



## OPEN DOORS PROJECT OUVRIER NOS PORTES

### **Literature Review: Trauma Informed Practices and VAW Shelters**

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#### **Violence, Trauma, Mental Health & Substance Use Are Linked**

A growing body of research documents the concurrence of women's experiences of violence and trauma with mental health and substance use issues. Women with substance use problems "commonly report surviving physical and sexual abuse either as children or adults" (British Columbia Centre of Excellence for Women's Health, 2006). Specific to this research are findings that speak to the physical and psychological health consequences of violence which can lead to mental health issues and substance use as coping mechanisms (Campbell, 2002).

Research findings from a study at a residential treatment service for women with addiction issues in Aurora, Ontario tell us that women seeking support around mental health and substance use issues have experienced violence and trauma in their lives (Poole, 2007). A gendered analysis of mental health and substance use services finds that violence and trauma play a role in these experiences for women, but that service policy and practice frequently shows a lack of sensitivity to the ways these concerns are interconnected (Ad Hoc Working Group on Women, Mental Health, Mental Illness and Addictions, 2006). This intersectionality is being recognized by domestic violence advocates who report "an increasing awareness of the need for services appropriate for women with mental health issues, substance abuse problems, and histories of abuse" (Hopper, Bassuk & Olivet, 2010, p.84).

"Trauma is recognized as one of the many impacts of violence against women, rather than the act of violence itself."

- BCSTH, *Reducing Barriers to Support for Women Fleeing Violence*, 2011

#### **More Women with Concurrent Concerns Are Accessing Shelter Services**

There is an increasing presence of women who have survived violence and are experiencing concurrent issues seeking support from the shelter system. One transition house found a "35% increase in the number of women with behaviours indicative of mental illness and/or anti-social behaviours from 2004/2005 to 2005/2006. Thirty-six percent (36%) of women accessing the transition house in 2005/2006 experienced long-term mental health problems, and 26% were significantly involved in drug or alcohol usage" (Canadian Mental Health Association, Vol 4:1, Summer 2007) This is consistent

with information reported by YWCA Member Associations who provide shelter services to women across the country. In the Life Beyond Shelter study, the large majority of shelters reported an increasing population of women violence survivors with concurrent mental health and/or substance use issues (YWCA Canada, 2009).

### **Trauma-Informed Practices Can Reduce Barriers to VAW Shelters**

“Many women with mental health and addiction issues who experience violence face very restricted access to shelters and transitional housing for abused women. This leaves them at substantial risk of homelessness and their needs unaddressed.”

- YWCA Canada (2014), *Saying Yes*

Academic research supports using trauma-informed practices in the VAW sector. Settings that offered “integrated services” (Cocozza, Jackson & Hennigan, 2005) and “a trauma-informed model” (Morrissey, Jackson & Ellis, 2005) to address trauma, mental health and substance use simultaneously showed better outcomes than organizations that did not. Furthermore, these trauma-informed integrated services were shown to cost no more than traditional service models, yet demonstrated improved results (Domino et al, 2005).

Women violence survivors coping with trauma, mental health and substance use have historically faced restricted access to violence against women (VAW) shelters and transition houses and other services for women violence survivors. Until recently, it was standard practice for such facilities to refer women coping with trauma or mental health issues to other services and to enforce a “zero tolerance” policy with respect to substance use. Most VAW shelters and transition houses didn't feel they had the staff expertise to serve this population in a way that ensured safety and comfort for all shelter residents. As a result, shelters report turning women away due to “problems with alcohol and substance abuse as well as mental health issues” (YWCA Canada, 2009).

These findings are supported by the British Columbia study that investigated the quality of services provided to women with mental health and substance use issues who were fleeing violence. The report cites limited resources and lack of qualified shelter staff as barriers to the adequate provision of services. As well, the report notes that “misinformation and lack of training around women with varying levels of mental wellness and substance use can also create barriers to providing service by leading service providers to believe harmful stereotypes and to consequently deny women service” (BC Society of Transition Houses, 2009). Misperceptions about women as dangerous, difficult and disruptive, can influence policy, procedures and practices with the result that women are categorically screened out or do not receive responsive and respectful service.

This is problematic because, in addition to placing women violence survivors at risk of homelessness, the BCSTH report notes, “the stress and fear stemming from experiencing violence can lead to chronic health problems for women, including mental wellness” (BC Society of Transition Houses, 2009). When this population of women violence survivors cannot access VAW shelters, they flow into homeless or emergency shelters. These are generally far less equipped with supportive services than shelters for abused women. In some areas, women must leave homeless shelters every morning, cope on the street through the day and can return only in the evening to sleep, increasing their risk of experiencing violence.

The net impact was that the service needs of this population of women violence survivors were not addressed and they lived at substantial risk of homelessness, exposure to more violence, and incarceration. In many communities, this is still the case, and few options exist, if any, other than a VAW shelter. In other locations, in response to increasing demand, shelters serving women violence survivors have begun changing their practices to open their doors to women coping with trauma, mental health and substance use. These shelters are in need of better knowledge, skills and supports in order to provide inclusive services from a trauma-informed approach (YWCA Canada, 2014; BCSTH, 2011).

“If we choose not to work with [women with varying levels of mental wellness and substance use], we are declaring them as unworthy recipients of our services. We may feel scared by our lack of experience or knowledge about working with [this population of] women. Yet this fear can deny women the right to live free from violence.”

- Stella Project (2006)

### **Many Shelter are Seeking to Become More Trauma and Violence Informed**

VAW shelter workers recognize that the needs of women seeking their services are increasingly complex and they want to be better prepared to serve women with mental health and substance use issues. This interest in capacity building has been documented in a series of research studies and surveys and through the BC Society of Transition Houses’ multi-phased Reducing Barriers project.

Shelters involved in the Canadian Network of Women’s Shelters and Transition Houses (CNWSTH) have also expressed the need for this work. Only 19% of the 231 shelters that responded to CNWSTH’s 2015 Shelter Voices Survey believed they were well equipped to help women with mental health concerns. Less than a third - 32% - felt they were well equipped to help women with substance use concerns. 60% indicated that capacity building on serving abused women with mental health issues was a top priority, and 40% indicated the same with regard to substance use (Canadian Network of Women’s Shelters and Transition Houses, 2015). (CNWSTH, 2015).

YWCA Canada Member Associations providing VAW shelters and services have also reported a strong need for trauma-informed training, especially in the north. YWCA Agvvik Nunavut in Iqaluit and YWCA Yellowknife both indicated a need in their own services and across their territories. More than 60% of YWCA Canada Member Associations who work with women violence survivors have expressed a desire to participate in trauma-informed training for themselves and their partners.

VAW shelters are increasing service to this population of women violence survivors but lack the leadership to make agency-wide commitments, acquire knowledge and develop skills (YWCA Canada, 2014). Research with shelters that had made a transition to trauma-informed inclusive service identified leadership – organizational champions like the Community Service Leaders – as well as training, skills, peer supports and knowledge exchange as key factors in transitioning to trauma-informed service (YWCA Canada, 2014).

### **The Dimensions and Types of Trauma**

The Trauma Informed Practice Guide (2013), expands the understanding of trauma by identifying a number of dimensions, 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:

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, sexual abuse or assault, emotional abuse, witnessing violence or death, and/or coercion or betrayal. This often occurs within the child's care giving system and interferes with healthy attachment and development.

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, colonialism (for example, Indian hospitals and residential schools), slavery and war. Intergenerational trauma is an aspect of historical trauma.

TRAUMA	TRAUMA-INFORMED	TRAUMA SPECIFIC
A response to violence or some other overwhelmingly negative experience.	<i>Services that understand the impacts of trauma, and focus on survivors' safety, choice and control.</i>	Clinical interventions that directly address the need for healing and recovery.

**Selected Approaches for Trauma-Informed Inclusive Care Models:**

- A Full-Frame Approach that recognizes mental health, addiction and trauma **issues together** is helpful for working with women who don't fit into traditional services because of complex needs (Smyth, Goodman & Glenn, 2006);
- Gender-responsive and trauma-informed services, especially around addiction and trauma, take into account **women's realities** and allow for healing and recovery (Covington, 2008);
- Dealing with mental health and substance use **issues together** is proven to be most beneficial for women dealing with trauma (Covington et al, 2008);
- Services that **integrate** trauma, mental health and substance use issues are evaluated more favorably by consumers who use them (Clark et al, 2008);
- Since there is no way to distinguish survivors from non-survivors, **best practices** treat all women as if they might be trauma survivors, relying on procedures that are most likely to be growth-promoting and least likely to be retraumatizing (Elliot et al, 2005);
- **Trauma-Informed Care** is a framework for responding to the identified service needs of women with mental health and substance use issues with histories of abuse (Hopper, Bassuk & Olivet, 2010);
- **'Wise practices'** are progressive responses for working with aboriginal women who experience violence, mental health and substance use issues (Wesley-Esquimaux, Snowball, 2010);

## **Trauma-Informed Practices Also Benefit Other Settings**

Homeless shelters serving high populations of women violence survivors also need to move to a trauma-informed Inclusive Service Model. A North American research study that looked at homeless services that work with people exposed to trauma reviewed the evidence base for trauma-informed perspectives in these settings. They found that a shift to Trauma-Informed Care in homeless service settings is not only welcomed by service users and providers, but it leads to better outcomes and costs much the same as current practices (Hopper, Bassuk & Olivet, 2010).

Recommendations are pointing to the need to identify innovations at the level of policy and day-to-day practice that can address gaps in services, to implement a trauma-informed inclusive service model with complementary training and to establish peer support networks with shelters, transition houses, and health and community service agencies working with this population of women.

Shelters and shelter staff have also articulated a clear need for ongoing peer supports. Their service partners – homeless shelters, health services, transitional and permanent housing providers and decision-makers – need a better understanding of trauma-informed inclusive service, and a path to service coordination. Sharing and documenting trauma-informed training and resources is an important step in building more holistic support systems for women dealing with violence, mental health and substance use issues.

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