

Building Bridges:

Exploring Women's Experiences with Mental Health, Anti-Violence and Addiction Services

Woman Abuse Response Program

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The Issue

- Research shows that woman abuse often precedes the development of mental ill health and substance use
- This emerging evidence is not yet reflected in practice and policy
- In response, the Woman Abuse Response Program at BC Women's initiated a research and practice programme – Building Bridges and Making Connections

We Started Through Dialogue

- Invited anti-violence partners for 2 days to talk about what they were observing on the frontlines related to woman abuse, substance use and mental ill health
- Lead to a report of recommendations, development of a provincial Building Bridges Steering Committee and a successful proposal funded by Vancouver Foundation for \$45,00.00

Project Methodology

- BC Province-wide workshop/consultation with N=460 service providers representing mental health, substance use and anti-violence sectors from 82 communities
- 15 Focus groups with N=100 women affected by woman abuse, substance use and mental ill health
- 9 interviews with policy leaders

Building Bridges Findings

Women impacted by abuse experience loss of basic human rights and freedoms under the control of an abusive partner



Some impacts include development of mental ill health and use of substances



Women then face further harms because services, providers and mandates repeat the dynamics of control and oppression

Making Connections Project

- Low barrier women's support groups
- Pilot projects in 7 communities in BC – 2 in Interior Health (Trail and Vernon)
- Making Connections Curriculum
- Resource for women
- Preliminary Findings: Hope, improved mental health, reduced substance use, decreased isolation
- Funded by Canada Post Foundation and Canadian Women's Foundation

The Building Bridges Framework

Harms and Helps

Harms and Helps

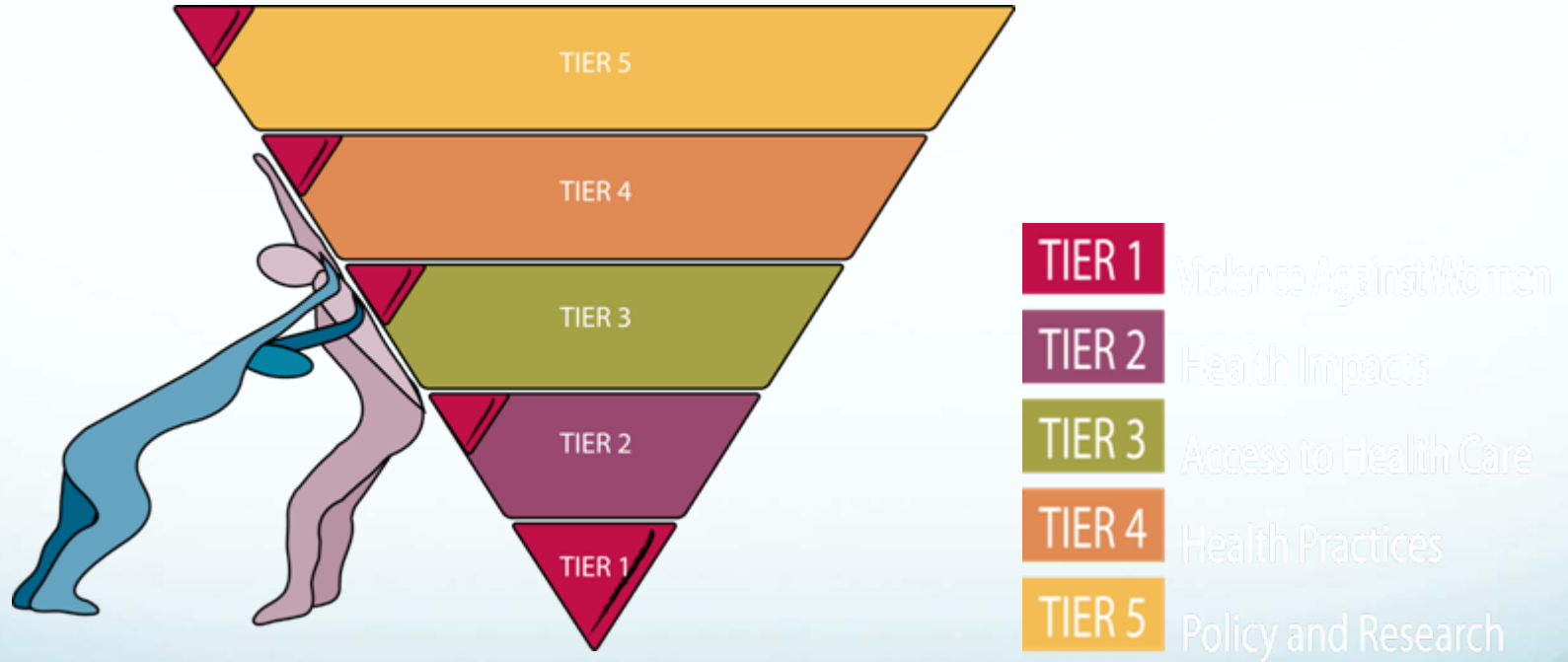
- Examines the harms that can result from health care practices, including screening for abuse in health care settings
- Raises questions about the safety of the health care system for women impacted by abuse
- Identifies multi-tiered response, based on women's realities and focused on increasing safety and health.

Doubly Victimized

- “Many women who access the health care system experience their contact with the “helping” professions and systems as another form of abuse. These women are doubly victimized, first by violent partners and then by practices and procedures that are insensitive to their needs.”

(Health Canada)

Compounding Harms Model



Safety and Health Enhancement (SHE) Model

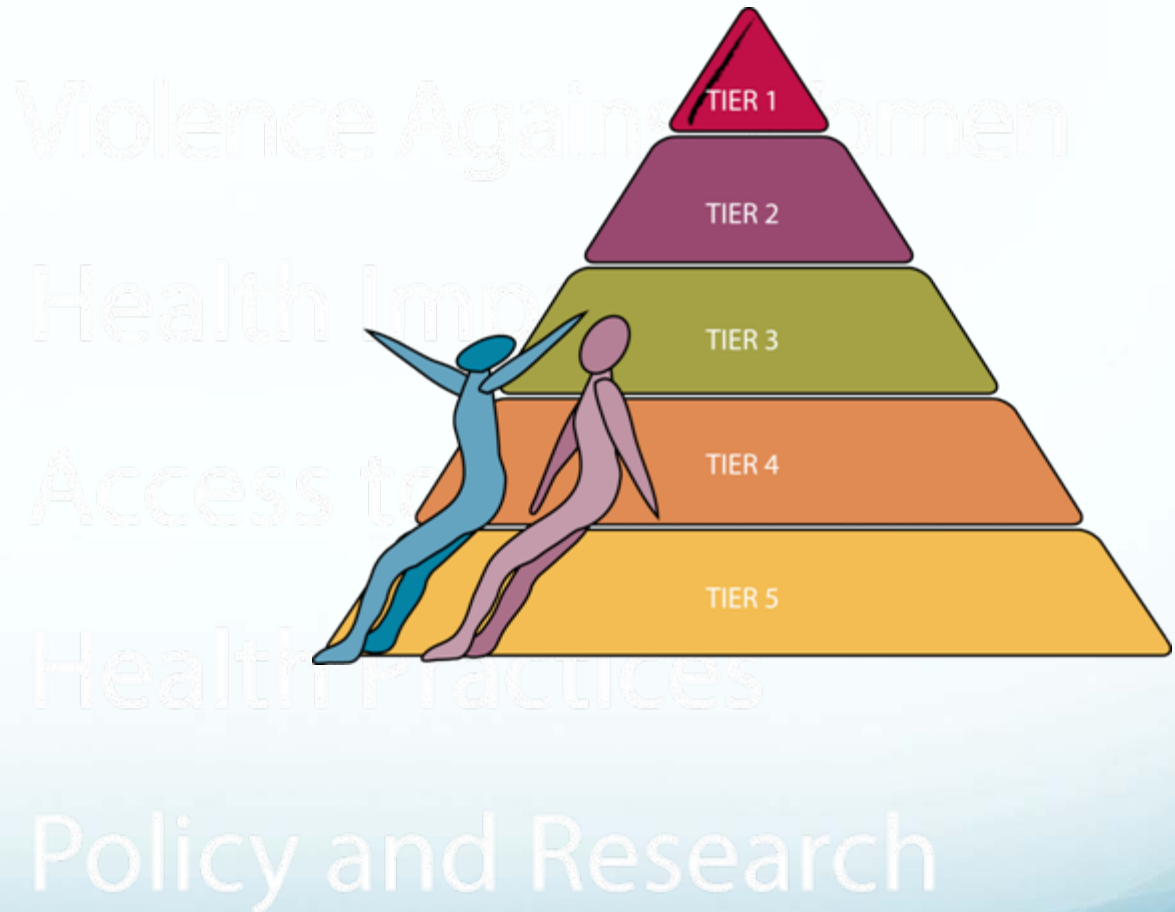
TIER 1

TIER 2

TIER 3

TIER 4

TIER 5

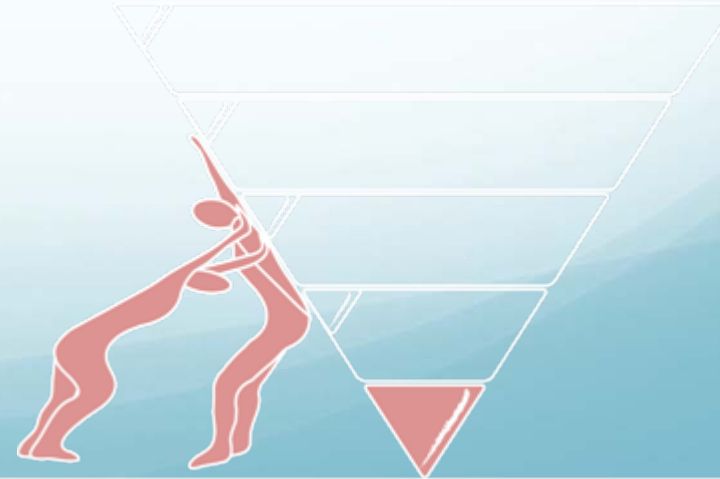


Service Encounters Can Increase/Cause Harm

- Services can retraumatize women by replicating the events or dynamics of women's primary trauma
- Retraumatization occurs when services are unable to recognize and validate the trauma/ abuse in women's lives, thus making services emotionally unsafe, disempowering and often devastating
- (Markoff et al., 2005; Elliot et al., 2005; Warshaw, 1997).

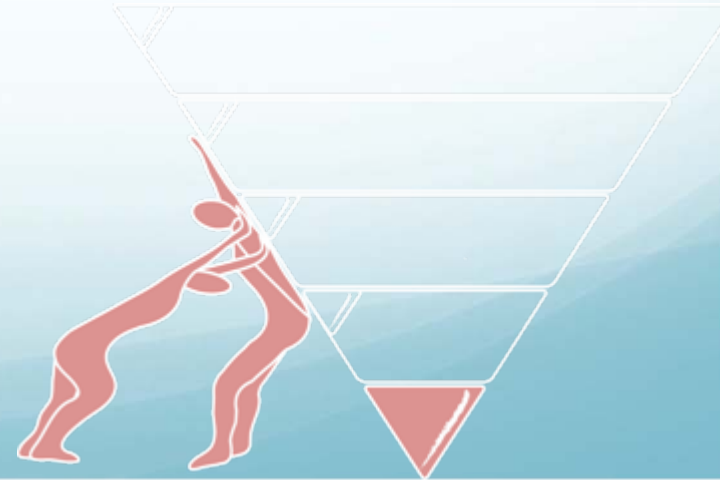
Tier 1: Woman Abuse

Safety First



Tier 1: Woman Abuse

Harms



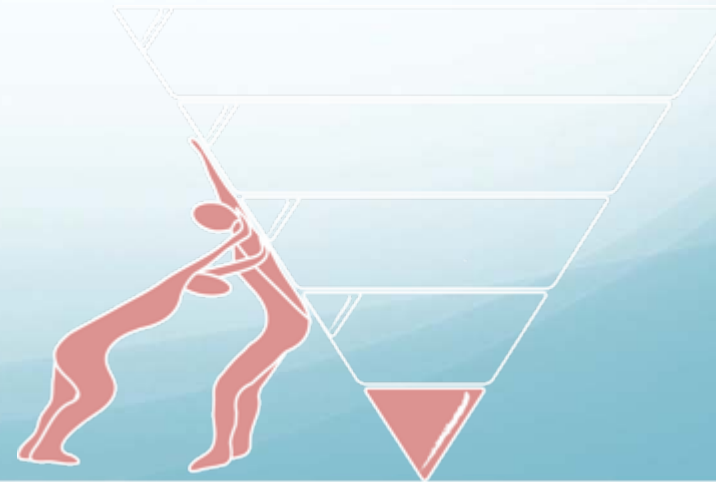
The Language of Violence and Abuse

- WE USE: *woman abuse, violence against women, gender-based violence, women impacted by abuse*
- NOT: *intimate partner violence (IPV), domestic violence, family violence, trauma*



Woman abuse is most commonly defined as:

- 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 acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life (United Nations, 1993, p. 3).



Prevalence

- 12,300 Canadian women over 18 were randomly surveyed about their experiences of violence. Of those women who had ever been married or lived with a man in a common-law relationship:
 - 29% reported having been physically or sexually abused by their partner at some point in their relationship
 - 21% of these women had been assaulted by their partners during pregnancy
 - 40% of these women reported that the abuse began during pregnancy

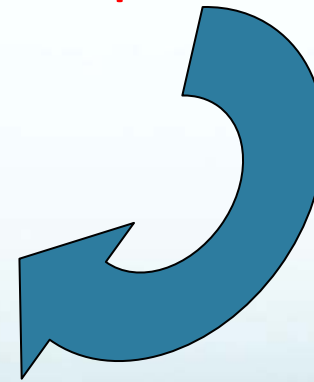
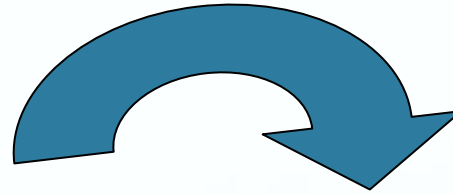
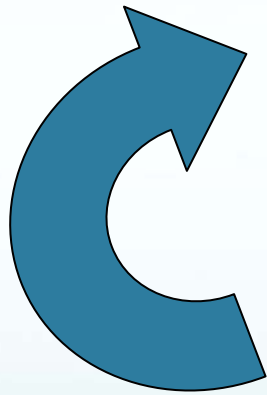
(1993 Violence Against Women Survey)

CYCLE OF VIOLENCE

Explosion/ Escalation

Honeymoon/
Entrapment

Tension/ Fear



What women say...

*“I was in a very abusive violent relationship for too long. I was so worn down because **his moods would change just like that.** One minute he would be telling me how much he loves me and the next minute he’d be hitting me or screaming at me. And I never knew when he would switch.” - Jennifer*

Is it really a choice?

“There has been several times especially in []. My hip was broken. My partner had broken my hip and I chose not to go until I was out of the situation. He had refused to take me. He had basically stopped me from going. I heard people say that you make your own choices you can do whatever you want. And to an extent I agree but when you make that choice, you and your children could be killed if you do it, so you choose not to. To an extent that choice is made for you.”

- Natalie

Power and Control

- Power and control is central to dynamics of abuse
- Men who are perpetrators are 100% responsible for their use of abusive strategies
- Men use abusive strategies intentionally – they are not out-of-control
- Abuse is not equivalent to managing anger

What women say...

“A lot of it was just verbal, but I wished he would have hit me instead of said what he said. The words were just as bad as, they hurt more than probably any being could have. And they did more damage for the long term.”– DJ

The myth of mutual battering

- Research tells us that 88% to 95% of victims of abuse are women
- Women rarely initiate violence against men, Women's aggression is mostly retaliatory or self-defensive
- Violence experienced by women, as well as its impacts, is far more severe than that experienced by men

Perpetrators Grooming Others

*“I used to get, “Oh, your crazy?!” He always presented himself in a good way. Most of them do and you’d never know...**People don’t know what goes on behind closed doors.**” – Maggie*

Woman Abuse – Helps

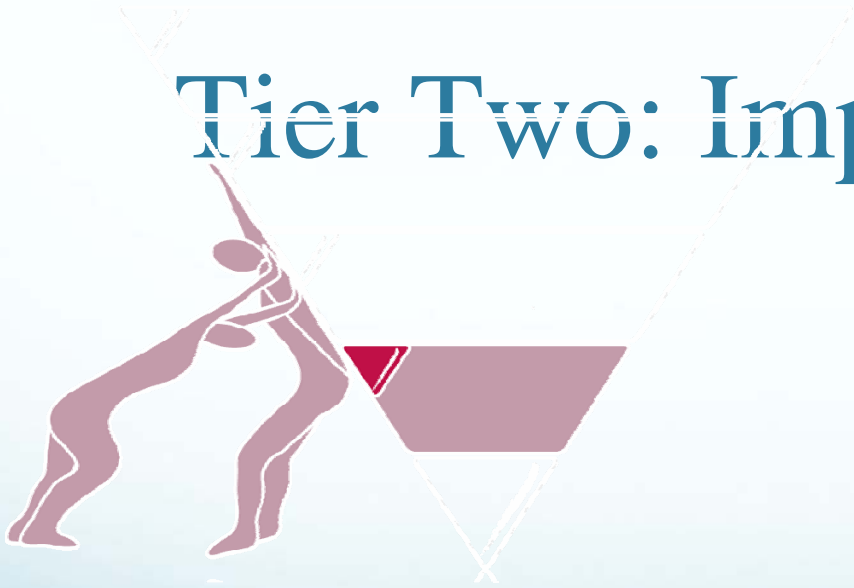
- Support in negotiating safety, recognizing the dangers of leaving
- Support women's safety strategies
- Provide women-only spaces
- Recognize substances as a form of control and dominance
- Reframe mental ill health as impacts of abuse or as normal responses to abuse



Challenging Dominant Views

- “In contrast to dominant views of battered women as helpless victims or as provocative women who ask for the abuse, [we must] approach ... women as survivors of harrowing, life-threatening experiences, who have many adaptive capacities and strengths.” – Michelle Bograd, 2001

Tier Two: Impacts of Abuse



Tier Two: Health Impacts of Abuse - Harms

- General health conditions
- Physical injury and disability
- Mental health impacts
- Substance use
- Reproductive and sexual health complications

Health Impacts of Abuse

- Eating and gastrointestinal disorders
- Sleeping disorders
- Neurological symptoms
- Cardiac symptoms
- Chronic somatic disorders
- Shaken adult syndrome
- Hypertension
- Diabetes, asthma, angina
- Mental health and substance use

Reproductive Health Impacts of Abuse

- Terms of sexual relations can be difficult and dangerous to negotiate
- Forced/unwanted pregnancies, forced abortions
- Many women are sexually assaulted by their partners, resulting in an increased risk of STI's, HIV/AIDS
- Chronic pelvic, abdominal or vaginal pain, vaginal bleeding or infection, fibroids, pains with intercourse, UTI's, PMS, etc

Impacts: Linking Violence against Women and Mental Ill Health



Linking Woman Abuse and Mental Ill Health

- There is evidence that many mental health problems post-date experiences of abuse

“Mental health issues should be treated as effects of abuse and not as mental disorders per se.”

- Flitcraft

‘Symptoms’ of Abuse

“I don’t call it mental health, I call it symptoms of abuse, because to me that is what it is.”

- Gail, woman abuse survivor

Abusers may exploit a woman's vulnerability

- Keep medications from her, give her too much medication, demand she takes medication
- Take advantage of changes in her symptoms and moods (e.g. encouraging suicidal feelings)
- Threaten to take her children away and tell child protection authorities or the court of her illness
- Claim that she is an unfit mother because of her mental health problem
- Minimize her credibility

Exposure to Dominance

- Psychological impact of woman abuse not determined by the severity or frequency of physical assault, but by exposure to dominance

Linking Woman Abuse and Mental Ill Health

- 70% of women in psychiatric in-patients and 80% of those in secure settings have histories of physical or sexual abuse (Phillips, 2000)
- More than **70%** of those with post-traumatic stress disorder (PTSD) are women (Kessler, '95).
- As many as **73%** of abused women experience depression or anxiety, which is 7 – 10x as great as for the general female population. (Golding, 1999, Fikree & Bhatti, 1999)

Normal Response to Abuse

“What appears to be a constellation of symptoms or disorders may reflect a normal response to abuse and trauma and the social realities of continued isolation and danger.”

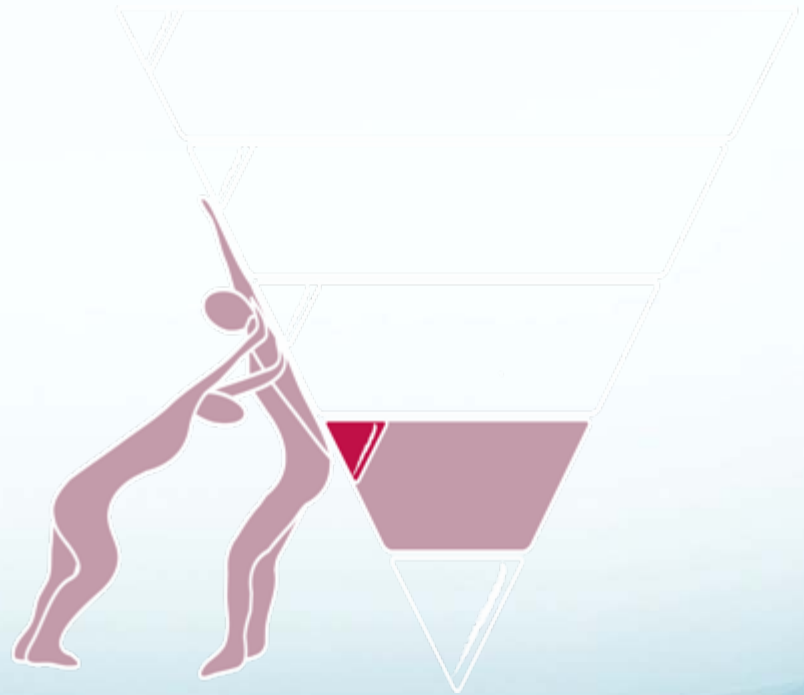
- Warshaw, 1997

Mis-diagnosing

- *“Going to my doctor, I used to break down and cry in his office and he’d say, ‘You’re depressed’. ‘No I’m just sad. I’m just going through a really sad time’. He said, ‘There’s a name for that. It’s depression’. Finally he convinced me I should go on an anti-depressant. Like that was going to stop me from being beat up.” - Gillian*

Tier 2: Impacts

Linking Violence against Women and Substance Use



Violence against women and substance use

- Alcohol dependency is **15 times** more prevalent among women impacted by abuse than the general public

“My addiction was the solution- my problem is abusive relationships ...”

- Stella

What women say...

- Between **60 - 80%** of women in treatment have experienced sexual or physical abuse at some point in their lives. This increases to **90 – 100%** when emotional/verbal abuse is included.

Perpetrators and Substance Use

- Research shows:
- Men use substance use as an excuse for violence
- Even if assaults occur when using, non-physical abuse occurs when sober
- No evidence that working with perpetrator's substance use will reduce violence, and some evidence that violence increases with addictions treatment.

Responding to Woman Abuse

- Substance use may begin or escalate as a response to victimization/ woman abuse

“It went from mental abuse to physical to emotional. The way I dealt with it was by drinking all the time. That’s the only way I could cope.” – Naomi

Means of Survival

- *“With drugs it’s not really a means of addiction, it’s more a means of survival. You do them to sell them and to get away from the guy you’re with you go to a house and do drugs instead of sit at home and be abused...” - Willie*

Safety Strategies

- Efforts to stop using substances may precipitate abusive partners' use of increased violence or other control tactics.
- Substance use can placate her abusive partner and create temporary safety for her.

Substance Use is not a Choice

“He wouldn’t let me not drink, he would bring alcohol over, or you had to drink just to be near him. He would put a glass under my face, he knew I didn’t want to drink.”

- Susan, woman abuse survivor

Numb or Escape the Abuse

- Some women drink alcohol or use other substances to numb or escape the emotional and physical *trauma of violence/abuse*
- “*One starts with one- the abuse and then you have the abuse and then you start with alcohol and then a bit of coke and carry on from there and keep going. Just trying to be numb...*” – Alice

Masking the Abuse

“We use the drugs to try and mask the abuse. And once you stop using them flashbacks come. It’s just a constant. We just self-medicate. Trying to push those memories out.” - Christine

Increase Dependence and Control

- An abuser may introduce his partner to alcohol or drug use to increase her dependence on him and to control her behaviour.

“I went from a mentally abusive household to a husband who physically abused me and did drugs. And my home was so full of drugs, I had no control over what he was selling in the house, what he was doing in the house or doing to me.” - Amy

Mistaken Assessments

- Research identified women being pejoratively characterized and labeled as neurotic, hysterical, hypochondriacal, having personality disorders, or as a “well-known patient with multiple vague complaints”
- These outcomes may be effects of abuse or signs of coping is rarely recognized.

Connecting Abuse, Substance Use, Mental Ill Health and FASD

Study of Birth Mothers of 160 children with FAS

Of the 80 interviewed:

- ▶ 100% were sexually, physically or emotionally abused
- ▶ 80% met the diagnostic criteria for a “serious mental illness”
- ▶ 80% lived with men who did not want them to quit drinking when they were pregnant

Astley, S. J., Bailey, D., Talbot, C., & Clarren, S. K. (2000). Fetal Alcohol Syndrome (FAS) Primary Prevention through FASD Diagnosis II: A comprehensive profile of 80 birth mothers of children with FAS. *Alcohol and Alcoholism*, 35(5), 509-519.

Girls who experience physical & sexual abuse by dating partners are more likely to be at risk.

(Note: Odds of 2.0 mean a girl is twice as likely to engage in the behavior as one who was not abused.)

<i>Behavior</i>	<i>Odds</i>
Heavy smoking (within 30 days)	2.5
Binge drinking (within 30 days)	1.7
Cocaine use (ever)	3.4
Diet pill use (within 30 days)	3.7
Laxative use & / or vomiting (within 30 days)	3.7
More than three sex partners (within 90 days)	3.3
Pregnancy (ever)	3.9
Considered suicide (within 1 year)	5.7
Attempted suicide (within 1 year)	8.6

Silverman, J. G., Raj, A., Mucci, L. A., & Hathaway, J. (2001). Dating violence against adolescent girls and associated substance use, unhealthy weight control, sexual risk behaviour, pregnancy, and suicidality. *The Journal of the American Medical Association*, 286, 572-579

Medicating Impacts of Abuse:

“My doctor was my drug dealer.”

- Women in abusive relationships may be addicted to medications prescribed by health care providers for health concerns related to abuse. For example:
 - chronic headaches
 - abdominal pain
 - joint and muscle pain
 - anxiety and depression
 - sleep disorders

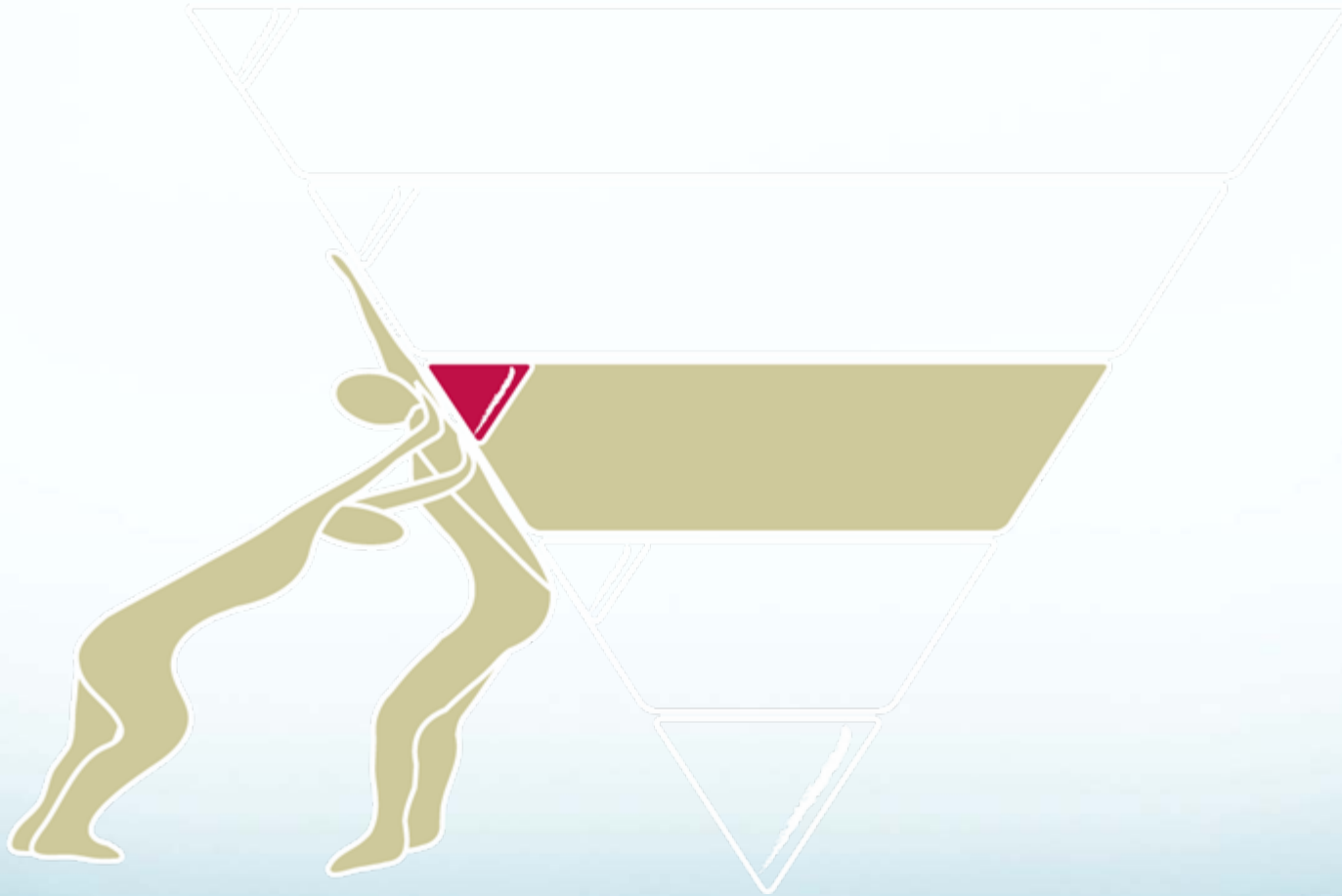
Impacts of Abuse – Helps

- Services that recognize the difference between the root cause and the impact (symptoms) of abuse
- Integrated Services
- Facilitated Peer Support
- Making the Links
- Practical support

What women say...

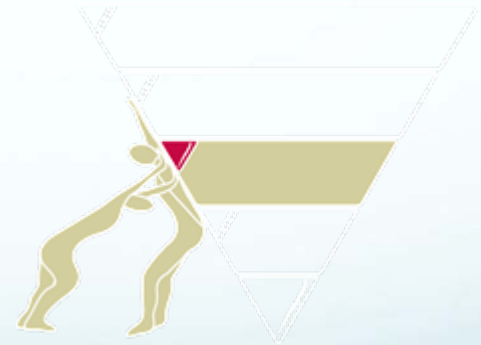
- *“Mine was happy that I was getting mental health care. Because I was in an extremely low depressive state. But I had to sneak around to get the type of help that I really need in order to be able to climb out of that hole. He wanted mental health and addictions to fix me so that I would be his mold. And that I could go back to living in the bedroom of the RV and not coming out and bugging him and just doing what he told me to do when he told me to do it. That would be his idea of fixing me.” - Emma*

Tier Three: Access To Services



Creating Barriers to Service: *Increasing Risk and Harms*

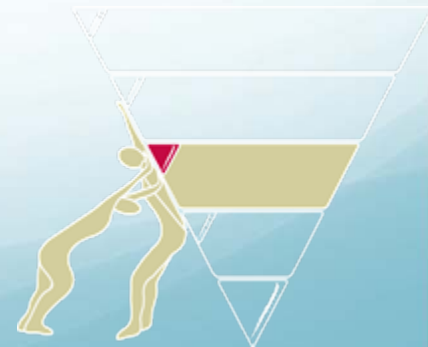
- Partner's Control Access
- Provider Attitudes
- Closed doors
- Bounced Around
- Out of reach
- Providers approaches
- Limited mandates
- Practical support



Abusive partners can prevent access to services

Prevent women from getting support

- **Dominate or control encounters** with service providers
- **Interfere** with woman's treatment regimens
- **Describe his partner** as mentally ill and a danger as a strategy to discredit her
- **Groom providers:** "he's such a nice guy; he'll make such a great dad; you're so lucky."
- **Be given guardianship** of women's care



Giving Abusive Partner's Authority

*“Because he always participated. This is another barrier. He always participated in my sessions with my mental health worker. He had them believe, for the little while, that he was **Mr. Support**. Hugely. He couldn't do that with the Stopping the Violence Program. He insisted. And they agreed, “OK”. My partner insisted and allowed him to. So I could never speak completely freely or anywhere freely about the relationship. All that was being dealt with was the mental health issue. But the mental health issue had so much to do with the relationship issues” - Vivian*

Provider Attitudes and Mistreatment can be Barriers to Access

- Not respecting women's decisions
- Judgments about help seeking behaviour
- Prejudicial attitudes – Aboriginal women, women who live in poverty, survival sex workers, 'cultural groups'
- Women who use substances or exhibit mental illness
- Feeling pressured to do things they were unable or unwilling to do

Attitudes of Professionals

- *“I don’t feel comfortable if it’s a certain person. There’s somebody there that makes you feel like you’re a burden. And I’ve been a burden all my life. I don’t need to feel that. You need people to love you when you can’t love yourself.. Not feel like they are just there for a pay cheque.” - Wendy*

Attitudes of Professionals

- *“I’m always seeing judging eyes. Judging ears. It feels like they don’t want to hear your story. Or maybe, you’re fabricating some of your story? This is how it was. This is how I present it, because it’s the only way I know how to. It’s judging eyes. That’s the barrier I face every day when I leave the door. Which people are going to have those judging eyes?” - Hanna*

Rules, Hoops, Doors, Circles...

The Reality of Accessing Services



Jumping through Hoops

- *I just got so overwhelmed at the beginning. Ok, start at the transition house. Then welfare, then family resources, then mental health. I went through mental health, they couldn't help me out. The family resource centre, no, they don't do it here. I went to the health unit. No, they can't help you here. So I did a big circle and ended back with [original counsellor]. By then, you don't want it anymore. I'll do it on my own. I'll do it on my own with the one counsellor I connect with...". - Isabelle*

Harmed by Services that are Intended to Help

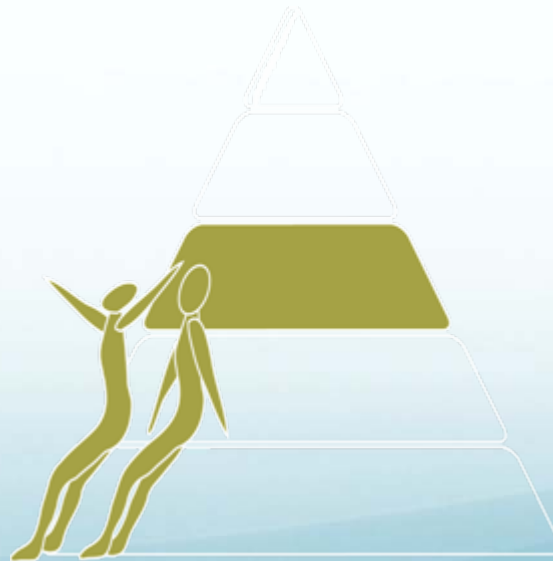
- *“Emerg[ency] is sick of dealing people, they don’t like addicts. They don’t like people with mental health issues. Medical people aren’t recognizing addictions or mental health. They see it as a self-made problem. And you get treated like that you deserve it. ‘Screw you’. And it feels that way.” -
Martina*

Feeling Worse after an Encounter

- *That [kind of treatment] doesn't make it easier to take yourself to the hospital, [knowing] that you're going to be left feeling terrible and upset [when you're] needing to have some support.”*



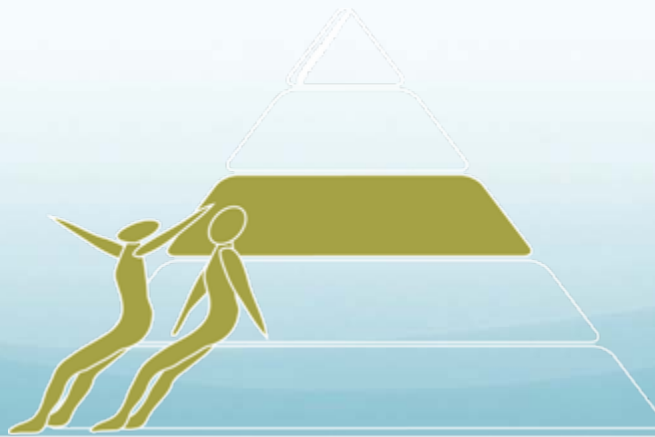
Tier Three: Access To Services Helps



Access to Services - Help

Making The Connections

- Understanding and accounting for the dynamics of power and control
- Providing services counter to the dynamics of abuse
- Designing services based on needs of women, e.g. support groups, choices, practical support, etc
- Making links and avoiding misdiagnosis and treatment



Access to Services - Help

Making The Connections

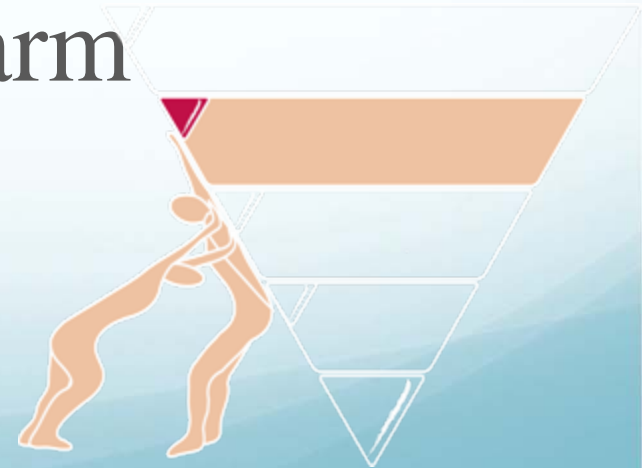
- Offering services that don't require 'clean and sober' e.g. *Making Connections Group*
- Ensuring low-barrier, integrated services that require minimum intake processes and don't expect disclosures
- Reducing or eliminating criteria for services
- Ensuring staff are well-trained in the dynamics of woman abuse and understand the safety needs of women
- Linking women's and children's safety needs

Treat us fair

- “Just deal with it as what it is. Nothing more and nothing less. Treat us fair. And with respect and kindness and a little bit of sensitivity. Everybody’s had pain. Just treat us the way you would want to be treated if you had pain, whether physical or emotional.”

Tier 4: Routine Practices

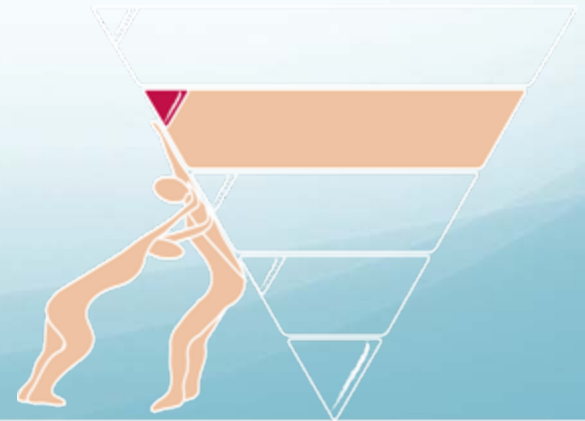
Service Encounters Can
Compound or Cause Harm



Routine Practices

Adverse Effects

- The dynamics of power and control women experience in their abusive relationships are also central to their experiences in services
- Women's experiences of abuse can be echoed or compounded in services



Routine practices - Harms

- Views woman abuse as a ‘psycho-social’ issue that can be addressed through individual treatment models
- Mental health models
- Addictions treatment approaches
- Anti-violence sector response
- Disclosures

Service Encounters Can Increase/Cause Harm

- *“Denial and minimization of experiences of abuse are used as tactics of psychological control in abusive relationships and these can be inadvertently repeated in clinical encounters...”* – Dr. Carole Warshaw ‘97

Service Encounters Can Increase/Cause Harm

- *“When women present with all 3, it prevents them from getting services because no one wants to touch these women.”*
 - service provider
- *“It doesn’t seem like systems want to make the extra effort to assist the most vulnerable women.”*
 - service provider

Woman abuse survivor

“I had an ectopic pregnancy... And then, ...they used me as a guinea pig for the medical students. So I've got all these medical students shoving their fingers up my vagina, and that's when... I just died that day.”

Services can increase harm: Substance use approaches

- Treatment length and lack of options for non-residential support
- Mandates that don't support women staying in treatment: mixed gender, male dominated and male oriented services
- Services without childcare and/or transportation
- Lack of focus on links between woman abuse and safety during and after completion of treatment
- Interrogate whether MI, Stages of Change, 12 Step, Abstinence, trauma-informed increase safety

Services can increase harm: Mental health treatment models

- Mental health practices can retraumatize women.
- Confinement or isolation
- Removing autonomy
- Intensive therapy
- CBT/DBT

“Retraumatization can occur in numerous ways - use of seclusion, restraints or involuntary medication.”

- (Markoff et al., 2005).

Service Encounters Can Increase/Cause Harm

- For those who do successfully enter services, research has shown that in comparison to women with either condition alone, women who have experiences of abuse, substance use and mental health issues have worse treatment outcomes (Swan et al., 2001; Thompson & Kingree, 1998; Comfort & Kaltenbach, 2000).

Services can increase harm: Transition House response

- Most transition houses won't accept women who are substance using
- Must be clean 7 to 10 days
- Have medications controlled by staff
- Have belongings searched

“Our mandate can set women up to think that ‘clean’ is right or that they must fit our mandate. Limits service availability.” –provider

Despite the Service Harms

- “And then they wonder why you go back. Well, you don’t have that money, you don’t have that home, you don’t have them clothes. Stupid. I know how they repeat that cycle. Because it’s so easily followed. What I’m trying to do it break the cycle for fricking good and forever.”

Tier 4: Routine Practices Helps



Violence-Informed Practice and Policy

- Reflects the prevalence and impact of violence (e.g. mental health and substance use treatment must address violence as central to women's experiences)
- Recognizes women's safety strategies and honours and supports her (e.g. recognizes substance use as a safety strategy)
- Integrates women's safety into all aspects of service delivery (interrogates practices that make assumptions about women's autonomy and choice)

Women-Centred and Gender-Informed Practice

- Restore power and control to woman
- Ensure woman is safe
- Support woman's choices
- Obtain explicit consent for everything

Gender-Informed Practice

- Shift from 'What is wrong with this woman' to 'What has happened to this woman.'

Women-Centred Approach

- Providing women-centred services is fundamental to women's empowerment and safety
- This approach is not in conflict with a child protection approach
- Recognizes women's safety is an important factor in the safety and protection of their children

Equality, Safety, Mutuality

- “For someone who has been abused...experiencing equality, safety, mutuality, and empowerment are essential to the process of healing and reclaiming one’s sense of self and place in the world.”

- Dr. Carole Warshaw

Harm Reduction

- Expand focus on harm reduction to include women's safety from a partner
- When substance use is viewed as a harm reduction strategy for women experiencing abuse, safety in a woman's life must be addressed before women can safely reduce or modify their use.
- Recognize that women may not be able to choose to stop – having options is not enough

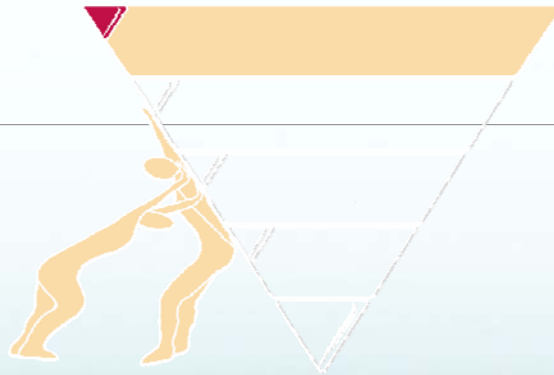
Harm Reduction

- Protection from systemic harms - poverty, housing insecurity/homelessness, racism
- Offer practical supports – food, childcare, transportation
- View children's safety as linked to their mother's

Recognizing the Connections

“... I was at a transition house and I went out and I got drunk one night because I had to deal with him and it brought back all this. And I came back ..., and this one worker took me aside and said, ‘do you want to talk? Let’s talk this out’. And I thought, thank-you. Instead of cutting me down for drinking. Thank-you. That’s what I need. Don’t criticize me for drinking because that’s what I needed to do to cope right now. But she took that, and I thought, yes there are people that understand this. But I think they’re few and far between out there. And that really helped. And I didn’t drink, or want anything to drink for months later. I just needed someone to talk to.”

Tier 5: Systemic and Community Responses Harms and Helps



Systemic and Community Responses - Harms

- Housing
- Income support
- Child welfare response
- Justice response
- Health care response
- Multiple burdens, multiple oppressions

System and Community Responsiveness - Harms

- Substance use may prevent a woman from seeking safety because she does not want to alert authorities/MCFD
- Women who use substances have experienced being treated worse when they identified as being abused, despite their substance use being related to the violence

Lack of Integration

- Until recently, mental health and addictions services were under separate ministries.
 - Now connected but not necessarily connected to woman abuse services
- Very limited women-only services in Mental Health and Addictions
- Focus on the condition and not the gendered nature of the condition
- Integrated services almost non-existent

Systems not Working Together for Women's Safety

- Women with mental health diagnoses are often unable to access substance use services and transition houses.
- Women with mental ill health or substance use may lose custody of their children to their abusive partner or fear having their children apprehended.

Lack of Housing Traps Women in Abuse

- “I saw a couple people go back to the abusive relationship because they had no other options. They could only hold them for so long. [waiting for housing]”

Where are the laws to protect women?

- “I think one hand you try to send all of right information to services to try and help woman abuse...on other hand what is really really important how to protect us from government department that is important....because is the law to protect the children. Where is the law to protect woman under abuse conditions?”

Despite the Service Harms

- “And then they wonder why you go back. Well, you don’t have that money, you don’t have that home, you don’t have them clothes. Stupid. I know how they repeat that cycle. Because it’s so easily followed. What I’m trying to do it break the cycle for fricking good and forever.”

Tier 5: Systemic and Community Responses - Helps



Recognize the Conditions of Women's Lives

- Quality of life
- Mothering
- Poverty
- Homelessness/Housing Insecurity
- Diversity
- Geography
- Employment

‘We Need Help’

- “The important thing is we need help. Like if we have help, psychological help then it is easier, the other things like go to court, take care of kids is easier. We don’t want drugs, we don’t want alcohol. None of us want that. We want help. The help is more important.”

Promising Practices

- Women's Support Groups
- Peer Support
- Outreach Services
- Help Navigating the System
- On-going Support/Follow-up
- Mothering Support
- Culturally Safe, Inclusive Services
- Support for Men

Finding Support

- *“People connect with people. That is what is at the core of why you are the way you are. We need to have more groups or whatever, places where people can go to work on themselves and have improvement, not just find you a home and there you go.”*

Support Groups

“I’ve been involved in a lot of support groups for women, .. And I’m out there talking and I think that’s a big thing for women. For me, I didn’t tell anyone what was going on. I kept it all to myself. That’s when I just wanted to bury myself away. I couldn’t handle it. And I think that’s a big thing, women really have to reach out a talk to someone.”

- Shayna

Flexibility

“But to know you can you walk through those doors when you have that free minute away from that person and in there and say I really need help. And there’s a worker there at that time. Whether you get a counselor right away.” - Fran

Flexibility

- *“You learn to be creative in how to bend the rules to help women access services.”*
- *“We bend our mandate to meet women’s needs. We have to.”*
- *“Transition houses have to bend the rules to keep women longer and this increases women’s anxiety.”*

- service providers

Holistic View of Women

- High probability that all of the factors that are currently and historically contributing her present situation are inter-related and need to be addressed together

“It doesn’t work to address one issue without the other- they can’t be separated. When dealing with these issues, women do not move forward towards healing in a standard, linear way.” – service provider

Support Service Providers

- Acknowledge that service providers may not feel adequately supported to work with women with compounding and intersecting issue
- Many service providers identified high level of moral distress because they were not serving this vulnerable population of women
- Formalize cross-sectoral information sharing, training, collaboration and partnerships

Systemic Responses

- Income Security/ Adequate income
- Range of Housing Options
- Legal Aid/Justice Response
- Child Welfare Response
- Support for Mothering – safe, affordable childcare, home support
- Transportation assistance

Systemic Helps

- MCFD Violence Against Women and Child Protection Policy http://www.mcf.gov.bc.ca/child_protection/pdf/best_practice_approaches_nov2010.pdf
- Making Connections Groups
- Reducing Barriers
<http://www.bcsth.ca/content/reducing-barriers-support-women-who-experience-violence>

Outreach Services

- Most services are difficult to reach for vulnerable populations of women
- Reduces barriers such as childcare and transportation, enhances continuity of service

Equity-based Policy

- Policy development that reflects the connection between woman abuse, substance use, mental health concerns and women's social context (poverty, multiple oppressions, homelessness, lack of access to justice, etc.)

Integrated Services

“To find a place to access somewhere to deal with all those things. If we can find a place where people understand. Where you can address all these issues because you cannot go and take care of one before you can deal with the others. You need to find somewhere to go and all of your issues can be dealt with at the same time.”

- Sheila

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Thank You

I'd love to hear from you

Please take a card and be in touch.