

Moving Forward >>

# a Solir *delante*

**A Resource for Service Providers Working  
with Latinx Women Experiencing Violence**

# ***SALIR ADELANTE***

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A Resource for Service Providers Working  
with Latinx Women Experiencing Violence

## ACKNOWLEDGEMENTS

YWCA Canada developed this resource in consultation with Latinx women and service providers supporting Latinx women across Canada. Paola Gomez, writer and researcher, prepared the initial draft and development of the *Salir Adelante* Guide. The consultation process was accomplished with the *Salir Adelante* Project Team; Aldeli Albán Reyna, Project Manager, and Wendy Escobar Chacón, Research Assistant, and supported through the advice, input and editorial suggestions of the Project Advisory Group.

### Salir Adelante Project Advisory Group

The *Salir Adelante* Project Advisory Group is comprised of 14 organizations and agencies that provide services to the Latinx communities in Canada (see Service Directory for list). YWCA Canada is grateful to the Project Advisory Group for their counsel and support throughout the process, facilitation of the workshops, feedback and local knowledge and expertise.

### Unifor

YWCA Canada thanks Unifor's Social Justice Fund for supporting this project and the creation and production of the *Salir Adelante*, resource.

### About YWCA Canada:

YWCA Canada is the country's oldest and largest women's multi-service organization. With 32 Member Associations operating in more than 400 districts and communities across the country, our programs address personal safety, economic security and well-being for women, girls and their families in nine provinces and two territories. YWCA Canada is the largest single provider of shelter to women, and children fleeing violence, and the second largest provider of childcare services. YWCA Canada is a Member Association of the World YWCA which unites 25 million women and girls worldwide and spans 125 countries. For more information about YWCA Canada and our Member Associations, visit [www.ywcacanada.ca](http://www.ywcacanada.ca) or find us on Twitter [@YWCA\\_Canada](https://twitter.com/YWCA_Canada) or Facebook at [www.facebook.com/ywcacanada](https://www.facebook.com/ywcacanada).



## ABOUT THE TOOLKIT

The Latinx<sup>1</sup> community in Canada is growing considerably faster than the overall population. Between 1996 and 2001, the number of people reporting Latin American origins rose by 32%, while the overall population grew by only 4%. Over the past 10 years, the Spanish-speaking population from Latin American countries has exhibited tremendous growth in Canada; there are more than half a million Latinxs in Canada. Additionally, in 2011, Spanish was the mother tongue for 306,700 individuals in Canada.

YWCA Canada Member Associations indicated that Latinx women were accessing the shelter system in increasing numbers and strongly recommended that YWCA Canada provide its violence prevention resource guidebook *Fresh Start*, in Spanish. YWCA Canada's project - *Empezar de Nuevo* - translated and re-envisioned *Fresh Start* for Latinx communities in Canada. This project also produced recommendations on how to continue to expand support for Latin American women dealing with violence, which provided the basis for initiating the development of *Salir Adelante*.

Through *Empezar de Nuevo*, a national survey was conducted to assess violence against women (VAW) services for Latinx women. Three provinces returned the highest response rates: British Columbia, Ontario and Quebec. Statistics Canada reports Toronto, Montreal, Vancouver and Calgary as the cities with the highest Latin American populations, which supports the evidence found in the *Empezar de Nuevo* survey<sup>2</sup>.

This toolkit is intended to support service providers working with and attending the needs of Latin American women who experience or have experienced violence. It is based on: findings from current literature; lessons learned from implementation, experiences and concerns arising from working with Latin American communities; and, ideas offered by Latin American women who have used services as well as service providers who participated in the translation and cultural adaptation of *Fresh Start* into *Empezar de Nuevo*. This research was conducted in 2012 and 2013.

Latin American women and service providers knew firsthand the gaps in service delivery. Project research engaged both groups - women and service providers - through focus groups, surveys, as well as in-depth interviews with project staff where women expressed their concerns and areas of needs. Service providers described the work they were already doing to address the needs of Latinx clients and provided insights on what else might be useful in practice.

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<sup>1</sup> *Salir Adelante* uses the term "Latinx", which stems from an intentional change in an otherwise gendered language to be more inclusive of trans and gender non-conforming people within our own communities. To disrupt the gender binary, the "x" is added instead of the traditional a/o ending.

<sup>2</sup> Lindsay, 2007. <http://www.statcan.gc.ca/pub/89-621-x/89-621-x2007008-eng.htm>

YWCA Canada undertook the task of creating a toolkit that would speak to the elements, issues and concerns expressed by the women and service providers involved, and build on what is already working for Latin American women, service providers and programs.

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## Introduction

Violence is a complex problem in any community. However, the effects of violence on immigrant women from diverse communities can be magnified due to cultural and societal norms and fear of seeking assistance. These influences can create barriers for women who, because of their immigration status or many other intersecting factors, may face a more difficult time escaping abuse. Such factors may include a lack of knowledge of legal protections, language barrier, fear of police, cultural pressures, and social isolation.

That Latinx communities are rapidly growing, and women from Latinx communities and/or recently arrived to Canada from Latin American countries accessing VAW shelters shows the need to create materials to support both women and the service providers working with them. This resource focuses on the elements relevant to Latinx women, which can be shared with women from other equity seeking groups and/or immigrant women.<sup>3</sup>

*Salir Adelante* seeks to address the need for accessible violence prevention services in collaboration with partners. The resource breaks down language barriers, raises awareness amongst key decision-makers across the country, and ensures linguistically- and culturally-appropriate tools are produced. *Salir Adelante* uses the term “Latinx”, as an intentional change in an otherwise gendered language to be more inclusive of trans\* and gender non-conforming people within our own communities. To disrupt the gender binary, the “x” is added instead of the traditional a/o ending. This resource also uses the term to acknowledge and honour multiple identities including Afro-Latinx, Indigenous, and queer Latinx in our communities. The term, Latinidad speaks to a shared history, geography, and understanding of colonial impact rather than by being identified by our colonizers in the way Hispanidad would.

This toolkit was developed to highlight the need for a common understanding of trauma-informed and anti-oppressive frameworks in relation to women from Latin American countries. Issues related to violence, along with additional factors that impact the decision-making process, including physical and mental well-being, are addressed.

Exploring realities, stereotypes and idiosyncrasies is relevant to gaining stronger cultural safety when working with women from Latin American communities. Providing tools, including a comprehensive directory for service providers working with Latinx women is a key strategy to offer culturally safe services. Depending on the area and context of service, some sections/aspects of the toolkit will be more relevant than others. This resource is not a manual, but rather a compilation of practices and resources that can be selected and adapted as appropriate for a range of service providers.

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<sup>3</sup> Sinha, 2013. <http://www.statcan.gc.ca/pub/85-002-x/2013001/article/11805/11805-3-eng.htm>



The content and context of this toolkit do not cover crisis management. *Salir Adelante* is intended to support service providers with information, resources and materials, which will allow them to support women as they transition to medium and longer term planning for socio-economic inclusion and security.

## Objectives

- To recognize power imbalances and the social, cultural and systematic barriers that prevent women from leaving abusive relationships.
- To expand access to informed VAW services and resources for Latin American women, including supports and training for VAW services to reach out to, and enhance, capacity of Spanish-speaking community services to support women dealing with violence.
- To address the need to speak about violence specific to the Latin American population in Canada and lack of spaces to do so.
- To increase cultural competency for service providers supporting Latin American women living in, considering leaving or having recently left an abusive relationship.
- To provide resources to service providers on how to facilitate mindful groups/ sessions with Latinx women fleeing or living in an abusive relationship.

## Anti-Oppressive Frame work

People are excluded based on the colour of their skin, their gender, their sexual orientation, abilities, age, class and much more. Anti-oppressive theory challenges exclusions through raising consciousness. These oppressions do not stand in isolation; they connect when multiple identities intersect. This is captured through intersectional analysis.

Social work and residential work are systemically, and have historically been, positioned as oppressive in their creation of a worker-client power dynamic. Workers hold power over clients. Anti-oppressive practices require the recognition of power imbalances and the promotion of

change to redress the balance of power.<sup>4</sup>Below are some ways in which people experience oppression based on their intersecting identities and positionality. This list is not exhaustive. It's important to acknowledge that language, especially around identity, is not static and continues to change.

Anti-oppression work recognizes that systemic discrimination sets up dynamics of privilege and oppression, which intersect across group and individual identities. Privilege insulates the people and groups who have it. People with privilege, people in majority or dominant groups – white people, men, heterosexuals, for example - are often completely unaware of any experience beyond their own. Working from an anti-oppression framework seeks to reveal these realities and remove them from work practice.

## Racism

One way in which oppression and discrimination occurs is through using perception of physical markers – appearance – such as skin colour, to separate groups and dominate people.

European colonization imposed “whiteness” as required for access to dominance and power. Within Canadian and Latin American contexts with pervasive legacies of colonization continuing in the present, racial hierarchies were imposed on Indigenous peoples, Afro-descendants from the slave trade and other peoples of colour. Systemic racism is a legacy of colonialism that equated white skin with a norm, creating racial privilege and racializing “other” peoples to dominate them. This can also be tied to the “concept of *racial purity*, [which] grew out of the race-based eugenics movement of the mid-nineteenth century.”<sup>5</sup>Within a Latin American context, a term often used is “*blanqueamiento*”, which translates to “whitening.”

*Systemic racism is a legacy of colonialism that equated white skin with a norm, creating racial privilege and racializing “other peoples” to dominate them.*

Canada situates itself, with pride, as a multicultural mosaic where diversity, equality, and harmony are valued. Despite attempts to address inequalities related to colour, race, ethnicity, and culture, many people continue to face systemic barriers of oppression, marginalization, and exclusion that block their full, meaningful participation in Canadian society.

In the context of Latinx women, service providers will find that intersecting and multiple identities exist in Latin America. Latinx is not a marker of race, it is a geographical location and members of these communities are part of different racial groups; Afro-descendants, Indigenous, from the Asian diaspora etc. Service providers need to be aware that there is no specific way

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<sup>4</sup> Dalrymple & Burke, 1995

<sup>5</sup> Lara, 2012



Latinx people look like and that there are many elements of race that need to be taken into consideration when providing support. It is important to check biases and consistently check assumptions/stereotypes made about Latinx communities.

## Sexism

Sexism is discrimination against women and girls on the basis of sex. It is understood as the negative valuing and discriminatory treatment based on gender and can be personal, and structural<sup>6</sup>. Sexism doesn't exist in isolation: It is ingrained into institutions like the education system, religious bodies, the legal system, the media, governments, corporations, and even NGOs and charity organizations<sup>7</sup>.

Latinx women often deal with oversexualization and exoticification, often labeled as “spicy”, “exotic”, and “fiery” which contributes to racialized sexism<sup>8</sup>. There is a perception that women from Latin America are homogenous and all look/dress/act a certain way. In one of our workshop activities, service providers were asked to walk through different scenarios someone wearing makeup and “revealing” clothing was a sex worker. Studying this response is important because it allow us to check stereotypes that have been placed on Latinx women while understanding the need to provide safe services for sex workers. That will not be defined based on the clothes they are wearing but rather in the possibility of having an open conversation with you as a case worker.

## Heteronormativity

Heterosexism is the system by which heterosexuality is the assumed norm. It is pervasive, and often hard to detect. Heterosexual norms presuppose that everyone is heterosexual. They can be reinforced by parents, teachers, and the media as well as our governments, schools, churches, businesses, and the organizations. This impacts how our communities treat members and how individuals interact.<sup>9</sup>

Language can be a large determinant of heterosexist attitudes. Questions like “Do you have a girlfriend/boyfriend?” give no consideration of the possibility that the client may identify as queer. This simple question alerts the client to the possibility that the worker is at best heterosexist and at worst homophobic. The possibility of exploring other issues hinges on this question. The client may not feel safe disclosing any further information at this point.

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<sup>6</sup> Carleton University, n.d. <http://carleton.ca/equity/human-rights/gender/gender-discriminationharassment/>

<sup>7</sup> Ferguson, 2015. <http://everydayfeminism.com/2015/01/sexism-vs-prejudice/>

<sup>8</sup> Uwujaren, 2013. <http://everydayfeminism.com/2013/10/dealing-with-racialized-sexism/>

<sup>9</sup> Heterosexism Enquirer Magazine, 2000

## Trans and Cisnormativity

As service providers, it's important to understand that a gender-based analysis requires going beyond the understanding of gender within a binary. Genders include transgender, agender, genderqueer, gender non-conforming, women, and men. Below are a few key terms, and more can be found in resources like the 519 Equity Glossary of Terms.

*Gender is not limited to two. It's not binary.*

**Cisgender** denotes or relates to a person whose self-identity conforms with the gender that corresponds to their biological sex; not transgender.

**Cisnormativity** is the assumption that all, or almost all, individuals are cisgender. This assumption of being the “default” experience, body, voice is rooted in cis-privilege.

**Gender identity** is how we are perceived regardless of our physical bodies<sup>10</sup>. It's not limited to two. It's not binary. Genders include: Trans, gender non-conforming, agender, genderqueer, non-binary, two-spirit, woman and man.

The term “assigned sex” is used instead of just sex because doctors will usually determine a baby to be either male or female even though the reality is not always that definite.

**Transgender** is an umbrella term often used to refer to people who “do not conform to prevailing expectations about gender”. It generally groups several different kinds of people such as transsexuals, drag queens and kings, some butch lesbians, and (heterosexual) male cross dressers.<sup>11</sup>

*There isn't a single, consistent definition for each of these terms. Every community and every individual may define them differently. Respect for self-determination is key.*

**Intersex** People who have chromosomes, hormonal profiles or genitals that are not typically male or female are intersex. Intersex is always congenital<sup>12</sup>. 1 in 2,000 people are born intersex.<sup>13</sup> Historically, intersex babies have been operated on and/or assigned one of the two binary sexes at birth. Intersex people are marginalized both in society and in law. Many human rights instruments fail to identify intersex people as rights holders, rather protecting “men” and “women”. Even where their rights are explicitly protected in law, intersex people are often unable to enforce those rights. They suffer from many forms of discrimination in all aspects of life,

<sup>10</sup> The 519 Church Street Community Centre, 2011.

<http://www.cfcollaborative.ca/wp-content/uploads/2011/12/The-519s-Equity-Glossary-of-Terms-Oct-21-11.pdf>

<sup>11</sup> Bettcher, 2009. Substantive revision Jan 8, 2014. <http://plato.stanford.edu/archives/spr2014/entries/feminism-trans/>

<sup>12</sup> Notman, 2012. <http://www.scienceinschool.org/2012/issue23/intersex#JordanBK>

<sup>13</sup> BuzzFeedYellow, 2015. <http://www.buzzfeed.com/lizzwarner/what-its-like-to-be-intersex#.seAEqWD0v>

including their family life. “Often, intersex people get surgeries they don’t want and transgender people have to fight for surgeries they do want”.<sup>14</sup>

Trans is an identity that someone self-determines, and not something you can tell or determine in others. Some trans people choose to change their bodies (through hormones or surgical operations), and some do not. Disclosure of trans identity can bring many different social consequences, especially in schools, and should always be that individual’s own decision.

## Ableism

Ableism is discrimination against people with disabilities, including the expression of hate for people with disabilities, denial of accessibility, rejection of disabled applicants for housing, jobs and services, institutionalized discrimination in the form of benefits systems designed to keep people with disabilities in poverty, etc.

- **Ableism**- Practices and dominant attitudes in society that devalue and limit the potential of persons with developmental, emotional, physical or psychiatric disabilities.
- **Disabelism**<sup>15</sup>- a set of assumptions (conscious or unconscious) and practices that promote the differential or unequal treatment of people because of actual or presumed disabilities.

People who do not have disabilities or who are not close to someone with a disability might not understand how the world is wired for non-disabled people. It may be invisible to those who do not have disabilities. Narratives around people with disabilities are often constructed as super humans or surviving miracles, however these attitudes can be just as damaging.

Society must challenge the way that the needs of the dominant influence the opportunities of those who possess different abilities. Lack of access is a significant barrier for people with disabilities, which can directly impact participation in activities, decision-making processes, and society in general.

## Mental Health

Mental illnesses can take many forms, just as physical illnesses do. Mental illnesses are still feared and misunderstood by many people, but the fear will disappear as people learn more about them. If you or someone you know has a mental illness, there is good news: all mental illnesses can be treated.<sup>16</sup>

Mental illnesses affect everyone in some way. We all likely know someone who has experienced a mental illness at some point like anxiety or depression. Yet there are still many hurtful attitudes

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<sup>14</sup> BuzzFeedYellow, 2015. <http://www.buzzfeed.com/lizzwarner/what-its-like-to-be-intersex#.seAEqWD0v>

<sup>15</sup> Stop Ableism, 2015. <http://stopableism.org/what.asp>

<sup>16</sup> Centre for Addiction and Mental Health, 2012. [http://www.camh.ca/en/hospital/care\\_program\\_and\\_services/support\\_for\\_families\\_and\\_friends/Pages/default.aspx](http://www.camh.ca/en/hospital/care_program_and_services/support_for_families_and_friends/Pages/default.aspx)

around mental illnesses that fuel stigma and discrimination and make it harder to reach out for help.<sup>17</sup>

The lack of understanding of issues of Mental Health exclude women with mental illnesses from their communities and create barriers not only to well-being, but also to leave abusive relationships.

As service providers and members of the community wanting to support women, we need to reduce the impact of mental illnesses by breaking down the barriers and stigma of mental illness. We need to educate ourselves on different types of mental health issues and how they affect women as well as review our own assumptions and behaviours towards people with mental illness.<sup>18</sup>

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<sup>17</sup> Canadian Mental Health Association, 2015. [https://www.cmha.ca/mental\\_health/myths-about-mental-illness/](https://www.cmha.ca/mental_health/myths-about-mental-illness/)

<sup>18</sup> YWCA Canada, 2014

## **HERE ARE TEN COMMON MYTHS ABOUT MENTAL ILLNESSES:**

- **Myth #1: Mental illnesses aren't real illnesses.**

**Fact:** The words we use to describe mental illnesses have changed greatly over time. What hasn't changed is the fact that mental illnesses are not the regular ups and downs of life. Mental illnesses create distress, don't go away on their own, and are real health problems with effective treatments. When someone breaks their arm, we wouldn't expect them to just "get over it." Nor would we blame them if they needed a cast, sling, or other help in their daily life while they recovered.

- **Myth #2: Mental illnesses will never affect me.**

**Fact:** All of us will be affected by mental illnesses. Researchers estimate that as many as one in five Canadians will experience a mental illness at some point in their life. You may not experience a mental illness yourself, but it's very likely that a family member, friend, or co-worker will experience challenges.

- **Myth #3: Mental illnesses are just an excuse for poor behaviour.**

**Fact:** It's true that some people who experience mental illnesses may act in ways that are unexpected or seem strange to others. We need to remember that the illness, not the person, is behind these behaviours. No one chooses to experience a mental illness. People who experience a change in their behaviour due to a mental illness may feel extremely embarrassed or ashamed around others. It's also true that people with a history of a mental illness are like anyone else: they may make poor choices or do something unexpected for reasons unrelated to symptoms of their illness.

- **Myth #4: Bad parenting causes mental illnesses.**

**Fact:** No one factor can cause mental illnesses. Mental illnesses are complicated conditions that arise from a combination of genetics, biology, environment, and life experiences. Family members and loved ones do have a big role in support and recovery.

- **Myth #5: People with mental illnesses are violent and dangerous.**

**Fact:** Some people try to predict violence so they know what to avoid. However, the causes of violence are complicated. Researchers agree that mental illnesses are not a good predictor of violence. In fact, if we look at mental illnesses on their own, people who experience a mental illness are no more violent than people without a mental illness. Excluding people from communities is linked to violence. And people with mental illnesses are often among those who are excluded. It's also important to note that people who experience mental illnesses are much more likely to be victims of violence than to be violent.

- **Myth #6: People don't recover from mental illnesses.**

**Fact:** People can and do recover from mental illnesses. Today, there are many different kinds of treatments, services, and supports that can help. No one should expect to feel unwell forever. The fact is, people who experience mental illnesses can and do lead productive, engaged lives. They work, volunteer, or contribute their unique skills and abilities to their communities. Even when people experience mental illnesses that last for a long time, they can learn how to manage their symptoms so they can get back to their goals. If someone continues to experience many challenges, it may be a sign that different approaches or supports are needed.

- **Myth #7: People who experience mental illnesses are weak and can't handle stress.**

**Fact:** Stress impacts well-being, but this is true for everyone. People who experience mental illnesses may actually be better at managing stress than people who haven't experienced mental illnesses. Many people who experience mental illnesses learn skills like stress management and problem-solving so they can take care of stress before it affects their well-being. Taking care of yourself and asking for help when you need it are signs of strength, not weakness.

- **Myth #8: People who experience mental illnesses can't work.**

**Fact:** Whether you realize it or not, workplaces are filled with people who have experienced mental illnesses. Mental illnesses don't mean that someone is no longer capable of working. Some people benefit from changes at work to support their goals, but many people work with few supports from their employer. Most people who experience serious mental illnesses want to work but face systemic barriers to finding and keeping meaningful employment. Mental illnesses create distress, don't go away on their own, and are real health problems with effective treatments.

- **Myth #9: Kids can't have a mental illness like depression. Those are adult problems.**

**Fact:** Even children can experience mental illnesses. In fact, many mental illnesses first appear when a person is young. Mental illnesses may look different in children than in adults, but they are a real concern. Mental illnesses can impact the way young people learn and build skills, which can lead to challenges in the future. Unfortunately, many children don't receive the help they need.

- **Myth #10: Everyone gets depressed as they grow older. It's just part of the aging process.**

**Fact:** Depression is never an inevitable part of aging. Older adults may have a greater risk of depression because they experience so many changes in roles and social networks. If an older adult experiences depression, they need the same support as anyone else.



## Ageism

### Young People

Ageism is the oppression and discrimination people face based on their age.

Young people deal with discrimination and are often rejected for housing, jobs, and services. It is assumed that young people are not responsible and that their “lack of experience” is a factor for unemployment even though they may have the qualifications. Poverty, violence, and homelessness can result due to this form of oppression. The obstacles and barriers that young adults face have a particular impact in their ability to become independent.

Young women attending higher education are impacted by the interest rates in student loans and the lack of permanent and stable employment. Although it’s true that education improves youth employment rates, there’s one surprising exception - in Ontario, young people who have more than a bachelor’s degree have similar unemployment rates to those with a high school diploma.

At 17.1%, the unemployment rate for youth with more than a bachelor’s degree is close to the 16% unemployment rate for high school grads and significantly higher than the unemployment rate of those with a bachelor’s degree at 11.2%.

### Older People and Seniors

Older people and seniors also face discrimination based on age. We are living in a society that is getting older. The largest population growth was after World War II with the group that has been referred to as the “baby boomers.” The baby boomers themselves took their future in their own hands through the vast amount of research and development in the past 50 years that has aided in the increase in life expectancy in the western world.<sup>19</sup>

Despite the aging population and the gains that they have made, society places little importance on this group. The aging society is primarily made up of women. It is well known that women generally outlive men and that ageism and sexism combine to produce a socially constructed dependency in old age in which the feminization of poverty is a key feature.<sup>20</sup>

Social workers often provide services to older women whose well-being is threatened by poverty, multiple chronic ailments, and increasing social isolation. Older women also exhibit undetected strengths. The other common threat that is present to this group is elder abuse.

In a feminist context, elder abuse is not the product of a pathological family but of a patriarchal family in which men have access to and power over those less powerful and more vulnerable than themselves and regard them as their property.<sup>21</sup> Men are protected by societal norms that uphold the privacy of home despite it being the prime site of women’s oppression.

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<sup>19</sup> Statistics Canada, 1996

<sup>20</sup> Whittaker, 1995

<sup>21</sup> Whittaker, 1995

Unlike the call from child and sexual abuse victims, the voices of survivors of elder abuse have not yet been as heard. The difficulties in helping victims to talk and tell their stories due to fear of stigma, institutionalization, or physical and mental frailty can be somewhat overcome by validating the feelings and experiences of old women. Feminist policies for tackling abuse are therefore concerned with advocacy and empowerment and with increasing the resources old women have available to them to empower themselves and help them resist male violence.<sup>22</sup>

Feminist theory must develop an analysis of elder abuse which acknowledges the social and cultural construction of abuse and locates causation outside of the personality traits and characteristics of either abuser or abused.

## Recognizing Privilege

The lack of thought about positionality reflects the presence of the dominant culture in our society and the privileges that come with being a part of this culture.

### **We must ask ourselves questions like:**

- Does your workplace have anti-discrimination or anti-harassment policies?
- Does your workplace offer sensitivity/awareness training on human rights issues such as sexism/racism in order to ensure a harassment-free, inclusive workplace?
- Would you be uncomfortable working with someone who was gay, lesbian, or bisexual?
- Has anyone in your workplace ever experienced personal harassment or violence as a result of their sexual orientation?
- When significant others are invited to work-related social events, how are the invitations written/spoken?
- When getting to know a new employee, are you sensitive to the possibility that they may be gay, lesbian, or bisexual by asking questions about their personal life that are inclusive (i.e., questions that do not apply exclusively to heterosexuals)?
- Are jokes about lesbians, gays, or bisexuals accepted at your workplace as just another way of releasing tension and having fun?

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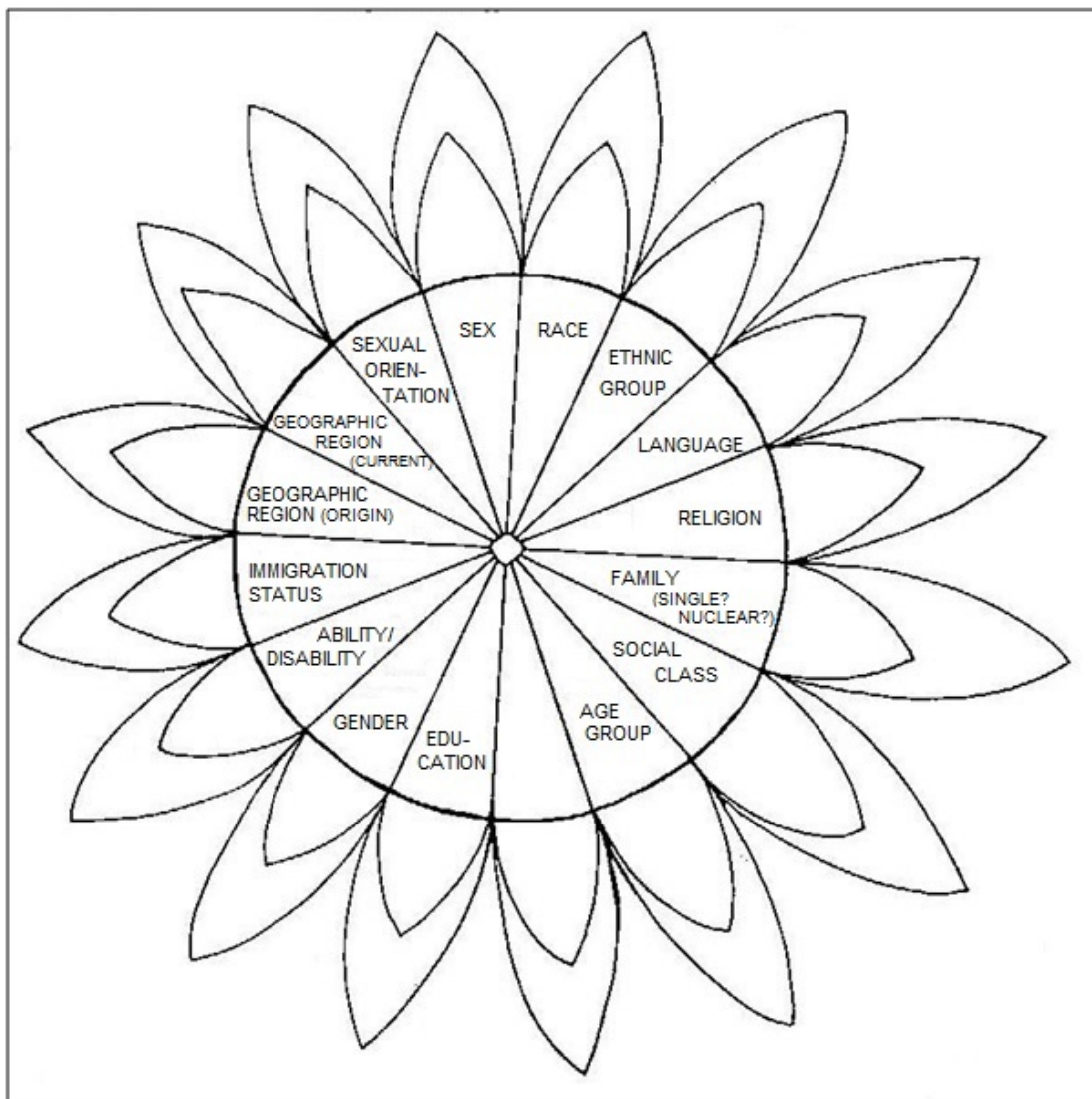
<sup>22</sup> Whittaker, 1995

## POWER FLOWER

### Exercise on power, privilege and context

This flower activity is often used and there are different ways of facilitating it. The goal is to place oneself in the petals; the inner petal represents a position of privilege and the one at the margin represents oppression.

This activity helped participants at each *Salir Adelante* workshop delve into self-reflection around identity and gain a deeper understanding that oppression and privilege can coexist within us. To contextualize power depending on situations, this activity was done in three rounds: first as oneself within Canada, second as oneself within a country in Latin America (this worked well for folks who were part of the diaspora), and the third was to think of a client and fill out the flower based on what one knew about them.

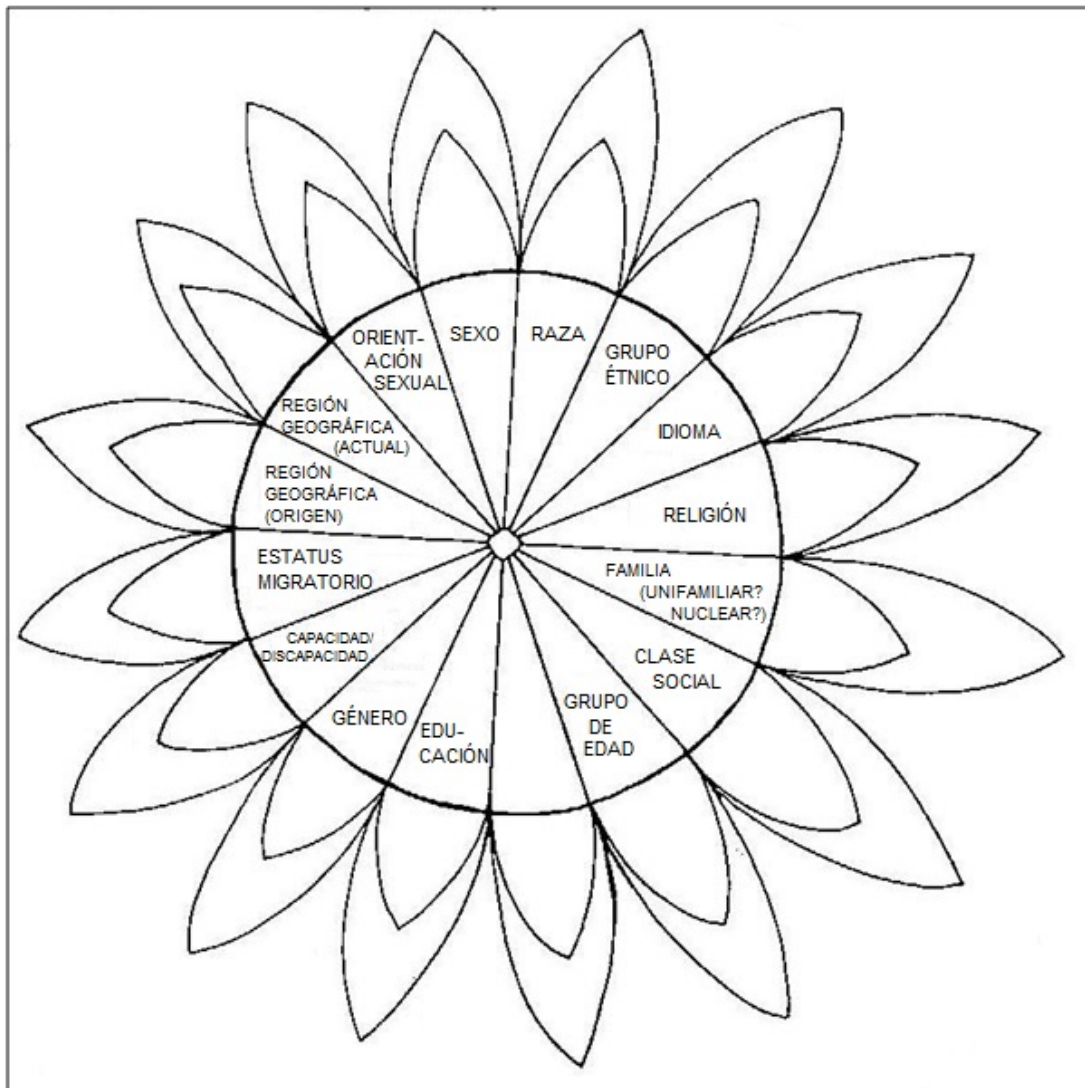


## FLOR DE PODER

### Ejercicio sobre el poder, privilegio y contexto

Estas actividades utilizan frecuentemente para explorar poder y privilegio al igual que el desbalance de poderes. Existen diferentes maneras de facilitar este ejercicio. El objetivo es pedirle a quien este participando que explore su propia identidad y se ubique en los pétalos; el pétalo interior representa una posición de privilegio y el que está al margen representa la opresión.

Esta actividad ayudó a quienes participaron en cada taller de *Salir Adelante* a profundizar su entendimiento sobre las interacciones la identidad, al mismo tiempo que permitió obtener un mayor entendimiento que la opresión y el privilegio pueden coexistir dentro de nosotros. Para contextualizar el poder en función de las situaciones, esta actividad se llevó a cabo en tres rondas: en primer lugar como a sí mismo dentro de Canadá, en segundo lugar como a sí mismo dentro de un país en América Latina (esto funcionó bien para las personas que formaban parte de la diáspora), y en tercer lugar como un cliente, llenado la flor con lo que uno sabe acerca de ellas.



## Empowerment in the VAW Services

The term "empowerment" describes a spectrum of political activities ranging from individual resistance to mass political mobilizations that challenge the basic power relations in society. A feminist conceptualization of empowerment can thus be summarized as the process of liberation of self and others, as a life force, a potential, a capacity, growth, and energy, where one works toward community and connection responsibly as opposed to working primarily toward one's individual good.<sup>23</sup>

Participatory action research is demonstrating that empowerment should be regarded as a basic need. A review of shelter services in Canada also reveals the need for empowering approaches for women who have experienced trauma to support their capacity to make changes and advocate for their needs.<sup>24</sup>

## Trauma-Informed Approaches

### 1. Understanding Trauma

#### A. Definitions

Trauma is defined as experiences that overwhelm an individual's capacity to cope. Trauma early in life, including child abuse, neglect, witnessing violence and disrupted attachment, as well as later traumatic experiences such as violence, accidents, natural disaster, war, sudden unexpected loss and other life events that are out of one's control, can be devastating.

There are a number of dimensions of trauma, including magnitude, complexity, frequency, duration, and whether it occurs from an interpersonal or external source. These dimensions can be seen in the descriptions of the following five types of trauma<sup>25</sup>:

- **Single incident trauma** is related to an unexpected and overwhelming event such as an accident, natural disaster, a single episode of abuse or assault, sudden loss, or witnessing violence.
- **Complex or repetitive trauma** is related to ongoing abuse, domestic violence, war, ongoing betrayal, often involving being trapped emotionally and/or physically.
- **Developmental trauma** results from exposure to early ongoing or repetitive trauma (as infants, children and youth) involving neglect, abandonment, physical abuse or assault,

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<sup>23</sup> Browne, 1995

<sup>24</sup> YWCA Canada, 2014. <http://ywcacanada.ca/data/publications/00000062.pdf>

<sup>25</sup> Arthur et al., 2013. [http://bccewh.bc.ca/wp-content/uploads/2012/05/2013\\_TIP-Guide.pdf](http://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf)

sexual abuse or assault, emotional abuse, witnessing violence or death, and/or coercion or betrayal.

- **Intergenerational trauma** describes the psychological or emotional effects that can be experienced by people who live with trauma survivors. Coping and adaptation patterns developed in response to trauma can be passed from one generation to the next.
- **Historical trauma** is a cumulative emotional and psychological wounding over the lifespan and across generations emanating from massive group trauma. These collective traumas are inflicted by a subjugating, dominant population. Examples of historical trauma include genocide and colonialism.

## B. Effects of Trauma

Reactions to trauma vary from person to person, from minor disruptions in an individual's life, to debilitating responses. Across the continuum, people may experience anxiety, terror, shock, shame, emotional numbness, disconnection, intrusive thoughts, helplessness and powerlessness. An important variable is the age at which the trauma occurs.

For children, early trauma can have especially negative consequences, impacting the development of the brain and normal developmental progression.

Memory is often affected—people may not remember parts of what happened, but at the same time may be overwhelmed by sporadic memories that return in flashbacks. Nightmares, depression, irritability, and jumpiness are common. All of these responses can interfere with an individual's sense of safety, self, and self-efficacy, as well as the ability to regulate emotions and navigate relationships.

The physiological adaptations that some people develop in response to trauma and to perceived ongoing threats produce a underlying state of “dysregulation”— difficulty controlling or regulating emotional reactions or behaviours, and/or an imbalance in the body, which often results in hyperarousal and hypervigilance (in which an individual seems to overreact to every situation) or listlessness and dissociation (in which an individual seems numb and disconnected in stressful or dangerous situations).

Physical health also is affected: trauma survivors may experience chronic pain, gynecological difficulties, gastrointestinal problems, asthma, heart palpitations, headaches and musculoskeletal difficulties. Chronic danger and anticipation of violence stresses the immune system and can lead to an increased susceptibility to autoimmune disorders such as chronic fatigue and other illnesses.

“Service providers can also go through the experience [of trauma] as well: violence, poverty, etc. They need to have [more poker] “chips” to be able to offer something to women”

Toronto participant



Post-Traumatic Stress Disorder (PTSD) is one type of mental health disorder that can result from trauma<sup>26</sup>. Experiencing symptoms from three symptom clusters: intrusive recollections, avoidant/numbing symptoms, and hyper-arousal symptoms are central to the current diagnostic criteria for PTSD.

Because trauma may have different meanings in different cultures and responses to trauma may also be expressed differently, cultural safety is an important component of trauma-informed practice.

Furthermore, diverse identities intersect in various ways with experiences of trauma, for example: women, men, children, youth, Indigenous peoples, low-income families, racialized people, veterans, lesbian, gay, bisexual, two-spirit, transgender, and questioning (LGB2STQ), immigrants, etc. Service providers need to know as much as possible about the individual they are supporting.

*“Two of the biggest things that I had to do in frontline work were to really learn about the people that I was working with because we didn’t necessarily share a culture or a socio-historical background.”*

***To help learn about different populations, consider:***

- Connecting with the community you are supporting
- Remaining curious and respectful while asking appropriate questions to help you understand
- Accessing resources for independent study

***Example:***

*“Two of the biggest things that I had to do in frontline work were to really learn about the people that I was working with because we didn’t necessarily share a culture or a socio-historical background.”*

**“Know your limits to provide meaningful services and recognize how much you can give.”**

Montréal participant

*So a lot of what I was seeing happening, particularly with the highly vulnerable people was foreign to me, and I didn’t know how to respond to it. And in a lot of cases by happenstance a lot of what they were struggling with was a response to a system that hadn’t been caring,*

<sup>26</sup> Centre for Addictions and Mental Health, 2012.

[http://www.camh.ca/en/hospital/health\\_information/a\\_z\\_mental\\_health\\_and\\_addiction\\_information/Post-traumatic/Pages/pstd.aspx](http://www.camh.ca/en/hospital/health_information/a_z_mental_health_and_addiction_information/Post-traumatic/Pages/pstd.aspx)

*had even further traumatized, and I happened to be part of that system, so I was a recipient of a lot of anger.*

*So the thing that I had to learn was understanding, understanding where they were coming from, and trying to put myself into that place, of going to where they are, I had to understand that it's not about me.” (Outreach Nurse)*

### C. Vicarious Trauma, Compassion Fatigue and Burnout

TRAUMA-INFORMED SERVICES	TRAUMA-SPECIFIC SERVICES
Work at the client, staff, agency, and system levels from the core principles of: trauma awareness; safety; trustworthiness, choice and collaboration; and building of strengths and skills.	Are offered in a trauma-informed environment and are focused on treating trauma through therapeutic interventions involving practitioners with specialist skills.
Discuss the connections between trauma, mental health, and substance use in the course of work with all clients; identify trauma symptoms or adaptations; and, offer supports and strategies that increase safety and support connection to services.	Offer services that are based on detailed assessment to clients with trauma, mental health, and substance use concerns that seek and consent to integrated treatment.

Working with survivors of violence to provide services is both rewarding and challenging. Vicarious traumatization refers to “the cumulative transformative effect on the helper working with the survivors of traumatic life events”. The impact of vicarious trauma occurs on a continuum and is influenced by a number of factors such as their role and how much traumatic information a practitioner is exposed to, the degree of support in the workplace, personal life support, and personal experiences of trauma.

[When dealing with parents in a crisis situation who have their children with them] **“Facilitate an activity with the kids to make sure they’re ok and remove kids from the situation”**

Toronto participant

The influence of vicarious trauma can be seen and felt on both personal and professional levels, and in some instances, the community level.<sup>27</sup>

- **Common Questions About Trauma**

*This pamphlet explains trauma and its effects in plain language and can be a useful resource to share with clients.*

[www.camh.net/About\\_Addiction\\_Mental\\_Health/Mental\\_Health\\_Information/commonquestionsabouttrauma.html](http://www.camh.net/About_Addiction_Mental_Health/Mental_Health_Information/commonquestionsabouttrauma.html)

- **Bridging Responses: A Front-Line Worker's Guide to Supporting Women Who Have Post-Traumatic Stress**

This guide providing trauma-informed services was written for front-line workers who work with women in a variety of settings. It provides information about the responses women can have to trauma and how to recognize these responses. Additionally, it includes practical information on trauma-informed interventions and referrals.

[www.camh.net/publications/camh](http://www.camh.net/publications/camh)

“Respect their decisions, be empathetic, let them express themselves, don’t judge but seek to understand the situation.”

Montréal participant

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<sup>27</sup> Community Connections, 2008. [www.communityconnectionsdc.org/web/page/657/interior.html](http://www.communityconnectionsdc.org/web/page/657/interior.html)

# WHAT IS VIOLENCE AGAINST WOMEN

We may have heard violence against women referred to in other ways, perhaps as domestic violence, family violence or woman abuse. There are also other terms used. What is common amongst these terms is the understanding that women face an unequal distribution of power, which often translates into abuse and violence in family life in particular against women.

It is important to understand, however, that woman abuse is situated within the larger context of Violence against Women (VAW). There is a connection between the violence that happens to women in the home and the violence that occurs in the workplace, in schools, on the streets, and also the violence perpetuated by structural systems. This continuum of violence, in which women continue to represent the majority of victims, is rooted in the social, economic and political inequality of women.

What is different between these terms is their history and connotations which are influenced by various theoretical perspectives. Some of the following terms will be briefly outlined.

## ***Domestic Violence:***

- This term is commonly understood as abuse that occurs between partners in an intimate relationship.
- It has been criticized by the VAW sector as not reflecting the gendered nature of violence. By terming the violence ‘domestic’, there is no reference to the fact that the majority of victims are women.
- The word ‘domestic’ portrays an image that the issue is a private one, one that is better left to the couple to deal with as opposed to a social issue which then requires a societal response.

## ***Wife Assault:***

- This is a term that was commonly used in the formative stages of the women’s movement and is now considered a more historically-used term.
- It is now widely accepted that “wife” does not capture the range of women affected. Violence can also occur in same-sex, dating and common law relationships, as well as former relationships.
- It is also widely accepted that “assault” does not encompass the various forms of abuse. We know that violence can encompass verbal, emotional, psychological, financial, spiritual, religious, and immigration related forms of abuse.

- Therefore, a woman's experience with abuse is often much broader than domestic violence.

The United Nations has a broad definition of violence against women, which includes violence that takes place within intimate relationships:

The term “violence against women” (VAW) means any act of gender-based violence that results in or is likely to result in physical, sexual or psychological harm or suffering to women. This includes threats of such acts, coercion or arbitrary deprivation of liberty - whether occurring in public or in private life.

***What terminology does your agency use?***

***How do you define it?***

***Accordingly, violence against women encompasses but is not limited to the following:***

- Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of girls in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;
- Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in education institutions and elsewhere, trafficking in women and forced prostitution;
- Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.

#### **What makes abuse of older women unique?**

Existing services may not be appropriate for older women. For example, they may find that:

- Shelters serving younger women with children are too noisy and stressful and are usually not equipped for complex health or mobility issues
- Co-ed shelters may be stressful or even dangerous for an older woman who is fleeing an abusive situation
- Shelters may not accommodate women who care for older/adult children or grandchildren
- Shelters often have limitations on the length of time clients can stay



- Services which offer support in the area of elder abuse may not recognize the unique needs of women; they tend to see clients as frail, older adults needing medical care and they often see the abuser as an over worked caregiver
- VAW service providers are often unfamiliar with the needs of and appropriate services for older adults, especially older women experiencing abuse
- Older women are frequently devalued and consequently not given the support that they are entitled to. Also, they may internalize ageist and sexist discrimination and feel that they are of ‘no value.’ For example, they may see that:
- Service providers frequently treat older women as “mentally incapable”, do not take their problems seriously and/or make decisions for them
- Minimal attention is paid to older adults in health care education and training
- Older women are not often recognized in the media, and when media images are portrayed, they often appear as ugly, ridiculous, lacking worth
- There is a tendency to blame the victim in cases of older women abuse
- Negative attitudes about women, older adults and disAbled persons are common (e.g., that older adults are a ‘drain’ on health care)

There are many factors in a woman’s decision to leave an abusive relationship and those often become barriers. These factors represent a risk, as she needs to consider them when determining her decision to leave the abusive situation. Women could experience many of these barriers at the same time. It is important for a service provider to have an understanding of societal power imbalances in relations to the woman’s identity.

## Cultural Context: Latinx Identities

### *Problematizing Hispanidad*

There are different terms used to identify people from Latin American countries. The term Hispanic was created by the U.S. government in the early 1970s in an attempt to homogenize large populations representing multiple races, cultures, ethnicities and nationalities to the Spanish language. It also was used to reduce the diversity of a continent to a singular culture. This term is not widely accepted

**“Hispanidad centres Spain and erases the complexities of identities; African, Asian and Indigenous roots – Indigenous languages”.**

Toronto participant

because it was originally used as a derogatory term, then and after 1970 it was used as some sense of pride celebrating the colonization of the Americas by Spanish conquerors. The term Hispanic excludes Indigenous and Afro-descent peoples and roots the identity to the colonizing country – Spain. In an attempt to decolonize, many voices within the Latin American Diaspora reject the label “Hispanic”.

**“When you are still celebrating colonization, you are erasing the histories of oppression”**

Toronto participant

**“Latinidad vs. Hispanidad – latter has a connotation of colonization. Not everyone speaks Spanish; there are Indigenous peoples, people from the Caribbean”.**

Vancouver participant

### ***Latinidad***

The term Latino, though also coined by the U.S. has increasingly gained acceptance among Latin American communities as the term reflects the origin of the population in Latin America. It is more inclusive of Indigenous and Afro-Latinx peoples as it decentralizes the colonizer as the common denominator within the label. It is also important to clarify that not all the Latin American countries are Spanish-speaking, as it is the case for countries such as Brazil, Guyana, and Haiti. Until recently, the term Latin@ has been commonly used to step away from the gendered language. More recently, the term Latinx has emerged and is being introduced as a step further towards more inclusive language for all genders by breaking the gender binary of the language.

### ***Latin American Context***

In a Latin American context, people living in the different countries of the Latin American region do not identify as Latinxs or Hispanics. This is part of the language of the Diaspora, instead people identify with their nationality (Peruvian, Guatemalan, Dominican etc.) or their Indigenous nations (Quechua, Aymara, Pipil, Mapuche etc.).

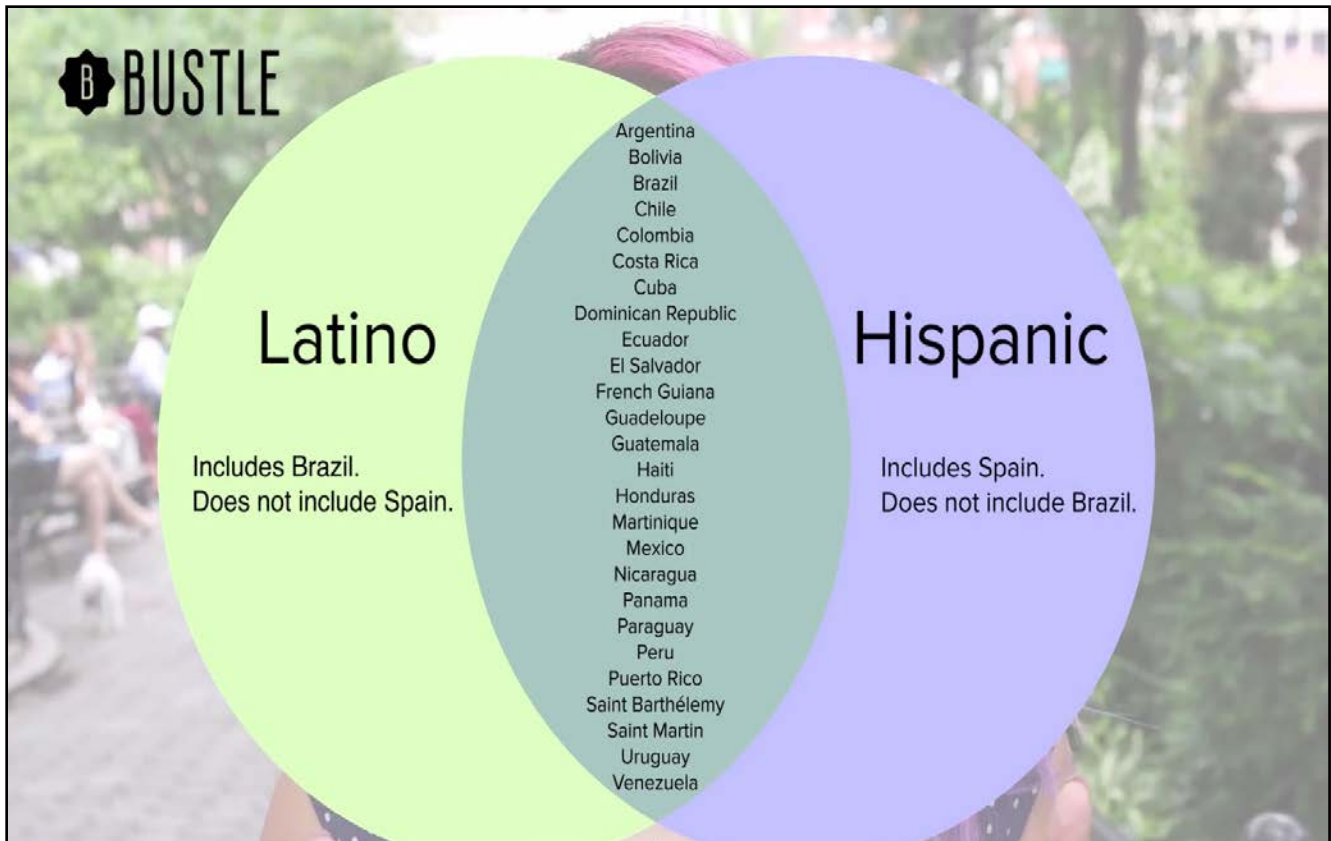
**“I felt “Latina” once I left my country - in your country, you don’t think about Latinidad. Its only when you’re in a different place, you start identifying–it’s solidarity”.**

Montréal participant

### ***Abya Yala***

Some groups of the Latin American communities use the term **Abya Yala**, which in Kuna language from the Kuna people in Panama means “land in its full maturity” or “land of vital blood”.<sup>28</sup> The name was used to call the American continent before the inquisition. This term is used as a way to decolonize Latin America.

<sup>28</sup> Archives of Indigenous Peoples Day, 1990. [http://ipdpowwow.org/Archives\\_2.html](http://ipdpowwow.org/Archives_2.html)



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In order to acknowledge the realities of individuals from the many countries of Latin America, we know that language differences cannot group all Latinx people as Spanish-speaking and that not all Spanish-speakers are Latinx as it is the case for people originally from Spain. As such, the term Latinx will be used to identify this particular population of women fleeing violence that are accessing services and necessitating further support.

**“I like the term Latinx – it’s as if the “x” expands to accept everyone”.**

**Toronto participant**

<sup>29</sup> Lazo, 2015. <http://theflama.com/theres-a-difference-between-the-terms-hispanic-latino-and-spanish>



This photo came from students in the Toronto District School Board Latin American Counsel, which was presented at the From Dialogue to Action - Latin American Education Network's Third Annual Education Conference. With this exercise, young Latinx people challenged stereotypes and homogeneity of the "Latinx culture".



# Indigenous Peoples in Latin America

By the year 2010, an estimated 45 million indigenous people lived in Latin America, accounting for 8.3 % of the region's population. The United Nations has championed the promotion of their rights through the use of different resources and special regulations for this purpose.



ECLAC encourages the region's countries to put public policies in practice which:

- 1) are based on standards of indigenous peoples' rights
- 2) include their perspectives and contributions to the region's development
- 3) consolidate improvements in their well-being and living conditions, political participation and territorial rights
- 4) promote the construction of multicultural societies that benefit us all

ECLAC

Source: Guaranteeing indigenous people's rights in Latin America: progress in the past decade and remaining challenges, ECLAC - <http://www.cepal.org/publicaciones/default.asp?idioma=IN>

The image above shows the diversity of Indigenous peoples in Latin America and speaks to the impact of colonization where certain regions and nations are at a higher risk of “physical or cultural disappearance”.<sup>30</sup>

<sup>30</sup> Economic Commission for Latin America and the Caribbean, 2014.  
[http://repositorio.cepal.org/bitstream/handle/11362/37051/S1420782\\_en.pdf?sequence=4](http://repositorio.cepal.org/bitstream/handle/11362/37051/S1420782_en.pdf?sequence=4)

## ***Family Values***

For most, the Latinx family is a close-knit group and the most important social unit. The term *familia* usually goes beyond the nuclear family. The Latinx "family unit" includes immediate members: parents and children, as well as extended family: aunties and uncles, grandparents and cousins.

Colonization and patriarchy have shaped the ways in which family structures are in place with the father as the "head" of the household. In most of the heteronormative Latinx families, the father is the head of the family, and the mother is responsible for the home. Individuals within the family have a moral responsibility to help family members experiencing financial problems, unemployment, poor health conditions, and other life issues.

Generally, family ties are very strong: when someone travels to another town or city to study or for a short visit (e.g., vacation, business, medical reasons), staying with relatives or even with friends of relatives is a common practice. Families often gather together to celebrate holidays, birthdays, religious events, graduations, weddings and funerals. Latinx families instill in their children the importance of honour, good manners, and respect for authority and the elderly. It is not uncommon for children to stay in the home once they have become adults.

*The Latinx "family unit" includes immediate members: parents and children, as well as extended family: aunties and uncles, grandparents and cousins.*

In many Spanish-speaking households, preserving the language within the family is a common practice. Latinx people tend to treat each other with formality when greeting one another; a firm handshake, a hug and a kiss on a cheek. The Spanish language provides forms of formal and non-formal address (different use of *usted* vs. *tu* for the pronoun you, polite and familiar commands, the use of titles of respect before people's first names such as *Don* or *Doña*). In non-formal settings, conversations between Latinx are often animated in tandem with gestures and body language.

## ***Rituals and Religions***

In Latin America, religion has traditionally played a significant role in daily activity. This is in part due to legacies of colonialism in the continent when most Indigenous peoples were forced to convert to the religion of settlers and missionaries. More than 90% of the Spanish-speaking world identifies as Roman Catholic. In recent history, various systems of beliefs have experienced growth within the Latin American diaspora and within the continent itself.

The church influences family life and community affairs while giving spiritual meaning. Many local communities celebrate their patron Saint's day with greater importance and ceremony than



individuals do for personal birthdays and other life events. As in other parts of the world, the belief systems and practices of Indigenous and Afro-Latinx people have greatly influenced Catholicism practiced within the continent.

## Latinx Women Fleeing Violence

New immigrant women coming from Latin America face intersecting barriers:

### ***Language Barriers***

An inability to communicate or difficulty in doing so may prevent women from seeking legal assistance, emergency shelter and other services. For example, women may not be able to communicate with police responding to an emergency call; abusers may take the opportunity to distort, minimize, or deny the abuse. Abusers may even tell the police that the woman initiated the violence resulting in her arrest. Language barriers also have an impact on women's understanding of their rights. We have identified as a great concern that most courts, shelters, hotlines and social services agencies have limited access to interpreters, further isolating women from necessary services.

*[M]ost courts, shelters, hotlines and social services agencies have limited access to interpreters, further isolating women from necessary services.*

**“There’s a power imbalance around language; different accents, lack of access to services, and lack of trust in getting accurate translations from third parties”.**

Vancouver participant

### ***Lack of Awareness of Community Services Available***

Closely connected to language barriers and also as a consequence of isolation; women may not be aware or understand how to access services. Latinx women may not be familiar with the services available to them in their new locale or may not even consider that they exist at all)

### ***Law Enforcement/ Legal System***

Women may have negative experiences with law enforcement in their country of origin; this may or not be associated to similar issues of abuse. Latin America has a long history of dictatorships, corruption including government and police, intense violence, and complicity. (Complicity of

**“Police intervention can become more harmful than not - people in uniform can trigger experiences”.**

Calgary participant

developed countries along with their powerful companies, ignoring rights' violations in order to retain access to Latin American natural resources).

Latinx women who have lived through these histories in their respective countries have experienced firsthand how authorities use their power to oppress people.

### ***Fear of Deportation***

Abusers may threaten victims with deportation if they complain about abuse, threaten to leave, or threaten to call the police for help. Women often fear deportation because it may jeopardize the financial or immigration status of the abuser, may create consequences for the children, if they have children together, or jeopardize her immigration status.

**“Even with emerging services, seeking services to address needs are still very taboo”.**

Montréal participant

### ***Cultural/Religious Issues***

Some religions and cultures have strict guidelines for gender roles which may lead women to conclude they do not have the right to disobey or leave their abusers. Some religious leaders may instruct women to remain in abusive relationships. Women may decide to remain in an abusive relationship due to the fear of being alienated from their congregations or their communities.

## **1. Tactics Used by Abusers to Control Latinx Women**

### ***Isolation***

Keeping her isolated from family, friends, community, religious leaders and people who speak the language; not allowing her to learn English; creating isolation through financial dependency

### ***Threats***

Threatening her immigration status; withdrawing sponsorship application; seeking sole custody of the children or threatening to disappear with them if she reports abuse or attempts to leave.

### ***Intimidation***

Hiding or destroying important papers such as passports, record of landing, Permanent Residence card or the children's birth certificates, personal photos and mementos, or any other document that connects her to her country of origin.

### ***Citizenship and Status Privilege***

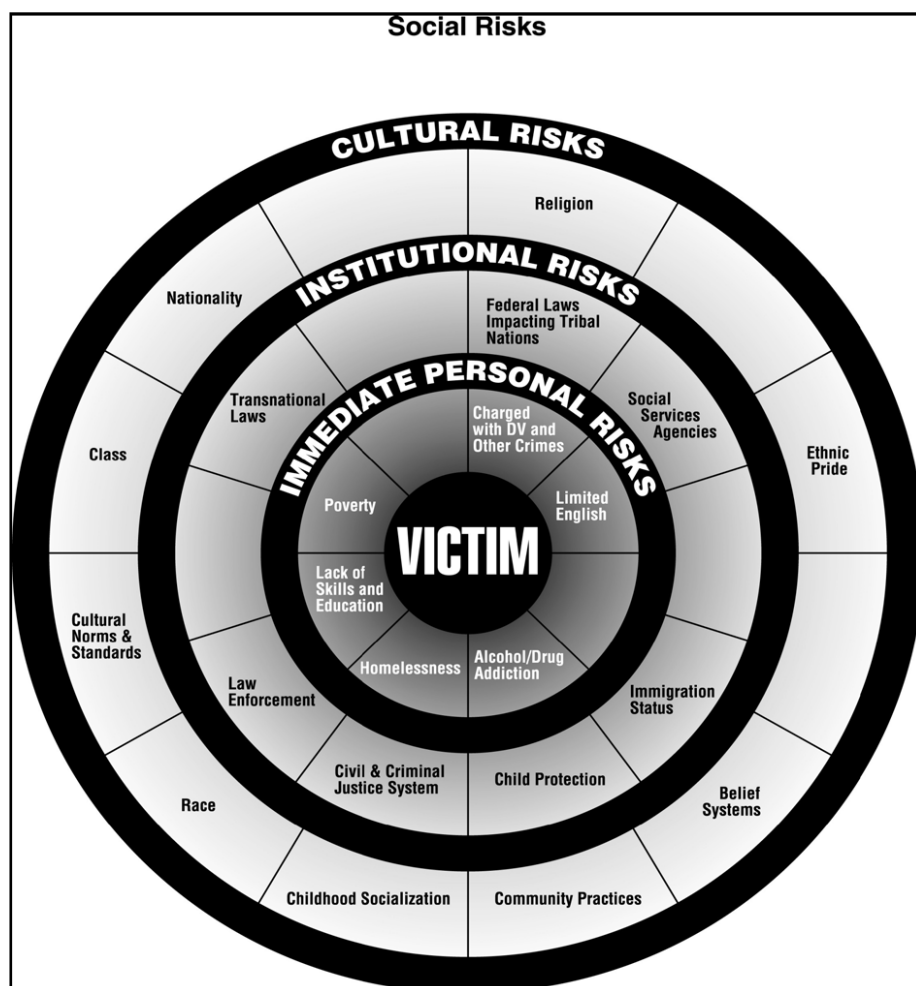
Failing to submit applications on immigration status; lying to her about own status or not allowing her to know the status of her own application for Permanent Residence and/or withdrawing the application.

### ***Did you know?***

Citizenship and Immigration Canada (CIC) has introduced amendments to the Immigration and Refugee Protection Regulations (the Regulations) which apply to spouses, common-law or conjugal partners in a relationship of two years or less with their sponsor and who have no children in common with their sponsor at the time they submit their sponsorship application. The sponsored spouse must cohabit in a legitimate relationship with their sponsor for two years from the day on which they receive their permanent resident status in Canada. If they do not remain in the relationship, the sponsored spouse's status could be revoked.

**<http://www.cic.gc.ca/english/departement/media/backgrounders/2012/2012-10-26a.asp>**

\*Advocates have opposed this change as it not only gives more power to abusers but also puts women in a greater state of vulnerability.



## **2. Important Guide-lines to Establish Trust and Open Communication:**

Sharing information is a critical component that allows the woman to express her needs. The service delivery information can be shared in a trauma-informed way that takes into account, age, stage of development, and culture to guide information sharing. Here are some useful guidelines when working with Latinx women fleeing abusive situations.

- Provide information in a timely manner according to the woman's pace as it may happen over several conversations. It is paramount that safety is established and remains central in the conversation.
- Be aware that the readiness of women processing information on possible connections between their current experiences and past trauma varies greatly. Some may not want or need it; others may not be ready (in terms of coping and resources) to make the links; and others may need to slowly integrate aspects over time. To avoid getting ahead of readiness, trauma-informed practitioners should offer alternatives — whether someone even wants information, how much they want, and when.
- Practice active listening. This prevents the service providers from doing all of the talking. When workers stay connected using reflective listening skills and regular summaries, they help women feel heard and understood. Pauses in the discussion reduce the risk of overwhelming the woman by providing too much information, too quickly.
- Understand reactions and link responses to trauma help the woman normalize her experience and offer a larger context to understand what is happening to them.

Being culturally sensitive and having a clear anti-oppressive and trauma-informed framework allow workers to understand reactions and to provide more mindful, supportive, and effective support.

## **3. Promising Practices**

The recommendations below are based on the lived expertise of workers in the field, current literature and the feedback from women with lived experiences of abuse. Many of these suggested practices and ideas may already be in place at your agency and not all of the recommendations may be relevant to your work. However, there may be some fresh approaches and considerations for you to explore.

All of the practices are framed under the understanding that Latinx women experiencing violence are suffering from some level of trauma and that as service providers we are committed to offer supports in an environment free of judgment.

Even if your agency serves few Latinx women on a regular basis, reviewing these practices is worth your time, in order to provide those few women with mindful and supportive services.

### ***Safety & Trustworthiness***

Depending on the trauma and/or type of violence encountered, women may feel unsafe in new environments and may have difficulty trusting others and their intentions. Latinx women come to services with life experiences that shape feelings, thoughts, and responses when interacting with workers and services.

Recognizing this dynamic is powerful, both for the worker and for the woman accessing services. It is also crucial to recognize as a service providers, that a woman's reactions are not necessarily personal or about skills. Instead they may be influenced by what has come before, or perhaps expectations of what is to come. Being aware of this situation contributes greatly to the creation of a safe space for a woman accessing services; it gives her permission to have reactions without feeling like they are disrespecting a system or the worker. Many of the women accessing services may be currently living in unsafe circumstances. At the same time, this should not be assumed. There are a number of ways workers can make physical and emotional safety and trustworthiness explicit:

#### ***Consider all barriers (visible/invisible, concrete/perceived) to engagement:***

- Consider the power wheel and explore the many factors that may have an impact on your client
- There may be barriers that result from current policies and rules, such as immigration law (no health coverage for someone who does not have legal status), or fear of losing children, housing or employment.
- There may also be very real invisible barriers that are directly or indirectly related to prior experiences with institutions and authority. For example: individuals from cultures that have experienced intergenerational trauma and oppression, refugees distrusting of governmental organizations etc.

Avoid asking assumptive, directive questions. Do not rush to conclusions or referrals, rather listen carefully and let her share as much or as little of her story as she sees fit.

***Attend to immediate needs:***

- Food, clothing, medical needs, immediate safety, housing, transportation, and child care must all be addressed. If the mandate of your organization does not include addressing immediate needs, provide a referral to organizations that can help. Wherever possible, support the woman to access services by phone, online, or in person.
- If someone is acutely psychotic or suicidal, the necessary steps to ensure safety should be taken, including accessing emergency services and carrying out crisis intervention measures. (Always consider mental health)

***Always ask your client if she wants an interpreter OR if you are a Latinx worker, always ask her if she prefers to meet with a worker that is not from her community.***

***Be as transparent, consistent and predictable as possible:***

- Always offer translation services, or allow an interpreter to be present if required or possible.
- Allow a support person to be present if the individual thinks that would be helpful.
- Explain why before doing something. It is important not to assume that women seeking our services are aware of how they work or what services are offered and what the processes are.
- If a promise is made (to make a referral, make a follow-up phone call), follow-through in a timely manner.
- Acknowledge and take responsibility for miscommunication.

***Respect healthy boundaries and expectations by clarifying your role:***

- Outline the parameters of what can and cannot be done.
- Maintain focus on information that is relevant to the type of work agreed to.
- Use a professional tone that also conveys genuine care and concern
- Be ready for your appointment, try to be flexible with the time, leaving some space to juggle lateness; discuss back-up plans when you will be away (both planned and unplanned).
- Explain how and when to contact you.



- Be aware of dual roles. For example, offer support to parents, keeping in mind legal responsibility to report child welfare concerns and make referrals as needed.

***Clearly outline program expectations:***

- The rights of those accessing services.

***Other important elements:***

- Recognize that your clients are the ‘experts’ in their own lives. They may have accessed other services, or employed other strategies. Ask your client what she has tried, what worked and what did not and why; reinforce that your client has a say in her own life and your partnership with her will continue to support this.
- Provide support to your client that goes beyond agency protocols that often make women feel like ‘cases to be managed’ and ‘intake data’. It is important that your client feels that you truly want to support them
- Be aware that the fit and the relationship between client and worker are crucial to effective support. Understand that your client may be better supported by someone else, try not to take it personally and facilitate connections with another worker.

Sharing the same cultural background as the woman you are supporting could be a positive thing, given the woman feels in full control of the situation. At times, women like to talk to workers that speak their languages because they communicate more freely and in a way they can fully express their ideas and feelings. At other times, especially in small communities, women would rather not to talk to workers within their communities as they do not fully trust that information would not be leaked.

## **4. Rights and Responsibilities**

***Provider Responsibilities:***

- To be guided by principles of confidentiality such as: the necessity to establish and maintain trust and relationships with both the client and relevant professionals; and the privilege and pledge to safeguard personal information even in the event of unintentional sharing such as when overheard in an open space.
- To collect only the information needed to provide care
- To explain why informed consent is necessary (i.e. required to access counselling at an agency)

- To outline and post how the personal information collected will be protected, stored and disposed of, and the relevant contact information should the client have questions/concerns
- To stress and uphold that informed consent is voluntary and will not impact service delivery at the host agency (where the consent is obtained)
- To determine what information will be shared (and any restrictions or information not to be shared), and who the information will be shared with (i.e., specific agencies, specific staff etc.)
- To establish how long the consent will apply for and how it can be revoked

#### ***Client Rights:***

- To consent or not to personal information being shared with other service providers without consequence to services provided at the host agency.
- To understand when implied consent (i.e., when doctors refer to specialists) is assumed and when express consent is required (i.e., when formal informed consent is sought prior to sharing information with a housing provider)
- To be informed of how the personal information collected will be protected, stored and disposed of

#### **A. Informed Consent**

Consent to share personal information is a serious matter that is mandated by federal, provincial and municipal privacy acts. Informed consent implies mutual understanding and respect for the responsibilities of the service providers and for the client's right to privacy.

- Respond to verbal and non-verbal communication.
- Use plain language without jargon. Offer a print copy of the consent form.
- Ask if the woman understands; work to mitigate any concerns she may have about the limits to confidentiality.

*Please note that under circumstances mandated by law such as for public health safety, intended serious harm to self or others, when subpoenaed or when child abuse is disclosed, a client's personal information **must** be reported.*

- When working with youth, outline what will and will not be shared with parents/guardians and in what circumstances (discuss with both parents and youth as appropriate).

## **B. Safety Plan**

An important step in supporting a Latinx woman experiencing abuse is to help her complete a Safety Plan. You may have a safety plan at your agency and, thus, may find that the information in this section is already familiar to you. If not, a Safety Plan is a list of steps your client can take to increase her safety and, if she chooses, to leave her home quickly and safely- numerous versions are now available online.

To help you determine whether creating a Safety Plan is an appropriate activity for you and your client, a list of items typically included in most Safety Plans is provided below. This list is not exhaustive; it highlights some of the most important steps a woman can take to be safer, which should be factored into a safety planning discussion.

*It is crucial to ask the interpreter to review consent with the woman prior to requesting her signature.*

*Explain how information will be shared and the limits to confidentiality.*

### ***Important things to pack and to consider before leaving:***

- Emergency numbers and originals/copies of important documents
- Medications, prescriptions, glasses or mobility devices
- A picture of the abuser and the abuser's license plate number to show the police, neighbors, etc.
- Photographs of abuse such as bruises or cuts, as well as bank records if available, to show patterns of withdrawal that you did not make
- Emergency money (\$10-\$20, change for payphone) and debit, credit, health, and drug cards

**TO BE SAFER WHILE LIVING IN THE ABUSIVE ENVIRONMENT:**

- Call 911 if in immediate danger, leave the phone off the hook after the call is made, and make a lot of noise.
- Get a cell phone, keep it charged, and program numbers in speed dial
- Identify/go to a safe place (e.g.: ER, public place)
- Create a code word or a signal (e.g.: front porch light off at night or on during the day to signal distress) with a trusted friend or relative to signal distress. Ask them to call 911 if they think you're in danger
- Open your own bank account ideally at a different bank and/or branch than that used by the abuser (Most banks start an account for \$5)
- Ensure that no sensitive mail (e.g.: mail from your bank or lawyer) is sent to your home – consider having it sent to a trusted friend or relative
- Ask a third party, such as a neighbour who witnesses the abuse to write and store notes for future use as evidence
- If needed, identify someone who can help you with transportation and accompany you to appointments
- Identify someone who can help with interpretation

## Project Advisory Group and Community Partners

### Calgary/Edmonton

- A Safe Place – Shelter for Abused Women and Children [www.asafeplace.ca/home.html](http://www.asafeplace.ca/home.html)
- Calgary Family Services (CARYA) [caryacalgary.ca](http://caryacalgary.ca)
- Calgary Immigrant Women's Association (CIWA) [ciwa-online.com](http://ciwa-online.com)
- Discovery House Family Violence Prevention Society [discoveryhouse.ca](http://discoveryhouse.ca)
- Hola Calgary [holacalgary.com](http://holacalgary.com)
- McMan Youth Family and Community Services Association [mcman.ca](http://mcman.ca)

### Montréal

- Auberge Transition [aubergetransition.org](http://aubergetransition.org)
- CAFLA [cafla.ca](http://cafla.ca)
- RIVO [rivo-resilience.org](http://rivo-resilience.org)
- Y des femmes Montréal [ydesfemmesmtl.org](http://ydesfemmesmtl.org)
- Y des femmes Montréal Résidences [ydesfemmesmtl.org/Fr/Residence\\_fr.html](http://ydesfemmesmtl.org/Fr/Residence_fr.html)

### Toronto

- Barbra Schlifer Commemorative Clinic [schliferclinic.com](http://schliferclinic.com)
- Centre for Spanish Speaking Peoples [spanishservices.org](http://spanishservices.org)
- Costi Immigrant Services [costi.org](http://costi.org)
- Hamilton Community Legal Clinic [hamiltonjustice.ca](http://hamiltonjustice.ca)
- MUJER [mujer.ca](http://mujer.ca)
- The Redwood Shelter [theredwood.com](http://theredwood.com)
- Toronto Rape Crisis Centre/Multicultural Women Against Rape [trccmwar.ca](http://trccmwar.ca)
- Working Women's Community Centre [workingwomenccl.org](http://workingwomenccl.org)

### Vancouver

- Battered Women's Support Services [bwss.org](http://bwss.org)
- Kitsilano Neighbourhood House [kitshouse.org](http://kitshouse.org)
- Kiwassa Neighbourhood House [kiwassa.ca](http://kiwassa.ca)
- Mount Pleasant Neighbourhood House [mpnh.org](http://mpnh.org)
- Ray-Cam Cooperative Centre [raycam.org](http://raycam.org)
- S.U.C.C.E.S.S. [successbc.ca](http://successbc.ca)
- Vancouver Coastal Health [vch.ca](http://vch.ca)
- Vancouver & Lower Mainland Multicultural Family Support Service Society [vlmfss.ca](http://vlmfss.ca)
- YMCA of Greater Vancouver [gv.ymca.ca](http://gv.ymca.ca)
- YWCA Metro Vancouver [ywcavan.org](http://ywcavan.org)
- YWCA Crabtree Corner [ywcavan.org/programs/crabtree-corner](http://ywcavan.org/programs/crabtree-corner)

# Appendix 1

## Info Sheet on Self-Care for Service Providers

Just as we provide women in or leaving abusive situations and experiencing trauma with learning tools to take care of themselves, service providers also need to practice this approach. How do we continue to practice effective and meaningful ways to love and care for our spirits, minds and bodies?

Many grounding strategies are helpful to stay in the present, focus, and connect to what is happening around you. These strategies could be used throughout the course of a day: when preparing to meet with someone, concluding an assessment or session, or getting ready to finish the day and shift from your professional role to your personal life. Often, we forget we already take care of ourselves.

**“Experience burn out or compassion fatigue, need to be aware of our own humanity in order to care for others”.**

Calgary participant

You will know what works best for you. Some examples include:

### ***Physical***

- Feel your feet on the floor; focus on your breath; stretch; run water over your hands

### ***Mental***

- Scan your office and name what you see; read something out loud to yourself; imagine changing the channel in your head

### ***Soothing***

- Imagine someone who gives you strength; put inspirational quotes up on your wall and read them as you need; develop a mantra (e.g., “No feeling is final,” “I can do anything for a day.”)

Some other ideas to help with the impact of vicarious trauma, over the longer term, at an individual level include:

- Having variety in your day and role overall—research, training, different types of conversations
- Attend continuing education
- Take scheduled breaks in the day
- Develop a personal debriefing plan, with peers or a clinical supervisor
- Set realistic goals for yourself



## Hoja de Información sobre el Autocuidado para Proveedores de Servicios

Así como ofrecemos herramientas de aprendizaje para cuidar de sí mismo para mujeres en o saliendo de situaciones de abuso y que han experimentado violencia, proveedores de servicio también tienen que practicar este enfoque.

Muchas estrategias son útiles para permanecer en el presente, enfocar, y conectar con lo que está sucediendo a su alrededor. Estas estrategias se podrían utilizar en el transcurso de un día: cuando se prepara para reunirse con alguien, concluyendo una evaluación o sesión, o preparándose para terminar el día y pasar de su rol profesional a su vida personal.

Usted sabrá lo que funciona mejor para usted.  
Algunos ejemplos incluyen:

### Físico

- Sienta sus pies en el suelo; concéntrese en su respiración; estírese; corra el agua sobre sus manos

**“Ser consciente del poder que tenemos como trabajadorxs, proveer información para que el cliente pueda decidirla, [con] autoreflexión”.**

Participante en Vancouver

### Mental

- Analice su oficina y nombre lo que ve; lea algo en voz alta a sí mismo; imagine que cambia el canal en su cabeza

### Calmante

- Imagínese a alguien que le da fuerza; coloque frases de inspiración en su pared y léalos como necesite; desarrolle un mantra (por ejemplo, "Ningún sentimiento es eterno", "Yo puedo hacer cualquier cosa por un día.")

Algunas otras ideas para ayudar con el impacto del trauma vicario, en el largo plazo, a nivel individual incluyen:

- Tener variedad en su día y en su función general - búsqueda, entrenamiento, diferentes tipos de conversaciones
- Asistir a la educación continua
- Tomar descansos programados en el día
- Desarrollar un plan de interrogatorio personal, con sus compañeros o un supervisor clínico
- Establecer metas realistas para sí mismo

## APPENDIX 2

### Scenario Activity

During the *Salir Adelante* workshop, participants were paired up and walked the rest of the group through one of these scenarios and how they would address them according to their knowledge, work and lived experiences. Each scenario prompts particular issues Latinx women and the intersections they embody come across when accessing violence prevention services.

During this activity, participants were asked to consider questions such as:

- How would you respond to the situation?
- What are the legal implications for the client and for you as a service provider?
- What personal emotions does this scenario evoke?
- How many similar cases have you encountered?

#### SCENARIO ONE

It's lunch time. A call is transferred to you and you are the only staff on site.

A woman who does not clearly identify herself and whose English/French is not fluent tries to explain:

I am a senior in a wheelchair living alone and I have someone who comes weekly to take care of the house. She yells at me and gets very upset when my house is not organized because it's more work for her. She insults me and calls me lazy, that I'm taking advantage of the system like all Latinos do. She told me if I say something no one else will help me and that I will be alone. I am scared and I don't know what to do.

You hear her crying while she keeps repeating: "Ayúdame, ayúdame please".

#### SCENARIO TWO

You receive a call but you don't speak the language. You hear that a woman is crying as well as children. The woman is speaking in Spanish:

Por favor ayúdenos, este hombre se volvió loco. Llego borracho y saco a mi hijo de la cama, le dio una pela disque porque no le había limpiado los zapatos. Este hombre le empezó a decir cosas horribles a mi niño. Le dijo que deje de llorar que parece una mujer. "Decime que sos un mariquita para matarte, porque en mi familia no se acepta a la abominación." Mi hijo le dijo llorando "¿Si soy gay y qué?" Este hombre le siguió dando, yo me metí y también me pego a mí. Mi hijito le pego al papa y le sacó un cuchillo". "Por favor ayúdeme, mi marido salió a comprar más cerveza y tengo mucho miedo

**SCENARIO THREE**

A woman shows up at your office, you notice she is really stressed and is accompanied by two small children. You don't fully understand what she is telling you because there are some limitations in the language and because she is crying.

The woman tells you that she was living in Canada but left her husband several months ago and that she took the children with her back to Uruguay. She tells you that her husband convinced her on the phone that he was going to change. She believed him and came back. The woman tells you that things were ok for a couple of weeks but he became abusive again. She lets know you she was so depressed that she wouldn't take her children to school and many times would forget to wait at the bus stop for her older daughter.

The woman tells you that she has no one here and that she's living at a shelter. Her husband took her to court and was authorized to take custody of the children who now live with his parents. She also discloses that she went to pick up her children from school earlier today and that she needs help to go back to Uruguay with the children. She constantly says kids belong with their mother.

**SCENARIO FOUR**

A 14-year old girl comes to your workplace. You are having your lunch, however the receptionist calls you because you are approachable and don't give her a hard time. The receptionist is also worried because the young woman is crying. The teenager tells you her father is very abusive to her mom and that her mom does not want to do anything about it. She tells you about the last incident when her father hit her mom. The young woman also shares with you that her mother gets very sad and hides in the bedroom for several hours. However, her mother becomes aggressive and if the teenager doesn't do what she is asked of right away, her mom hits her. The girl says that she wants her father to stop hitting her mom, so her mom stops hitting her.

**SCENARIO FIVE**

A couple come to your office to talk about settlement issues: opening bank accounts, finding a place to live. During the meeting, you learn that Martha has sponsored Andrea to come to Canada. Andrea has been in Canada for 2 months and she is having difficulties finding employment. She speaks fluent English and the conversation has happened in English. You notice that Martha speaks to Andrea very loudly and that she appears to be upset. At a certain point and while discussing the issues that brought them to talk to you, Andrea asks you how she can bring her children to Canada. Martha interrupts and yells something at Andrea (which you cannot understand because it is in Spanish).

### **SCENARIO SIX**

A woman booked an appointment with you at 10am but shows up at 10:50am and you are about to see another client. You notice she appears happy and is wearing lots of makeup and perfume. There is a perfume-free policy and you may be sensitive to perfume as well. She tells you:

“Sorry, I was waiting for the bus. I couldn’t leave the room early enough because my husband was still there. Can you see me now? I need to be back by noon because he comes back by 1pm?”

## **Actividad de Escenarios**

Durante el taller Salir Adelante, los participantes formaron parejas y explicaron al resto del grupo uno de los escenarios y la forma en que lo resolverían, teniendo en cuenta su conocimiento, el trabajo y la experiencia vivida. Cada escenario solicita cuestiones particulares de las mujeres Latinx y las intersecciones que encarnan cuando acceden a servicios de prevención de la violencia. Durante esta actividad, se pidió a los participantes que consideren las siguientes preguntas:

- ¿Cómo responderías a la situación?
- ¿Cuáles son las implicaciones legales para la clienta y para ti como proveedor de servicio?
- ¿Qué emociones personales este escenario te provoca?
- ¿Cuántos casos como este has visto?

### **ESCENARIO UNO**

Una pareja llega a tu oficina para platicar sobre las polémicas de asentamiento: encontrar un lugar donde vivir, abrir cuentas de bancos etc. Durante la reunión, aprendes que Martha ha patrocinado a Andrea para que venga a Canadá. Andrea está viviendo aquí hace 2 meses pero no encuentra trabajo. Ella habla el francés muy fluyentemente y la conversación en tu oficina ocurre en francés. Te das cuenta que Martha habla muy fuerte con Andrea y parece alterada. La conversación sigue y mientras están hablando de las polémicas, Andrea te pregunta cómo puede hacer para traer a sus niños. Martha las interrumpe y se pone a gritar a Andrea (no puedes entender porque es en otro lenguaje).

### **ESCENARIO DOS**

Una chica de 14 años llega a tu oficina. Estás en tu hora de almuerzo, pero la recepcionista te llama porque eres accesible y no te pones difícil. La recepcionista también está inquieta porque la muchacha está llorando. La adolescente te cuenta que su papa es muy abusivo hacia su mama y que su mama no hace nada sobre ello. Ella te habla del último incidente cuando su papa le pego a su mama. La muchacha te dice que su mama se pone muy deprimida y se esconde en su cuarto por muchas horas. Sin embargo, su mama se pone agresiva y si la adolescente no hace lo que tiene que hacer de inmediato, su mama la pega. La muchacha te dice que quiere que su papa pare de maltratar a su mama para que su mama pare de golpearla.

### **ESCENARIO TRES**

Una mujer ha tomado cita contigo a las 10 de la mañana pero solo aparece a las 10:50 y estas a punto de ver a otro cliente. Te das cuenta que ella parece muy contenta y que está bien maquillada y perfumada. Tu trabajo tiene una política sin perfume y es también posible que seas sensible al olor del perfume. La mujer te dice:

“Disculpa, estaba esperando el autobús y no pude irme del cuarto a tiempo porque mi esposo todavía estaba allí. Me puedes atender ahorita? Necesito regresar cerca de las 12 ya que él se regresa a la 1 de la tarde.”

### **ESCENARIO CUATRO**

Una mujer llega a tu oficina y te das cuenta que está muy estresada y con dos niños. No entiendes exactamente lo que te dice porque hay limitaciones con el lenguaje y porque está llorando.

Ella te dice que estaba viviendo en Canadá pero cuando dejó a su esposo unos meses atrás, ella se llevó a los niños de regreso a Uruguay. La mujer te dice que por teléfono, su esposo la convenció que él iba a cambiar, lo quiso creer y volvió a Canadá. Ella te avisa que todo iba bien durante las primeras semanas de su regreso pero que después su esposo se puso abusivo. Te dice que estaba tan depresiva que no llevaba a sus niños a la escuela y que varias veces se olvidó de esperar a su hija mayor a la parada de autobús.

La mujer te cuenta que no tiene a nadie aquí y que está viviendo en un refugio. Su esposo la llevó a la corte y fue autorizado a encargarse de los niños quienes ahora viven con los padres de él. Te dice también que fue a recoger a sus niños de la escuela hoy día y que necesita ayuda para irse con ellos de regreso a Uruguay. Ella te repite a varias veces que niños tienen que quedarse con la mamá.

### **ESCENARIO CINCO**

Alguien te llama pero no hablas el idioma en el cual te están hablando. Escuchas a una mujer llorar igual que sus hijos. La mujer te está hablando en castellano:

“Por favor ayúdenos, este hombre se volvió loco. Llegó borracho y sacó a mi hijo de la cama, le dio una patada porque no le había limpiado los zapatos. Este hombre le empezó a decir cosas horribles a mi niño. Le dijo que deje de llorar que parece una mujer. “Decime que eres un mariquita para matarte, porque en mi familia no se acepta la abominación.” Mi hijo le dijo llorando, “Si soy gay y qué?” Este hombre le siguió dando, yo me metí y también me pego a mí. Mi hijito le pego al papá y le sacó un cuchillo. Por favor ayúdeme, mi marido salió a comprar más cerveza y tengo mucho miedo.”

### **ESCENARIO SEIS**

Es la hora del almuerzo. Te transfieren una llamada y eres la única trabajadora que está disponible. Una mujer que no se identifica claramente y que su francés o su inglés no es fluente trata de explicarte:

Soy una mujer de mayor de edad en una silla de rueda y vivo sola. Tengo a alguien que me viene a ayudar cada semana para limpiar la casa. Esta persona me grita y se pone muy amargada cuando ve que la casa esta desorganizada porque le da más que hacer. Me insulta, diciéndome que soy perezosa y que me estoy aprovechando del sistema como lo hacen todos los Latinos. Ella me dijo igualmente que si hablo de esto con alguna persona, que nunca nadie me va ayudar y que me quedaré sola. Tengo miedo y no sé qué hacer.

La escuchas llorar mientras repite: “Ayúdame, ayúdame por favor”.



# Suggestions of Self-Care Practices:

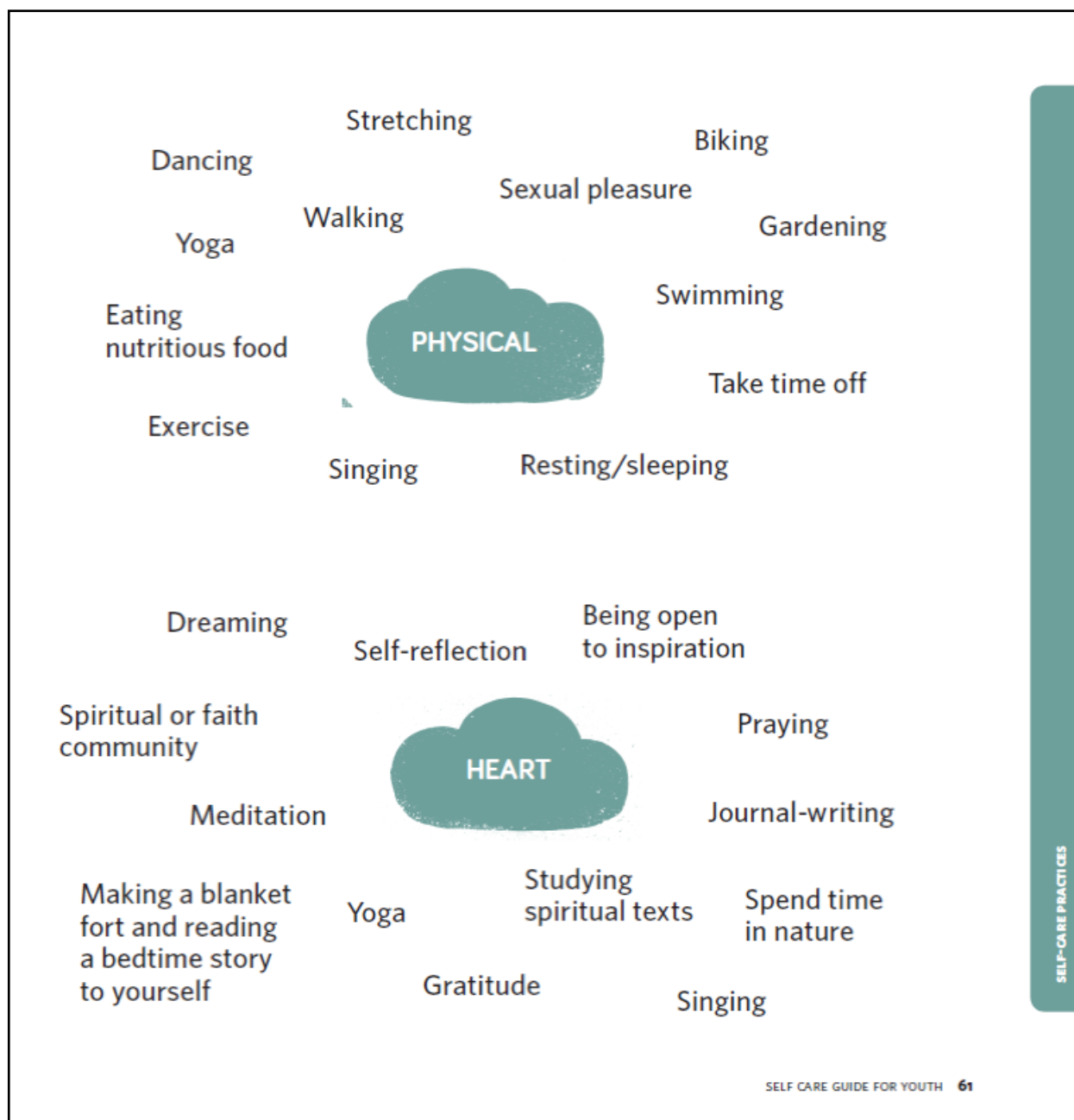
*What would you add to it?*



60 CARING FOR YOURSELF IS A RADICAL ACT

## Self-Care Resources:

1. The Self-Care Checklist (page 30) from the Guidebook on Vicarious Trauma can be downloaded at [http://publications.gc.ca/collections/collection\\_2008/phac-aspc/H72-21-178-2000E.pdf](http://publications.gc.ca/collections/collection_2008/phac-aspc/H72-21-178-2000E.pdf)
2. The Personal Assessment Wheel, developed by the Coaches Training Institute can be downloaded at <http://www.thecoaches.com/res/pdf/Personal-Assessment-Wheel.pdf>



**“Root self-care in self-love. Stop and look at the sunset, appreciate the colours”.**

Calgary participant

**“Ground myself within my body, with my heartbeat and my breath”.**

Vancouver participant

## APPENDIX 3

### Personal Preparation Plan when supporting a Latinx woman fleeing abusive relationships

*In preparation for meeting with a woman who is leaving or disclosing abuse in her life, I will ground myself by...*

Reminding myself that...

---

---

Taking steps to understand cultural context and intersecting identities...

---

---

Realizing the work has a negative effect on me when...

---

---

Grounding myself, if it starts to happen by...

---

---

Identifying someone who can offer me support

1) At work:

---

---

2) Outside of work:

---

---

Two self-care strategies that help me manage are...

---

---

## Plan personal de preparación para apoyar a las mujeres latinas huyendo relaciones abusivas

*Antes de estar en reunión con una mujer que está huyendo o que ha revelado abuso en su vida, voy a mantenerme presente de la siguiente manera...*

Voy a recordar que...

---

---

Voy a tomar medidas para entender el contexto cultural y la intersección de identidades...

---

---

Voy a identificar que el trabajo tiene un efecto negativo hacia mi persona cuando...

---

---

Voy a recordar que tengo un impacto, si empieza de nuevo de estas maneras...

---

---

Voy a identificar a gente que me pueda apoyar

3) Al trabajo:

---

---

4) Afuera del trabajo:

---

---

Voy a utilizar dos estrategias para el autocuidado que me ayudan son...

---

---

## APPENDIX 4

### Practice Traps

**“My role is not to be the saviour”.**  
Vancouver participant

Increasing service demands, competing priorities, and the desire to be helpful are just a few of the variables that may influence interactions between service providers and women experiencing abuse

***Some of the traps that service providers can fall into include:***

- Fixing and wanting to be helpful to the point of inadvertently disempowering women and taking over.
- Becoming the expert and losing the aspect of collaboration, which can be triggered by time constraints and the perceived necessity to provide ALL of the information.
- Feeling overwhelmed can result from feeling pushed, both personally and professionally, particularly when a situation is so complex making it difficult to know where to start
- Rigidity becomes evident when there is a belief that there is only one way for women to recover (e.g.: that women have to tell their story rather than tailoring the approach to each individual).
- Believing that information alone can create and maintain change refers to a misunderstanding that if women just had all of the information, they would change their situations. This trap is reflected in statements like, “you would think knowing that drinking only makes it worse would make them just stop.” Such statements can show a lack of understanding and can sound critical and blaming. It’s important to have a deeper analysis of systemic barriers instead of critiquing individual attitudes.
- Losing awareness of body language and facial expression can result in expressions of excessive sympathy or shock that can have an unintended effect on the conversation.

**“When your needs are met, you can be a better support for different people”.**

Toronto participant

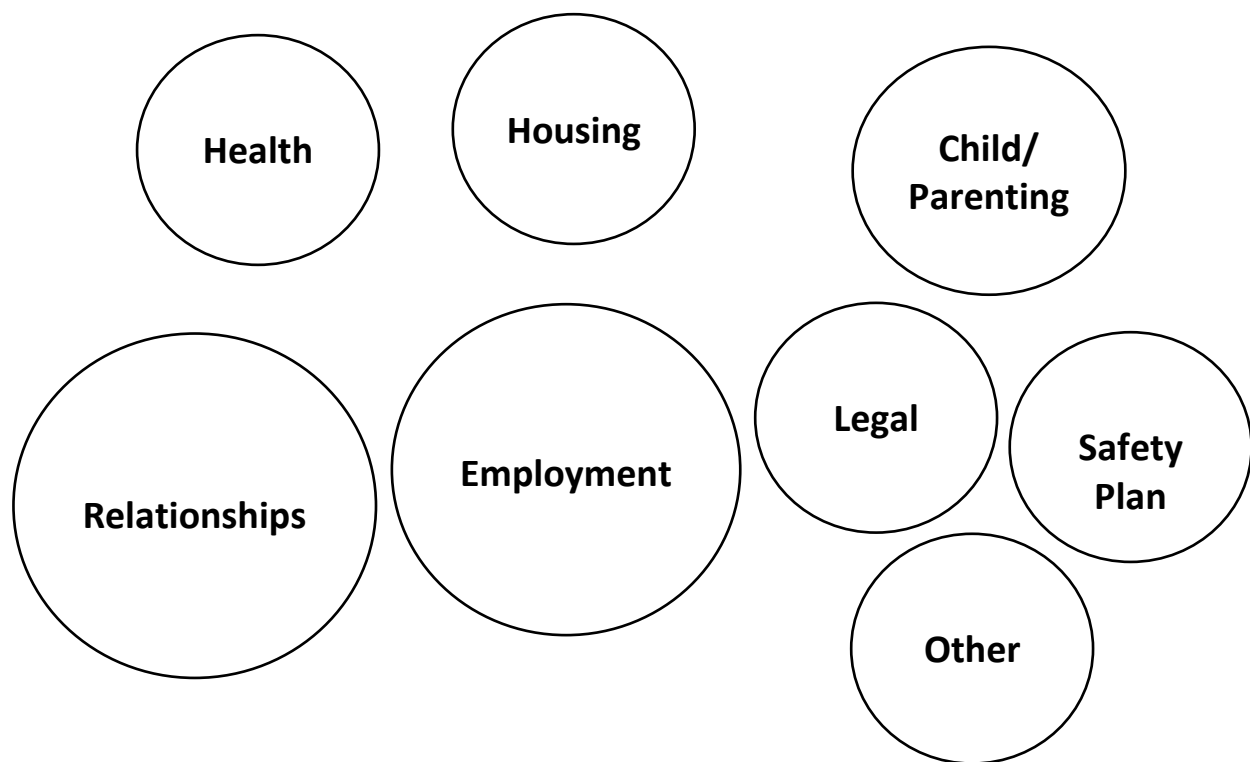
## APPENDIX 5

### Agenda Setting When Time is Limited

If your time is limited and you do not have the opportunity to create a more comprehensive agenda, consider asking permission before moving too quickly into information. You can also use open-ended questions to draw out perspective on how things are going and what type of supports she may need from you. It is always important to ask if she needs an interpreter and if that is the case, make sure you have someone that can be called in. All the issues affecting your client intersect and are important to her.

***Practice Example:***

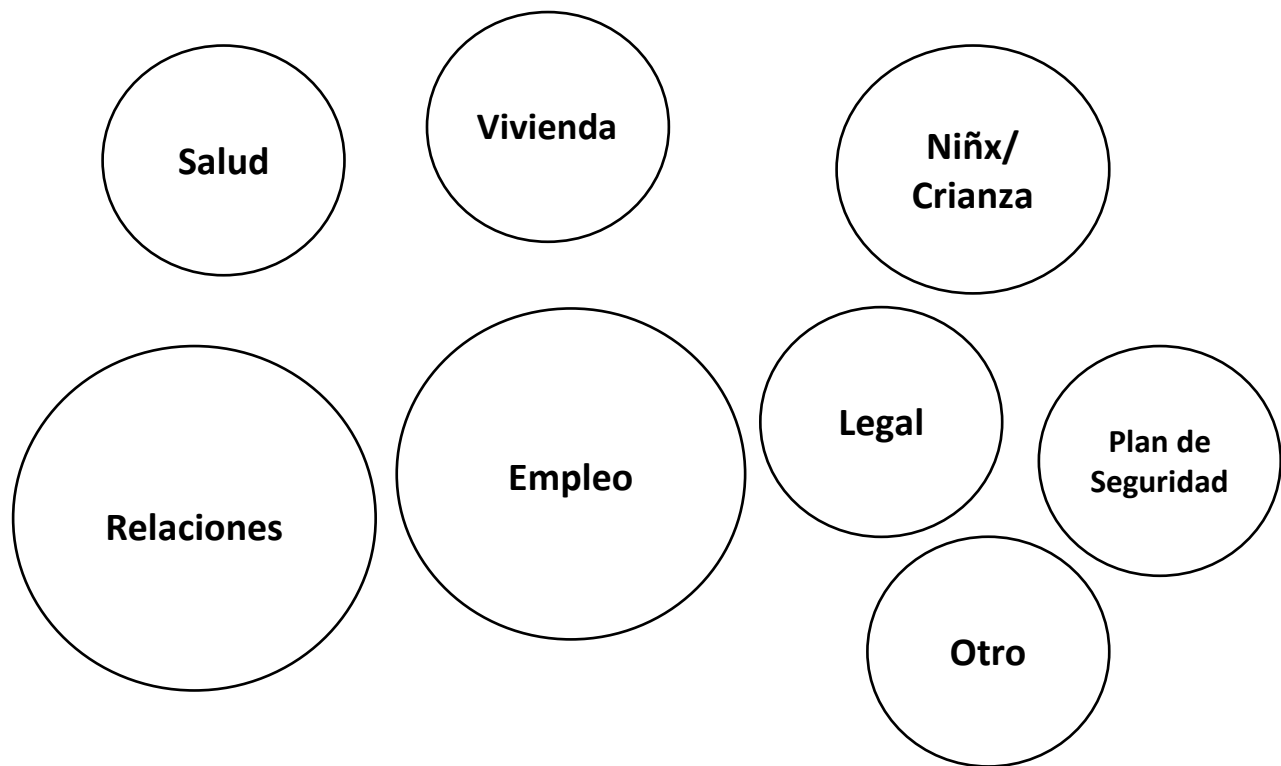
*“We only have a few minutes today, and I wanted to follow-up on the conversation we started last time. Would that be okay? [Response]... What have you noticed since the last time we spoke?”*





### **Ejemplo de Práctica:**

*"Sólo tenemos un par de minutos hoy día, y quiero dar seguimiento a la conversación que empezamos la última vez. Le parece bien? [Respuesta]... Qué ha notado desde la última vez que hablamos?"*



## APPENDIX 6

### VIOLENCIA EN CONTRA DE LA MUJER

Existen varias definiciones sobre lo que es la **violencia contra las mujeres (VCM)**, en inglés (**VAW Violence Against Women**), la cual también es conocida como violencia de pareja, violencia doméstica o **maltrato de la pareja íntima (MPI)**, en inglés (**IPV Intimate Partner Violence**).

Muchas mujeres prefieren el término violencia contra las mujeres porque refleja la realidad de que la mayoría de las víctimas son mujeres, ya sea que sus abusadores sean hombres o mujeres.

Si bien es cierto que no se habla mucho del tema, la realidad es que las mujeres que están en relaciones homosexuales (lesbianas) experimentan casi el mismo porcentaje de violencia que las mujeres en relaciones heterosexuales. Teniendo en cuenta que la gran mayoría de los abusadores son hombres, en este libro usamos pronombres masculinos (él, etc.) cuando estamos hablando

acerca de los abusadores. Sin embargo, la información es apropiada y puede aplicarse a situaciones abusivas en relaciones del mismo sexo.

El término **violencia contra las mujeres** abarca los diversos tipos de **violencia que las mujeres** pueden vivir tal como el maltrato de la pareja íntima, violencia sexual, acoso en el lugar de trabajo, pornografía, etc.

La Organización de las Naciones Unidas tiene una definición amplia sobre la violencia en contra de las mujeres, la cual incluye violencia que toma lugar dentro de las relaciones íntimas:

El término “violencia contra las mujeres” implica cualquier acto de violencia basada en el género que resulta, o pudiese resultar en daño o sufrimiento físico, sexual o psicológico hacia las mujeres, incluyendo amenazas de tales actos, coerción o privación arbitraria de la libertad, ya ocurra en la vida pública o privada.

***De esta manera, la violencia contra las mujeres abarca pero no está limitada a lo siguiente:***

- Violencia física, sexual y psicológica que ocurre en la familia, incluyendo palizas, abuso sexual de niñas en la casa, violencia relacionada con la dote, violación marital, mutilación genital femenina y otras prácticas tradicionales dañinas hacia las mujeres, violencia no-conyugal y violencia relacionada a la explotación;
- Violencia física, sexual y psicológica que ocurre en la comunidad en general, incluyendo violación, abuso sexual, acoso sexual e intimidación en el trabajo, en instituciones educativas y en otros lugares, tráfico de mujeres y prostitución forzada;
- Violencia física, sexual y psicológica ejercida o tolerada por el Estado, donde sea que esta ocurra.

***La violencia contra mujeres de la tercera edad:***

Las mujeres adultas mayores o de la tercera edad son más vulnerables (tanto física como emocionalmente) que las mujeres más jóvenes y en relación a ello, las consecuencias del abuso pueden ser mucho más devastadoras.

Es importante reconocer las características especiales que acompañan a las mujeres de la tercera edad y las implicaciones del abuso, así como lo que ocurre cuando ellas deciden dejar tal circunstancia.

Las mujeres de la tercera edad que enfrentan abuso, generalmente han sido víctimas de abuso por muchos años. Si usted es una mujer de la tercera edad y está considerando dejar el abuso, pero al mismo tiempo ha pensado que:

- Usted vale menos, que ha desarrollado una piel dura.
- Tiene miedo de mostrar su frustración o su rabia.

- Le parece difícil hablar del abuso, después de haber guardado silencio por muchos años.
- Se siente culpable por haber estado en la situación de abuso por tanto tiempo.
- Sufre de enfermedades físicas o mentales a consecuencia del abuso.

También se reconoce que las mujeres de la tercera edad poseen relaciones familiares más complejas y que el abuso podría ser perpetrado por algún miembro de la familia diferente del compañero y que es particularmente más difícil para la mujer hablar del abuso que es cometido por un hijo o una hija.

Lo que usted siempre debe tener en cuenta es que usted no merece ser maltratada y que usted puede buscar el apoyo necesario para estar segura y tener una vida tranquila.

***La violencia contra mujeres con deshabilidades o discapacidades o habilidades especiales:***

Más de medio billón de mujeres y niñas en el mundo tienen algún tipo de discapacidad; en Canadá una (1) de cada seis (6) mujeres cuya edad es mayor a los quince (15) años vive con una \*discapacidad. Las mujeres que viven con deshabilidades son más propensas a ser víctimas de las más severas formas de abuso. En muchos casos el abuso proviene de la persona que está encargada de cuidarla.

Estamos en una sociedad cuyas ideas y creencias orientan a preferir o favorecer los cuerpos capacitados y así como el sexismo, racismo, homofobia, transfobia.

El ABLEISMO o CAPACITISMO hace referencia a las experiencias de las personas que son víctimas de discriminación debido a que poseen habilidades que “difieren” de la mayoría. Vivir con una discapacidad física o mental es un largo viaje y por ello en muchas ocasiones se es discriminada, burlada o minimizada.

Las mujeres con deshabilidades podrían tener mayores experiencias de abuso sexual que las mujeres sin deshabilidades. Los perpetradores son usualmente miembros de familia, compañeros de vida o la persona que está a cargo del cuidado de la mujer con discapacidad.

Es importante reconocer el estado de vulnerabilidad que se posa en una mujer al tener que lidiar con limitaciones impuestas por la familia o por la sociedad debido a sus condiciones. Se debe reconocer la responsabilidad colectiva que tenemos de apoyar a estas mujeres y hacer que sus derechos sean respetados y que su vida sea libre de violencia.

***La violencia contra mujeres transgénero y otros miembros de la comunidad LGBT2I***

Reviste de gran importancia el reconocimiento de la necesidad de protección a todas aquellas personas que pertenecen a la comunidad LGBTI. En el caso de la información que nos ocupa reconocer la violencia a la que puede estar sujeta una persona cuya identidad de género no cumple los estándares que la sociedad ha establecido o que no cumple con los expectativas

sociales del papel “Femenino - Masculino” predeterminado por la sociedad en la que esta se encuentra.

En muchas ocasiones el abusador (de cualquier género) toma ventaja de las circunstancias de discriminación que ya sufre su víctima para continuar o perpetuar su conducta controladora y/o violenta.

De acuerdo a los organizadores del proyecto “Recordando Nuestra Muerte”<sup>31</sup>, un promedio de 2 personas por mes es reportada muerta a causa de la violencia en contra de personas transgénero en Norte América.<sup>32</sup>

LOS DERECHOS DE LOS LGBTI EN AMÉRICA DEL SUR							✓ = SÍ X = NO
País	¿Homosexualidad legal?	Reconocimiento de uniones homosexuales	Matrimonio homosexual	Adopción por parte de homosexuales	Leyes antidiscriminación	Leyes sobre la identidad y expresión de género	
ARGENTINA	✓	✓	✓	✓	✓	✓	
BRASIL	✓	✓	✓	✓	X	X	
CHILE	✓*	X	X	X	✓	X	
PERÚ	✓	X	X	X	✓	X	
URUGUAY	✓	✓	X	✓	✓	✓	
VENEZUELA	✓	X	X	X	X	X	

\* Pero con discrepancia en edad de consentimiento, cf. Art. 365 del Código Penal que señala «El que accediere carnalmente a un menor de dieciocho años de su mismo sexo, sin que medien las circunstancias de los delitos de violación o estupro, será penado con reclusión menor en sus grados mínimo a medio.

<sup>31</sup> REDLACTRANS, International HIV/AIDS Alliance, & What's Preventing Prevention, 2012.  
[http://www.aidsalliance.org/assets/000/000/405/90623-Impunity-and-violence-against-transgender-women-human-rights-defenders-in-Latin-America\\_original.pdf?1405586435](http://www.aidsalliance.org/assets/000/000/405/90623-Impunity-and-violence-against-transgender-women-human-rights-defenders-in-Latin-America_original.pdf?1405586435)

<sup>32</sup> Currah & Minter, 2000

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## Notes

1. This information comes from the 2009 General Social Survey on victimization, which asked Canadians about their experiences of victimization and use of services, such as police and victim services.
2. For information on emotional and financial abuse against spouses, see [Sinha 2013](#) and [Brennan 2011](#).