate partner violence" (EWG Member 1). A similar concern around employment and disruption of finances also applies to women who are not employed, and who may worry that a separation from an abusive partner could dramatically impact their ability to feed themselves and their children. A service provider posits that "from the woman's perspective, she's naturally worried about him being potentially the breadwinner, and going to jail and not being able to support and protect them" (EWG Member 11). Immigration status is also something that service providers need to be prepared to consider when tailoring services to meet the needs of women experiencing violence. Immigrant or refugee women may struggle with a lack of knowledge around the system, even fearing for their immigration status if they were to seek formal support. A service provider points out that

"The abuses that these immigrant women face from their abuser are not necessarily just physical situations, but very psychological and spiritual in the sense that [the abusers] will lie about what services are out there and how they can access them and how they might be discriminated against" (EWG Member 3).

There is a privilege involved in having Canadian citizenship when seeking GBV related services, and competent GBV work rests in being able to recognize this as an element of determining social location. Service providers should understand that processes around immigration like the abuser being a sponsor can contribute greatly to a woman's experience of her situation (EWG Member 5). In conclusion, social location is a far-reaching determinant of a woman's ability to access and engage in services when fleeing IPV. As a result, competent GBV work can be understood to rest in a knowledge of the differential impacts different indicators of social location can have on a woman's experience. It is also essential to be able to use these to tailor specific services or education to address these barriers.

Appendix E

This appendix outlines the process of thematic coding that was applied to the literature to create ten final themes that were compared to the interview themes. This appendix details

the process of grouping and includes a table detailing what items were grouped into what final theme. It involves taking the items outlined in Appendix C and organizing them into ten final codes.

Coding Literature Items into Themes

Complex practice behaviours identified in the literature were turned into thirty-one items that made up the service-user centred domain. They were organized to be items pertaining to knowledge, judgement, skills, self-regulation, and professional values. Of these thirty-one, twenty-five items were found to be directly related to the application of principles of intersectionality to competent GBV work (See Appendix C for a full list of items coded and their descriptions). These domain items reflect complex practice behaviours that GBV service providers need to demonstrate when employing service-user centred approaches. The twenty-five items were assessed and thematically coded. Coding involved grouping items based on term reoccurrence and thematic similarity (e.g., items pertaining to Indigeneity and colonization were grouped together). These codes were grouped and named in accordance with a central theme.

In order to code the literature items into themes, it was necessary to understand the items and their descriptions on a thematic level. Developing a thematic understanding entailed understanding common terminology in the items. While the items can be understood to provide examples of behaviours, the central idea created by the description of the items became of particular importance in developing thematic coding. Thematic coding took place by organizing an item and its description in terms of keywords. Once items with similar key words had been grouped, they were assessed based on commonalities in item description (i.e., items with descriptions discussing Indigeneity and colonization were grouped based on reoccurring terminology around this subject). This took the form of finding key words and common terminology in the descriptions to match items together. Once items had been assessed for similarity, their descriptions were analyzed to develop a central, unifying theme that captured the item and descriptions that had been grouped together (i.e., items and descriptions that referenced the importance of understanding how Indigeneity is an aspect of social location that requires special consideration were

grouped together and expressed under the unifying idea of “the role of Indigeneity in informing experience and access to service”). This central theme was used to summarize and name the code, providing the basis upon which it would be compared to the interview data for alignment (The interview theme summary would be compared to the literature to gauge whether there was alignment between the areas – if the same keywords and terms had not been identified, the theme was not considered a full match). See Table 4 for a detailed breakdown of what items were grouped into each theme. See Table 2 for a breakdown of the level of alignment between interview and literature themes.

Theme Title	Items Grouped
The role of Indigeneity in Informing Experience and Service Access	<ul style="list-style-type: none"> • Knowledge of colonization • Apply knowledge of colonization, its impacts, and the strength of Indigenous culture to counter it • IPV specialists value Indigenous knowledge, cultures, and rights
The Targeted Nature of Patriarchy and GBV	<ul style="list-style-type: none"> • Knowledge that IPV is gendered and targeted
Recognizing the Co-existence of Privilege and Oppression in Service Provision	<ul style="list-style-type: none"> • Applies knowledge of intersectionality and anti-racist anti-oppressive approaches • IPV specialists believe in human capacity for change and growth • IPV specialists value the diversity, dignity, and human rights of all individuals
The Role of Sexual Orientation and Gender Identity in Influencing Access to Service	<ul style="list-style-type: none"> • IPV specialists understand heterosexism, homophobia, biphobia, transphobia, and social exclusion, including the ways in which they relate to IPV service delivery.
Understanding Honour-Based Violence to be a Form of GBV	<ul style="list-style-type: none"> • Knowledge of “honour” based violence
The Importance of Understanding the Role of Race and Culture in Influencing Engagement with Service	<ul style="list-style-type: none"> • Knowledge of how culture interconnects with identity • Adapt IPV services to be culturally responsive • IPV specialists believe in the resilience of individuals, families, and communities

Understanding How Practitioner Positionality Influences Service Provision	<ul style="list-style-type: none"> • Knowledge and understanding of intersectionality • Carefully consider own identities and culture • Reflective practice to maintain service user-centered, strengths-based approaches
Creating and Maintaining a Commitment to Decolonization	<ul style="list-style-type: none"> • Commit to decolonization within oneself • Engage with diverse community partners • Provide strengths-based services that center Indigenous cultures and identities
Knowledge of the Compounding Traumatic Effects of Structural Violence and How This Can Shape Survivor Experience and Response	<ul style="list-style-type: none"> • Address experiences of oppression • Appreciation and understanding of lived experience • IPV specialists believe in equality, equity, and social justice
Maintain Awareness of Service-user Individuality and Regulate Individual Responses to Coping Mechanisms	<ul style="list-style-type: none"> • Build equitable relationships with service users • Foster self-determination • Regulate own reactions to service users' identity and culture • IPV specialists value lived experience

Table 4: Coding of Literature Items into Themes

Curriculum Vitae

Name: Amrit Kaur Gill

**Post-secondary
Education and
Degrees:** University of Toronto
Mississauga, Ontario, Canada
2015-2020 HBSc.

The University of Western Ontario
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