



#16 Days of Activism

**Resources on Women, Gender based violence and Serious and
Persistent Mental Illness**

2018

Women's Mental Health

Royal Ottawa Health Care Group



Introduction

This booklet contains the emails written and distributed to staff of the Royal Ottawa Mental Health Care Group (Royal Ottawa Mental Health Centre, Brockville Mental Health Centre, and the Community Mental Health Program) for the 2018 16 days of activism campaign taken up by Women's Mental Health.

The e-mails served as a useful means to educate and refresh staff about the intersections of serious mental illness and gender based violence faced by women patients and clients of the Royal. In so doing, we also provided information about other training materials and community resources available to clients. The following page contains a table of contents with links to all content distributed throughout the 16 days.

The 16 days of activism are a UN initiative originating in 1991 that runs from November 25 (International Day for the Elimination of Violence Against Women) to December 10 (Human Rights Day) every year. In Canada, It just so happens that National Day of Remembrance and Action on Violence Against Women, Dec 6 also falls in the midst of these 16 days.

We hope that this document continues to offer people access to this important information

Sincerely,

Women's Mental Health

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Responding to Domestic Violence in Clinical Settings



Women living with serious mental illness are more likely to experience gender based violence than the general population, are less likely to report it, and less likely to be believed if they do report it. This violence has a profound impact on women's health. **As healthcare providers we are an important point of contact in helping women to recognize and break away from cycles of violence.**

Beginning today, and ending December 10th we will be sending out information and links to resources in our community that address violence against women and that help us as health care providers feel better equipped to offer this much needed support. Today we are excited to share a **free training** made by the Women's College Hospital in Toronto entitled [Responding to Domestic Violence in Clinical Settings](#).

Sexual Assault and IPV treatment Ottawa



Intimate partner violence (IPV) describes physical, sexual, or psychological harm by a current or former partner or spouse. IPV is essentially a violation of human rights and a preventable exposure associated with serious consequences that need to be addressed through social, educational, and legal policies. (World Psychiatric Association consensus statement on intimate partner violence against women, 2006). A systematic review and meta-analysis of 41 studies found increased odds ratios of adult lifetime IPV in women with depressive disorders (2.77), anxiety disorders (4.08), and PTSD (7.34), compared with women without mental disorders, (Trevillion K, Oram S, Feder G, et al. Domestic violence and mental disorders: a systematic review and meta-analysis. PLoS One. 2012;7(12):e51740).

The regional [Sexual Assault and Partner Abuse Care Program](#) (SAPACP) of The Ottawa Hospital, Civic Campus was established in 1994 and is a partner of the Ontario Provincial Network of SA/DV treatment centres.

The SAPACP is a team of specialized health professionals who are available on site, 24 hours a day, 365 days a year. They provide private and confidential trauma sensitive medical care to any person 16 years of age and older who has experienced sexual or intimate partner violence in our greater Ottawa region.

In addition to the acute 24/7 service we provide a comprehensive outpatient clinic that is lead by our SAPACP designated Nurse Practitioner. Outpatient services are accessible by self referral, referral by health professional and/or our community partners. Please fax referral to **613- 761-4985** or call **613-798-5555 x 13770** to book an appointment.

This is the link to their referral form:

<https://www.ottawahospital.on.ca/en/clinical-services/deptpgmcs/programs/sexual-assault-and-partner-abuse-care-program/>

Responding to disclosures of sexual assault



(Image from <http://www.student.uwa.edu.au/experience/health/fit/share/relationships/respondingtodisclosures>)

A study by researchers at University College and Kings College London, published in *Psychological Medicine*, reports that of women with severe mental illness surveyed for the study, [40% had been the victims of rape or attempted rape](#). Many survivors of gender based violence report experiences of “re-victimization”. This refers, in part, to how others respond to disclosures of violence.

As health care providers working with this population it is essential to know how to supportively respond to disclosures of sexual assault and related violence so as not to perpetuate harm. This can be a difficult task when we too are influenced by various societal pressures that seek to blame or re-victimize survivors.

For this reason the Ontario Women’s Directorate in 2014 formulated the online training we will be sharing with you today: [Responding to Disclosure of Sexual Violence](#).

While the training itself is lengthy, the one hour introduction video offers a clear and useful review of legislation regarding sexual assault with an emphasis on consent, societal misconceptions that perpetuate victim blaming, as well as useful scenarios exemplifying interventions supportive to survivors.

Justice & Access to Care

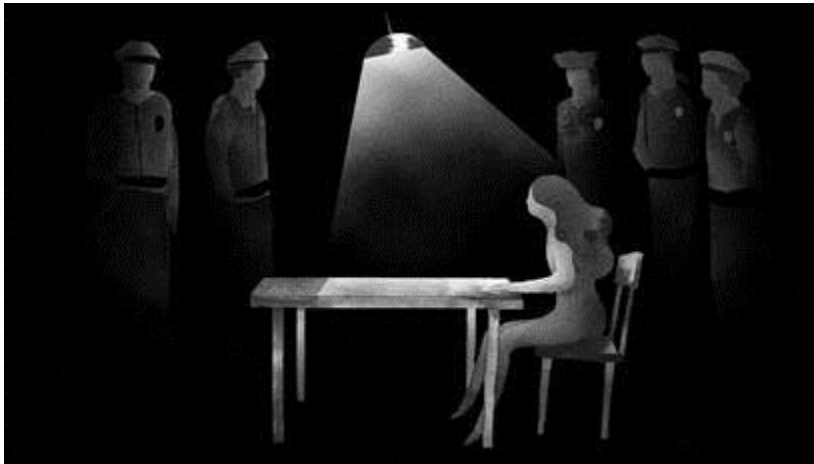


Image from Robin Doolittle's April 25 2017, [Globe and Mail article](#).

Many incidents of sexual assault and related offences go unreported for a number of reasons including survivors' feelings of shame, fear of retaliation, and a legitimate fear of not being taken seriously. **In Ottawa, 28% of the sexual assaults reported to police in 2012 were deemed to be "unfounded"** ([Ottawa citizen: July 27, 2017](#)).

Women living with severe and persistent mental illness (SMI), experience many unique difficulties in reporting experiences of violence. Persistent symptoms such as anxiety, paranoia, disorganized thinking, as well as previous negative experiences with the police, present significant barriers. Survivors worry : *'Will I be believed if I have a history of experiencing delusions? If charges are laid, will my story withstand scrutiny in court? I've been involuntarily hospitalized, will this happen again?'* For many, speaking with police is simply too triggering.

A woman's decision not to report to police should never be a barrier to her accessing the support she needs.

As healthcare providers we can :

- Listen and respond with compassion. Remember that women have many good reasons not to report their experiences of violence to police.
- Assess the specific barriers the woman is encountering.
- If lack of social support is a barrier, help her access services and supports in the community that do not require a police report (see below).
- Document your conversation. The woman can always change her mind and report the incident later.

[Ottawa Victim Services](#) is an excellent place to refer women who have recently experienced violence regardless of whether or not they have filed a police report. They can offer accompaniment to women wanting to navigate their way through the Sexual Assault and abuse care program at the Ottawa Hospital, police station or court dates. They can also offer support through counselling, safety planning, applications for compensation, and referrals to other community resources.

What to do if a woman does want to file a police report?

Call non-emergency Ottawa Police Services (OPS - 613-236-1222) together and request to file a report. Don't forget to ask for the report number when it is available. If needed or desirable an officer can be sent out to meet with you and your client in the hospital or community. If you are not able to support the woman through the process of reporting, discuss with her a referral to Ottawa Victim Services and the coordination of accompaniment. [This link](#) shows a process map for reports related to partner assault and sexual assault for the OPS and illustrates how such reports should be managed.

Safety Planning



Note: Developed by the Domestic Abuse Intervention Project, Duluth, MN. Reprinted with permission.

Gender based violence in any form – physical, psychological, sexual, is about power and control. Safety plans are intended to optimize victim/survivor safety whether they are living alone, with their abuser, planning to leave, or have left. We'll be addressing these scenarios next week, but it is important to start from a place where we acknowledge that **a woman who has survived to disclose violence has also demonstrated skills and abilities in managing her situation. In this, she is the expert.**

Engaging women with serious mental illness (SMI) to develop a safety plan will require many conversations. The following interview guidelines can help elicit a safety plan based upon a survivor's strengths and experience.

- Ask questions that help you to learn about useful coping strategies and resources. Ask what the person has done in the past and what the outcome was.
- As the person tells her story, be sure to acknowledge out loud times s/he showed courage, resourcefulness or strength. Note, for instance, how remarkable it is that, in spite of the abuse and how they might be feeling, they get up in the morning, go to classes and do well, hold down a job, maintain friendships or whatever “every day thing” the individual accomplishes.
- Ask specific questions about coping and self-care — what activities, places or people can and/or have functioned as an oasis for them, and is it possible to build on that oasis experience.
- Let them know that they have a right to feel the way they do, whether it is overwhelmed, terrified, angry, bitter, exhausted, tearful, desperate or some other emotion.
- Let the person know that you know how much courage and strength it is taking for her or him to be talking with you about their situation.
- Ask specific questions about support people — does anyone in the individual’s life know about the violence? Can they think of even just one person whom they would trust to start talking to about their situation? How have the other people in their life reacted to the situation?
- When it is feasible, work with the individual on a plan to further develop the strengths that have been identified

We’ve created a template that you may complete with your patient/ client. See page 27 of this document, [or click here](#) for access.

Please note that this template is predominantly for use with a woman who does not have children in her care. Children who are at risk of violence or who have witnessed violence require special care. When disclosures of children’s exposure to violence are made, there is a duty to report to the Children’s Aid Society. Some of the harmful consequences of mandatory reporting may be mitigated through a careful client centred approach. [This link](#) offers detailed information and tips on how to do this in a way that minimizes harm to the therapeutic alliance and to the family.

For further information on safety plans these are some useful resources:

<http://stoprelationshipabuse.org/help/develop-a-safety-plan/personal-safety-plan/>

<http://www.neighboursfriendsandfamilies.ca/how-to-help/safety-planning>

MANifest Change



Gender based violence is not only a ‘woman’s’ issue. This is the [link to a thought provoking TED TALK](#).

MANifest change is a public awareness campaign here in Ottawa and supported by [OCTEVAW \(Ottawa Coalition To End Violence Against Women\)](#).

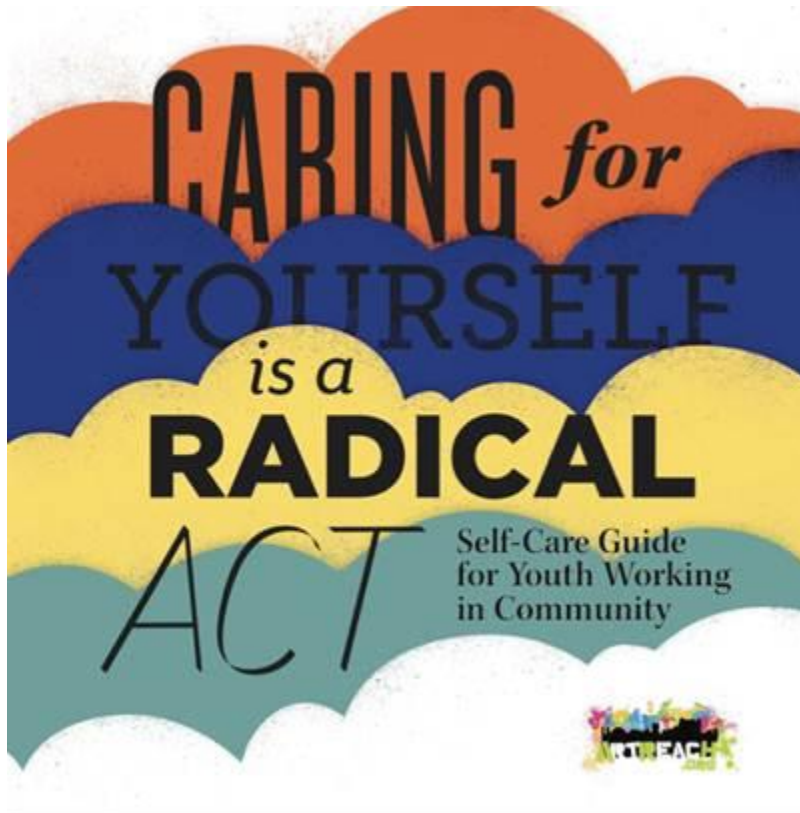
Its goal is to positively engage men and boys in ending violence against women.

MANifest change is about empowering men and boys to see themselves as agents of change and empowered bystanders who can help put a stop to violence against women through their own actions.

It could be as simple as telling a friend not to tell sexist jokes, or rejecting media that condones gender-based violence.

Follow this link for more [information on MANifest change](#).

Self-Care



Check out this [neat resource authored by Farrah Khan](#) for Youth Workers in Toronto.

Self-care is important for our own wellbeing, and for that of our clients.

Take a break and sneak a peek at these resources (one is linked above, and the other below).

<https://psychcentral.com/lib/how-clinicians-practice-self-care-9-tips-for-readers/>

Preparing to Leave



If a woman discloses to you that she is subject to abusive behaviour you may already have engaged her in a conversation about safety planning (See Day 5 Safety Planning) . After a woman has decided that she is ready to leave, what to do?

In this situation there are multiple things to consider. Unfortunately, leaving the abusive relationship does not immediately stop the violence. Many women have reported that they were abused by a partner after the relationship ended, and that the violence escalated following a break-up ([Statistics Canada, 2014: pg. 1](#)). As such, **it is crucial to remember that leaving an abusive relationship can be very dangerous.**

In an effort to mitigate some of the heightened risk, it is ideal to have significant planning occur prior to the woman leaving the relationship.

Transitional support workers are located in most community based resource centres in Ottawa, and they are an excellent resource. These workers can help women to fully prepare prior to leaving their living situation. This can greatly improve their safety and access to services - including future housing- once in a safe place or a women's shelter. The following links will take you to a variety of transitional support service providers in Ottawa.

[Carlington Community Health Centre - VAW programming](#)

[Family Services Ottawa - Woman Abuse Programs](#)

[Western Ottawa Community Resource Centre - VAW](#)

[Eastern Ottawa Community Resource Centre - VAW](#) (Bilingual)

[Catholic Family Services - Women's services \(include counselling and transition support\)](#)

(Bilingual - program for sexual abuse counselling is francophone only).

[Jewish Family Services - Shalom Bayit \(transitional support\)](#)

[Minwaashin Lodge - Transitional Support](#)

[Immigrant Women's Services of Ottawa- Transitional Support](#)

Of further interest, Interval house of Ottawa has an [excellent brief list for preparing to leave](#) that has specific information on documents required to access local resources for example, the housing registry etc.

Leaving and Accessing Shelter



Image from [this 2013 Pacific Standard article](#). See more information about women and pets entering shelter below.

Now that issues of safety planning (Day 5) and preparing to leave (Day 9) have been reviewed, we are looking at the moment a woman leaves a situation of intimate partner violence and accesses a Violence Against Women (VAW) shelter (see shelters [listed here](#)). For the safety of women and children, the locations of VAW shelters are confidential. Women may access these shelters by calling directly or through the City of Ottawa at 311. Should all the shelters be full, then a call to 311 becomes necessary as they will assess whether the woman can be temporarily housed with friends or family, and if not, the city can place her and her children in a motel.

For more information on the status of VAW shelters in Ottawa see [this link to a recent global news article](#).

The challenge for women living with serious mental illness accessing VAW shelters is that transitional support and VAW shelter workers may, or may not, have knowledge or experience with mental illness. This is a gap that Women's Mental Health at The Royal is working to resolve. Unlike other shelters, **VAW shelters do not currently have access to psychiatric outreach services.**

Both single woman and women with children are accepted into VAW shelters and into the City of Ottawa Housing programs. As mentioned yesterday, transition support workers can help women with the gathering of necessary documentation, opening of independent bank

accounts, applications to Ontario Works, as well as the coordination in bringing children to the shelter. A list of the necessary considerations at this point in the process can [be found here](#).

A lease or shared bill proving cohabitation is particularly important once women arrive in shelter. This documentation enables women to apply for special priority status with the Social Housing Registry of Ottawa- this means that they are next on the list for a housing offer. This enables woman to be rehoused within months of arriving in the shelter. Without this documentation though, “urgent safety” status becomes the only option. While this still offers women who were not cohabiting with an abusive partner a higher than average priority on the registry, their wait for housing can still be quite long.

Below are a couple of other useful services:

- [Shelter movers](#) is a recently established service in Ottawa that assists women to move items out of her home prior to fleeing.
- [Safe Pet](#) offers women free pet fostering while they stay in shelter. Similarly Interval House, an Ottawa VAW shelter, has recently opened up a part of their shelter to house women’s pets- more information about this [can be found here](#).

VAW, Mental Illness and Substance Use

Report on Violence Against Women, Mental Health and Substance Use

February 2011



#16 days of Activism Day 11 VAW, mental illness and substance use

(For a table outlining promising philosophies/ approaches from this report, see below)

Today we aim to share some resources concerning the intersections between substance use, mental health and women's experiences of gender based violence. Connections between mental illness, substance use, and gender based violence, are complex and multi directional.

A [2011 scan of available research compiled by the Canadian Women's Foundation and the BC Society for Transition Houses](#) notes that women who experience violence are more likely to use substances. They report that on average 40 % of women in Addiction treatment facilities have a co-occurring major mental health disorder, and 50% are currently in an abusive relationship.

In our community [Amethyst](#) is a day treatment centre which offers individual and group counselling as well as other addiction services to women 18 and over. They report that of the women who access their service **82% have a history of a diagnosed mental illness; 78% have experienced violence as an adult or child; 68% have experienced sexual violence at some point in their lives and 29% have experienced incest.**

Research on [best practices in addressing substance abuse, mental illness, and gender based violence is evolving.](#)

See this link to access [Making Connections, an online curriculum](#) developed by researchers at Women's College Hospital.

This table is reproduced from the key learnings section of [this 2011 Report on Violence Against Women, Mental Health and Substance Use](#).

Promising Philosophies Identified in this Scan	
Women-Centred	Women are treated as experts of their own lives and are supported around the concerns they identify as important in ways that are respectful and responsive to their lived experiences; Services 'meet women where they are at', not imposing any one goal or set of goals but supporting women around the concerns they identify and in ways that make sense and fit for them. In addition initiatives geared towards women who have experienced violence with varying levels of mental health and substance use should be guided by women with lived experience around these concerns. ⁹³
Anti-Oppression	Service providers work to be consciously aware of the various forms of oppression women may experience related to their social context (gender, ethnicity, sexual orientation, age, geographical location etc.) and set out to work in ways that do not further contribute to the oppression. ⁹⁴
Integrated & Holistic	Recognize and respond to the connections between violence against women, mental health and substance use. ⁹⁵
Relational	Service providers focus on the relationship between the service provider and the woman accessing services as well as developing peer support opportunities. ⁹⁶

Harm Reduction	Anti-violence advocates support women to reduce harms from experiences of violence, including the violence itself but also poverty, homelessness, mental health and substance use and other effects of violence against women. ⁹⁷
Low Barrier	Efforts are made to get and keep women in services rather than to screen women out and resources are directed towards the women who are most marginalized and most in need of services
No Wrong Door' Approach	Workers need not be 'experts' in all three fields, but no matter which service a woman enters she should encounter supporters who are in tune with the connections between violence, mental health and substance use. Service providers use knowledge of the connections to provide violence-informed care and collaborate with or refer women to other, violence-informed programming that can meet all their needs. ⁹⁸
Housing First Approaches	Focus on providing housing first then providing services as desired for the woman. This framework is based in evidence that stressors that impact mental health and substance use may be minimized when women have access to safe and affordable housing and thus housing needs to be a first priority. ⁹⁹

Femicide and the National Day of Remembrance École Polytechnique Massacre



Today is the National Day of Remembrance of the [École Polytechnique massacre](#), Also known as the 1989 Montreal Massacre. Marc Lapine shot 28 people, killing 14 women - because they were women. He claimed to be 'fighting feminism'.

Today we are reminded that gender based violence takes many forms. We've been focussing most on Intimate Partner Violence - violence that happens in the context of a relationship. In Canada, women are killed by their partners at a rate nearly five times higher than men. **This year, 48 women in Ontario have been victims of femicide.** They were murdered by men who were partners, former partners, or family members.

For racialized women the risk can be greater. **First Nations, Inuit, and Metis women are seven times more likely than non-Indigenous women in Canada to die by homicide** ([Amnesty International 2014, pg 2](#)). The total number of missing and unsolved cases surrounding the disappearance of Canadian Indigenous women is unknown, though the [RCMP has indicated](#) that as of late 2013, they were aware of 164 cases of missing women and 1017 unresolved cases of murder.

All of these women, valuable members of our community, perhaps our clients, co-workers, neighbours, family, or friends, have been unjustly taken away. **Women with serious and persistent mental illness are at a greater risk of being subject to intimate partner violence and victimization, a reality which for some is deadly.** Today as we remember what happened in Montreal 29 years ago, we remember too that the risk of femicide remains a reality.



Human Trafficking



The United Nations defines human trafficking as the recruitment and movement of people using means such as deception and coercion for the purposes of exploitation ([United Nations, 2000](#)). In Ontario, the Ministry of Community and Social Services considers [human trafficking](#) to be the forcible marriage, sexual trafficking or labour trafficking on one person by another.

A recent study conducted with survivors in England found, that 66% of trafficked women reported forced sex while being trafficked; 95% had been trafficked specifically for sexual exploitation and 54% had been trafficked for domestic servitude ([Oram et al, 2016](#)).

Research has suggested not only that mental health is negatively affected by the conditions and experience of being trafficked, but that **symptoms associated with serious and persistent mental illness can increase individuals' vulnerability to being trafficked. Specifically, impaired decision making, altered risk perception, and dependence on others are factors that increase vulnerability to exploitation.** ([Altun et al, 2017](#)).

In Ottawa there are limited resources to help address the particular challenges posed by human trafficking. Women who have been trafficked experience many barriers to accessing healthcare. We have chosen to highlight the [H.E.A.L.T.H clinic](#) which offers trauma informed primary care as well as some bilingual case management to individuals who have been subjected to human trafficking in the Eastern Ontario region.

For further information about human trafficking check out the “knowing the signs” [section of the MCSS website](#) and this [free training](#) created by the Government of Ontario.

Resources for Racialized Women

Today we would like to introduce you to two community agencies that work specifically with racialized women. We know that **people living with various intersecting identities (such as those associated with race and gender) can be particularly vulnerable to marginalization and at an increased risk for experiencing distress and mental illness** ([Wellesley Institute 2010, 19 & 20](#)). On day 12, we discussed femicide and offered some context to the issue of missing and murdered Indigenous women in Canada and the disproportionate experiences of violence. The following organizations offer invaluable gender specific resources to women of colour in the Ottawa area.



Immigrant Women Services Ottawa
Services pour femmes immigrantes d'Ottawa

[Immigrant Women's Services Ottawa \(IWSO\)](#) offers a broad range of services to women migrants to Ottawa. These include settlement programs, interpretive services that can help women navigating other social services, as well as crisis counselling and transition support for women experiencing gender based violence.



[Minwaashin Lodge](#) offers numerous programs for Indigenous women and children in the Ottawa area. They have a doula program, counselling for women and children, cultural programs, an outreach program to Indigenous sex workers, a shelter for indigenous women fleeing violence, housing based case management and a transition support program.

Community Resources for Survivors of Sexual Assault

Today we introduce you to two organizations that provide excellent and much needed support to survivors in our community:



The [Ottawa Rape Crisis Centre \(ORCC\)](#) supports and empowers women, gender-fluid, non-binary, and trans survivors. They provide a 24 hour Crisis Line 613-562-2333, as well as individual and group counselling.



The [Sexual Assault Support Centre](#) (SASC) supports all womyn: immigrant, indigenous, **LGBTQ+**, **diversely abled, womyn of colour, trans womyn, survivors of war & torture.** SASC offers peer support, group and individual counselling

Human Rights Day and Trans Women



Happy [Human Rights Day](#)!

On December 10th 1948 the General Assembly of the United Nations adopted the Universal Declaration of Human Rights. [This video](#) discusses why this is so important.

Remember that if anyone who has experienced discrimination or harassment can file an application with the [Human Rights Tribunal of Ontario \(HRTO\)](#).

Today we are wrapping up our 16 days of activism project with one final email message about human rights day, and also about gender based violence and its relationship to sexual orientation and gender expression. In particular we want to focus on transwomen.

While Statistics Canada has not collected data on transgender people's experiences of violence, the [Trans Pulse Project](#) indicates that **20% of trans Ontarians surveyed have been physically assaulted at some point in time because of their gender expression**. It is also known that **trans people are at high risk for clinical depression and suicide** ([Trans Pulse Project](#), 2015: 6)

The following resources are invaluable to the trans community in Ottawa and useful to trans clients of the Royal:



Centretown Community Health Centre has a [Trans Health Program](#) which offers, medical support, counselling, and practical supports.



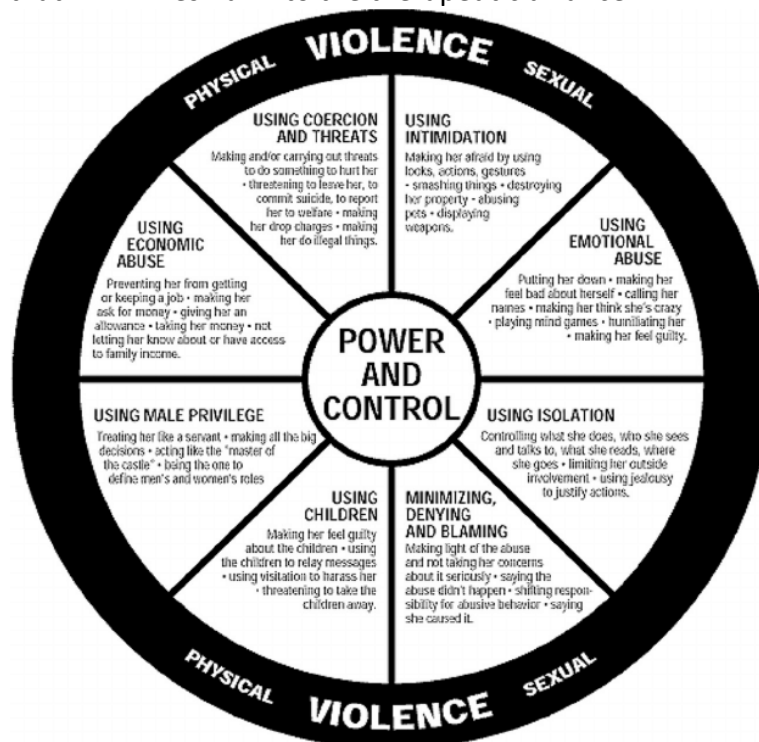
[Kind](#) offers a broad array of services to the community including LGBTTQ+ peer groups, activities, referrals and events.

Beginning to Plan for Safety- Tool

Practice notes:

This tool is designed to help practitioners initiate a simple conversation that builds up a woman's strengths, sense of autonomy, and capacity vis-a-vis her situation. By emphasising strengths and self-care strategies, more distance can be achieved between the woman and the power-over dynamics she is subject to from her abuser/s. **We encourage clinicians to bring their knowledge of harm reduction principles and motivational interviewing to these interactions.**

When disclosures of children's exposure to violence are made, there is a duty to report to Children's Aid. Some of the harmful consequences of mandatory reporting may be mitigated through a careful client centred approach. [This link](#) offers detailed information and tips on how to do this in a way that minimizes harm to the therapeutic alliance.



Note: Developed by the Domestic Abuse Intervention Project, Duluth, MN. Reprinted with permission.

WARNING: DO NOT encourage women to bring a copy of this plan home with them in any situation where they are living with an abuser or where the abuser has access to their living space. This could place them in a situation of greater vulnerability and bring further harm to the woman.

Beginning to Plan for Safety

Name:
Clinician:
Date:

Validation:

It is understandable and perfectly ok to be feeling _____ given what you have been living through; it takes courage and bravery to speak to others about this.

Coping strategies:

Many survivors have developed strategies to help them cope. What has helped you survive episodes of violence? What has helped to keep you safe?

Survivors often use substances (alcohol, drugs), to cope with distress. What substances do you use?

Strengths:

What would you say your strengths are? What are the traits, skills, actions, etc. that have pulled you through this so far?

Self-Care:

Many survivors have a 'safe-space', it can be a specific room, the mall, a friend's place. Where do you go that feels safe?

Who are the people that you feel safe with?

Are there activities or things you like to do that give you a sense of peace?

Support people/ Agencies:

Is there someone in your life who knows about, or with whom you would feel comfortable, talking about your experience of violence? (Include phone numbers where possible)

Plan going forward:

- How can we build on/ support your strengths and current self-care to make a plan going forward?
- What pieces of self-care can happen more often?
- What supporters and safe people can you spend more time with?
- Are there things you would like to do less of in favour of another activity that makes you feel safer?
- Set date and time for next meeting