

You're doing what?

Merging Harm Reduction and Trauma-Informed Practice in VAW Shelters

June 23, 2020

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Acknowledgements



SSHRC  CRSH



We thank all participating shelters and the staff and management for their support of the research, and in particular, the past and current residents of these VAW shelters who so generously shared their experiences and stories.

All studies were approved by Lakehead University Research Ethics Board in accordance with Tri-Council standards.

Objectives



Key elements of harm reduction as a philosophy and as an approach implemented in practice in VAW shelter settings.



Linkages between harm reduction and trauma-informed practice.



Case examples from VAW shelter settings which illustrate the complementary and complex situations which arise with the introduction of harm reduction approaches to trauma-informed practice settings.

Substance Use, Intimate Partner Violence, & VAW Shelters

- Research^{1,2,3,4} suggests that women who experience intimate partner violence are more likely to cope by using or becoming dependent on substances
 - Extent of the problem is potentially underestimated¹ or unknown³
- VAW shelter policies often excluded women from shelters if noticeably impaired^{2,3}
- In 2015, Ontario Ministry of Children, Community and Social Services (MCCSS) introduced a new practice standard requiring shelters to provide access to services to women who use substances⁵

What is Harm Reduction?



“Harm reduction refers to policies, programmes and practices that aim to minimise negative health, social and legal impacts associated with drug use, drug policies and drug laws.”⁶



It's a philosophically guided approach to reduce risk.



What is Harm Reduction?



A public health approach that aims to mitigate the problematic consequences of behaviours^{7,8,9,10}



Does not require those who use substances to cease use^{9,10}



Use of substances is acknowledged, not judged, and a neutral stance is adopted^{10,11,12,13}



Promotes personal safety^{9,13}



Encompasses values of respect, collaboration, and personal choice to allow incremental healing and recovery that may or may not include abstinence^{9,12,13}

Examples of Harm Reduction in Shelters

ADMISSION & INTAKE

Women who are visibly intoxicated when seeking support are admitted to shelter
 Shelter staff routinely ask women during the intake process about their use of substances for safety planning purposes

SERVICE DELIVERY

Distribution of safety kits specific to substance use on-site (e.g., injection, inhalation)
 Needle exchange programs on-site
 Accessible sharps/disposables containers on-site
 Space for legal substance use on-site (e.g., alcohol, medicinal marijuana)
 Residents can return from outings to shelter if they are visibly intoxicated

Examples of Harm Reduction in Shelters

WRITTEN POLICIES

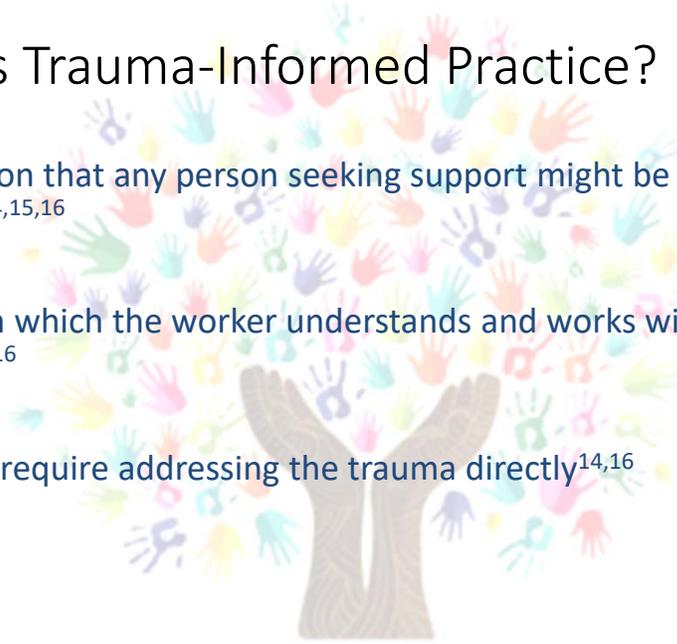
Ensure women using substances are not excluded from accessing services
 Secure storage of alcohol or other legal substances available in rooms

TRAINING

Staff receive ongoing training regarding safe substance use practices
 Naloxone kit training

What is Trauma-Informed Practice?

- Recognition that any person seeking support might be a trauma survivor^{14,15,16}
- Lens from which the worker understands and works with the person^{14,16}
- Does not require addressing the trauma directly^{14,16}



Trauma-Informed Practice Principles



Safety – physical and emotional safety^{14,16,17}



Trust – worker upholds clear consistent boundaries and supports client to trust themselves^{14,16,17}



Empowerment – facilitate client control over goals and approach to achieve them^{14,16,17}

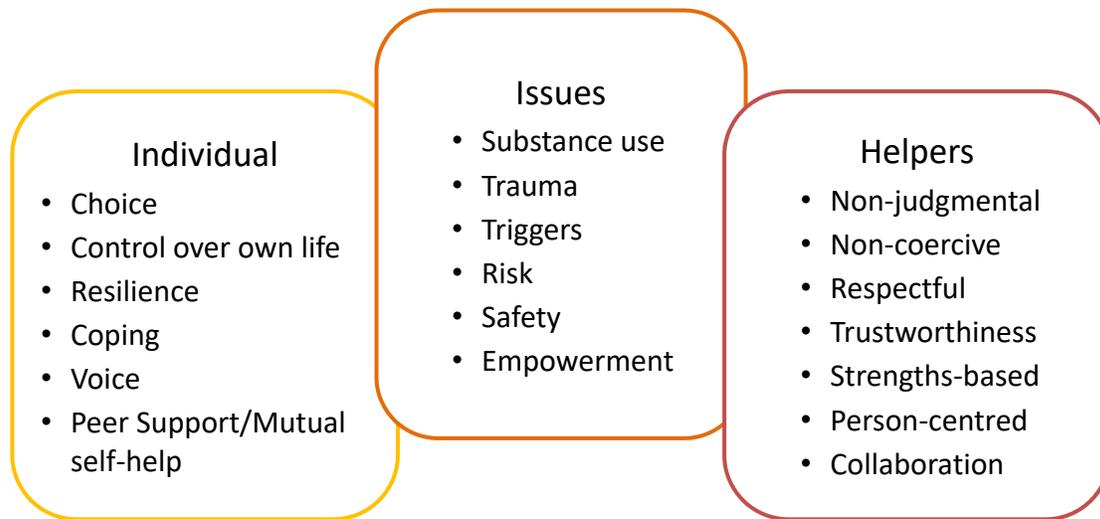


Choice – client must have choice; right to choose^{14,16,17}



Collaboration – worker and client develop plans together^{14,16,17}

Harm Reduction and Trauma-Informed Practice Similarities



Key Challenge: Triggers

Major ways triggers are communicated:

- Substance use triggers
- Past trauma triggers

Triggers: Staff Understanding

- Potential confusion or uncertainty

- Substance use as coping for trauma

Triggers: Staff Responses

- Lateral violence

- Inability to control substance use

- Addressing simultaneous triggering of multiple individuals

- Educating residents regarding substance use and triggers

Combining Harm Reduction and Trauma-Informed Practice

- Harm reduction and trauma-informed practice are theoretically complementary
- Applying these together in practice is more challenging
- Balancing between both approaches in practice is needed
 - In the moment, staff need to be attuned to women who are using and women who are experiencing trauma responses
 - Staff should be careful to avoid prioritizing one woman's needs over another's

Case Example - *Julia*

- Mother of two (teen and young adult in college)
- Occasionally used cocaine off-site during first stay
- Used prescription narcotics to cope with serious injuries from abusive partner
- Struggles with past and current trauma from abusive partner (chronic PTSD)
- Experiences severe triggers for both trauma and substance use at shelter
- Duty to report another resident became an issue between Julia and staff
- Felt unsupported and disliked by staff, particularly with her concerns related to her trauma and duty to report issue
- Agrees with harm reduction, but only when clear parameters are upheld by staff

Case Example – *Deb*

- Mother of 4 children ages 9 through 16; oldest (daughter) stayed at shelter with Deb
- Occasional use of alcohol, but not while at shelter
- Staff were very helpful when her daughter had an incident with alcohol
- Some concerns similar to Julia regarding other residents that were disruptive and carelessly using
- Found some staff to be very supportive and others were not when concerns were brought to them
- Agrees with harm reduction principles and practices; would like some aspects to be less obvious in front of children

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Related Research Publications

Hovey, A., Roberts, C., Scott, S., & Chambers, L. (2020). Understanding the landscape of substance use management practices in domestic violence shelters across Ontario. *Journal of Family Violence*, 35(2), 191-201.
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Thank you!