



Harm Reduction in VAW Shelters: Realities of Service

Prepared for the Ontario Association of Interval and Transition Houses (OAITH), 2013

Funded by: The Ontario Women's Directorate (OWD), Province of Ontario

Written by: Margaret Alexander, OWD Project Coordinator, OAITH

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Steering Committee Members:

Kathy Campbell, New Starts Women's Shelter, Red Lake Ontario
Marlene Ham, Greenhaven Shelter, Orillia Ontario
Cathy Middleton, Mary's Place, Kitchener-Waterloo Ontario
Bo-Yih Thom, Harm Reduction Consultant, Toronto Ontario
Kathy Willis, Huronia Transition Homes, Midland Ontario
Christine Wilson, Guelph Wellington Women in Crisis, Guelph Ontario

With thanks for funding to the Ministry for Women's Issues through the Ontario Women's Directorate



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Part 1: INTRODUCTION

Purpose of the report

The purpose of the Harm Reduction in VAW Shelters: Realities of Service report is to provide information about the kinds of issues facing VAW shelter programs in Ontario in relation to harm reduction practice and highlight the areas that require special attention. Our goal is to offer feminist anti-violence workers a picture of where we are now and a direction for the future.

The Harm Reduction in VAW Shelters report was undertaken by the Ontario Association of Interval and Transition Houses (OAITH), in response to requests by member organizations for more information on harm reduction that would meet the needs of VAW shelter programs whose primary service mandate was to support women fleeing from abuse. OAITH has produced a number of training materials about Harm Reduction in VAW practice that are available on our website www.oaith.ca. This report contributes to our building understanding.

The development of this manual was guided by a steering committee consisting of service providers from across the province.

OAITH's Guiding Principles

OAITH operates from an integrated, feminist, anti-racist/ anti-oppression perspective on violence against women. We recognize that violence and abuse against women and children occurs as a result of unequal power and status of women and children in society. We also recognize that all racism and oppression of women is a form of violence.

We are committed to:

- Removing barriers to equality for all women and children.
- Ensuring the voices and experiences of all abused women are heard when working for social change.
- Increasing awareness through education, public advocacy and empowerment for OAITH member agencies.
- Assisting shelters in offering support and services to women.
- Offering training of to OAITH member shelters.
- Working with our equity-seeking allies in the community to end all forms of violence and oppression of women.

Feminist anti-oppression understanding that frames anti-violence work

There are many ways that people understand feminism and a variety of beliefs about why sexism exists and how to address it. The theories do overlap on several issues, one being that people identified as female, as a group, have been relegated to subordinate status in society. Oppression is not about who people are — it is about how society sees people and assigns value

to them based on what they see. A system of oppression operates by categorizing people into groups and then marginalizing and devaluing groups through the creation of a social hierarchy. How people are categorized into groups and which groups are privileged changes according to time and space, in accordance with the dominant culture and established norms.

Therefore, there is a framework that guides feminist anti-violence work:

- a) Violence is rooted in, and enabled by, systemic and social oppression
- b) People who identify as female, and all things deemed feminine, are devalued in our society
- c) Inseparable from her gender identity are all the other identities occupied by women; some of which are also devalued in society
- d) All people who identify as female are at risk of violence; however, a woman's vulnerability to violence is directly related to the marginalized identities she occupies
- e) Feminist anti-violence work involves both supporting women who have experienced violence, and advocating for social justice; therefore, a gendered anti-oppression analysis is a requirement of this work

Background of the Project

Over the past several years the topic of harm reduction has received a great deal of attention as the practice of harm reduction has taken hold in mainstream services.

Feminist anti-violence workers have always worked as women's advocates who uphold a women's right to have choice and agency in her life. Through the provision of information, validation and support anti-violence workers work as allies to women who have experienced violence. The principles of harm reduction largely align with feminist anti-oppression principles and in fact many shelters and second stage houses in Ontario practice harm reduction to some extent; although some organizations don't officially recognize the harm reduction work they do. Some of the aligned principles include: recognizing the intrinsic value of the people seeking support, believing in the capacity of the user to make choices in her own life, the necessity of non-judgemental services and support and seeing the evident distress and conflict in peoples lives as an effect of social inequity and injustice not individual deficiencies.

While harm reduction and feminist anti-violence work principles align there are specifics to be worked out about how harm reduction in relation to substance use can be practiced in VAW shelters. While the primary mandate of anti-violence shelters is to provide emergency housing, safety and support for women and their children fleeing violence, we know that shelters are system navigators. While some women who access services identify substance use as an issue of concern, women's anti-violence services do not provide services specific to substance use. Women's anti-violence shelters are seeking greater understanding on how to provide inclusive services that support all women who have experienced violence where they are at in their process, which requires meeting widely diverse needs.

Part 2: Research

Goals and Objectives

The goal of this research was to gain a better sense of the range of thoughts and ideas, processes and concerns, and goals and aims that shelters are engaged about harm reduction. Our objectives were to collect as much data as possible, to enable representatives from Northern and remote communities to participate and to get a snapshot of what's happening right now.

We also wanted to get a clearer picture of how individual workers and managers who supported those workers both understood and felt about harm reduction practice in relation to their VAW work. We invited respondents to identify their positions and lengths of service. The data collected does not identify how many women are using substances and accessing services but instead focuses on what workers and managers see as the benefits and the barriers of engaging in harm reduction practice.

Method

Data collection was conducted in two phases. Phase one took place at the OAITH Annual General Meeting (AGM) in October 2012. Participants were asked to complete one of two questionnaires; one created for managers and executive directors and one created for frontline staff. In total 17 frontline questionnaires and 29 management level questionnaires were completed at the AGM.

Phase 2 invited member and non-member shelter workers from across the province to access the questionnaires online through a survey program. The questionnaires were available for approximately 3 months (November 2012 until January, 2013). The online questionnaires generated an additional 35 frontline and 19 management responses, for a total of 52 frontline questionnaires and 48 management level questionnaires.

The regions (OAITH regional breakdown) represented in the responses are: southwest, central west, central east, central, north east, north west eastern and Toronto. VAW services in this sample include organizations that offer: emergency shelter service, outreach and transition services, and second stage housing services. The responses represent 45 organizations across the province.

Limitations

The use of a cross-sectional survey to collect data from representational sample is useful for yielding a broad range of information. However, the information collected is entirely driven by the questions of the survey. To mitigate some of this influence many questions were open-ended and those that suggested responses had a section for "other" to allow participants to input self-directed responses. A section was added at the end of the survey that also invited participants to provide additional information that may not have been previously prompted.

Other limitations of the survey approach include the issues of semantics, bias and perception of both the question and the response. The questionnaires were written in English only and while the researchers attempted to make the language as plain and direct as possible it is evident in the responses

that there was not always a shared understanding of the intent of the question. Financial and time constraints precluded follow up to resolve incomplete or inconsistent responses.

A third limitation inherent in this method is in relation to the sample. The first phase of the research that took place at the OAITH AGM asked everyone in attendance to fill out the questionnaire regardless of whether they actively engaged in harm reduction work. This resulted in a number of questionnaires filled out by workers who identified that they are not interested in harm reduction practice. The second phase of the research where the questionnaire was online and workers were invited to respond likely resulted in responses from those who were already interested in harm reduction practice. Those who don't want to pursue harm reduction were less likely to respond to the invitation. Our data largely reflects workers who are already doing harm reduction work in some fashion or who are interested in utilizing harm reduction practice in the future.

Despite its limitations the questionnaires did generate a considerable amount of relative information that gives a very good sense of the work that is happening across the province in relation to harm reduction practice and VAW services.

Part 3: Results

Working Definition of Harm Reduction in VAW Services

“Harm reduction in VAW organizations involves a range of support and services that aim to reduce women’s vulnerability to interpersonal, systemic and social violence through increasing women’s safety when using substances (alcohol, prescribed medications, non-prescribed medications, street drugs and products that induce intoxication i.e.: glue and other solvents).”

Needs of women accessing service

Feminist anti-violence work is not limited to providing shelter to women and their children after they flee their abusive partner. The majority of VAW work is supporting women to gain stability, feel empowered in their lives, and advocate with other systems they are involved with. Women who engage with VAW services have had a wide range of experiences of abuse and oppression and arrive with a vast array of presenting issues.

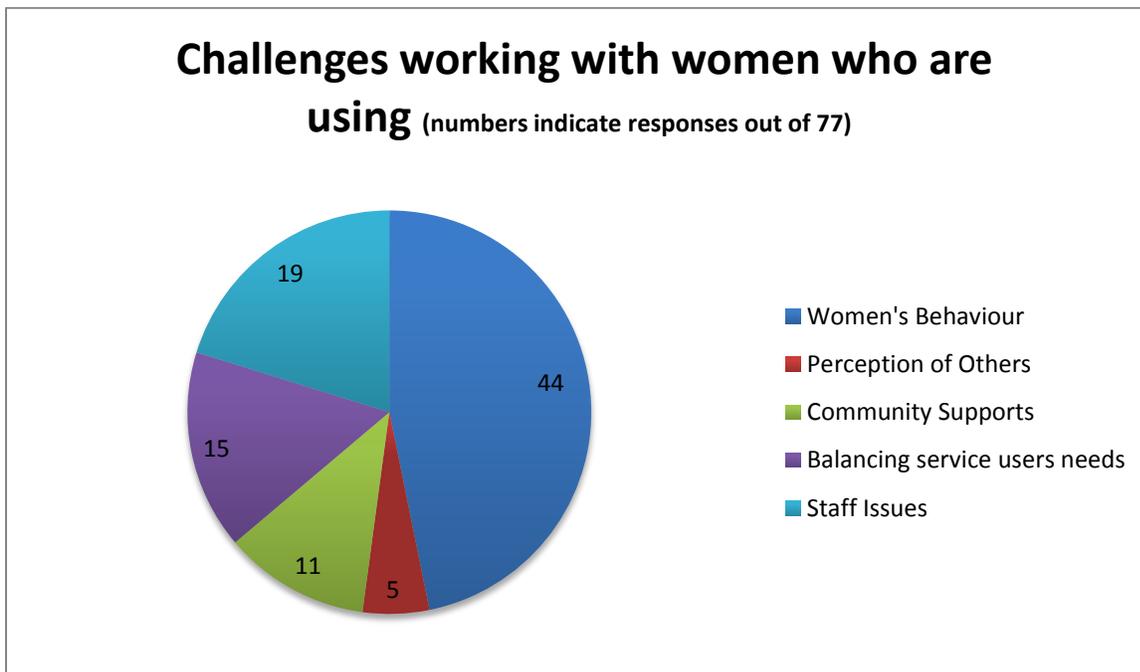
Of the 100 responses we received to our questionnaire, 96% of the workers identified substance use as a presenting issue for some women seeking VAW services. Workers reported that women are using a wide range of substances in addition to prescription drugs and over the counter medications. Some of these include: alcohol, cocaine, crack, and heroin, along with a variety of household products such as Lysol, hairspray, hand sanitizer and gasoline. It should be noted that the questionnaire did not ask the workers to identify the degree of use nor whether the use was problematized in any way. It is critical to understand use of any of these substances does not automatically assume substance abuse or addiction.

Workers reported that women who are using substances are experiencing the same kinds of violence as non-using women including all types of physical, sexual, financial, emotional, spiritual and psychological

violence from partners, family members and caregivers as well as systemic, social and institutional violence and oppression. Additionally workers identify some women who use substances have an increased vulnerability to experiencing violence and oppression depending on the context of their use and the substance used. For example one worker says women who use get on a “do not admit list” with other services, leaving her with “nowhere to go”.

Challenges perceived by workers when working with women who are using substances

The question of what workers find most challenging when dealing with women who use substances yielded a range of responses that can be categorized into 5 areas: women’s behaviours, staff issues, balancing the needs of all service users, services in the community and the perceptions of others towards women who use.



Area 1: Women’s Behaviour

The largest amount of responses (57%) identified the women using substances’ behaviour as the most challenging area. The range of behaviours included: not following rules, not following through on tasks, unpredictable behaviour, aggression, not telling the truth about their use, bring substances into the shelter and continued use in the shelter.

Area 2: Staff Issues

Issues for staff in the shelter were indicated as one area of challenge in 24.5% of the responses. Some of these included: lack of training, single staffing in the shelter, shelter workers fears of harm and the amount of one on one time a woman using substance may require.

Area 3: Balancing the Needs of Service Users

Another significant area of challenge described in 19.5% of the responses was balancing the needs of all service users. Many of these responses focused on: supporting women who are choosing to abstain from use, fears and triggers of non-using women and the effect on children living in the shelter. The term often used to frame this balance was “safety”.

Area 4: Services in Community

VAW workers identified a lack of appropriate harm reduction services in their communities as an area of challenge as well as the lack of support from other services in general for women who use. This was evident in 23% of the responses.

Area 5: Perceptions of Others

A few responses (6.5%) identified the perception of others as a challenge. Some of these included: other residents, workers in the shelter and workers from other agencies in the community.

Current Harm Reduction Practice in Shelters

What Services

The majority of respondents indicated that their organization does practice some form of harm reduction. This represents 35 organizations that consider themselves engaged in harm reduction, 9 organizations who do not and 1 unknown. Respondents recognize a continuum of service that includes a range of harm reduction practice. Some of the more commonly provided services include: providing condoms, sharps disposal containers, safe methadone storage, harm reduction counselling and generally continuing to offer VAW service while women are using. Some of the less common services are providing new needles and pipes (kits), storage of medicinal marijuana and the least common, providing safe space where women can use alcohol.

Why Harm Reduction

When asked why their organization does engage in harm reduction practice, the responses generally were: to provide inclusive service, a commitment to working with women where they are at, a belief in the rights of all women to access supports, a recognition of the increased vulnerability to violence and oppression that using women face, a commitment to feminist anti-oppression ways of working, to increase women’s safety and a belief that women who use deserve respect and choice and should be treated with integrity.

Policies and Procedures

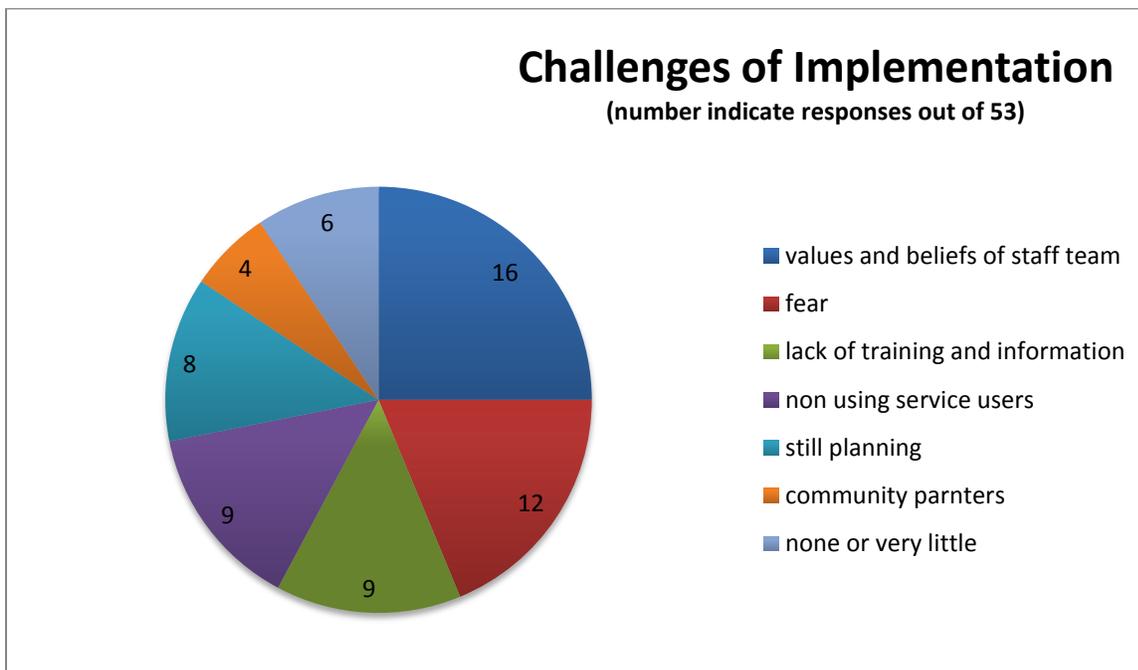
In regards to policies and procedures the responses from management were split fairly evenly with just over half saying they did have policies and just under half saying they did not and an additional 6% unsure. Frontline responses were slightly different: 30% of respondents said yes, 45.5% respondents said no and almost 25% said they were unsure.

How Harm Reduction is Explained to Service Users

Harm reduction is explained to services users through the use of: rules, policies and handbooks that women can access, discussions during intake, on agency websites, in pamphlets and brochures, on the crisis line, on signs throughout the residence and in conversation with women as issues arise. Some respondents indicated that they did not yet have formal methods of communication about harm reduction as they were still working on their policies and procedures.

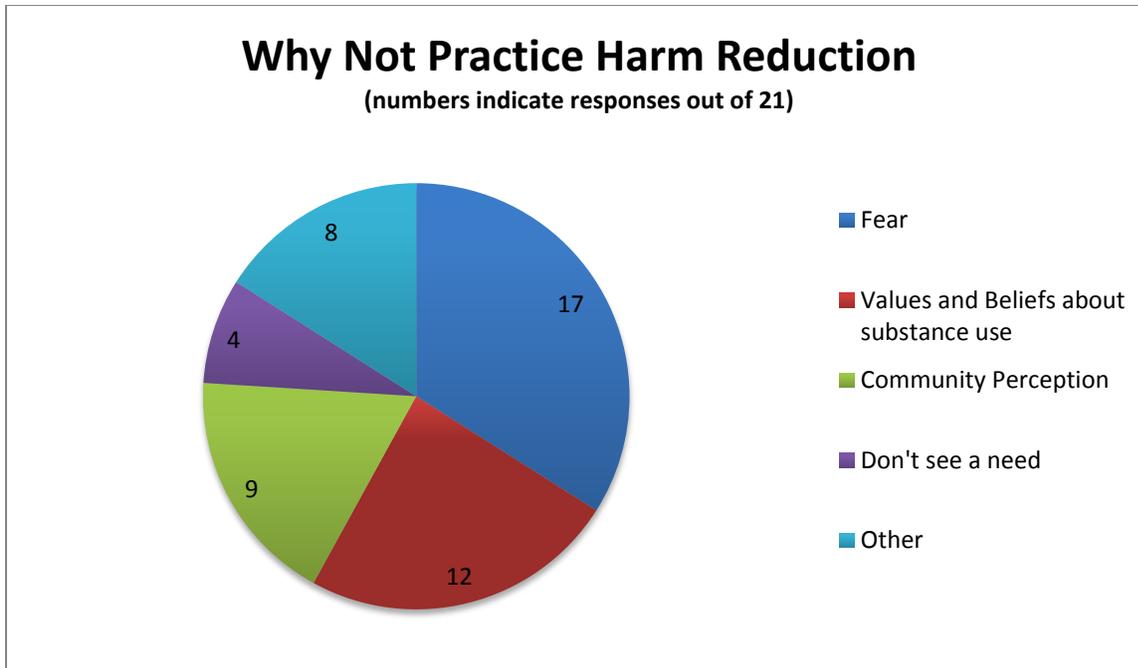
Challenges in implementation

Of the challenges identified by respondents the majority by far seem to be a variety of fears and the very different values and beliefs held by members of the staff teams themselves.



Why Not Practice Harm Reduction

The respondents who indicated their organization did not practice harm reduction were asked to indicate why not. The reasons why not are quite similar to the issues that were identified as challenges of implementation. Some of the reasons listed under “other” include: unsure why not, needs are beyond what they are able to provide and uncertainty about how to approach solvent use.



Issues to Consider When Using Harm Reduction in a VAW Shelter Environment

The respondents were asked to comment on the unique issues of concern about using a harm reduction approach in VAW shelters. A number of respondents took this opportunity to identify some of the benefits.

Benefits

Among the benefits identified in the answers were: opening opportunities to work with women, harm reduction makes it easier to work with women as they don't have to be abstinent to access the shelter, it makes the work collaborative and non-judgemental and it allows women to be honest about the challenges they may be facing.

Barriers

The barriers identified in the responses largely replicate the responses to the question regarding challenges working with women who use. Those categories are: women's behaviours, staff issues, balancing the needs of all service users, services in the community and the perceptions of others towards women who use. In addition to those areas respondents also identified the liability of the shelter, concerns about funders and practical issues such as safe storage of substances.

Part 4: Discussion – Key Themes

There are several subjects that recur throughout the responses that determine areas of significant concern. Examining these themes can prove useful in determining how to improve services for women who are using substances.

Values and Beliefs

A number of the responses throughout the survey identified the values and beliefs about substance use and substance users held by the frontline staff, management, community partners and non-using women residents as one of the barriers to using a harm reduction approach. A large number of answers by respondents suggested a general negative impression of women who use substances. This negative view of substance use and substance users can influence all areas of a worker's practice with women. Women who engage in substance use are highly scrutinized. Seen through this lens any woman who engages in substance use is seen as problematic to begin with and any issues she has are seen as fulfilling that pre-conceived notion.

For example, many comments in the survey asserted women who use substances: don't follow through on tasks, don't follow guidelines, are unfocussed, did not parent in the ways the workers thought they should, etc. These kinds of issues are present for many women who are in distress, accessing VAW services, attempting to live communally with strangers and trying to navigate the directives of many systems at once, including the shelters'. Seen through the negative image of substance users' lens these issues are identified as the negative traits of substance users. In other words what makes them a problem. When women are denied service on the basis of using substances her use is seen as a bigger problem than the violence that has been perpetrated against her. Indicating her safety is the secondary or lower consideration rather than the first.

Aggressive or Violent Behaviour

There is no question that one of the areas requiring attention is the very real correlation between substance use and abuse. VAW shelters provide emergency housing for women and their children who have fled abuse in their homes; some of their abusers have engaged in substance use in relation to their violence. For these women and children the use of alcohol or drugs connects very vividly with their experiences of violence and the idea that women using the service may engage in substance use may cause them to feel unsafe in the shelter. It is understood that shelter workers may also have negative experiences of substance use connected to violence in their own lives and consequently may also have concerns about safety and security as well as having personal values and beliefs that may not coincide with harm reduction principles.

Quite a few comments in the survey refer to staff and residents in the house being fearful of aggressive or violent behaviours. These kinds of behaviours are a challenge to manage in all communal living settings, however many women who engage in substance use are not aggressive or violent and some women who do not engage in substance use can be very aggressive or violent. A feminist analysis of violence against women suggests that substance use is a factor that is present in some women's

experiences of violence but is it not the cause of violent behaviour. Feminist anti-violence workers have worked long and hard to point out that violence is a choice that perpetrators make.

Harm reduction advocates acknowledge that some people who use substances will also choose to be violent and aggressive. They suggest that a more effective and inclusive approach is for VAW workers to address the woman's behaviour as you would with any woman in the house whose behaviour is not appropriate in a communal setting. Problematizing aggressive and violent behaviour rather than problematizing the substance use allows workers to continue to provide necessary service to women whose substance use may make them more vulnerable to violence and oppression.

Safety

The use of the word "safety" was present in many of the responses in the survey; workers often mentioned their desire to keep women and children safe from harm. Working through the process of how to engage in harm reduction practice invites an invitation to examine and reframe the idea of "safe space". Women's shelters emerged from a desire to create spaces where women and their children could be out of the reach of their abusive partners. This reality has been compromised over the years as shelters became more publicized and most workers would agree that new technology has created new avenues for abusers to access women and children.

The idea of safe space has been a point of contention within feminist anti-oppression discourse as it has often resulted in the exclusion of marginalized women. The concept of safety is in many ways a subjective term that is largely informed by dominant culture privilege. The way safety is framed still reflects the dominant culture notion that safety from an abusive partner or caregiver is the primary and only safety requirement women have. Racialized women, Indigenous women, queer women, poor women, women with disabilities, transwomen and other marginalized women will attest to the other significant risks they face, even while accessing VAW services. The requirement of conformity and assimilation has been a requirement of being safe for many women. Engaging in conversations about harm reduction requires workers to examine whose safety is being upheld and by extension who then is considered worthwhile and valuable?

Supporting Women's Agency and Choice

The ability to utilize a harm reduction framework in VAW organizations begins with staff and management who fully understand and support women who are using. These attitudes can and do influence residents and community partners in how they think about women who are engaged in substance use. Supporting women's right to agency and choice requires worker's to think about substance use in the same way they think about any other choice a woman may make; choices they may not understand, may not agree with and may think are not in her best interest, but feminist anti-violence workers insist that women should not be controlled in this way.

The issues surrounding substance use are both socially informed based on dominant culture views of normalcy but also formed through lived experience and association. Many people experience substance use with an intensity of emotion because of its association with past and present harmful events. It is

the intensity of emotion caused by this topic that necessitates ongoing discussion amongst team members. Knowing that internal values and beliefs will influence practice and utilizing self reflection, peer supervision and reflexive praxis to mitigate harmful practice is a somewhat standard although rarely formalized way of thinking and working in feminist VAW organizations. These tools are critical components of harm reduction practice as well.

Service Provision and Role Clarity

Another theme evident in the responses is the need for clarity in terms of how harm reduction affects service provision. Harm reduction on the surface is not a big leap from feminist anti-oppression VAW work as many of the underlying principles are the same or similar. Understanding different realities and being adaptive and reflective when working with women is already a mainstay in these kinds of services. A number of responses in the survey were indicative of this premise. Quite a few respondents said their agencies' did not have large problems instituting harm reduction practice in a formal way because they saw it as an extension of anti-oppressive, inclusive service.

A challenge for more mainstream VAW organizations will be that dominant culture approaches are significantly different from anti-oppression and harm reduction frameworks. Mainstream focused organizations tend to reinforce dominant culture norms, and when working with people in distress tend to problematize the individual as being maladaptive and works to correct the individuals' behaviour.

A number of respondents indicated one of barriers to engaging in harm reduction is the lack of clarity or understanding of just what that means. Workers in conversation have worried about having to create safe spaces in the shelter for women to use, which seems to be a fairly common misunderstanding. At its basic level harm reduction is similar to the work of risk assessment and safety planning, which all VAW organizations do as part of regular work. Harm reduction practice involves a wide range of activities that aim at reducing the risks associated with substance use. For some the simple measure of installing sharps containers in private areas such as washrooms and bedrooms can support women's safety from harm. Many workers have acknowledged that they have allowed women to return to the shelter to sleep while under the influence, despite zero tolerance policies. They commented that women were quiet and not causing a disturbance and that women's safety was the priority in that moment. This act can be categorized as essentially harm reduction practice as well.

Several of the comments from the survey seem to indicate an assumed responsibility on the part of workers to end women's use of substances. A harm reduction approach does not assume ending use is the goal, although for some women that is their goal. Instead harm reduction works to support women to understand their use and to make conscious choices that will increase their safety through decreasing their risks of harm while they are using. Much like risk assessment and safety planning workers can work with women to identify potential harms associated with substance use and develop safety strategies to minimize harms.

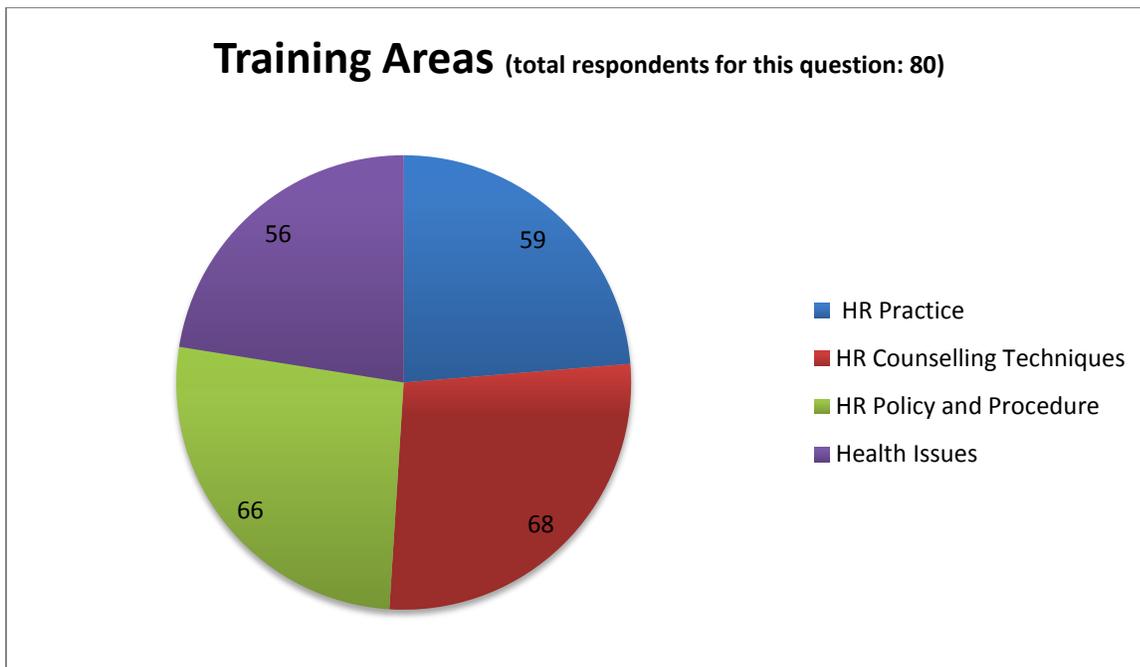
Policies and Procedures

A number of respondents from both the frontline and the management questionnaire identified the lack of clear harm reduction policies and procedures as an area of concern. The development of informed harm reduction policies and procedures would work towards addressing some of the concerns in previous sections and other issues such as: agency liability, safe substance storage and funder concerns.

Some of the confusion and difficulty in policy development may come from the idea that harm reduction can be addressed in one policy. Harm reduction in VAW organizations is more a framework, (much like pro-choice, feminist, anti-oppression are frameworks), that should be addressed in the mission statement and/or philosophy statement. It is these statements that signify the principles of the work and indicate how the organization plans to carry out its work. Then harm reduction should be reflected in many policies and procedures in the organization including: personnel policies, governance policies and program policies. This creates a range of practice opportunities that fit comfortably for the organization, the women served and the community. It also leaves the door open for more progressive work down the line. Procedures are concerned with practice, but it is not possible to create a procedure for every possible situation so a clear mission to work from this understanding is helpful.

Training and Information

The need for more training and information about harm reduction was repeated in responses throughout the questionnaire. A number of respondents identified that they had accessed some training but would like more. Foreseeing this, the survey asked workers to choose from a list of four options: harm reduction practice, harm reduction counselling techniques, policies and procedures and health issues associated with harm reduction.



Training and support are critical components of formalizing a harm reduction framework within VAW shelters. There are several topics that provide an excellent start. They are, in no particular order:

A) Harm Reduction 101: origins, intent of harm reduction, philosophical foundations, range of harm reduction approaches, how it helps people, potential problems, etc.

B) Physical and Emotional Effects of Various Substances: what the substance looks like and is presented, how people use it, paraphernalia, physical effects, side effects, emotional effects, what withdrawal looks like, what overdose looks like, how to deal with overdose, the risks of use, what safe use strategies can be implemented, etc.

C) Working with women with complex needs: reflexive practice, examining the work happening now that support's women's choice and empowerment, working with charged situations, balancing seemingly conflicting perspectives, conflict resolution, etc.

Another strategy mentioned by several respondents is on-going staff team discussion. This type of peer supervision can be used as internal professional development and can create opportunity for staff to wrestle with challenges with the support of their team and to find solutions that will work for the whole team. As noted in a previous section, workers will also have their own associations with substance use that will influence the ways they work. An open dialogue that acknowledges various relationships with substance use that workers have is a critical part of the process of engaging in harm reduction work. Team collaboration is imperative for meaningful harm reduction practice throughout the organization and will foster consistency as well as build capacity within the team.

Community Partners

Also important is the perception of the VAW shelter in the community it serves with regards to other service providers. For example in some Northern and remote communities in Ontario, when women have their children apprehended by child welfare because they have engaged in substance use, are able to access visitation to their children if they are staying in a woman's shelter. This sometimes unspoken arrangement occurs because it is known that there is a zero tolerance policy in relation to substance use in the shelter. Northern and remote women's shelters are concerned that if it is known that they have harm reduction policies then women may not be able to utilize their service in ways that are critical for their survival.

A fairly common response in the survey indicated that other services in the community were not seen as welcoming or appropriately serving women who engaged in substance use. This is an area where feminist anti-violence workers can work to advocate for change. Harm reduction is likely to fail if there is not some public support and partnership from other agencies in the community. VAW organizations have often been the leaders in social change and have influenced the ways other sectors engage with women who have experienced violence. Many organizations have spent a great deal of time and effort providing VAW training and information to other agency staff. Much of it focused on helping other sector workers understand what VAW is and how to provide effective and respectful service to women who access their services.

This same leadership can also be applied to harm reduction. Women who engage in substance use are women who experience violence, they require the same supports and services as non-using women and they should be treated with respect and dignity. Women who identify substance use as a problem should not be perceived as throw away citizens because they are perceived as difficult. They don't deserve to have their rights taken away or to be punished because they may struggle controlling or managing their substance use. Feminist VAW organizations have a proud history resisting compliance with unfair policies and protocols, sometimes being the lone wolf in the community who will advocate on behalf of women. Feminist VAW workers are highly skilled at fostering positive relationships through discussion and dialogue with the aim of creating collaborative partnerships with other sectors and can utilize this skill to begin discussions with other services in the community about working effectively with women who are using.

Part 5: Conclusion

Initially OAITH's objective in this project was to develop a harm reduction conceptual framework for VAW organizations, however as the project got underway it became evident that one model of harm reduction was just not possible. VAW organizations are part of the community they serve, and the community context, the range of needs as well as the capacity of each community is quite different. Each organization is encouraged to find their way of engaging with harm reduction in ways that work for them and the community they are a part of.

Harm reduction is about reducing harms to the individual, their family and our community. Choosing to engage in harm reduction in VAW organizations is choosing to provide inclusive service that supports women where they are in their lives, without imposing judgement or devaluing her life experience.

Women who engage in substance and solvent use are also experiencing violence and oppression from their partners, families and caregivers and VAW shelters have always provided support to women who use, in some form or another.

Feminist VAW work is all about helping women access safety from violence and it is also about supporting women to understand themselves, to reconnect them with their capacity to make informed choices by providing information and resources and supporting change as directed by the women themselves.

Many VAW organizations are actually engaged in harm reduction work and have been for some time. That a harm reduction discourse is now trending in mainstream discourse is an opportunity for feminist VAW services to formalize their processes and take this time to revitalize their practice.

Appendix A: Frontline Questionnaire

**OAITH Membership Harm Reduction Questionnaire
-Front Line & Direct Service Staff-**

Demographics:

1. What is the name of your organization?
2. What region is your organization located in?
3. What position in the agency do you represent?
4. How long have you been working in the VAW sector?
5. What are the issues women are experiencing who access your shelter for services? Please check all that apply

- Trauma and Mental Health
- Substance Use (Drugs and Alcohol)
- CAS
- Immigration
- Criminal charges
- Family Court
- Custody & Access
- Employment & Education
- Accessibility (visible and invisible disabilities)
- Language Barriers
- Chronic Health Issues
- Other

Understanding Substance Use

1. Does your agency provide service to women who are actively engaged in substance use?
2. What types of substances are most often used by women who are using in your shelter?
Please check all that apply.

- Prescription Drugs & Over the Counter (gravol, ephedrine, cough syrup etc.)
- Alcohol
- Cocaine
- Crack

- Marijuana
- Crystal Meth
- Heroin
- Ecstasy
- Ketamine (Special K)
- Bath Salts
- GHB
- Other:

3. For women who are using substances, can you please describe what kinds of violence they are experiencing?

4. What do you and your colleagues find the most challenging when working with women who are using substances?

5. On a scale of 1-5 can you please rate how the community feels about substance use? (1 being positive and 5 being negative)

6. On a scale of 1-5 can you please rate how the community feels about harm reduction programs (1 being positive and 5 being negative).

7. Does your community have any harm reduction programs? Please select all that apply.

- Methadone
- Needle Exchange Programs
- Substance use organizations that use a harm reduction philosophy
- Outreach Vans equipped with new needles and pipes?
- Other Harm Reduction Programs?

Harm Reduction

1. Would you agree to this objective of harm reduction in relation to VAW services?

“Harm reduction in VAW organizations involves a range of support and services that aim to reduce women’s vulnerability to interpersonal, systemic and social violence through increasing women’s safety when using substances (alcohol, prescribed medications, non-prescribed medications, street drugs and products that induce intoxication i.e.: glue and other solvents)”

- Yes
- No
- Other additions, comments and issues you have about this statement?

2. Does your organization consider itself an organization that engages in harm reduction?
 - Yes
 - No

If you chose YES please complete questions 3-8 and 12-13.

If you chose NO please complete questions 9-13.

3. If yes, please describe why your organization uses a harm reduction model?
4. If yes, what types of harm reduction practices are offered at your organization? Please select all that apply.
 - Safe needle disposal (sharps containers)
 - Access to new needles and pipes
 - Safe storage of methadone carries
 - Condoms
 - Spaces where women can use alcohol
 - Storage of medicinal marijuana
 - Harm Reduction Counselling (working on goals to address harms associated with drugs)
 - Information that is accessible on HIV/AIDS and Hep C (testing and support services).
 - Offering service while women are under the influence of alcohol and street drugs.
 - Other practices not listed here?
5. If yes, does your organization have specific policies or procedures about harm reduction?
 - Yes
 - No
6. How is harm reduction explained to service users?
 - Rules, policies, handbooks that service users see?
 - Discussion during intake?
 - Website
 - Pamphlets/Brochures
 - Signage throughout the shelter on your practices?
 - When issues around using substances comes up?
 - Other Ways:
7. If yes, what barriers did you experience when harm reduction was first implemented?

8. If yes, how has harm reduction changed or not changed the work that you do with women?
9. If no, is your organization interested in practicing in harm reduction in the future?
 - Yes
 - No
 - Unsure
10. If no, what are the reasons why your organization doesn't practice harm reduction?
 - Values and beliefs about substance use
 - Community perception
 - Fear
 - Don't see a need for harm reduction
 - Other:
11. If no, what do you think the barriers are in using a harm reduction model in a VAW shelter environment?
12. Can you please share with us what kinds of training you would like to receive to expand on your existing harm reduction knowledge through the OAITH website?

Harm Reduction Practice
Harm Reduction Counselling Techniques
Harm Reduction Policy and Procedure
Health Risks Associated with Substance Use

13. Is there anything else that you would like to add?
-

Appendix B: Management Level Questionnaire

**OAITH Membership Harm Reduction Questionnaire
-Executive Directors, Managers and Supervisors-**

Demographics:

1. What is the name of your organization?
2. What region is your organization located in?
3. What position in the agency do you represent?
4. How long have you been working in the VAW sector?
5. What are the issues women are experiencing who access your shelter for services? Please check all that apply

- Trauma and Mental Health
- Substance Use (Drugs and Alcohol)
- CAS
- Immigration
- Criminal charges
- Family Court
- Custody & Access
- Employment & Education
- Accessibility (visible and invisible disabilities)
- Language Barriers
- Chronic Health Issues
- Other

Understanding Substance Use

1. Does your agency provide service to women who are actively engaged in substance use?
2. What types of substances are most often used by women who are using in your shelter?
Please check all that apply.

- Prescription Drugs & Over the Counter (gravol, ephedrine, cough syrup etc.)
- Alcohol
- Cocaine
- Crack
- Marijuana

- Crystal Meth
- Heroin
- Ecstasy
- Ketamine (Special K)
- Bath Salts
- GHB
- Other:

3. For women who are using substances, can you please describe what kinds of violence they are experiencing?

4. What do you and your colleagues find the most challenging when working with women who are using substances?

5. On a scale of 1-5 can you please rate how the community feels about substance use? (1 being positive and 5 being negative)

6. On a scale of 1-5 can you please rate how the community feels about harm reduction programs (1 being positive and 5 being negative).

7. Does your community have any harm reduction programs? Please select all that apply.

- Methadone
- Needle Exchange Programs
- Substance use organizations that use a harm reduction philosophy
- Outreach Vans equipped with new needles and pipes?
- Other Harm Reduction Programs?

Harm Reduction

1. Would you agree to this objective of harm reduction in relation to VAW services?

“Harm reduction in VAW organizations involves a range of support and services that aim to reduce women’s vulnerability to interpersonal, systemic and social violence through increasing women’s safety when using substances (alcohol, prescribed medications, non-prescribed medications, street drugs and products that induce intoxication i.e.: glue and other solvents)”

- Yes
- No
- Other additions, comments and issues you have about this statement?

2. Does your organization consider itself an organization that engages in harm reduction?

- Yes
- No

If you chose yes please complete questions 3-13 and 17-18.

If you chose no please complete questions 14-18.

3. Please describe why your organization uses a harm reduction model?

4. What types of harm reduction practices are offered at your organization? Please select all that apply.

- Safe needle disposal (sharps containers)
- Access to new needles and pipes
- Safe storage of methadone carries
- Condoms
- Spaces where women can use alcohol
- Storage of medicinal marijuana
- Harm Reduction Counselling (working on goals to address harms associated with drugs)
- Information that is accessible on HIV/AIDS and Hep C (anonymous testing and support services).
- Offering service while women are under the influence of alcohol and street drugs.
- Other practices not listed here?

5. Does your organization have specific policies or procedures about harm reduction?

- Yes
- No

6. How is harm reduction explained to service users?

- Rules, policies, handbooks that service users see?
- Discussion during intake?
- Website
- Pamphlets/Brochures
- Signage throughout the shelter on your practices?
- When issues around using substances comes up?
- Other Ways:

7. If yes, what barriers did you experience when harm reduction was first implemented?

9. How does your organization evaluate the effects of harm reduction practice?
10. What has been the feedback from the frontline staff team about harm reduction practice?
11. What helpful steps has your organization taken to transition into a harm reduction model of service delivery?
12. What barriers did your organization face when your organization started to use a harm reduction model?
- Staff resistance
 - Service user resistance
 - Policy/procedure implementation
 - Access to harm reduction training
 - Community perception
 - Other:
13. Do you feel that your organization has fully integrated a complete harm reduction practice or do you see that you are still on the continuum of fully integrating harm reduction practice?
- We are completely integrated
 - We are still on the continuum with some harm reduction practices
14. If no, is your organization interested in practicing in harm reduction in the future?
- Yes
 - No
 - Unsure
15. If no, what are the reasons why your organization doesn't practice harm reduction?
- Values and beliefs about substance use
 - Community perception
 - Fear
 - Don't see a need for harm reduction
 - Other:
16. If no, what do you think the barriers are in using a harm reduction model in a VAW shelter environment?
17. Can you please share with us what kinds of training you would like to receive to expand on your existing harm reduction knowledge through the OAITH website?

Harm Reduction Practice
Harm Reduction Counselling Techniques
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18. Is there anything else that you would like to add?

To assist OAITH in collecting information from the membership we are inviting members to share their existing policies, procedures and evaluation tools to enhance our analysis. Please select what resources you would be willing to share along with your contact information. Please select what you would be willing to share.

- Harm Reduction Policy & Procedure
- Evaluation tools for harm Reduction
- Feedback from service users about harm reduction

Contact Info:

Name

Email

Work Number

We are also offering opportunities to the membership to engage in 1 on 1 interviews to discuss the steps that you have taken to implement harm reduction. If you are interested in this opportunity please provide us your contact info.

Contact Info

Name

Email

Work Number