REDUCING BARRIERS TO SUPPORT

Discussion Paper on Violence Against Women, Mental Wellness and Substance Use

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Funded by Status of Women Canada

BC Society of Transition Houses

Canada

Status of Women Canada
Condition féminine Canada

This discussion paper is part of a larger project to develop Promising Practices for supporting women fleeing violence who also have varying levels of mental wellness and substance use in Transitional Houses in BC. Comments, questions and feedback are welcome and will help inform the Promising Practices.

Please send comments/feedback to Rebecca by August 1st, 2010.

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"Given the complex inter-relationship of life stressors, substance use and violence…. the alcohol- and drug- specific, as well as broader, work done by transition house staff appears to function as a form of harm reduction to effect positive change. It is important for transition houses to acknowledge this impact of their current work, and also consider how to build upon it further."[1]

INTRODUCTION

In the past decade researchers and service providers internationally have increasingly focused on the connections between violence against women (VAW), mental wellness and substance use. Along with this focus has come an increase in discussion of best practices to provide support for women who have experienced violence and who have varying levels of mental wellness and substance use. Much of what has been published in regards to best practices has been targeted towards service providers in the health sector. There have been a number of reports and toolkits published that identify key approaches for supporting women and collaborating across sectors to strengthen service approaches. Most notable, in British Columbia (BC), there have been resources published by Ending Violence Association of British Columbia[2], the Woman Abuse Response Program at BC Women's Hospital & Health Centre[3], and the BC Centre for Excellence for Women's Health[4]. These resources are valuable in that they provide a starting place for discussion on what policies, procedures and practices in Transition, Second and Third Stage Houses and Safe Homes (collectively referred to as Transitional Housing) should encompass.[5] Often the recommendations come directly out of the experiences of women who have accessed or attempted to access VAW services.

By undertaking this project on violence against women, mental wellness and substance use, BC Society of Transition Houses (BCSTH)[6] hopes to build upon these efforts by collaboratively developing approaches to put these frameworks into practice within Transitional Houses in BC and the Yukon. Our intentions are to work with service recipients and providers within the violence against women's, mental wellness and substance use sectors throughout BC and the Yukon to develop guidelines for policies, procedures and practices for the VAW sector that integrate the frameworks that have been

recommended across the sectors. We acknowledge the importance of varying and unique contexts that each service provider operates within. It is our goal to have open and critical discussion about how communities with various levels of resources can support women fleeing violence and to develop Promising Practices out of those conversations.

This discussion paper provides some background information about the project as well as past research and initiatives addressing violence against women, mental wellness and substance use in BC, Canada and Internationally. As well, we have posed some key questions that we hope will serve as a jumping off point to start the important dialogue that will lead to greater collaboration and ultimately Promising Practices for supporting women fleeing violence who have varying levels of mental wellness and substance use. We welcome comments, questions and feedback that may have been generated by this paper.

BACKGROUND

Note: As of April 1, 2010 the BC Yukon Society of Transition Houses became the BC Society of Transition Houses as our Yukon members moved forward to create an agency that is better able to advocate and represent Northern issues. BC Society of Transition Houses (BCSTH) is used to reflect that change throughout this document. As the funding for this project was obtained while BCSTH represented the Yukon, we still make reference to and hope to develop practices that are relevant to the Yukon.

Researchers and staff working in Violence Against Women, Mental Wellness and Substance Use fields have noted that mental wellness and substance use can fluctuate as women cope with violence they experience. Often, though, the links between these issues are overlooked. In some cases, women may not even be able to talk about the impacts that violence has had on their mental wellness and substance use for fear of being barred from Transitional Housing where strict abstinence based policies are in place. As such, support for women fleeing violence can be fragmented and women may have to seek support for each issue separately from agencies that often work in isolation of one another. In recognition of this, in 2008 Keely Halward, then the Women's Services Coordinator at BC Yukon Society of Transition Houses (now BC Society of Transition Houses), secured a grant from Status of Women Canada for a project to help foster relationships between the violence against women's, mental wellness and substance use sectors in BC and the Yukon. These relationships and the knowledge generated by the cross-sector dialogues will help to inform a Promising Practices toolkit for Transition Houses, Second and Third Stage

Houses and Safe Homes in BC and the Yukon for supporting women fleeing violence who have varying levels of mental wellness and substance use. The project runs from February 9, 2009 until August 8, 2011.

As part of the project, BCSTH has teamed up with the BC Women's Hospital's Woman Abuse Response Team (WARP), who have done extensive work in the area through their Building Bridges project. The WARP team will be facilitating focus groups with women who have experienced violence and who have varying levels of mental wellness and substance use to learn about their experiences accessing or attempting to access services. In addition, BCSTH will be distributing a survey to our members to learn about current practices, policies and procedures when it comes to supporting women fleeing violence who have varying levels of mental wellness and substance use.

The project is guided by a Working Group comprised of 16 people: [7]

- 5 women who have experienced violence and who have varying levels of mental wellness and substance use (who have or have not accessed Transition Housing)
- 6 representatives from the violence against women's sector (from within BCSTH Membership)
- 5 representatives from the mental wellness and substance use sector.

The Working Group is charged with the task of collaboratively developing Promising Practices that are relevant for the various communities throughout BC and the Yukon.

In addition to this Working Group, we are forming an 'Implementation Committee' comprised of management, policy makers and other stakeholders from each sector who have agreed to vet any materials that come from this process. We will also be meeting with women who have experienced violence and who have varying levels of mental wellness and substance use to get their ideas as the Promising Practices are developed.

Upon completion of draft Promising Practices and a corresponding curriculum, the practices will be piloted by 6 pilot sites[8] across British Columbia. The piloting will be an opportunity for service recipients and staff within the violence against women's sector to test the practices and to provide valuable feedback including revisions and reaffirmations.

TERMINOLOGY

The terminology we use in our discussions of violence against women, mental wellness and substance use is very important and for BCSTH very deliberate. We have attached a glossary in the Appendix that outlines some of the terms used in this paper, but an understanding of some key terminology will be useful before engaging in further discussion.

VIOLENCE AGAINST WOMEN[9]

BCSTH uses the term 'violence against women' (VAW) as it captures violence a woman experiences from her partner but is also applicable for other people she may be oppressed by (for example, family, landlord, co-worker and broader social systems). The term can be applied to many types of harmful behavior directed at women and girls because of their sex. [10] According to the United Nations Declaration on the Elimination of Violence Against Women, violence against women includes:

> *"Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life."*[11]

Violence against women hinges on control and domination. A woman's experiences with violence are shaped by her social context, including her experiences with and ability to access systems, her social or economic status, ability, Aboriginality, citizenship/nationalities, class, education, ethnicity, experience of colonization, gender, geographic location, health, occupation, refugee/immigrant status, religion, and sexuality.[12] See Appendix for information on the nature of abuse. In many cases, violence precedes problems associated with mental wellness and substance use.

MENTAL WELLNESS & SUBSTANCE USE

> *"People with addictions combined with other health and social challenges have acquired many labels, including hard to house, hard to reach, multiple barriered or multiply diagnosed. The various labels layered onto this group often perpetuate the demonization of this vulnerable population by implicitly blaming them for failing to conform to various systems...."*[13]

Mental wellness and substance use exist on a continuum, yet we tend to think of only mental ill-health or substance abuse when we hear terms like mental health or addiction, two popular terms. While we may not all have a clinical diagnosis, we all have varying levels of mental wellness. And certainly each of us uses substances to some degree, whether it be caffeine, prescription or over the counter medications, or the occasional drink with dinner. We use the terms 'mental wellness' and 'substance use' to draw attention to the fact that our mental wellness exists on a continuum and is fluid and changing. We emphasize that mental wellness and substance use are not problems themselves, but that we must consider what problems are created by our levels of mental wellness and substance use. In addition, these terms have less stigma and judgment associated with them than other terms commonly used.

Mental wellness and substance use are something we all engage in and/or with. Defining when mental wellness and substance use is problematic can be a challenge, especially considering some women's mental wellness and substance use may fluctuate as they attempt to cope with the violence they are experiencing.[14]

DISCUSSION POINT 1

How do we define problematic mental wellness and substance use? Who defines when substance use or mental wellness is problematic? Is it possible to see mental wellness and substance use as survival mechanisms? If so, what implications would this have for Transition, Second and Third Stage Houses and Safe Homes?

VIOLENCE AGAINST WOMEN, MENTAL WELLNESS AND SUBSTANCE USE: WHAT WE KNOW

> *"We need to understand that every symptom has helped a survivor in the past and continues to help in the present in some way. This adaptation model emphasizes the resiliency and our human responses to stress. It helps survivors and those of us who are trying to [support] them to recognize them as having strengths and inner resources, rather than defining their symptoms and behaviors as weaknesses and as failures."*[15]

In Canada, 1 in 3 women will experience violence in her lifetime. Violence against women is the most frequent cause of injury to women in our Country.[16] The stress and fear stemming from experiencing

violence can lead to chronic health problems for women, including mental wellness and substance use. One study found that half of all women surveyed who had experienced violence had a clinical diagnosis related to mental wellness compared to only twenty percent of women who had not experienced violence.[17] Researchers have shown that 86 percent of women seeking treatment for substance use at the Aurora Centre at BC Women's Hospital and Health Centre had experienced some form of violence during their lifetime.[18] It is worth noting that this data comes from intake forms. Some women may not be comfortable reporting their experiences with violence upon first contact with health professionals; as such, the actual numbers may be even higher.

Women who have experienced violence in their lifetime are more likely to seek support for and identify themselves as having problems related to substance use and mental wellness. Although women who have varying levels of mental wellness and substance use are more likely to experience violence, for many women, mental wellness and substance use fluctuate as a means of coping with violence and feelings that arise from those experiences.[19] Nancy Poole has done research in BC Transition Houses and found that the number one reason women gave for using alcohol upon entering a Transitional House was coping.[20] Not surprisingly, then, after these women accessed support through Transitional Houses their frequency of use declined. Women may increase substance use as a means to cope, not only with the violence, but with symptoms of mental wellness related to the violence as well. [21]

Studies indicate that up to 83 percent of women accessing services for mental wellness concerns have experienced violence at some point in their lives.[22] Links have been made between experiences of violence and feelings of anxiety, depression, psychosis and suicidality.[23] In BC, women are more likely to be labeled "with any form of mood disorders or 'other psychosis…" than men.[24] The discrepancy between rates of diagnosis, Morrow and Chappell argue, cannot be attributed solely to biological differences between women and men. These researchers acknowledge the role that social context plays in experiences of mental wellness saying that, for women:

> *"[t]his environment is characterized by social inequities (e.g., sexism, racism, ageism, heterosexism, ableism). For many women social conditions of inequity, in particular experiences of violence, precipitated their entry into the mental health system."*[25]

Women's social contexts impact her levels of mental wellness and substance use, but also her ability to access services and the quality of service that she receives.

SOCIAL CONTEXT:
INTERSECTING IDENTITIES AND ISSUES

> *"Providing suitable services to women who experience the greatest barriers to service is [a] significant challenge.Despite our diverse population in BC, services are provided primarily in English, are not often suitable for all age ranges of women, rarely make accommodation for physical and mental health issues, are often Euro-centric, and are primarily aimed at heterosexuals."*[26]

Formal and informal systems that women interact with can impede their ability to live violence free. In some cases these systems do further harm and may amount to systemic violence towards women. Women continue to take on the bulk of responsibilities related to family care and housework in addition to their income-earning work.[27] Women are also caught up in systems of poverty as they make up the majority of minimum wage earners in BC.[28] Financial constraints make it difficult for a woman to leave a violent situation, should she chose to do so. A woman seeking Income Assistance must be a Permanent Resident or Canadian citizen, be fluent in English and have a certain level of literacy to comprehend the required paperwork and navigate the social assistance system. These requirements make it difficult for women who have immigrated to Canada, who are refugees, who have no official status or whose first language is not English to access social systems. The subsidized housing system can pose similar challenges, not to mention the general shortage of affordable housing in BC. Even when they are able to access support systems, women who are mothers, especially women living in poverty and women of colour, may be hesitant to seek support for violence, mental wellness or substance use for fear of having their children apprehended by Child Welfare systems. These concerns are not unfounded, as we know that Aboriginal women, for example, are twenty times more likely to have their children apprehended than any other group of women.[29]

The situation of the Violence Against Women's sector under the Ministry of Public Safety and Solicitor General, placing violence against women within the purview of the Criminal Justice system, can also create barriers for women. Current criminal justice perspectives tend to individualize violence against women, framing it as an individual act rather than a pervasive problem bred by systemic inequities in our society. Criminal justice responses, on the other hand, often fail to take into consideration the nuanced intricacies of individual families and may actually put women and/or her children at further risk of experiencing violence. For example, although the Family Relations Act specifies that custody orders

should be guided by the best interest of the child, nowhere does the Act name violence against a parent as a factor to be taken into consideration. In addition, in cases where shared custody is ordered, a woman who has experienced violence from her partner is at risk of being victimized whenever she meets with her partner to exchange the children. In addition to these problems, Criminal Justice frameworks often fail to account for the overlap and interconnections between violence, mental wellness and substance use in the same way that, for example, health perspectives do. And certainly, unlike health perspectives, mainstream criminal justice frameworks do not encourage women or their abusers to seek support, as violence, mental wellness and substance use are each criminalized to some extent. Advocates are slowly making changes to these systems, but clearly there is more work to be done.

As with any other system, the Violence Against Women's sector can be experienced differently depending on the social context of the woman accessing services. In fact, service recipients, providers and researchers have consistently highlighted the need for Violence Against Women programming based in the experiences of the women accessing the services themselves.[30] To best understand how violence, mental wellness and substance use impact women, the social context in which a woman lives must be taken into consideration. In addition, the various points of oppression that exist in our society must be taken into account. Levels of mental wellness and substance use may be influenced by the violence one experiences and compounded by stigma associated with often denigrated identities. To reduce barriers to service, activists urge agencies to engage in ongoing, "organizational critical self-examination" of their policies, procedures and everyday practices to ensure they are inclusive.[31]

ETHNICITY AND CULTURE

> *"For the past five hundred years, entire Indigenous communities have been traumatized by multiple deaths from disease, expulsion from their homelands, loss of economic and self-sufficiency, removal of children from their homes, assimilation tactics and incarceration in residential schools. Historic experiences of trauma were compounded by a loss of ceremonial freedom, dance, song and other methods that would have helped Indigenous people express and grieve their losses."*[32]

Aboriginal women are five times more likely to be killed through violence compared to other women in Canada.[33] Some organizations estimate that more than five hundred Aboriginal women have gone missing or been murdered in the past twenty years in Canada.[34] Aside from violence they may

experience from their partners, Aboriginal women may experience trauma related to the social and cultural devastation that Colonialism has brought. The ongoing impact of Colonialism may be contributing to higher rates of violence against Aboriginal women than the Canadian average. According to one author, "[r]elationship abuse may be exacerbated for these women by economic factors, a history of colonization, and a cultural legacy of mistreatment and abuses that arose in past decades through educational practices".[35] Amnesty International has released a report on the marginalization of Indigenous women in Canada as a result of racist, or at the least, unhelpful policies which leave Aboriginal women in poverty, with little resources or support and vulnerable to violence against them.

Women of colour may also be impacted in various ways through the lasting impacts of Colonialism and persistent racism. Jill Cory and Linda Dechief have noted that women of colour may be apprehensive to seek support around violence, mental wellness or substance use for various reasons, including encouraging stereotypes about the inherent violent nature of certain cultures and well-founded fears about losing their children to social services. Women of colour and Aboriginal women are more likely to have their children apprehended by child protection services than other groups of women.[36] In other cases, women may not report violence fearing how their partner will be treated by police who hold racialized stereotypes about men of colour.[37]

For many cultures, violence, mental wellness and substance use are highly stigmatized and disclosing such issues may bring shame, not only to the woman, but to her family as well which prevents women from seeking support. Immigrant and Refugee status can also pose significant barriers to support. Researchers for the Justice Institute of BC note that:

> *"Immigrant and Refugee women… experience isolation associated with loss of their support networks, language limitations, and cultural differences; poverty and labour market marginalization; and lack of access to services because of lack of information, social isolation, and inability to communicate in English".*[38]

Women who are Refugees or who are in Canada with a Visitor's Visa, in particular, are often not eligible for social service supports such as "income assistance or free health care".[39] This is despite the fact that "manifestations of domestic violence including physical, emotional, sexual and economic abuse can be more extreme and more easily facilitated by a woman's isolation as a result of her refugee status".[40] In addition, Refugees and Immigrants are often dependent on their sponsors for status in Canada and may fear deportation if they report abuse.[41]

GEOGRAPHY

In a nation-wide study exploring challenges people living in rural and remote areas in Canada face, access to services was identified as the greatest problem.[42] Barriers to service may exist due to a general lack of services in the area and because of high transportation costs to areas where services do exist. BCSTH's 2009 24-hour census of Violence Against Women's Agencies within BCYSTH membership identified transportation and childcare as significant barriers to service by all Programs, especially in rural areas. In addition, members identified the need for more outreach resources so that service providers can reach women in rural and remote areas. Women seeking support who have access to vehicles may experience challenging road conditions, especially in winter months, impeding a long drive to a service agency. Women who do not have access to vehicles may struggle to come up with taxi fare, where taxis are available, and often public transportation is non-existent. Many agencies cannot afford, or do not offer, childcare services making it difficult for women who are mothers to access services.

Anonymity and confidentiality are always concerns for women fleeing violence but can become even greater challenges in small, rural communities. For example, community residents may recognize the vehicle a woman drives or relatives may work in the agency she is seeking support from. In some cases, people may not believe reports of violence or may not want to get involved when they know the people who are accused. On the other hand, women living in remote areas may not have family, friends or other support networks in the community they live in.[43] This geographic and social isolation can compound the isolation that is often a part of violence against women. In her research on VAW services in Northern BC, Amanda Alexander found that women in rural and remote areas may be isolated from the workforce as well. She attributes this "to the work in single industry towns being predominately male dominated with jobs available such as mining, heavy equipment operation and construction".[44] Consequently, women may be physically relegated to their homes, socially isolated and financially dependent on their partners. In general, poverty may impact people living in rural communities more so than urban areas because of their dependence on single-industry economies.[45]

ABILITIES

It is estimated that fifteen percent of women in Canada have disAbilities.[46] Not only are women with disAbilities more likely to experience violence, they are also more likely to have varying levels of mental wellness and substance use compared to the general population in Canada.[47] Aside from coping with

violence, some women with disAbilities find themselves addicted to pain medication used to get by on a day-to-day basis. Others find substance use a means of coping with the loss of control they feel, not only from the violence, but from the disAbility as well.

While many programs consider themselves accessible, often this refers only to wheel-chair accessibility and women who may need visual aids or sign language interpreters may not be considered. Women with learning disAbilities may find navigating systems, especially where paperwork is involved, frustrating and downright challenging. In addition, Chappel notes, "program policies sometimes create unique barriers for certain women with dis[A]bilities, such as those who may not be able to be substance-free before entering treatment, who have a need for personal care or who may not be able to fully participate in strenuous group models".48

AGE

> *"Both young women and elderly women face particular barriers that magnify other forms of marginalization. Both have limited economic and social power, and services are often not particularly appropriate for either age group."*[49]

Older and younger women often face financial barriers that leave them more vulnerable to violence and make it more difficult to leave an abuser. Both groups are more likely to experience violence than the general population. As women grow older they become "increasingly vulnerable to violence from partners, other family members and caregivers". [50] Compared to younger women, they are more vulnerable to financial abuse.[51] Violence against older women is often classified as elder abuse, even though the features may be the same as violence against younger women. Yet, many agencies addressing elder abuse are unequipped to address violence against women, sometimes focusing on the financial abuse of men and on women who are caregivers as perpetrators.[52]

Older women may be hesitant to report abuse for fear of being placed in an institution if they require the abuser to care for them. Women who are able to access support are sometime put in unsafe positions by those who they seek support from. Older women are prescribed more medications for mental wellness than any other age group. Specifically, older women are over-prescribed benzodiazepines, which can dull a woman's senses and affect her ability to assess her safety. [53] Finally, older women are less likely to access VAW services than women in other age groups. When they do

access support, Transition Houses may not be able to accommodate an older woman's needs should she require additional assistance in her day-to-day activities. [54]

Young women are also at a greater risk of experiencing violence than the general population. Cory and Dechief hypothesize that violence experienced by young women is often not taken seriously, even though research shows that patterns of violence against women can begin as early as elementary school. In fact, Canadian studies seem to indicate that between 16 and 35% of young women experience violence in relationships.[55]

SEXUAL ORIENTATION AND GENDER IDENTITY

Predominant theories and approaches to supporting women who experience violence may not be applicable in same-sex relationships where power is not always related to the gender of the abuser.[56] Lesbian, bisexual, queer and trans (LBQT) women may experience unique forms of control exerted over them. For instance, women may be threatened with being 'outed' which could have negative ramification with family, occupation or child custody. In addition, mainstream media fail to provide positive models of same-sex relations, leaving women to figure out for themselves whether what they are experiencing is 'normal' in same sex relationship. Brown argues that these factors combine to "render particular forms [of violence], such as those experienced in lesbian, gay, bisexual, and trans communities, incoherent and invisible, so much so that some [people cannot] *conceptualize* their… partner's behaviour as abusive because of [their] oppressed status".[57]

Aside from violence from partners, due to the pervasiveness of sexism, homophobia and transphobia LBQT women may also experience violence at the hands of their family, peers and strangers.[58] Yet, LBQT women who experience violence may be hesitant to report such abuse because of the homophobia and transphobia present in police forces and social services which could negatively impact themselves or their partners. It is no surprise, then, that LBQT women are significantly more likely to report anxiety, depression and suicidality than the general population.[59]

Trans women in particular may experience significant barriers to residential services, facing policies, procedures and practices that are sometimes outright discriminatory. The 519 Community Centre in Toronto and SHARP Access Project in Vancouver have noted service inclusion hinging on post-operative status, the ability to 'pass' as a woman and sex reflected on legal documentation, all of which require significant financial resources to accomplish. Even after meeting these requirements, trans women may

be secluded and forced to use men's washrooms. Mottett and Ohle, advocates with the National Gay and Lesbian Task Force in the United States suggest that residences start with a policy of respect that includes treating people according to the gender they identify with or acknowledging that people *"are who they say they are"*.[60]

Misinformation and harmful stereotypes about trans people may lead to concerns about safety. But as one advocate puts it:

> *"Stereotypes of transgender people attacking women come from movies and television shows that inaccurately portray transgender people as dangerous and abusive. This is far from the truth. When it comes to transgender people, the more serious risk is that violence will be committed against transgender people by others. Also, shelters need to learn that it is a myth that woman-only space is always safe. The occurrence of woman-to-woman abuse by both straight and lesbian women is real, and shelters need clear rules against it. By enforcing these rules for all residents, transgender and non-transgender, these spaces can become truly safe."*[61]

PREGNANCY AND MOTHERING

While pregnant and mothering women who experience violence are often viewed sympathetically, predominant messages around mothering have lead women whose mental wellness or substance use is impacted by violence to be labeled as abusers themselves.[62] Greaves and Poole have pointed out that service providers working with mothers and pregnant women often focus on the child or fetus at the expense of the woman and the context she is operating within.[63] Women with varying levels of mental wellness and substance use are frequently perceived as "bad mothers" even though they may treat their children well. Consequently, women who are mothers may be hesitant to seek support for violence they are experiencing, mental wellness or substance use for fear of having their children apprehended by child protection services.

Pregnant women or women who are mothers seeking support for mental wellness and, especially, substance use will find few resources available specific to their needs.[64] Often residential programs do not accommodate children and women rarely want to leave their children behind, especially if they are leaving a violent situation. Even in the Violence Against Women's sector, service providers have

identified a need for increased child care resources so that women are able to access support services knowing their children are in a safe environment.

SEX WORK

The stigma surrounding sex work in Canada marginalizes women who do sex work and, according to the World Health Organization, contributes to higher rates of violence for women who work on the streets compared to the general population.[65] Due to the current legal system, however, it is difficult for women to work indoors where, research shows, they are able to take more time to negotiate and assess their safety.[66] Sex workers may be unaware that they are able to access violence against women services after experiencing violence on the job. When they do seek support, women may experience judgment from those who are in a position to respond to violence against women.

Sex workers are unlikely to report violence they experience to authorities due to the quasi-criminal status of the work they do and because of feelings that their complaints are not always taken seriously and followed through.[67] In some cases, women may face more violence from the police officers they try to file a report with. Sex workers may also face discrimination when attempting to access Transitional Housing as some Houses have rules (for example, curfews) that make it difficult for them to work without being asked to leave. As a result, women may lie about their occupation and miss out on opportunities to develop safety plans suited to their work.

Like mental wellness and substance use, some women experience sex work (especially street-level) as means of survival. For women who experience sex work as a means of survival, mental wellness, substance use and sex work may be mutually reinforcing which can make it difficult to reduce levels should a woman make that choice. Other women choose sex work (as they would any other occupation), where they earn a sustainable income in a short amount of time. Regardless of the motivations behind sex work, it is essential that Transitional House staff respect a woman's autonomy and, with a women-centred, harm-reduction approach, focus only on those issues that a woman indicates she wants support around.

Economic Status

Many of the intersecting identities mentioned above have profound impacts on women's economic status. One in five women in Canada lives in poverty.[68] On average, women earn 62 percent of what men earn, with female lone-parents, Immigrant women and Women of Colour, including Aboriginal women, most affected by poverty.[69] Economic status, in turn, affects levels of mental wellness and substance use.[70] Poverty can impact a woman's ability to find safe, affordable housing and to leave violent contexts. In addition, the services available to women with varying levels of mental wellness and substance use vary with her economic status. Women who do not have access to financial resources or extended health care benefits are restricted to publicly funded programming and are unable to afford private treatment.[71] Finally, women who face income barriers (especially Aboriginal women) are more likely to have their children apprehended which can further negatively impact levels of mental wellness and substance use.[72]

Discussion Point 2

How can we ensure that the programming in each of our sectors is inclusive and responsive to the various needs of the diversity of women in BC and the Yukon? What mechanisms can we put in place to hold ourselves accountable?

Current Policies, Procedures and Practices in BC and the Yukon

BCSTH will be distributing a survey to all of its members to learn about current practices, policies and procedures when it comes to supporting women fleeing violence who have varying levels of mental wellness and substance use. A short report will be composed from the findings and will inform the development of Promising Practices for supporting women fleeing violence who have varying levels of mental wellness and substance use.

BARRIERS TO ACCESSING SUPPORT

> *"Very few programs provide services for women impacted by multiple abuse issues including domestic violence, sexual assault, trauma, substance use problems and mental illness. Women impacted by multiple abuse issues are often invisible when in our programs or perceived as disruptive when their substance use or mental health issues become evident or unmanageable. Many times women with co-occurring or multiple abuse issues are missing from community programs altogether. Battered women and survivors of sexual assault who struggle with mental illness, substance abuse, chemical dependence or trauma issues often need our services the most."*[73]

Violence, mental wellness and substance use each carry their own stigmas. Morrow and Chappel argue that reactions to women labeled with mental wellness diagnosis range from "fear, misunderstanding and punitive or paternalistic measures".[74] This stigma is especially strong for women who are pregnant or who are mothers as prevailing images of motherhood fail to account for the complexities that women's lives often entail.[75] Due to these prevailing assumptions, women fleeing violence who have varying levels of mental wellness and substance use may not receive respectful or responsive service when they seek support. Women may be labeled as "difficult' and blacklisted from Transitional Housing in their area because of previous disruptive behaviours or because of levels of mental wellness and substance use themselves. In some cases their names are even passed on to other agencies where they are denied access as well. As one BC Working Group expressed, "[e]xperiences of stigma and discrimination undermine women's abilities to report their substance use patterns and concerns… and [impact] access to addictions treatment".[76] While this quote speaks specifically to substance use, the same reasoning can be applied to violence against women and mental wellness.

Experiences with violence can increase ones levels of anxiety, which in itself can be a barrier to support. Some women may be unable to leave their own homes, let alone engage in communal living in Transitional Housing, due to high levels of anxiety. Anxiety related to experiences with violence can also lead to stigmatizing mental wellness diagnoses. Anecdotal evidence and research shows a trend in which mental health professionals have been increasingly diagnosing women experiencing violence with 'Borderline Personality Disorder' (BPD), which is characterized by "a pattern of unstable and intense interpersonal relationships".[77] In addition, members of our Working Group noted the increasing number of young teenage women and children who have witnessed abuse who are being diagnosed with various

mental wellness labels, including Attention-Deficit Hyperactivity Disorder. Sometimes these labels are the result of a brief first-time meeting with a Doctor who may not have the time to consider the context of the person's symptoms - or recognize them as signs that they are experiencing and attempting to cope with violence.

Some specialists prefer that, if a diagnosis is to be made, depression and/or Post-Traumatic Stress Responses (PTSR)[78] be used so that the stressors underlying any mental wellness symptoms are acknowledged.[79] In fact, The World Health Organization has declared violence against women to be the leading cause of depression for women.[80] Any mental wellness label, however, can be stigmatizing and can create barriers to accessing services. For example, women with BPD are sometimes seen as 'difficult to work with' and are referred on or even refused service by service providers in various sectors.[81] To prevent these types of reactions, the Canadian Mental Health Association and other mental health researchers urge us to understand fluctuations in mental wellness "as a response to surviving trauma".[82] Advocates emphasize that a "diagnosis is not a woman"; in other words, women may benefit by viewing mental wellness labels as a way of categorizing or organizing symptoms or experiences. Ultimately, it is up to the woman to decide whether or not a mental wellness label makes sense or applies to her experiences. If not, she has the right to disagree and to request that any charts be changed or, at least, that her disagreement is noted.[83]

For women who are experiencing varying levels of mental wellness *and* substance use, the stigma is compounded, making it more difficult to access services. Theresa Zubretsky has discussed the common misperceptions about women with varying levels of substance use, including assumptions about dangerousness, which can also be applied to women with varying levels of mental wellness. Often these misperceptions are based on experiences with one person that fuel stereotypes about *all* women with varying levels of mental wellness and substance use. Wherever these misperceptions come from, they can, and do, feed into policies, procedures and practices in Transitional Houses and lead some women to be categorically excluded or screened-out from services.[84]

Rules which may merely be an inconvenience for some women accessing VAW services can be real barriers for others. For example, requiring a woman to abstain from substance use or take medications for mental wellness can be unrealistic and unsafe for some women, especially if substance use or non-compliance with medication has been an effective coping mechanism for her.[85] A woman faced with these rules and who feels she cannot simply stop using without additional supports may hide her use or

abandon the potential helping service. On the other hand, insisting women seek support for substance use can also be a barrier to service for women, especially when staff in the Violence Against Women's sector are unfamiliar with current practices in the substance use field. For example, some people believe that substance use treatment is only available in a residential treatment centre. However, community outpatient treatment programs are often the best option as they are provided through an integrated Mental Health and Addiction Services system.[86] In general, requiring women to address their mental wellness or substance use before offering them support around violence can put women in more danger and without the proper tools to assess and improve their safety. Assisting women to reflect on how violence, mental wellness and substance use play into one another has been identified as an important strategy for VAW staff to support women fleeing violence.[87]

Also worth considering, women with varying levels of mental wellness and substance use may have a harder time understanding, and thus, following house rules. Patti Bland urges us to view rules as a means to inform safety planning and advocacy, rather than as a tool to screen women out.[88] Failing to ask a woman about her levels of mental wellness and substance use can be problematic as well. Some agencies operate under a 'don't ask, don't tell' policy. But not asking women about their mental wellness and substance use can limit the applicability and effectiveness of safety planning. Members of the Coalescing on Women and Substance Use group in BC suggest using a conversational approach to learn about a woman's substance use (and also her mental wellness) as opposed to using a screening tool at intake.[89]

When women are able to seek assistance through violence against women, mental wellness or substance use service providers they are often told they can only deal with one problem at a time. Women hoping to receive support for the violence she is experiencing, her substance use and mental wellness may have to go to a separate service provider for each issue and sometimes the advice they receive is contradicting as agencies often work in isolation of one another. Speaking from the substance use context, Poole and Greaves state:

> *"[s]ubstance use problems are often closely linked to other issues in women's lives. In particular, mental health, violence and trauma issues often converge in women's stories as they describe their substance use issues. Despite the prevalence and strength of these interconnections, they have traditionally been under-acknowledged or, at best, dealt*

with as separate issues. Indeed, too many agencies and programs respond to just one of these issues, despite observing that women ask for, or need help with, more than one."[90]

Collaboration across sectors is important to effectively support women experiencing violence, mental wellness and substance use. Due to the limited resources these sectors have, though, collaboration can be a challenge (as is discussed below).

DISCUSSION POINT 3

In the context of Transition, Second and Third Stage Housing and Safe Homes, how do we tease out which rules are necessary and which can be done without, or, can be applied more flexibly? Aside from changes to policy and procedures, how do we foster attitudinal shifts that would create space for open, non-judgmental discussions about all of the impacts of violence against women?

BARRIERS TO PROVIDING SUPPORT

"Every domestic violence/sexual assault program has strengths and challenges impacting our ability to provide services. Unfortunately many advocacy programs are under-equipped to address co-occurring issues impacting women's safety and health. In order to better extend services and advocacy to battered women with separate issues of substance use, misuse or addiction we must expand our current practices and explore new strategies to address safety and support wellness."[91]

Limited resources can create barriers to providing service to some women fleeing violence. Low pay can lead to high levels of staff turnover which impacts the quality of service women fleeing violence receive.[92] Finding and recruiting qualified staff who are proficient in the dynamics of violence against women may be difficult for any agency, but this is especially so for rural and remote service agencies. In addition, many Transitional Housing Programs are unable to afford to pay for "double-staffing", where two staff are on-site to support women, youth and children. With only one staff members available, frontline workers can be overwhelmed when extra support is required. Teaming up for cross-training with mental wellness and substance use service providers can help to improve confidence among front line workers in the Violence Against Women's sector. It may also help to reduce the 'chaotic' feeling that

many service providers in the VAW relate when supporting women who may or may not have varying levels of mental wellness and substance use.[93]

Geography can also have a significant impact on the ability of service providers to support women fleeing violence who have varying levels of mental wellness and substance use. First, service providers often have official catchment areas from which women they support are supposed to come from. When met with a woman from outside of these areas, service agencies either have to refer her on to another agency or 'bend' the rules by taking her in. This dilemma can be especially challenging for service providers in rural and remote areas who are often isolated, with little to no support themselves and few choices when it comes to referring women to other agencies. Because of this, some service providers see and support clients that are not typically within their mandate. This extra work, though, is not often reflected in official reports due to fear of backlash from funders. Working long hours and having to take on many roles can lead providers to feel 'burnout', and negatively impact the service women receive.[94]

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. Some staff worry about the safety of other women, and especially children, residing in the Transitional House if women with varying levels of mental wellness and substance use enter the House. But as BC researchers have noted:

> *"It is helpful for service providers to recognize that people can experience varying levels of severity of substance use and substance use problems, and that one's substance use, even if it is situationally intense, does not necessarily mean that it will lead to behaviour or substance use that is 'out of control'."*[95]

These researchers remind us that mental wellness and substance use exist on a continuum and that their existence does not necessarily lead to behaviours that are harmful to others.

Other concerns centre around 'triggering' other women in the house who are abstaining from substance use. Some people argue that the focus needs to shift from attempting to ensure there are no triggers[96] in the Transitional House (in other words, denying some women service based on their substance use) to strategizing with women around how best to deal with triggers when they come up, an approach that may be more beneficial in the long run.

DISCUSSION POINT 4

Is it feasible to have women with varying levels of mental wellness and substance us reside in a Transition House with other women who may be in recovery? Is it beneficial or ethical to have a blanket policy requiring women to abstain from substance use or to comply with taking medications while in a Transition House?

BARRIERS TO COLLABORATION

Despite knowledge that violence against women, mental wellness and substance use intersect, there are few services with philosophies and approaches appropriate to support women with overlapping needs.[97] In fact, often women with varying levels of mental wellness and substance use are unable to access services for violence against women unless their mental wellness is stable and they can abstain from substance use.[98]

Violence against women's services and mental wellness and substance use services seem to hold contradicting philosophies, with VAW services often based in feminist frameworks that focus on anti-oppression and empowerment and the health services, especially substance use, often emphasizing individual accountability. In some cases, mental wellness and substance use services may also operate under contradictory frameworks. Although the two sectors are amalgamated on paper, this does not always play out in practice, especially in rural areas where services are few and far between. Yet, as has been argued by researchers in BC, more and more mental wellness and substance use service providers are working to acknowledge the social determinants of mental wellness and substance use. Working with the violence against women's sector could strengthen those types of analysis.[99]

Staff in the VAW sector often make referrals to mental wellness and substance use agencies, which may or may not indicate a willingness to build relationships. Sometimes, however, these referrals happen because Transitional House staff are ill-equipped to support women with varying levels of mental wellness and substance use. This may be a means to offload 'difficult' cases as women who are referred do not always continue to receive VAW support.[100] Aside from these barriers, the Violence Against Women's, Mental Wellness and Substance Use sectors have experienced significant changes in the past few years which make it difficult for internal planning let alone cross-sector collaboration. For example, since 2008 the Violence Against Women's sector has been housed in two different Ministries and a Crown Corporation. There has also been a push to integrate mental wellness and substance use services

under the Health Authorities which has resulted in marginalization and funding losses for other community-based substance use agencies.

Discussion Point 5

How can we strengthen relationships between the VAW, Mental Wellness and Substance Use sectors? What about for regions where Mental Wellness and Substance Use services are not available? How do we sustain relationships and maintain them despite fluctuations in funding and changes to funding bodies?

There are many barriers to both supporting and finding support for women who experience violence and who have varying levels of mental health and substance use. Fortunately, there are new programs, research and discussions emerging on how to overcome those barriers. Promising approaches highlighted in much of this literature are discussed below.

Promising Approaches

> *"In order to best develop accessible services for people with active addictions, we need to uncover the 'cultural scaffolding' surrounding addiction that underlies professional practice. The soundest and most ethical strategy for removing barriers to access begins with turning the analysis inward to ourselves as professionals, to uncover the values we hold that hinder our approaches to helping marginal populations."*[101]

There is an emerging amount of literature documenting promising practices that have emerged from research with women accessing violence against women, mental wellness and substance use sectors and from agencies adapting to support women who experience varying levels of mental wellness and substance use. Below we have summarized the key components that have been identified as essential to successful, supportive programming.

WOMEN-CENTRED, HARM REDUCTION FRAMEWORKS

> *"Women-Centred Care is based on the assumption that women know their own reality best and that practitioners must listen carefully to women describe their reality in their own words and in their own ways."*[102]

Most VAW services are based in women-centred care when it comes to supporting women fleeing violence. Yet, this concept is rarely defined and 'women-centred' practices vary from agency to agency. Generally, women-centred services refer to practices where service providers take the lead from the women they are serving. Staff provide support for the needs women identify as opposed to identifying problem areas for women to work on. Women-centred frameworks acknowledge the strengths of each individual woman, respecting her choices and treating her as the "expert" of her own life. Service recipients, Transitional House staff, and researchers have roundly suggested that services for women fleeing violence who have varying levels of mental wellness and substance use should be women-centred as well.

Staff in the VAW sector engage in harm reduction work every day by providing women with support and tools to keep themselves safer, whether they choose to leave the abuser or not. Service recipients, Transitional House staff and researchers have noted the usefulness of extending this harm reduction framework when supporting women with varying levels of mental wellness and substance use as well. These people argue that, similar to VAW advocacy, our role is to help women explore their options in a non-judgmental fashion and to respect and support the decisions they make.[103] To that end, Patti Bland and Debi Edmund argue against blanket policies and advocate, instead, for policies that allow women to be honest about their mental wellness or substance use. They remind us that strict and rigid rules can feel oppressive for women but allowing women to be open and to make decisions for themselves can be more empowering.[104]

The Coalescing on Women and Substance Use team urge service providers to take an approach that combines women-centred and harm reduction principles. Speaking about this framework, they say:

> *"[o]ften the focus of harm reduction efforts does not include reducing harms associated with broader determinants of women's health such as poverty, violence against women, racism, mothering policies and related harms which differentially affect women. These factors - and their interaction - must be recognized in harm reducing service provision and policy frameworks."*[105]

Women-centred harm reduction approaches focus on what women themselves identify that they need support around. Rather than an 'all or nothing approach', reducing, for example, substance use, should be seen as a legitimate goal that women can be supported in.[106] When women make decisions and set their own goals they may regain a sense of control over their own bodies and lives that is often lost when they experience violence. In addition, when in an open, accepting environment, women are able to be honest and get more practical support around issues they are seeking service for.

Cross-Sector Collaboration or Integration

Researchers in the Women, Co-Occurring Disorders and Violence Study found that women who had experienced violence and who had varying levels of substance use benefitted when they were offered services that collaboratively addressed the violence and substance use.[107] Meaningful cross-sector collaboration can be a challenge. To be successful, cross-training and cross-referral are important. To achieve sustainable, consequential coordination Theresa Zubretsky and other VAW advocates suggest that the collaboration be built into the policies and procedures

> *"…that institutionalize appropriate responses, [as] the subsequent absence of accountability standards can contribute to inconsistent staff responses which, in turn, undermine the existing agreements."*[108]

Integrated models go beyond collaborative models to offer fully integrated services. The scope of integration can vary from integration of policy, funding and programs, to having VAW, mental wellness and substance use service providers operate under one roof.[109] However, in a study out of Illinois, researchers found that women's use of substances decreased and sense of safety and self-efficacy increased regardless of whether services were coordinated or integrated indicating that either one could be valuable for women fleeing violence.[110]

Flexibility

While our end goal is to develop Promising Practices for Transition, Second and Third Stage Houses and Safe Homes, there is no one-size fits all approach. Your practices will vary depending on the context your agency operates within, the needs of the woman you are serving and the services that exist in your community.

EXAMPLES

BUILDING BRIDGES, BRITISH COLUMBIA

Headed by the Woman Abuse Response Program at the BC Women's Hospital & Health Centre, Building Bridges: Linking Woman Abuse, Substance Use and Mental Ill Health is an initiative designed to foster relationships and dialogue within and across the mental wellness, substance use and Violence Against Women sectors. From 2006 until 2008, the Woman Abuse Response Program held workshops involving the three sectors across the province and are continuing to hold focus groups with service recipients to learn about barriers to support. They expect to release a provincial framework with best practices in Spring 2010.[111]

ATIRA WOMEN'S RESOURCE SOCIETY, BRITISH COLUMBIA

Atira offers a range of services to women who have experienced violence who have varying levels of mental wellness and substance use. In 1997 Atira opened Shimai House, a Transition House for women experiencing varying levels of substance use. Women do not have to be abstinent to reside at Shimai, but cannot use substances on site. Atira has also hooked up with other service agencies to offer Maxxine Wright Community Health Centre, for women who are pregnant or who have young children and who are experiencing violence and/or varying levels of substance use.[112]

CRABTREE CORNER, VANCOUVER, BRITISH COLUMBIA

Crabtree Corner has been operating under the YWCA since 1984 and provides services to women and their families in the Downtown Eastside of Vancouver. Women, along with their families are offered programming that ranges from meeting basic needs (housing, hot meals) to FASD prevention and support and violence against women programming. The YWCA has built partnerships with local service providers and the three levels of government in order to sustain Crabtree Corner. Programming is based in a harm reduction framework and many of the staff share similar experiences as the women they are serving.[113]

HUDTA LAKE WELLNESS CENTRE, PRINCE GEORGE, BRITISH COLUMBIA

Still in the development stages, Hudta will be a place for women who experience varying levels of substance use based in an understanding of how "neglect, abandonment, early childhood trauma, violence and sexual abuse" can contribute to substance use.114 The programming uses First Nations methodologies.[115]

Victoria Women's Sexual Assault Centre (VWSAC), Victoria, British Columbia

VWSAC has collaborated with community partners to offer "an integrated treatment model that uses the Seeking Safety group model as its foundation". [For more information on Seeking Safety, see http://www.seekingsafety.org/]. A Violence Against Women counselor and Drug and Alcohol counselor co-facilitate the groups which encourage women to explore the links between their experiences with violence and substance use and learn skills that can help them achieve harm reduction or abstinence.

My Sisters' Place, Ontario, Canada

My Sister's Place came about after the Women's Mental Health and Addictions Action Research Coalition, a group of women who access mental wellness and substance use services, service providers and other stakeholders, identified a need for more centralized services for women who are homeless or at risk- of homelessness. Operated under WOTCH Community Mental Health Services, My Sisters' Place provides women with a safe space during the day and support services. My Sister's Place is not specifically a Transition House, but many of the service agencies that offer support out of the space are VAW services. The space acts as a one-stop-shop where women can find out about resources available to them in their community.[116]

Coalescing on Substance Use, Canada

Sponsored by the British Columbia Centre of Excellence for Women's Health (BCCEWH), in partnership with the Canadian Women's Health Network and the Canadian Centre on Substance Abuse, Coalescing on Substance Use is a project that uses an online community to explore how mental wellness, substance use and violence intersect and to develop practical tools for supporting women experiencing these issues. There are six online communities that address the intersections from various perspectives. Each community contains Information sheets for service recipients and providers, researchers and other stakeholders. [117]

Substance Abuse and Mental Health Services Administration, USA

SAMHSA has been at the forefront of research on the impacts of violence on women's levels of mental wellness and substance use. The research led to the creation of a Center on Women, Violence and Trauma (the National Centre for Trauma-Informed Care) in 2005 which assists agencies to link violence, mental wellness and substance use and offer appropriate services. For resources see http://mentalhealth.samhsa.gov/nctic/default.asp

GREATER LONDON DOMESTIC VIOLENCE PROJECT, UK

Stella Project: A partnership between the Greater London Domestic Violence Project and the Greater London Alcohol and Drug Alliance, the Stella Project offers training and information based on best practices for agencies who may support women experiencing violence and varying levels of substance use.[118]

Mental Health Project: In 2003 the Greater London Domestic Violence Project acted on its' knowledge of linkages between violence against women and mental wellness. The agency created a set of best practices for mental wellness and VAW agencies, accessible online though their website http://www.gldvp.org.uk/

Next Steps

In this paper we have provided background information and highlighted some of the approaches that have been found to be useful for programs supporting women fleeing violence who have varying levels of mental wellness. We have summarized the key questions arising from this knowledge on the following page. As we begin the process of collaboratively developing Promising Practices based on this knowledge, we encourage you to critically reflect on these questions and their implications for your own work. We look forward to the discussions that these thought processes evoke.

To submit comments, questions, or feedback emerging from this discussion paper, please contact:

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QUESTIONS FOR YOUR CONSIDERATION

Throughout this paper we have posed questions for you to consider as we endeavor to build collaborative relationships and reduce barriers for women fleeing violence who have varying levels of mental wellness and substance use. These questions are listed again below.

1. How do we define problematic mental wellness and substance use? Who defines when substance use or mental wellness is problematic? Is it possible to see mental wellness and substance use as survival mechanisms? If so, what implications would this have for Transition, Second and Third Stage Houses and Safe Homes?

2. How can we ensure that the programming in each of our sectors is inclusive and responsive to the various needs of the diversity of women in BC and the Yukon? What mechanisms can we put in place to hold ourselves accountable?

3. In the context of Transition, Second and Third Stage Housing and Safe Homes, how do we tease out which rules are necessary and which can be done without, or, can be applied more flexibly? Aside from changes to policy and procedures, how do we foster attitudinal shifts that would create space for open, non-judgmental discussions about all of the impacts of violence against women?

4. Is it feasible to have women with varying levels of mental wellness and substance us reside in a Transition House with other women who may be in recovery? Is it beneficial or ethical to have a blanket policy requiring women to abstain from substance use or to comply with taking medications while in a Transition House?

5. How can we strengthen relationships between the VAW, Mental Wellness and Substance Use sectors? What about for regions where Mental Wellness and Substance Use services are not available? How do we sustain relationships and maintain them despite fluctuations in funding and changes to funding bodies?

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[4] See http://www.coalescing-vc.org/aboutUs/aboutUs.htm
[5] See Appendix for definitions and differences between Transition, Second and Third Stage Houses and Safe Homes. The Term Transitional Housing is meant to encompass each of these types of Homes.
[6] See Appendix for information about BCSTH.

[7] See Appendix for list of Working Group Members.
[8] See Appendix for Pilot Site locations.
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APPENDIX

Glossary of Terms

Gender Identity
The gender one identifies with. A persons' assigned sex does not always match their gender. Although we traditionally see gender as dichotomous, gender can be seen as fluid and as more complex than masculine or feminine.

Mental Wellness
While we may not all have a clinical diagnosis, we all have varying levels of mental wellness. We use the term 'mental wellness' to draw attention to the fact that our mental wellness exists on a continuum and is fluid and changing. We emphasize that mental wellness itself cannot be considered a problem, but we must consider what problems are created by our levels of mental wellness. This term has less stigma and judgment associated with them than other terms commonly used.

Safe Home
Short term [generally, not to exceed 5 days] emergency housing in private home [or in rental units].[119]

Second Stage House
Long term (generally 3-12 months) secure housing with support designed to assist women while they search for permanent housing.[120]

Substance Use
Each of us uses substances to some degree, whether it be caffeine, prescription or over the counter medications, or a drink with dinner. We use the term 'substance use' to draw attention to the fact that our substance use exists on a continuum and is fluid and changing. Like mental wellness, we emphasize that substance use itself cannot be considered a problem, but we must consider what problems are created by our levels of substance use. This term has less stigma and judgment associated with them than other terms commonly used.

Sexual Orientation
Used to refer to romantic or sexual attraction. Like gender, sexual orientation is often seen as fixed and dichotomous (straight or gay), but can be much more complex.

Third Stage House
Supportive housing for women who have left violent relationships and who no longer need crisis service supports.

Trans
An umbrella term often used in transgender communities to demedicalize the words used to describe people whose assigned sex does not align with the gender they identify with or who see their gender as more fluid than the traditional masculine/feminine binary.[121]

Transition House
Short to moderate term [in BC a short to moderate term is 30 days] first stage emergency housing.[122]

Trauma

The Women Abuse Response Program (WARP) at BC Women's Hospital and Health Centre notes that the term 'trauma' has historically been used in the mental wellness and substance use fields and, in those contexts, has been "devoid of a gender-based analysis". With its adoption into the Violence Against Women's movement to describe women's experiences with violence, some worry that the importance of gender will be lost. Framing violence as 'a traumatic experience' may individualize violence against women. WARP recommends that, "trauma, particularly complex post-traumatic stress… be recognized as one of many *impacts* of violence against women", rather than a description of violence against women in and of itself.[123]

Trigger

Trigger' is used to refer to an event that encourages or prompts thoughts about using substances or, in the context of mental wellness, brings about symptoms related to mental wellness.

Violence Against Women

BCYSTH uses the term 'violence against women' (VAW) as it captures violence a woman experiences from her partner but is also applicable for other people she may be oppressed by (for example, family, landlord, co-worker and broader social systems). The term can be applied to many types of harmful behavior directed at women and girls because of their sex.[124]

Violence against women hinges on control and domination. A woman's experiences with violence are shaped by her social context. See Appendix for further descriptions of the nature of abuse.

Women-Centred Care

Based on the assumption that women are "experts" of their own lives and that service providers should take the lead from the women they serve.

NATURE OF VIOLENCE AND ABUSE[125]

Any woman may be subject to violence regardless of her ability to access systems, and/or her social or economic status, abilities, being an Aboriginal woman, citizenship/nationalities, class, education, ethnicity, experience of colonization, gender, geographic location, health, occupation, refugee/immigrant status, religion, and sexuality. We acknowledge that this list is not exhaustive.

Physical Abuse
Hitting; pinching; pushing; punching; shooting; stabbing; cutting; choking; slapping; burning; shoving; using a weapon; physically restraining; intentional interference with basic needs (e.g. food, medicine, sleep). Assault may escalate resulting in death.

Isolation, Restricting Freedom
Controlling contacts with friends and family, access to information and participation in groups or organizations, restricting mobility or movement; monitoring telephone calls and finances (see *Financial Abuse* p 5).

Psychological and Emotional Abuse
Frequently ignoring her feelings; ridiculing or insulting her most valued beliefs, gender, sexuality, ability, age or sexual orientation; religion, race, heritage, class or first language; withholding approval, appreciation, and affection; continual criticism, name-calling, shouting; humiliating in private or in public; refusing to socialize; preventing her from working; controlling the money; refusing to let her participate in decisions; isolates her from seeing her friends and family; regularly threatens to leave or tells her to leave; manipulates her with lies and contradictions; uses intimidating facial expressions and/or body posture; accuses her of being unfaithful; uses sexualized language; verbally abuses the children and/or pets in household.

Stalking and/or Harassing Behaviour
Following her ; turning up at her workplace or house; parking outside her location; repeated phone calls or mail to victim and/or family, friends, colleagues; sending unwanted gifts; stealing mail; harming or threatening to harm to her family, friends, or pets; harassing her employer, colleagues or family; vandalizing her car or home; assault (physical, sexual, emotional); kidnapping or holding her hostage; use of technology to track her movements, eavesdrop or view her without her knowledge.

Threats and Intimidation
Threatening to harm partner, self or others (children, family, friends, and pets); threatening to make reports to authorities that jeopardize child custody, immigration or legal status; threatening to disclose HIV status; threatening to reveal sexual orientation to family, friends, neighbours and/or employers.

Financial Abuse
Financial abuse involves forcing the victim to be financially dependent on the abuser by cutting off their access and control of money and financial information. Examples include: stealing from or defrauding

someone; withholding money to buy food or medical treatment; manipulating or exploiting someone for financial gain; denying access to financial resources; preventing a person from working or controlling their choice of occupation; denying access to financial information such as how much money is coming in, how much is owed; controlling the bank accounts; forcing the person to have all expenditures and purchases approved by the abuser; taking away cheque book or credit cards; forcing the victim to work to support the abuser; and/or refusing to account for the spending of family money.

Sexual Abuse
Sexual touching or sexual activity without consent to it.

Sexual Abuse Harassment
Forcing sex or specific acts; pressuring into unwanted sexual behaviour; criticizing sexual performance.

Property Destruction
Destroying mementos; breaking furniture or windows; throwing or smashing objects; trashing clothes or other possessions.

BC Society of Transition Houses

BC Society of Transition Houses (BCSTH) (formerly BC Yukon Society of Transition Houses) is a non-profit association of Transition, Second and Third Stage Houses, Safe Homes, Children Who Witness Abuse (CWWA) Programs and other groups which serve the needs of women and their children fleeing violence. We also link schools with the CWWA programs through our Violence Is Preventable project (VIP). BCSTH is evolving towards becoming a ***Centre of Excellence*** and enhancing the continuum of services and strategies necessary to end violence against women, youth and children. We envision a world where every person lives violence free.

BCSTH works from an *Intersectional Feminist Framework*[126] incorporating a critical lens to the systems of power. Without ranking, we identify power as including our experience with and ability to access systems, our social or economic status, ability, Aboriginality, citizenship/nationalities, class, education, ethnicity, experience of colonization, gender, geographic location, health, occupation, refugee/immigrant status, religion, and sexuality. BCSTH acknowledges that this is not exhaustive. Draft Statement

Some of the services we provide include:

- Developing and delivering training to front line workers
- Coordinating, training, and supporting Children Who Witness Abuse programs (CWWA) in 92 communities
- Coordinating Violence is Preventable (VIP) programs in 68 schools which link CWWA programs and educational institutions and provide support and education to young people through presentations, counselling, and group interventions
- Ongoing public education and prevention activities
- Monitoring changes to laws about violence against women, youth and children federally and provincially
- Advocating on behalf of our Members to government and other influential stakeholders
- Providing a library of resources to Members at no cost
- Publication of the Communiqué a provincial intersectoral newsletter
- Research, writing position papers and the creation of *Promising Best Practices*, including the inclusion of lesbian, gay, bi, trans, 2-spirited, queer, questioning and intersex (LGBT2SQQI) women, women with varying levels of mental health and substance use practices

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Pilot Sites

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Canadian Mental Health Association for the Kootenays

Fireweed Collective Society

Golden Women's Resource Society

Ishtar Transition Housing Society

Prince George and District Elizabeth Fry Society

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