

Niagara Woman Abuse Screening Project

Asking Woman about Abuse, Addictions and Mental Health: A Guide for Professionals to Respond to Disclosures



Ontario Woman Abuse Screening Project

The Ontario Woman Abuse Screening Project is engaging regions throughout Ontario to collaborate across sectors to implement screening for woman abuse, sexual assault and trauma in mental health and addiction agencies. Workers in these sectors will be trained to provide woman abuse-informed/sexual assault-informed/trauma-informed services. In the woman abuse and sexual assault sectors, staff will be cross-trained to provide mental health-informed and addictions-informed services to abused women dealing with mental health and/or addiction issues. By making 'every door the right door', regardless of the first door or sector women access, abused women who might otherwise not access woman abuse/sexual assault or mental health/addiction supports will be identified and referred to appropriate services that understand the interrelationship of woman abuse, sexual assault, trauma, mental health, addiction and child protection.

The Ontario Woman Abuse Screening Project is a collaboration of over forty-five agencies and programs in the mental health, addiction, woman abuse, sexual assault, child protection and allied sectors, as well as women of experience in four regions (Chatham-Kent, Grey-Bruce, Sudbury-Manitoulin and London -Middlesex). The model was successfully tested in the London-Middlesex region and resulted in transformative systemic changes and supported the development of coordinated and integrated service delivery for abused women with concurrent mental health and addiction issues.

Additional regions will be invited to participate in the initiative and supported in implementing cross-training, screening and intersectoral services. If you are interested in participating, contact slcouter@sympatico.ca and visit the Project's website womanabusescreening.ca to view trainings, screening tools and to sign-up for teleconferences.

The Ontario Woman Abuse Screening Project is a project of the Women's Mental Health and Addictions Action and Research Coalition, funded by the Ontario Trillium Foundation. The lead agency is the London Abused Women's Centre.

The work of this project is founded upon Relational-Cultural Theory (RCT), a revolutionary approach to understanding psychological development that incorporates a gendered analysis. The effort to build connections across sectors is relational, as is asking women about abuse and responding to disclosures. The core ideas of RCT suggest that all growth occurs in connection, that all people yearn for connection and that growth fostering relationships are created through mutual empathy and mutual empowerment.

Relational-Cultural Theory is rooted in the groundbreaking work of Jean Baker Miller, who proposed a new understanding of women's development in her book, *Toward a New Psychology of Women* (Miller, 1976). This book and other resources about RCT can be ordered from the Wellesley Centre's for Women at www.wcwonline.org/o-main.php

Asking Women about Abuse, Addictions and Mental Health

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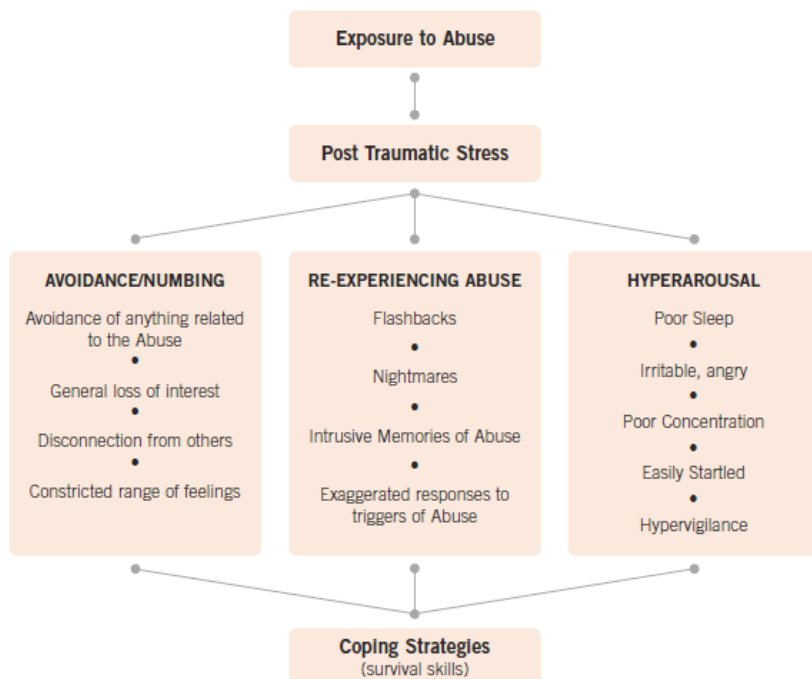
The Ontario Woman Abuse Screening Project (OWASP) material is adapted from the RUCS Protocol developed by the Task Force on the Health Effects of Woman Abuse

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Screening Protocol for Abused Women (SPAW) Project
Women's Mental Health & Addictions, Action & Research Coalition (WMHAARC)
Modified by the OWASP Steering Committee 2010

WHAT IS WOMAN ABUSE-RELATED TRAUMA?

Abuse-related trauma can develop after a person has been hurt and/or neglected, often in childhood. A woman may have experienced sexual abuse, emotional/verbal abuse, physical abuse, financial abuse, institutional abuse, residential school abuse, intergenerational abuse and/or war trauma. Most often the abuser was/is a family member, family friend or intimate partner. As a result of abuse, a woman may have overwhelming feelings of distress, fear and helplessness. Traumatic events can change the way a person's brain and body work. Trauma can affect the person's emotions, memory, thinking and sense of self. Trauma can also affect a woman's relationships. Many women do not connect the common effects of trauma with their experiences of abuse.

Affects of Abuse-Related Trauma



(Adapted from: Amy Banks, 2001 PTSD: Relationships & Brain Chemistry, Jean Baker Miller, Training Institute)

Section A

POST-TRAUMATIC STRESS RESPONSES

Common Effects of Abuse-Related Trauma informed:

- Fearing people and relationships
- Substance misuse and abuse (includes self-medicating)
- Difficulty sleeping or over sleeping
- Flashbacks of the abuse
- Dissociation
- Having panic attacks or uncomfortable amounts of anxiety
- Low self-esteem and self-loathing
- Depression
- Repeated experiences of being revictimized (continued abusive relationships)
- Suicidal ideation or suicide attempts
- Nightmares
- Memory Gaps (especially from childhood)
- Self-harm
- Eating Disorders

(Adapted from: What do these signs have in common? Recognizing the effects of abuse-related trauma - CAMH, 2004)

The Role of an Addictions Counsellor, Mental Health or Other Professional

- 1) Ask women if they have been abused (physically, emotionally, financially etc.)
- 2) Recognize the signs of abuse-related trauma and build rapport with a client so that she feels comfortable disclosing her experiences of abuse
- 3) Prioritize safety planning and stabilization with clients
- 4) Educate women about the effects of abuse on their mental health and/or substance use/problem gambling
- 5) Provide woman abuse/abuse-related trauma-informed services
- 6) Model healthy ways in which to use power
- 7) Act as a professional support for women as they struggle to work through difficult circumstances related to the abuse
- 8) Act as a link or bridge to other community services and supports such as shelters or other counselling agencies

Section B

ASKING ABOUT ADDICTIONS

There are high rates of substance use in traumatized adults (Keane & Wolfe, 1990). A woman may use drugs and/or alcohol to numb her trauma related thoughts and memories. It is important to ask about substance use practices and habits, and also about gambling. The following is an adapted addiction's screening tool and is a quick and simple aid to use with your client. A "yes" answer to any of these questions will indicate that further information is required. Should a client identify substance use and/or gambling as a problem, refer her to the appropriate agency in your area for an assessment.

1. Have you ever thought you ought to cut down on your drinking/drug use/gambling?
2. Have you ever needed more alcohol and/or drugs to have the same effect as before?
3. Have people annoyed you by criticizing your drinking/drug use/gambling?
4. Have you felt bad or guilty about your drinking/drug use/gambling?
5. Have you ever had a drink and/or used drugs first thing in the morning to steady your nerves, or get rid of a hangover, or to get the day started?
6. Have you ever had any problems related to your use of alcohol/drugs/gambling?
7. Has a relative, friend, doctor or other health worker been concerned about your drinking or other drug use, or suggested cutting down?
8. Have you ever said to another person "No, I don't have an alcohol/drug/gambling problem", when around the same time you questioned yourself and felt ... "maybe I do have a problem?"
9. Has your drinking or drug use ever brought you into conflict with the law?

Addictions Safety Planning

Addictions Safety Plan

1. Keep a list of helpful phone numbers
2. Keep a list of meetings
3. Remove all substances and paraphernalia
4. Remove yourself from the situation
5. Practice Self-Care (eat healthy, exercise and plenty of rest)
6. Keep a journal/record of how you have coped in the past
7. Delay for 30 minutes
8. Are you:

H	- Hungry
A	- Angry
L	- Lonely
T	- Tired

Section C

ASKING ABOUT MENTAL HEALTH

- Ask the person openly about how they have been feeling
- Listen to them and give them the time to tell you
- If you are aware the person has been struggling with their mental health or think they might be, bring it up naturally in a conversation. Don't be afraid to ask. They might want to talk about it. They might not. It is important they know that you are not avoiding the issue and that they can talk to you when they are ready
- Be open-minded and not judgmental
- Ask how you can help
- Explore if they are receiving support for these feelings and if they are not, ask them if this is something they would be interested in.
- If they are interested in support, refer them to the Mental Health & Addictions Access Line for information and referrals or a specific agency if you are aware of the service needed and who provides it.

Suicide Assessment

- Ask about suicide directly.
- If the person is suicidal and has a plan, do not leave them alone
- If you are trained in suicide prevention and use it in your work, follow the protocol you have been trained to use and your agency's policy on suicide prevention
- If you are not trained in suicide prevention or are unable to use it due to agency policy, then ensure that you get help for the person while you are still with them. If you know their location, call 911 or have a co-worker call 911. If you do not know their location, try to obtain it and then call 911. Even if you do not know their location, if you get disconnected with the person, call 911 and give them whatever information you have.
- If the person has thoughts of suicide, but does not have intention of following through at this time, ask them if they would be open to completing a safety plan around this (see below). Encourage them to seek help and to reach out for

support if they need it. Provide numbers for COAST and the Distress Centre. Try to get a commitment from the person that they will call these numbers if they start to feel suicidal. Also, provide them with the Mental Health & Addictions Access line for information and referral.

Suicide Prevention Safety Planning

Help client to make a plan that includes:

- list of warning signs
- list of people and social settings that provide distraction
- list of people's names and contact numbers who will be supportive (family, friends, crisis lines, etc.)
- coping strategies that have helped in the past
- maintaining a safe environment
- maintaining a list of the reasons for living
- a commitment to themselves to follow the safety plan

Some signs that someone may have a mental health issue include:

- Withdrawal from friends, family, school, sports, work or other things they usually find enjoyable
- A major change in mood or inappropriate responses to certain situations
- Disturbed sleep, either not getting enough or sleeping too much
- Disturbed eating patterns, either eating less than normal or overeating
- Preoccupation and obsession about a particular issue
- Lack of care in personal appearance or personal responsibilities.
- A drop in performance at school, work or in hobbies
- Doing things that don't make sense to others or hearing or seeing things that no one else can hear or see

Section D

FIRST-STAGE TRAUMA TREATMENT

The first-stage of treatment is dedicated to reducing and stabilizing clients' responses to trauma in order to improve the quality of their everyday life. This is often the most complex and lengthiest stage of the therapeutic work. The goal is to help survivors of abuse-related trauma to recognize that their difficulties do not stem from their own personal deficiencies, rather from the adaptations they were required to make to survive the violence they have experienced.

Essential Components of First-Phase Trauma Treatment:

- Establishing a therapeutic alliance
- Promoting client safety
- Addressing the client's immediate needs
- Normalizing and validating the client's experiences
- Educating the client about post-traumatic stress and treatment
- Using a gender-sensitive approach so that the damaging ways that traditional socialization and gender inequality affect women's lives are recognized in therapy
- Nurturing hope and emphasizing client's strengths
- Collaboratively generating treatment goals
- Teaching coping skills and managing post-traumatic stress responses (intrusive ideation, hyper arousal, avoidance, dissociation)

Key Goals for Helping Women in First-Phase Trauma Treatment include:

- Increasing clients' sense of control over their lives, by familiarizing them with post-traumatic responses and the reasons for those adaptations
- Helping clients learn coping skills. Some clients will need to tend to neglected medical problems and learn the basics of self-care; for example, proper eating and sleeping habits.
- Helping women recognize that their lives are profoundly shaped by the contexts within which they live. This includes an understanding that prejudice based on gender, race, class, ethnicity, sexual identity, age and disabilities can contribute to, or is the basis of, the difficulties women experience.
- Increasing clients' sense of safety in their work, home and living environments by helping them to identify areas of potential danger or victimization and take active steps to protect themselves.
- Helping clients identify their own responses to trauma and reframe them in a less blaming way.
- Helping clients see how their current life struggles have been affected by the trauma and its after-effects.
- Supporting clients as they attempt to form healthy relationships with other people.

(Adapted from Lori Haskell, 2003-First Stage Trauma Treatment: A Guide for Mental Health Professionals Working with Women, pg. 65-66)

Asking the Question:

All women who access mental health and/or addictions services should be routinely screened for abuse. Asking the question about abuse does not mean that a helping professional needs to start practicing exploratory work.

Section E

SCREENING FOR ABUSE

It is important to keep safety as a priority in the interview so that a woman feels comfortable disclosing and not raw and vulnerable when the conversation concludes. Screening often occurs based on a continuum of involvement with the client. The depth of questioning about abuse will be based on the comfort level of the client as well as the type of service in which she is engaged. Questions asked at a first contact with clients would differ from those asked during ongoing support when there has been time to develop a greater sense of trust between the professional and the client. Questions regarding abuse should be posed to a client when she is alone so as not to compromise her safety.

Crucial pieces of information when asking about abuse would be:

- Has the woman ever experienced abuse?
- What type(s) of woman abuse (sexual, emotional, physical, financial, institutional, war-trauma)?
- Has there been more than one abuser? Differentiate between the type(s) of abuse and the abuser(s). For example, a woman may have experienced childhood sexual abuse and her abuser at the time was her maternal uncle, however she is currently experiencing financial abuse from her intimate partner.
- Is the abuse a current issue or did it occur in the past? If in the past, how long ago?
- What developmental stage was the woman at when she experienced the abuse (childhood, adolescence or adulthood)?
- Are there current safety concerns for the woman and/or her children?

Responding to Abuse Disclosure

After acknowledging and validating the woman's experience with empathy and compassion, it is important to ask the following questions in order to effectively provide safety plan options to your client:

If she has experienced abuse, the next pieces of information to ask about are:

- Does the client still have contact with the abuser(s)?
- Is the client currently at risk of experiencing abuse? (see section on Safety Planning)
- Has the client received support or is she receiving support related to the abuse?
- Have children been exposed to the abuse? Are her children at risk? Do they reside with her? (Question for the professional): Is there a duty to report to child protection services?
- Does the client want to make a report to the criminal justice system?

A Word on Documentation

Once there is a disclosure of abuse, the client record should include:

- The disclosure(s) of abuse and the client's statements regarding the impact of the abuse on her mental health / substance use and or problem gambling (make use of the generic Screening for Abuse Form - attached in this section)
- Referrals to appropriate community services
- A copy of the client's safety plan or details of the discussion between staff and client regarding her safety plan
- Duty to Report information
- Be sure to distinguish between professional observations and client reports. Always avoid subjective statements and speculations that might undermine a woman's credibility.

SCREENING FOR ABUSE DOCUMENTATION FORM:

Client Name: _____

Date: _____

- ☐ Did not screen for abuse (*Reason for not screening documented in client file*)
- ☐ Present abuse = (the abuse has occurred within the past 12 months)
- ☐ Past abuse = (the abuse occurred more than 12 months ago)
- ☐ Unknown = (client presents with indicators of abuse or not appropriate to screen client)

Woman abuse by intimate partner

Physical	Past	Present	No	Unknown
Sexual	Past	Present	No	Unknown
Emotional / Verbal	Past	Present	No	Unknown
Institutional	Past	Present	No	Unknown
Residential School	Past	Present	No	Unknown
War Trauma	Past	Present	No	Unknown
Other	Past	Present	No type: _____	

If the Client Reports Abuse:

Does the client still have contact with the abuser?	Yes	No	Unknown
Have the children been exposed to the abuse?	Yes	No	Unknown
If "yes" - Duty to Report?	Yes	No	
Is the client currently at risk of experiencing abuse?	Yes	No	Unknown
Does the client feel unsafe now?	Yes	No	
Was a safety plan developed?	Yes	No	
Has the client received support or is she receiving support related to abuse issues?	Yes	No	Unknown

Information / Referral(s) if client discloses trauma / abuse:

- ☐ Assaulted Women's Helpline
- ☐ Bethlehem Housing and Support
- ☐ CARSA
- ☐ Centre De Santé Communautaire
- ☐ Design For a New Tomorrow
- ☐ Family and Children Services
- ☐ Family Counselling Centre Niagara
- ☐ Femme Aide
- ☐ Fort Erie Native Friendship Centre
- ☐ Gillian's Place
- ☐ Niagara Regional Native Centre
- ☐ Niagara Regional Police
- ☐ Niagara Chapter – Native Women Inc.
- ☐ Nova House – Women's Place of South Niagara
- ☐ Serenity Place – Women's Place of South Niagara
- ☐ Victim Witness Assistance Program

Comments: _____

Staff Signature: _____

Section F STABILIZATION

Triggers

Triggers are cues that clients encounter which activate or retrieve their traumatic memory. Cues become associated with the original trauma. They can be experienced as intrusive thoughts, flashbacks, anxiety or overwhelming feelings. Women who don't have a conscious understanding of what triggers their trauma can rapidly become hyper-aroused, numb, scared or paranoid. When these triggers interfere with day to day life, the client will often start to organize her schedule around avoiding anything she feels will create these very uncomfortable feelings.

Grounding Strategies

Helping a woman who has disclosed a history of abuse-related trauma to stay connected to the present is a very powerful strategy in first-stage trauma work. Simple ways in which to bring a woman back to the present if she is triggered by something that reminds her of the trauma include:

- Gently calling the person's name
- Ask her what is happening to her right in the moment ("right now")
- Ask her to tell you where she is right now - "what is the name of the agency you are in"
- If a client does not respond, make sure you keep talking to her and keep asking questions that relate to the 4 "W"s

Use of the 4 "W"s

Who "who are you - would you please tell me your name?"

Where "where are you right now?"

When "when were we scheduled for an appointment - do you know what time, date, year it is?"

What "what is happening to you right now - you look like you may not emotionally be here with me and I need you to feel safe, so can you tell me what is happening to you and I would like to help you get back to the here and now."

It is important for mental health and addictions staff to recognize when a client is dissociating and how to manage these responses to trauma. A staff member must try every possibility to ground a client so that they are not left vulnerable to an unsafe situation. If this is a skill that you would like more training with please submit a request to your supervisor.

Stabilization Strategies for Working with Clients Affected by Trauma:

Being in a state of hyper-arousal interferes with a client's ability to make rational assessments and decisions. Safety and predictability will help to decrease hyper-arousal.

Psychoeducation - give information to clients about their flashbacks, dissociation and affect dysregulation

Physical well-being – attend to and prioritize clients' basic needs, such as housing, health issues, accessing food, getting enough exercise, getting enough sleep and regulating routines. This helps a client to feel more in control of their lives

Environment - prioritize safety when accessing money, partners, housing and transportation

Developing affect regulation skills - develop a language for feelings, identify feelings, learn to contain and modulate feelings, mindfulness skills of observing, describe and sit with feelings, develop skills to self-monitor, awareness of triggers, developing capacity for self-soothing and comfort, containment and grounding strategies for safety

STABILIZATION - A CHECKLIST FOR CLIENTS

Questions to determine how well a client is taking care of herself

The answers are either Yes or No
Do you....

- Associate only with safe people who do not hurt or abuse you?
- Do you hang around safe places?
- Get enough sleep?
- Keep up with daily hygiene?
- Take all medications as prescribed?
- Get adequate exercise?
- Spend within financial means?
- Have annual checkups?
- Know who to call if experiencing woman abuse?
- Have safe housing?
- Refrain from bringing strangers into your house?
- Smoke cigarettes?
- Use substances to cope?
- Have at least one hour of free time to yourself each day?
- Do something pleasurable each day?
- Have at least one social contact per week?
- Attend treatment regularly?
- Have several hours of structured time each week?
- Have a daily schedule and "to do" list?
- Have a place for spiritual reflection if this is an important part of your life?
- Require any support to meet conditions placed on you by the court?

Section G

SAFETY PLANNING

A safety plan represents possible long-term and short-term strategies than can increase safety and prepare a woman in advance for the possibility of further violence. A safety plan is needed whenever the potential for abuse is identified. It is important to know that each woman will know what will work for her, depending on her circumstances. The following are suggestions for working with abused women.

If a woman is planning to leave her abusive partner you may want to suggest that she:

- not inform partner as it may not be safe to do so
- keep copies of important documents (birth certificate, health cards, immigration papers) in a location where her partner will not find them (e.g., with a friend, family member or neighbour)
- open up a separate bank account in her name and ask the bank not to send any documents to her home address
- not talk to the children about the move as they may make the mistake of disclosing when the partner is around
- hide some money away
- keep telephone communications confidential – use a pay phone, a friend's phone or a friend's calling card
- call the local shelter(s) for support, information, referrals, and safety planning
- be prepared to call Police at 911 if she is not feeling safe
- have an emergency plan in place should she need to leave sooner than planned
- if abuser is on Probation or Parole, contact the Officer in charge of supervising the offender

If a woman has recently left her partner you may want to suggest that she:

- seek legal assistance if she has not already done so
- consider additional safety measures for her home such as installing a peep hole in her door, always leaving doors and windows locked
- ensure that schools, daycare have copies of custody and access orders along with a picture of the abusive partner
- speak to neighbours, employer and friends and ask that they contact police if they see the partner near woman's home, children's school, woman's workplace
- call the local shelter(s) for support, information, referrals, and safety planning and counselling
- call an Abused Women's Helpline for support, information, referrals, and safety planning
- keep a telephone close by and charged, with 911 programmed into speed dial
- carry a cell phone if possible, keep it charged and programmed with 911 (make sure you let the operator know where you are located)

If a woman chooses to stay in the relationship with an abuser you may want to suggest that she:

- seek support through the local shelter and/or other community counselling services
- have an emergency plan in place should she need to leave
- safety plan with children so that they can be safe during a violent situation
- be aware of other resources for abused women
- keep purse/wallet, keys and money in a convenient location so that she can locate them easily if she needs to leave quickly
- be prepared to contact Police at 911 if she is not feeling safe
- if abuser is on Probation or Parole, be in contact with the officer in charge of supervising the offender

Above all, the most important thing for the woman to remember is that her safety and the safety of her children are the top priority

FOR CLIENTS TO REVIEW IN ORDER TO CREATE THEIR SAFETY PLAN:

Questions to consider when planning for my safety and the safety of my child/children

- What can I do before a violent incident?
- What can I do during a violent incident?
- Is my risk higher because my separation is recent? (Within the past 6 months?)
- Where can I go for basic safety needs like food and shelter?
- How can I move around my neighbourhood safely?
- If I am a homeless woman, what resources can I use to increase my safety?
- If I use substances, can I use them in moderation or abstain in order to increase my safety?
- What are my safety risks if I am involved in the court system and how can I address them?
- Have I included caring for my emotional well-being in my safety plan?
- Do I have a specific safety plan for my child/children?
- Do my children know what to do before a violent incident? During a violent incident?
- Do I have specific risks because I
 - live in a rural area,
 - have a disability,
 - am a lesbian
 - am an immigrant woman or a newcomer?
- How can I address these specific risks?

SAFETY PLANNING: Risk Factors

Client Name: _____

Date: _____

For staff to fill out: Indicators of High Risk Situations

- | | | | |
|--|-----|----|---------|
| 1. Client believes abuser(s) may pose a danger to her, her children and/or service providers | Yes | No | Unknown |
| 2. Woman resides with the abuser | Yes | No | Unknown |
| 3. Client is considering or separated / estranged from abuser | Yes | No | Unknown |
| 4. Partner has threatened to hurt / harass / kill her, the children and / or themselves (threat of suicide or attempted suicide) if she leaves | Yes | No | Unknown |
| 5. Abuser has history of past assaults | Yes | No | Unknown |
| 6. Woman reports the violence has escalated | Yes | No | Unknown |
| 7. Damage or threat of damage to pets / property | Yes | No | Unknown |
| 8. Abuser has access to weapons | Yes | No | Unknown |
| 9. Abuser has history of substance abuse | Yes | No | Unknown |
| 10. Partner has threatened to take the child(ren) | Yes | No | Unknown |
| 11. Abuser displays obsessive or jealous behavior | Yes | No | Unknown |
| 12. Client is isolated from family and friends who know of the abusive behavior | Yes | No | Unknown |
| 13. Client has a new partner | Yes | No | Unknown |
| 14. Abuser suffers from depression and or other acute mental health problems | Yes | No | Unknown |
| 15. Client is in a common-law union with the abuser | Yes | No | Unknown |
| 16. There are ongoing child custody and access issues | Yes | No | Unknown |
| 17. The abuser is unemployed | Yes | No | Unknown |
| 18. There are step-children in the home | Yes | No | Unknown |
| 19. Client reports abuser to be forceful during sexual acts | Yes | No | Unknown |
| 20. Client is pregnant or has been assaulted previously while pregnant | Yes | No | Unknown |
| 21. Abuser chokes client | Yes | No | Unknown |
| 22. The woman is young (aged 15 - 29) | Yes | No | Unknown |
| 23. Abuser was exposed to woman abuse as a child | Yes | No | Unknown |
| 24. Client is homeless or at risk of becoming homeless | Yes | No | Unknown |
| 25. Client is a First Nations / Aboriginal woman | Yes | No | Unknown |
| 26. Client has a disability | Yes | No | Unknown |
| 27. Client is an immigrant | Yes | No | Unknown |
| 28. Is language a barrier for services | Yes | No | Unknown |

Section H

On-line Resources for Implementing Trauma Informed Services

The Trauma Toolkit	www.trauma-informed.ca
Trauma Informed Practice Guide	www.bccewh.ca
Trauma Matters – Trauma informed Services in Women’s Substance Use	www.jeantweed.com
Trauma Informed Care Resources – CAMH	http://knowledge.camh.net
Becoming Trauma Informed – book CAMH	
Ontario Woman Abuse Screening Committee	www.womanabusescreening.ca
Seeking Safety	www.seekingsafety.org
Making Connections	http://dveducation.ca/makingconnections/

Section I

Domestic Abuse Referrals

Niagara Region Based Services

Niagara Regional Police	
Emergency	911
Non-emergency	905-688-4111
Probation and Parole Services	905-687-8941

24 Hour Crisis Lines for Abused Women

Fem’aide	1-877-336-2433
Gillian’s Place – St. Catharine’s	905-684-8331
Women’s Place of South Niagara	
Nova House – Niagara Falls	905-356-5800
Serenity Place – Welland	905-788-0113
Niagara Region Sexual Assault Centre (CARSA)	906-682-4584

Shelters

Gillian’s Place (St. Catharine’s and North Niagara)	905-684-8331
Women’s Place of South Niagara	
Niagara Falls – Nova House	905-356-5800
Welland – Serenity Place	905-684-8331
Abbey House (Aboriginal Women and Children)	905-684-9736

Counselling Services for Abused Women

Centre de Santé Communautaire Hamilton/Niagara	1-866-885-5947 905-734-1141
Fem'aide	1-877-336-2433
Design for a New Tomorrow	905-684-1223
Family Counselling Centre Niagara	905-937-7731 Ext. 3345
Fort Erie Native Friendship Centre	905-871-8931 Ext. 225
Gillian's Place	905-684-8331
Niagara Region Sexual Assault Centre	905-682-7258
Niagara Regional Native Centre	905-688-6484
Women's Place of South Niagara	
Nova House	905-356-5800
Serenity Place	905-788-0113
West Niagara Second Stage Housing	905-563-5548
Sexual Assault/Domestic Violence Treatment Program	905-378-4647 Ext. 45301

Legal Services

Gillian's Place	905-684-8331
Women's Place of South Niagara	
Nova House	905-356-5800
Serenity Place	905-788-0113
Niagara North Community Legal Assistance	905-682-6635
Legal Aid Ontario	1-800-668-8258
Victim Witness Assistance Program	
St. Catharines and Niagara Falls	905-685-2671
Welland	905-735-4326

Support Services for Abused Women

Folk Art Centre of St. Catharine's	905-685-6589
Family and Children's Service	905-937-7731 Ext. 9
Multicultural Centre	
Niagara Falls	905-385-3452
Welland	905-871-8931
Fort Erie Native Friendship Centre	905-871-8931
Niagara Victim Crisis Support Services	905-688-4111 Ext. 4492
Centre de Santé Communautaire Hamilton/Niagara	1-866-885-5947

Niagara Regional Native Centre	905-688-6484
Distress Centre of Niagara	905-688-3711 905-734-1212 905-382-0689 905-563-6674 905-563-5910
Women's Resource Centre	
YWCA	
Niagara Falls	905-357-9191
St. Catharines	905-988-3528
Bethlehem Housing and Support Services	905-641-1660

Children Exposed to Family Violence Program

Pathstone Mental Health	1-800-263-4944
Kids Help Phone	1-800-668-6868
Family and Children's Services	905-937-7731 Ext. 9
Family Counselling Centre Niagara	905-937-7731 Ext. 3345
Contact Niagara	905-684-3404 1-800-933-3617
Centre de Santé Communautaire Hamilton/Niagara	1-866-885-5947

Partner Assault Program for Men

Family Counselling Centre Niagara	905-937-7731 Ext. 3345
Design for a New Tomorrow	905-684-7713
Fort Erie Native Friendship Centre	905-871-8931 Ext. 225
Centre de Santé Communautaire Hamilton/Niagara	1-866-885-5947

Addictions Support/Referrals

Self-help

Alcoholics Anonymous	905-682-2140
Al-Anon	905-328-1677
Narcotics Anonymous	905-685-0075
Gamblers Anonymous	905-351-1616
Gamon	289-820-6941
Centre de Santé Communautaire Hamilton/Niagara	1-866-885-5947

Housing

ARID Group Homes - Men Only (Fort Erie)	905-871-7041
ARID Group Homes - Men Only (Thorold)	905-227-1113
WISH House – Women Only (Welland)	905-227-1113
Wayside - Men Only	905-684-9248
Addictions Supportive Housing (ASH) (Men and Women)	905-684-1183
The Raft (Youth Only)	905-984-4365

Treatment

Community Addiction Services of Niagara	905-684-1183
Day Treatment	905-684-1183
Aftercare	905-684-1183
Gambling Support Services (24 hr. on-call service)	905-684-1859
Women's Detox	905-682-9721
Men's Detox	905-682-7211
ABC – A Better Choice Program (Pregnant with children under 6)	905-378-4647 Ext. 63849
Newport Center Residential Treatment	905-378-4647 Ext. 32500
Niagara Multilingual Prevention/Education Problem Gambling Program	905-378-4647 ext. 63849
W.A.R.M.	905-871-9195
Back on Track Remedial Measures Program	905-641-0845

Province Wide

Connex Ontario Alcohol, Drugs and Gambling Services Information	1-800-565-8603
Motherisk (Alcohol and Substance Use in Pregnancy Helpline)	1-877-327-4636

Mental Health Services

Emergency Services

Niagara Health System (St. Catharines General Hospital)	905-378-4647
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Crisis Services

Crisis Outreach and Support Team (COAST)	1-866-550-5205
Distress Centre	905-688-3711
CMHA Niagara (MH Urgent Support Services Program)	905-641-5222 Ext. 231
CMHA Niagara (Safe Bed Program)	905-641-5222 Ext. 254
Mental Health and Addictions Access Line	1-866-550-5205
Fem'aide	1-877-336-2433

Housing Services

Gateway Residential & Community Support Services	905-735-4445
CMHA Niagara	905-641-5222

Case Management Services

Niagara Region Mental Health (CM, Geriatric & ACTT)	905-688-2854 Ext. 7262
Gateway Residential & Community Support Services (CM & CTOs)	905-735-4445
CMHA Niagara (CM & Justice)	905-641-5222

Counselling Services

CMHA Niagara (Walk In or Short Term Counselling)	905-641-5222
Centre de Santé Communautaire Hamilton/Niagara	1-866-885-5947

Justice Services

CMHA Niagara (Court Diversion & Support Program)	905-641-5222
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Employment Services

CMHA Niagara (REAL Work Program)	905-641-5222
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Treatment

Niagara Region Mental Health (Early Intervention Psychosis Program)	905-688-2854 ext. 7262
Niagara Health System (Impact Program)	905-378-4647

Groups

Niagara Health System Outpatient Mental Health	905-378-4647
Niagara Region Mental Health (Concurrent Disorder, Anxiety and Borderline Personality Disorder)	905-688-2854 ext. 7262
CMHA Niagara (Depression, Separation & Divorce, Living Life to the Fullest and Illness Management & Recovery)	905-641-5222
Centre de Santé Communautaire Hamilton/Niagara (Domestic violence, survivors of sexual abuse, Early intervention programs for children exposed to violence, Educational workshops & Support groups)	1-866-885-5947

Geriatric Services

St. Joe's Geriatric Mental Health Outreach Team	905-704-4068
Supporting Independent Living Program	905-687-3914
Centre de Santé Communautaire Hamilton/Niagara	1-866-885-5947

Child & Youth Services

Pathstone Mental Health Services	905-688-6850
Centre de Santé Communautaire Hamilton/Niagara	1-866-885-5947
Family and Children's Services	905-937-7731 Ext. 9

Family

Family Support Network	905-894-6808
Family and Children's Services	905-937-7731 Ext. 9
Schizophrenia Society	905-523-7413
Powerhouse Project (Young Caregivers)	905-397-4201
Centre de Santé Communautaire Hamilton/Niagara	1-866-885-5947

Provincial

CMHA Ontario	1-800-875-6213
Mental Health Hotline	1-866-531-2600
Children's Mental Health Ontario	1-888-234-7054
Centre for Addiction and Mental Health	1-800-463-6273
Connex Ontario	1-519-439-0174

Section J

HOW TO HELP SOMEONE WHO IS BEING ABUSED

We know from survivors of abuse that the assistance of others can be an important part of ending the violence in their lives. The support of friends, family and community can help to break the isolation of abuse, and provide much needed support and information. Information provides women with community resources and concrete ways to take action (e.g. giving a woman in an abusive relationship a phone number to call for help may be a crucial first step for her). A woman may hear for the first time from you that woman abuse is unjust and that she has done nothing to deserve it. Every action that we take as individuals is part of the solution towards ending violence against women.