Shelter Pulse

## Intersectionality and IDEA Policy Primer

The guidelines and checklists below provide indicators of best/promising practices from research and serve as recommendations and benchmarks for ongoing policy evaluation and evolution

## Policy Primer

Intersectional policy analysis addresses the way specific acts and policies interact with inequalities experienced by social groups including those belonging to "race, class, gender, ability, geography and age [and examining] unique and complex experiences within and between groups in society". There are multiple "...intersecting factors that shape the lived realities of affected women [to] determine their needs and help-seeking patterns" (Hankivsky and Cormier, 2011, p. 218). IDEA policies prioritize inclusivity, diversity, equity and accessibility.

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## Policy Checklist (Adapted from: Poole et al., 2013):

The following criteria may be considered in assessing or evolving policy using a Trauma Informed approach:

Policies require staff training in IDEA principles including learning opportunities to build staff diversity awareness (e.g. cultural safety, dietary preferences, prayer and ceremony).

Policies consider support for participants/shelter seekers across the spectrum of diversity, including gender identity.

Policies support and enable a safe place for people to express their identity.

 Policies consider how forms of privilege and
disadvantage shape people's experiences of violence and their access to resources.

Policies address working effectively with as many
identities and demographic lenses as possible
recognizing GBV affects all.

Policies address IDEA principles to create a more welcoming and supportive environment for people of less-privileged identities based on gender, race, ethnicity, sexuality, age, class, religion, and ability.

Policies include assessing IDEA within all aspects of service delivery and facilities. Policies promote feedback processes to engage participants and assess service performance on inclusion, diversity, accessibility, and equity principles. Policies address situational factors related to rural, remote, and Northern areas which include but are not limited to:

- Unique firearm threat due to higher values and access;
- Increased distances between residents and greater isolation and hidden violence;
- Fewer service options; Abusive partners may exhaust service options for victims;
- Confidentiality and anonymity are difficult to maintain in tight-knit communities;
- Transportation is a more considerable barrier in rural communities;
- Unique communication barriers (phone reception, limited high-speed internet);
- Hesitance to leave family farms (generational ties and inherited resources);
- Economic barriers (lower rates of education/employment, higher poverty rates)

Policies consider provisions for wraparound social supports, diverse cultural supports, and engage shelter seekers in recreation and cultural program and activity planning.

Policies consider accessibility of programming to persons with disabilities who can experience higher levels of vulnerability to domestic and gender-based violence. Policies address resources and training to support inclusive access to information and communication with clear language and inclusive images.

Policies promote diversity in recruitment and hiring practices such as equal opportunity hiring and advertising positions within diverse community networks.

Policies include processes for employees to raise concerns on issues of IDEA in the workplace. The IDEA based employee survey to assess employee groups and their experiences at your workplace.

Policies include accommodating employees across the spectrum of diversity, including disability.

## References:

Hankivsky, O., & Cormier, R. (2011). Intersectionality and public policy: Some lessons from existing models. *Political Research Quarterly*, *64*(1), 217–229. <u>http://dx.doi.org/10.1177/1065912910376385</u> Poole, N., Urquhart, C., Jasiura, F., & Poole, N., Urquhart, C., Jasiura, F., & Simile, D. (2013). *Trauma Informed Practice Guide. Centre for Excellence for Women's Health.* <u>http://dx.doi.org/10.13140/RG.2.1.5116.9122</u>