

MAKING CONNECTIONS:

Supporting women with experiences of violence, substance use and mental health concerns

BC WOMEN'S HOSPITAL AND HEALTH CENTRE

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<http://www.bcwomens.ca/Services/HealthServices/WomanAbuseResponse/Making+Connections.htm>

THE ISSUE

- ❖ Woman abuse often precedes the mental health and substance use concerns

BUILDING BRIDGES PROJECT

- ⦿ 470 service providers
- ⦿ 102 women

WHAT THE RESEARCH SAYS

- ◎ Between **35 – 73%** of abused women experience depression or anxiety, which is at least 3x as great as for the general female population. (Golding, 1999, Fikree & Bhatti, 1999)
- ◎ 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.

WHAT WOMEN SAY

“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

“We use 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.”

THE REALITY OF ACCESSING SERVICES



ACCESS TO CARE: IS IT REALLY A CHOICE?

“There has been several times especially in [hometown]. 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.”

MIS-INTERPRETING IMPACTS OF ABUSE

- ⦿ *“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*

PROVIDER ATTITUDES CAN BE A BARRIERS

- ❖ Not respecting women's decisions
- ❖ Judgments about help seeking behaviours
- ❖ Prejudicial attitudes
- ❖ Women fear police or MCFD involvement

“They look at you like you're trash and you're lower class. Just society on a whole.... Instead of looking at us and see that we're trying to leave that relationship or and see that we're trying to make a difference in our lives— instead they just think of us as drug addicts/ head cases. ”

SOME KEY RECOMMENDATIONS - *BUILDING BRIDGES*

- ⦿ Services that recognize the difference between the root cause and the impact (symptoms) of abuse
- ⦿ Support groups
- ⦿ Low barrier, integrated services
- ⦿ Reduce harms of help
- ⦿ Practical support

MAKING CONNECTIONS

Low barrier, integrated support
groups for women with
experiences of abuse,
substance use and mental
health concerns

MAKING CONNECTIONS SUPPORT GROUPS

- ⦿ Key recommendation from Building Bridges consultation
- ⦿ Developed, piloted and evaluated 12 week low barrier integrated support groups for women impacted by violence, substance use and mental health concerns in 8 communities in 2011

PROJECT GOALS

Focus on woman abuse

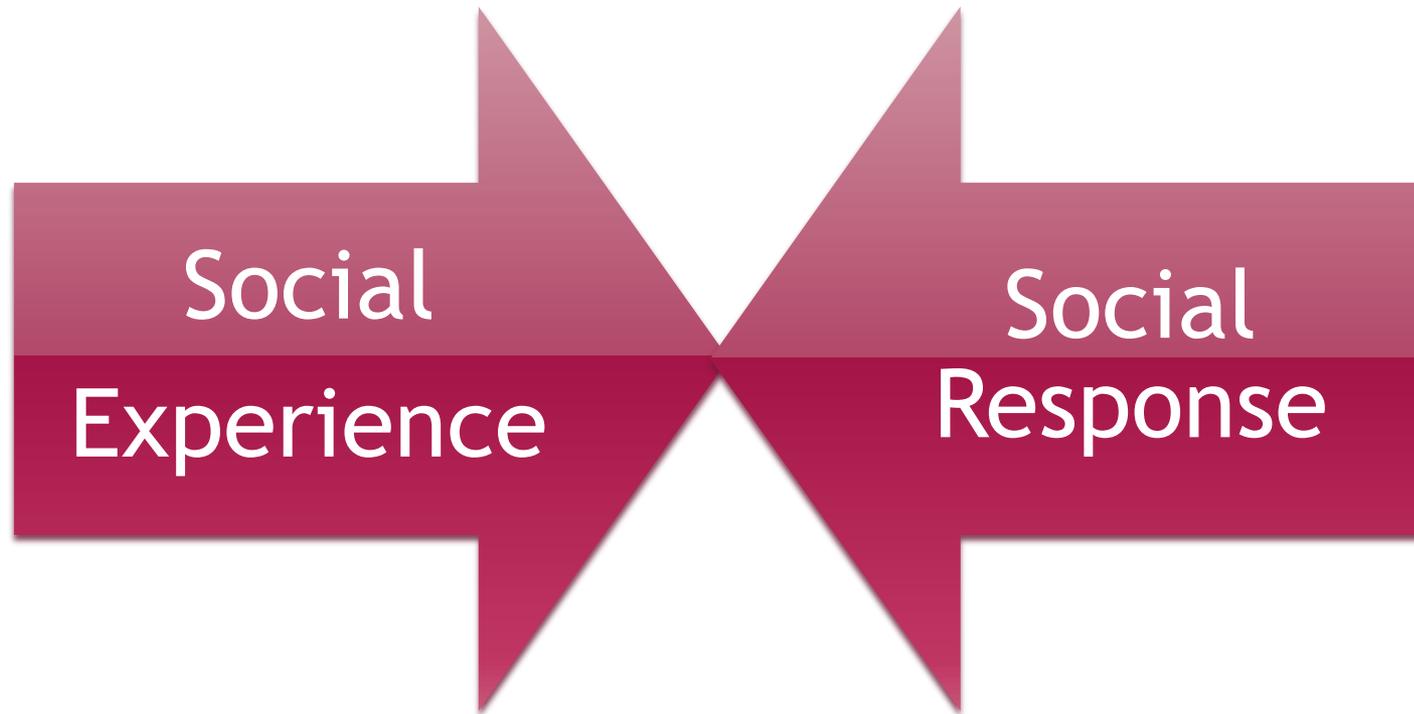
Integrated groups

Low barrier support

Increase facilitator capacity

Systemic change

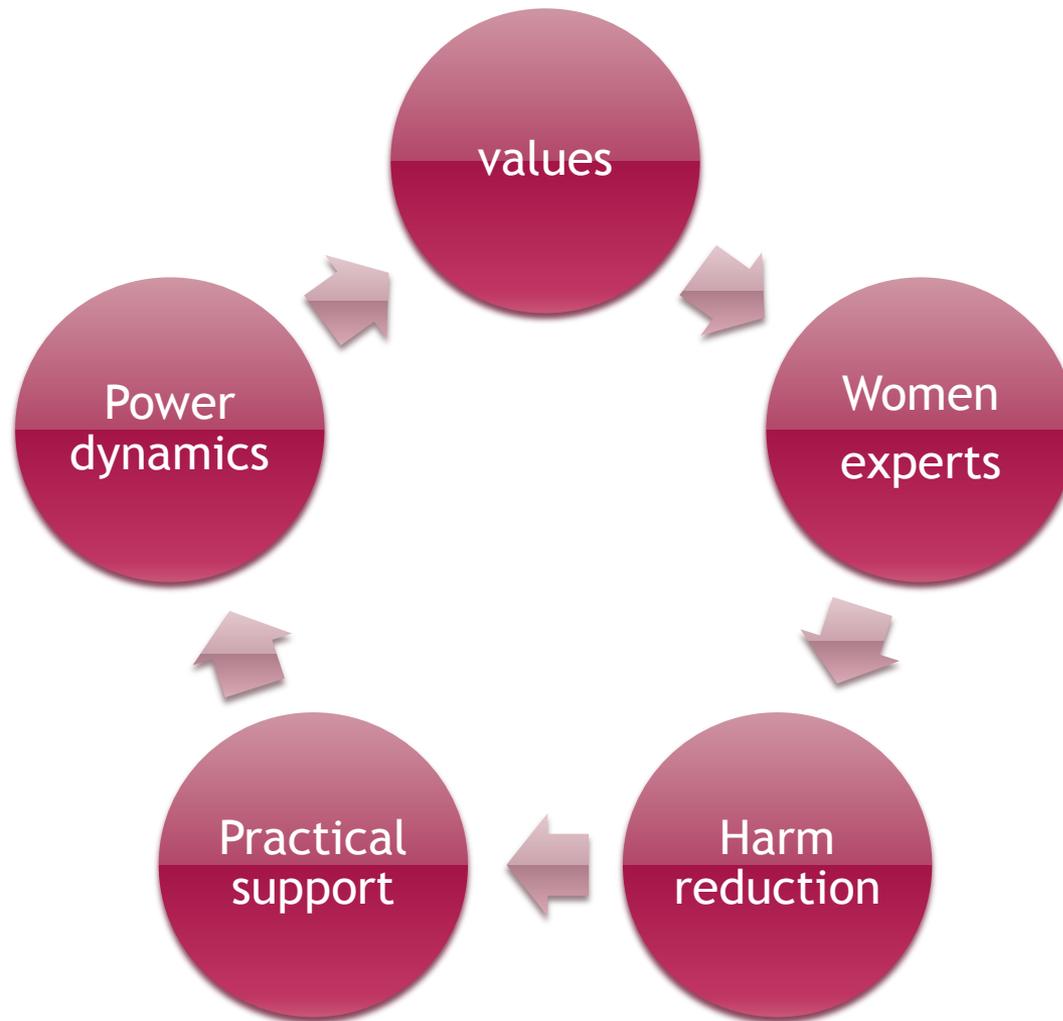
RATIONALE



WHAT FACILITATORS SAID...

- ⦿ *“Women sharing their experiences in group would often lead to insights and understandings that would have taken 6 months to accomplish in 1-1 work.”*

APPROACH



“The biggest difference that I find with this group is ...that we’re able to share and I think that adds to the feeling of comfort and welcoming, whereas many other groups, ...self-esteem, ... anxiety and panic, and, and different things where it’s facilitator led – which were good too but it didn’t lend as much to being able to share what was going on. So the fact that we were able to share different things and we were asked for our insight...–and I think it’s much more beneficial and less threatening that way where it’s more participant-led.”

ACCEPTING WOMEN'S NARRATIVES ABOUT THEIR EXPERIENCES

- ◉ Validation rather than challenging women's thinking or looking for discrepancies in her words and behavior
- ◉ Women's experiences are often mediated by dominant discourse about why abuse happens to women:
 - ◉ *They deserve it*
 - ◉ *They think it's normal*
 - ◉ *It's their fault*
 - ◉ *They are 'crazy'*
- ◉ Accept women's narratives about what has happened to her –offer women a new narrative about how to explain 'why it happened'

LOW-BARRIER

Reducing criteria as much as possible

- ❖ No intake process
- ❖ Self refer
- ❖ Harm reduction
- ❖ Attendance
- ❖ Participation
- ❖ 'Abstinence'
- ❖ Practical support
- ❖ Follow up

LOW BARRIER

- ⦿ Started with “*Having strict criteria is the way it should be.*” As the facilitator, I thought ‘*what if one’s high and one’s drunk, what will that do to group?*’”
- ⦿ Realized that women hear ‘*don’t bother coming to your appointment if you haven’t been sober*’

VIOLENCE INFORMED PRACTICE

- ❖ Counters dynamics of abuse
- ❖ Recognize what shapes/controls women's decisions
- ❖ Women's lives and decisions/actions are mediated by fear of reprisal from an abusive partner
- ❖ Recognizes women's need to focus on safety rather than internal processes
- ❖ Distinguished from trauma-informed practice

HARM REDUCTION

- ❖ women may not be able to choose to leave a partner or stop using substances
- ❖ Abstinence not viewed as the final goal or even the 'ideal' goal
- ❖ Considers the role drugs and alcohol play in women's lives
- ❖ Concerns about "triggering"

SUBSTANCE USE: 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

Women-Centred/Gender-informed Approaches

Shift perspective from: *‘What is wrong with this woman’* to *‘What has happened to this woman.’*

“[Shift] attitude of *‘what will you do differently this time?’* instead of *‘what do you need from us this time that we didn’t provide you last time?’*”
– service provider

INTERSECTIONALITY

- ❖ different roles and identities
- ❖ various forms of oppression that can intersect
- ❖ additional harms from social and structural inequities



MAKING CONNECTIONS

Group
Outcomes

KEY LEARNINGS

- ❖ New paradigm for supporting women with experiences of mental health and substance use
- ❖ Addressing women's experiences of violence improves women's mental health (anxiety and depression) and their sense of empowerment
- ❖ Benefits to women to participate in groups, including women using substances
- ❖ Talking about abuse in a supportive group setting is helpful and therapeutic

STUDY DESIGN

- ◎ Pre- and Post questionnaires (inc. 4 instruments)
 - 1. The Making Connections Questionnaire
 - 2. The Making Decisions Questionnaire (Rogers Empowerment Scale)
 - 3. Your Thoughts and Feelings - Part 1 (Patient Health Questionnaire PHQ-9 - screening tool for depression)
 - 4. Your Thoughts and Feelings - Part 2 (Generalized Anxiety Disorder Assessment GAD-7 - a brief measure to assess for generalized anxiety disorder)

STUDY DESIGN

- ⦿ Weekly Feedback forms
- ⦿ Focus groups with participants
- ⦿ Individual interviews with facilitators

- ⦿ Concerns about the ‘measurement instruments’

RESEARCH CHALLENGES

- ⦿ Ethics approval
- ⦿ Many forms to complete prior to group starting and relationships forming
- ⦿ Positive impact – women really appreciated contributing to the research to improve services
- ⦿ Facilitators concerned about process

DATA SET

- 87 Women started group
- 57 completed group
- Quantitative
 - 30 pre- and post tests that were usable*
- Qualitative
 - 61 women participated in focus groups

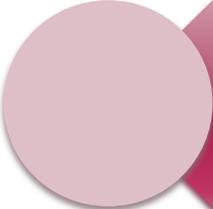
DATA ANALYSIS

- ◎ Quantitative data
 - Pre and post comparisons were conducted for all indicators
 - Descriptive and bivariate analysis
- ◎ Qualitative data
 - Interpretative thematic analysis

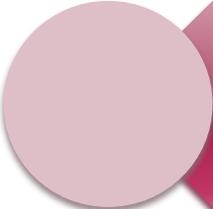
WOMEN'S SELF-REPORTING: MENTAL HEALTH AND SUBSTANCE USE

- ◎ 81% of women participants disclosed having mental health concerns
- ◎ 59% of participants disclosed having concerns about their use of substances:
 - 27% using prescription medication
 - 26% using marijuana
 - 8% using street drugs
 - 18% using alcohol

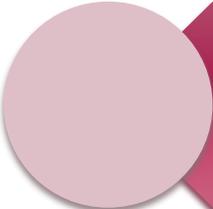
OUTCOMES



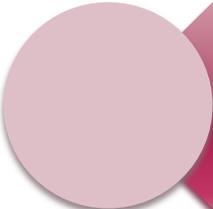
Voice



Empowerment



Access services



Connection

MAKING CONNECTIONS SUPPORT GROUPS - IMPROVED OUTCOMES

◎ Overarching themes:

I'm not crazy

I'm not alone

I'm not to blame

“But that was so exciting to come here and meet all these beautiful women that have had these same experiences. We think no one else in the world would live like this. But... for me it does take away that crazy-making, like I'm insane? Did this really happen? And it's very valuable”

Making Connections Support Groups – Improved Outcomes

“Whereas now, you’re talking to people that have experienced it, and you can just feel it and gain the power from that.” - Heather

MAKING CONNECTIONS SUPPORT GROUPS - IMPROVED OUTCOMES

◎ Reduction in substance use

“I’m almost three months clean. I stopped using a couple days before I found out I was pregnant. So this group has also really helped me stay clean. Because of fights that I’ve had with my boyfriend – normally I would just go out and drink or use. But now that I’m pregnant, I can’t do that. And then this group helped me also stay clean and stuff.”

LIFTING THE BURDEN

“This group has helped me to have an outlet to share my feelings and that’s helped lift the burden for me... Until we kinda understand the experience, then it’s like our coping strategies just seem problematic instead of...the right thing to do under the circumstances. When you see them in that light, well what other options did you have? And it kind of helps you cope, then you don’t carry all that other shit around, [like] feeling guilty about being a bad mom. Right, it’s just what you needed to do to get through it. And now you don’t need it.”

IMPROVED OUTCOMES

SHIFTS IN FACILITATORS' APPROACHES

- ⦿ Acceptance of the woman's story and perspective
- ⦿ Less onus placed on the woman
- ⦿ The non-use of labels
- ⦿ Talking about past trauma
- ⦿ More comfortable working with the “whole” woman
- ⦿ Increased understanding

“THE MOST VALUABLE ASPECT WAS THE SHARING WE DID ABOUT ALL THE CHANGES FOR THE GOOD WE DID AND HOW MUCH IMPACT THIS GROUP HAS HAD AND THE LIFE CHANGING THINGS WE LEARNED TOGETHER.”

TRAINING DATES - 2013

- ⦿ Kelowna - September 26-27
- ⦿ Prince George - October 3-4
- ⦿ Victoria - Oct 31 - November 1
- ⦿ Vancouver - Nov 21-22

Thank you!

- For further information about the Making Connections Support Group Curriculum contact:

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