A Report on
A Study of The Special Needs of the Unserved Population of Abused Women

(In the Context of the Client Information System
for the Project Haven Evaluation)

March 31, 1994

SPR Associates Incorporated
2 Carlton Street, Suite 804
Toronto, Ontario, M5B 1J3
(416) 977-5773
FAX: (416) 977-7747

ACKNOWLEDGEMENTS

This study would not have been possible without the extensive efforts of the staff of the participating shelters for women experiencing family violence. They gave generously of their time to facilitate problem-solving for the research team, in facilitating research visits to the shelters, and arranging community contacts.

STAFFING

SPR's Special Needs Study Team: Overall management of the project was the responsibility of Dr. Ted Harvey, President and Senior Consultant of SPR Associates. SPR's work team was led by Ms. Caroline Hunt (Project Haven CIS Director), and Ms. Sylvie Baillargeon (SPR's Research Coordinator for Quebec), both of whom had experience in liaising with the Project Haven shelters (from work on other components of the Project Haven Evaluation) and a high level of familiarity with shelter staff. Administrative and operational coordination for the study was provided by Ms. Marian Ficycz of SPR.

Design and planning input on special needs and family violence was obtained from Dr. Don Neil McCaskill (SPR's Consultant on Aboriginal Affairs), Ms. Liliane Côté (SPR's Consultant on Family Violence) and Ms. Susan Nelson (SPR's Consultant on Evaluation and Family Violence). Assistance was also provided by Ms. Vera Nunes and Ms. Sandra Bach (Research Coordinators).

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Executive Summary

1. APPROACH

The Project Haven Program, delivered by Canada Mortgage and Housing Corporation (CMHC) on behalf of Health and Welfare Canada, was developed as a component of the Federal government's interdepartmental Family Violence Initiatives which provided support to a national approach against family violence. The Project Haven Program provided capital funds in the form of non-repayable interest-free and fully forgiveable financing to non-profit community sponsor groups and First Nations to create emergency shelters for women and their children who experienced family violence. Mortgages were provided by CMHC and forgiven at a rate of one fifteenth of the mortgage per year over the fifteen-year period, provided that the sponsor groups continue to operate the facility as a shelter under the terms of the mortgage agreement.

The priority of the program was to focus on the needs of those women currently underserved with this type of accommodation such as Aboriginal, rural, ethnocultural minority, immigrant and women with physical disabilities. Project operating assistance was not provided under Project Haven. Sponsor groups had to secure an assurance of operating assistance from the responsible federal, provincial, territorial or other agencies prior to CMHC's commitment of funds. In general, most of the operating funding for these shelters was provided by provincial/territorial governments (with Federal cost-sharing under Canada Assistance Plan) and from Indian and Northern Affairs Canada, for shelters located on reserves, and in communities primarily serving aboriginal women. Operating funding was often supplemented by different sources, including municipal government funding, fundraising, donations and grants.

There are seventy-eight shelters for abused women and their children which received funding under the Project Haven Program across Canada. Twenty-four of these shelters are targetted primarily for Aboriginal families. These shelters are part of Canada's larger effort at providing shelters for women and children experiencing family violence -- a "system" including over 400 largely independent shelters.

Project Haven Evaluation: As part of its responsibilities under the Federal Government's interdepartmental Family Violence Initiatives, CMHC has undertaken an evaluation of the Project Haven Program. The overall evaluation included over a year of program monitoring (Client Information System), as well as surveys and qualitative research, including case studies, focus groups, and this study of special needs.

2. OBJECTIVE OF THE SPECIAL NEEDS STUDY

This specific study stemmed from reports from a number of shelters during CIS operations that some shelters for abused women were having difficulty providing services to women whose experience of family violence is compounded by special needs.

Special needs are defined here as including such *different situations* of women as poor mental health or mental illness, alcohol, drug or substance abuse, or *ethnic/cultural differences*, such as Aboriginal background (e.g., cultural differences from majority culture), multicultural/visible minority status (e.g., women who have language barriers, or are new immigrants), and women with physical disabilities, or with children with physical disabilities.

This report is an overall report on special needs as evidenced by studies of specific communities with perspectives provided through additional interviews with national/provincial and other specialist agencies.

3. METHODOLOGY

The methodology was focused on personal and telephone interviews with sponsor groups, shelter personnel and community agency/organization staff, law enforcement and justice officials, health care professionals and community members interested or involved in areas of special need, in six communities across Canada. Researchers interviewed approximately 16 respondents in each community studied.

Communities for the Special Needs Study were chosen according to the following criteria:

- geographical considerations to ensure a regional assessment (Western, Central and Eastern Canada);
- balance between urban and rural locations (two cities, one suburb of a large city and three small towns);
- two Project Haven shelters located in areas known to have large multicultural populations; and
- two Project Haven shelters off-reserve located in areas known to have significant Aboriginal populations (to determine, in part, if Aboriginal women who are victims of violence are accessing shelters and community services off-reserve).

Additional interviews were conducted with selected national and provincial-level agencies and other groups involved in provision of services to the special needs groups of concern.

4. INTEGRATION WITH OTHER EVALUATION COMPONENTS

The special needs study was closely integrated, particularly to limit the time demands placed on the shelters' staff and volunteers with other research components of the Project Haven Evaluation being conducted at shelters (the Client Information System (CIS) that included a monthly summary of client entries and departures as well as an interview to be administered to departing clients on a sampled basis).

Operationally, this meant that some components of the special needs data collection were undertaken by the research parties engaged in the various field activities that were taking place for the Project Haven Evaluation.

5. INTERAGENCY EMPHASIS

The special needs component included, in addition to direct information gathering from shelters, a variety of contacts (interviews and consultations) with community agencies or organizations (from lists of potential interviewees provided by shelters) to collect information about unmet special needs.

Wherever possible, in the six communities visited by the researchers where such special needs organizations exist (agency/organizations for some special needs groups were not found in all communities studied), contacts were designed to include detailed special needs interviews with mental health organizations, organizations dealing with substance abuse, Aboriginal service agencies, ethnocultural minority service agencies, physical disabilities service agencies, and other agencies involved in crisis intervention (e.g. hospitals, police, etc.) which are aware of special needs circumstances.

6. COMPONENTS OF THE REPORT

For the purposes of this study, to understand the needs of women who are victims of family violence and who also have specialized needs, the study team examined the circumstances, and suggested approaches (from both the perspective of shelters and agencies/organizations) to respond to the needs of each special needs group: women who are of Aboriginal background; women who are of ethnocultural minority background; women who have mental health problems; women who have drug, alcohol or substance abuse problems; and women who have physical disabilities. As well, interagency strategies, gaps in service and service needs, as identified by all participants, have been addressed in detail. The final section of the main descriptive report includes observations from interviews with selected special needs bodies at the national and provincial levels. The report concludes with a highlights section summarizing key findings.

7. SUMMARY AND CONCLUSIONS

In the community studies, it was reported that shelters are able to accommodate some special needs groups more easily than others. Most shelters have made their shelters fairly accessible to most women with physical disabilities; Aboriginal women and women of ethnocultural minority background or immigrant women to the greatest extent possible, by attempting to accommodate their culture and traditions.

However, the special needs of women with severe mental health problems, those with substance abuse problems and those with multiple special needs prove to be much more problematic given the issues reported by shelters. These issues include lack of staff training, inadequate funding levels, risks to the security of other women and children in the shelter and lack (in some communities) of sufficient community service provision or referral sources. While it is widely thought that most shelters should not even attempt to handle severe mental health, and substance abuse problems, or those of multiple special needs, it is at the same time widely believed that all shelters should have skills and mechanisms in place to refer and provide effective assistance to these women.

Also, although it has been noted that shelters have attempted to make their shelters accessible to Aboriginal women and women of ethnocultural minority background or immigrant women, service provision difficulties were still encountered for these groups. For example, Aboriginal women who experience family violence have a variety of cultural and related needs in the areas of spirituality, status concerns and parenting which often results in their preference for service from a shelter specifically designed for Aboriginal women. Immigrant and ethnocultural women face other unique barriers. They are often reluctant to leave abusive situations because of fear about their immigrant status or for fear they will be ostracized by their communities. Cultural barriers and the lack of interpreters also hamper both shelter and agency efforts to meet the needs of ethnocultural women.

For most special needs groups, there is support and advice available to shelters from community service agencies also responding to the needs of the particular special needs of these women who are victims of family violence (although it was noted that one shelter was found to be operating in isolation from community programs). Such cooperative relationships have been working well in most communities as evidenced by the formation of a number of interagency committees to respond to family violence initiatives. It appears that interagency cooperation and, potentially, co-facilitation of projects by shelters and agencies best serve the interests of the respective special needs groups. Women residing at the shelter can access the relevant service organization, or staff from that organization may send service or support to the shelter. This is, however, predicated on the availability of community service providers, which unfortunately were not available for all special needs groups in all of the communities studied.

The community studies demonstrate that responding to special needs groups requires extra resources (staff and financial) on the part of shelters to provide services. As well, insufficient funding of community agencies, cutbacks in programs or their disappearance, lack of public education, and family violence issues impact on special needs groups. The absence of service providers in some areas results in long waiting periods for available services and in some cases no service at all for these women with specialized needs. Without this continuum of support and services, many of these women are put at risk of returning to abusive situations.

Consultation with selected national and provincial-level agencies and other organizations resulted in a number of suggestions and recommendations regarding the provision of services to these special needs groups. These included: expanded training of shelter staff and agency personnel to increase their understanding and knowledge of the specialized services required when special needs are compounded by family violence; the need for sufficient and accessible community services; the need for enhanced inter-agency cooperation to structure service delivery systems for all special needs groups which would involve shelters, their sponsor groups, law enforcement and justice agencies, service providers and others; and comprehensive follow-up and outreach services to provide the support and information to these women with special needs to enable them and their children to lead lives in a non-violent environment.

Résumé

1. DÉMARCHE

Le programme Opération refuge, mis en application par la Société canadienne d'hypothèques et de logement (SCHL) au nom de Santé et Bien-être social Canada, est l'un des éléments établis dans le cadre de l'Initiative interministérielle fédérale de lutte contre la violence familiale, laquelle offrait un soutien à une démarche nationale visant à contrer la violence familiale. En application du programme Opération refuge, des fonds d'immobilisation sous forme de prêts sans intérêt susceptibles d'une remise complète étaient consentis à des groupes de parrainage sans but lucratif et à des organismes des premières nations afin qu'ils créent des refuges d'urgence pour les femmes victimes de violence familiale et leurs enfants. Les prêts hypothécaires étaient accordés par la SCHL et faisaient l'objet d'une remise correspondant à un taux de un quinzième du prêt par année, sur une période de quinze ans, à condition que les groupes de parrainage continuent d'exploiter les installations comme des maisons d'hébergement, conformément aux modalités de l'entente hypothécaire.

Le programme accordait la priorité aux besoins des femmes qui étaient mal desservies par ce genre d'installations, comme les autochtones, les femmes rurales, les membres de minorités ethnoculturelles, les immigrantes et les femmes souffrant d'un handicap physique. Le programme Opération refuge ne prévoyait pas d'aide aux fonds de fonctionnement. Les groupes de parrainage devaient préalablement s'assurer d'obtenir un engagement de financement des dépenses de fonctionnement de la part de l'organisme responsable, à l'échelle fédérale, provinciale, territoriale ou autre, pour que la SCHL s'engage au financement. En général, le financement des dépenses de fonctionnement provenait en majeure partie des gouvernements provinciaux ou territoriaux (avec partage des coûts de la part du gouvernement fédéral, en application du Régime d'assistance publique du Canada), et d'Affaires indiennes et du Nord Canada, pour les maisons d'hébergement situées dans des réserves et dans des collectivités où les principales clientes étaient autochtones. Diverses sources sont venues suppléer au financement des dépenses de fonctionnement, notamment le financement à l'échelon municipal, les levées de fonds, les dons et les subventions.

À l'échelle du Canada, 78 maisons d'hébergement pour les femmes violentées et leurs enfants ont fait l'objet d'un financement découlant du programme Opération refuge. Vingt-quatre de ces maisons d'hébergement existent essentiellement pour desservir des familles autochtones. Ces maisons d'hébergement font partie des efforts plus globaux que déploie le Canada afin d'offrir aux femmes et aux enfants victimes de violence familiale l'accès à des refuges, soit un «système» qui compte plus de 400 maisons d'hébergement dans une grande mesure indépendantes.

L'évaluation d'Opération refuge : Dans le cadre de ses responsabilités relevant de l'Initiative interministérielle fédérale de lutte contre la violence familiale, la SCHL a entrepris une évaluation du programme Opération refuge. Dans l'ensemble, l'évaluation englobait le suivi du programme pendant plus d'un an (Système d'information sur la clientèle), ainsi que des enquêtes et de la recherche qualitative, notamment des études de cas, des groupes de discussion et la présente étude des besoins spéciaux.

2. OBJECTIF DE L'ÉTUDE SUR LES BESOINS SPÉCIAUX

La nécessité d'une étude sur les besoins spéciaux est ressortie du fait qu'un certain nombre de maisons d'hébergement pour femmes violentées ont signalé, pendant les activités du SIC, avoir de la difficulté à fournir des services aux femmes dont les besoins spéciaux viennent exacerber les problèmes de violence familiale.

On définit les besoins spéciaux comme étant ceux des femmes qui vivent des *situations différentes* attribuables, par exemple, à des problèmes de santé mentale ou à la maladie mentale, à l'alcoolisme ou à la toxicomanie, ou encore à des différences ethniques ou culturelles, notamment les origines autochtones (différences culturelles par rapport à la culture de la majorité), à l'appartenance à des groupes culturels différents ou à des minorités visibles (femmes souffrant d'obstacles linguistiques, ou nouvelles immigrantes), ou enfin à des handicaps physiques dont elles-mêmes ou leurs enfants sont affectés.

Ce rapport est un rapport d'ensemble sur les besoins spéciaux révélés par les études de collectivités particulières, et des points de vue ont été obtenus grâce à des entrevues supplémentaires avec des représentants d'organismes nationaux ou territoriaux, et d'autres organismes spécialisés.

3. MÉTHODES

L'étude a été menée essentiellement par entrevues, en personne et au téléphone, avec des groupes de parrainage, des employés de maisons d'hébergement et d'organismes communautaires, des représentants des autorités policières et de la communauté juridique, des professionnels de la santé et des membres de la collectivité s'intéressant à des aspects des besoins spéciaux, ou travaillant dans ces domaines, dans six collectivités canadiennes. Les chercheurs ont fait des entrevues avec quelque 16 répondants dans chaque collectivité visée par l'étude.

Les critères qui ont servi au choix des collectivités visées par l'étude sur les besoins spéciaux sont les suivants :

- facteurs géographiques garantissant une évaluation régionale (ouest, centre et est du Canada);
- proportion équilibrée d'emplacements urbains et ruraux (deux villes, une banlieue de grande ville et trois petites villes);
- deux maisons d'hébergement Opération refuge situées dans des secteurs connus comme ayant d'importantes populations multiculturelles;
- deux maisons d'hébergement Opération refuge hors-réserve, situées dans des secteurs où l'on sait que les autochtones sont nombreux (afin de déterminer, en

partie, si les femmes autochtones qui sont victimes de violence recourent aux maisons d'hébergement et aux services communautaires à l'extérieur des réserves).

Des entrevues supplémentaires ont été menées avec des représentants d'organismes nationaux et provinciaux choisis, et d'autres groupes qui travaillent à la prestation de services aux groupes ayant des besoins spéciaux qui nous intéressent.

4. INTÉGRATION AUX AUTRES COMPOSANTES DE L'ÉVALUATION

L'étude des besoins spéciaux a été étroitement intégrée aux autres composantes de recherche de l'Évaluation d'Opération refuge menées dans les maisons d'hébergement, particulièrement pour que les employés des maisons d'hébergement et les bénévoles n'aient pas à y consacrer trop de temps (le Système d'information sur la clientèle (SIC) requérait la préparation d'un sommaire mensuel des arrivées et des départs de clientes et la tenue d'entrevues de départ avec des clientes échantillonnées).

Concrètement, cela signifiait que certains éléments de la cueillette de données sur les besoins spéciaux étaient exécutés par les personnes qui s'acquittaient des diverses activités de recherche se déroulant sur le terrain dans le cadre de l'Évaluation d'Opération refuge.

5. MISE EN RELIEF DES RELATIONS ENTRE LES ORGANISMES

La composante relative aux besoins spéciaux comprenait, outre la cueillette directe d'information auprès des maisons d'hébergement, diverses activités visant à recueillir auprès d'organismes communautaires de l'information sur les besoins spéciaux non satisfaits (entrevues et consultations avec des organismes tirés de la liste des répondants possibles fournie par les maisons d'hébergement).

Chaque fois que c'était possible, dans les six collectivités visitées par les chercheurs où de tels organismes spéciaux existaient (il n'y avait pas dans toutes les collectivités étudiées des organismes s'intéressant à tous les groupes ayant des besoins spéciaux), les activités incluaient des entrevues détaillées sur les besoins spéciaux avec des organismes de santé mentale, des organismes s'intéressant à la toxicomanie, des organismes de services aux autochtones, des organismes de services aux minorités ethnoculturelles, des organismes de services liés aux personnes souffrant de handicaps physiques, et d'autres organismes qui offraient des services d'intervention d'urgence (par exemple, les hôpitaux, la police, etc.) et qui étaient au fait des circonstances entourant les besoins spéciaux.

6. COMPOSANTES DU RAPPORT

Aux fins de la présente étude, pour comprendre les besoins des femmes victimes de violence familiale et ayant des besoins spéciaux, l'équipe de l'étude a examiné les circonstances et les démarches suggérées (du point de vue des maisons d'hébergement et des organismes) pour répondre aux besoins de chaque groupe ayant des besoins spéciaux : les femmes d'origine autochtone; les femmes membres de minorités ethnoculturelles; les femmes souffrant de

problèmes de santé mentale; les femmes qui ont des problèmes d'alcoolisme ou de toxicomanie; et les femmes souffrant de handicaps physiques. L'étude a aussi examiné en détail les stratégies entre organismes et les écarts entre le service offert et le service requis qu'ont signalés tous les participants. La dernière section du rapport descriptif principal comporte des observations tirées d'entrevues avec des organismes nationaux et provinciaux choisis s'intéressant à des besoins spéciaux. La conclusion du rapport est constitué des points saillants résumant les principales conclusions.

7. SOMMAIRE ET CONCLUSIONS

Les études des collectivités ont indiqué que les maisons d'hébergement peuvent répondre plus facilement à certains besoins spéciaux qu'à d'autres. La plupart des maisons d'hébergement ont rendu leurs installations assez accessibles pour la plupart des femmes ayant des handicaps physiques. Les maisons ont aussi tenté de s'adapter à la culture et aux traditions des femmes autochtones et des immigrantes ou des femmes membres de minorités ethnoculturelles.

Cependant, il se révèle beaucoup plus difficile de répondre aux besoins spéciaux des femmes qui ont des problèmes graves de santé mentale, des problèmes de toxicomanie ou une combinaison de besoins spéciaux. Cette situation est attribuable aux problèmes relevés par les maisons d'hébergement, notamment le manque de formation du personnel, les niveaux de financement insuffisants, les menaces à la sécurité des autres femmes et des enfants hébergés et l'insuffisance (dans certaines collectivités) de services communautaires ou de sources d'aiguillage. Bien qu'on s'entende généralement pour dire que la plupart des maisons d'hébergement ne devraient pas même essayer de traiter les cas de problèmes graves de santé mentale et de toxicomanie, et les cas de besoins spéciaux multiples, on considère généralement que toutes les maisons d'hébergement devraient posséder les compétences et les mécanismes nécessaires pour diriger ces femmes vers les services compétents et leur offrir une aide efficace.

On a également signalé que des maisons d'hébergement ont tenté de rendre leurs installations accessibles pour les femmes autochtones et les immigrantes ou les femmes membres de minorités ethnoculturelles, mais que des problèmes de prestation de services subsistent en ce qui concerne ces groupes. Par exemple, les femmes autochtones victimes de violence familiale ont des besoins culturels et connexes variés, en matière de spiritualité, de statut et de compétences parentales, qui font qu'elles préféreront rechercher les services d'une maison d'hébergement spécialement conçue pour les femmes autochtones. Les immigrantes et les femmes membres de minorités ethnoculturelles rencontrent des obstacles différents et particuliers. Elles hésitent souvent à quitter une situation d'abus parce qu'elles craignent de perdre leur statut d'immigrante ou d'être mises au ban de leur collectivité. Les obstacles culturels et le manque d'interprètes entravent aussi les efforts que déploient les maisons d'hébergement et les organismes pour répondre aux besoins des femmes de groupes ethnoculturels.

Pour la plupart des groupes ayant des besoins spéciaux, les maisons d'hébergement peuvent obtenir du soutien et des conseils de la part d'organismes de services communautaires qui répondent aussi aux besoins des femmes victimes de violence familiale ayant des besoins spéciaux (bien qu'on ait signalé une maison d'hébergement qui fonctionnait de façon isolée, ne recourant

pas à des programmes communautaires). Des rapports de coopération de cette sorte fonctionnent bien dans la plupart des collectivités, comme en témoigne la création d'un certain nombre de comités d'organismes visant à mettre en application les initiatives de lutte contre la violence familiale. Il semble que la collaboration entre les organismes et, éventuellement, la mise en application conjointe de projets par les maisons d'hébergement et les organismes, sont la meilleure façon de répondre aux intérêts de chaque groupe ayant des besoins spéciaux. Les femmes hébergées peuvent avoir accès à l'organisme de service compétent, et le personnel de tel organisme peut fournir des services ou du soutien à la maison d'hébergement. Cependant, cela suppose que ces fournisseurs de services communautaires existent, ce qui n'est malheureusement pas le cas pour tous les groupes ayant des besoins spéciaux dans toutes les collectivités visées par l'étude.

Les études des collectivités révèlent qu'il faut aux maisons d'hébergement des ressources supplémentaires (humaines et financières) pour offrir des services répondant aux besoins des groupes ayant des besoins spéciaux. Ces groupes subissent aussi les effets du financement insuffisant des organismes communautaires, des réductions ou des suppressions de programmes, du manque d'information publique et des problèmes liés à la violence familiale. L'absence de fournisseurs de services dans certaines régions donne lieu à de longues périodes d'attente; dans d'autres régions, les femmes ayant des besoins spéciaux n'ont pas du tout accès à de tels services. En l'absence de soutien et de services harmonisés, bon nombre de ces femmes risquent de retourner à une situation de violence.

La consultation d'organismes choisis, notamment d'organismes nationaux et provinciaux, a donné lieu à un certain nombre de suggestions et de recommandations concernant la prestation de services aux groupes ayant des besoins spéciaux, dont les suivantes : une meilleure formation des employés des maisons d'hébergement et des organismes, de sorte qu'ils comprennent et connaissent mieux les services spécialisés requis quand des besoins spéciaux exacerbent les problèmes de violence familiale; la présence de services communautaires suffisants et accessibles; une meilleure coopération entre les organismes, de manière à structurer les systèmes de prestation de services pour tous les groupes ayant des besoins spéciaux avec la participation, notamment, des maisons d'hébergement, de leurs groupes de parrainage, des autorités policières et de la communauté juridique, et des fournisseurs de services; enfin, des services complets de suivi et de diffusion fournissant appui et information aux femmes qui ont des besoins spéciaux, de sorte qu'elles puissent vivre, avec leurs enfants, dans un milieu sans violence.

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1. Introduction

1.1 APPROACH AND CONCEPTUAL FOCUS

Project Haven: The Project Haven Program, delivered by Canada Mortgage and Housing Corporation (CMHC) on behalf of Health and Welfare Canada, was a component of the federal government's interdepartmental Family Violence Initiatives which provided support to a national approach against family violence. The Project Haven Program provided capital funds in the form of non-repayable interest-free and fully forgiveable financing to non-profit community groups and First Nations to create emergency shelters for women and their children who experienced family violence. Mortgages were provided by CMHC and forgiven at a rate of one fifteenth of the mortgage per year over the fifteen year period, provided that the sponsor groups continue to operate the facility as a shelter under the terms of the mortgage agreement. The priority of the program was to focus on the needs of those women currently underserved with this type of accommodation such as Aboriginal, rural, visible minority, immigrant and physically-disabled women.

Project operating assistance was not provided under Project Haven. Sponsor groups had to secure an assurance of operating assistance from the responsible federal, provincial, territorial or other agency prior to CMHC's commitment of funds. In general, most of the operating funding for these shelters was provided by provincial/territorial governments (with Federal cost-sharing under Canada Assistance Plan) and from Indian and Northern Affairs Canada, for shelters located on reserves, and in communities primarily serving aboriginal women. Operating funding was often supplemented by different sources, including municipal government funding, fundraising,donations and grants.

There are seventy-eight shelters for abused women and their children which received funding under the Project Haven Program across Canada. Twenty-four of these shelters are targetted primarily for Aboriginal families. These shelters are part of Canada's larger effort at providing shelters for women and children experiencing family violence -- a "system" including over 400 largely independent shelters.

Evaluation Background: In 1992-93, on behalf of the Government of Canada and in consultation with Health and Welfare Canada, Canada Mortgage and Housing Corporation (CMHC) collected basic information for an evaluation of the Project Haven Program.

The evaluation comprised of a number of components occurring as part of CMHC data collection activities. These components included: the development of a Client Information System (CIS) which provided profiles of the types of clients served by the program, their needs for housing assistance and the provision of services to meet client needs; a CMHC Sponsor Survey which obtained sponsor group views on the Project Haven Program, shelter policies, funding issues and short and long-term housing needs of shelter clients; a Community Needs and Impacts Study which provided information on the needs of women living in various types of communities including Aboriginal women, rural women and women living in remote northern locations. The focus of this report, *A Study of the Special Needs of the Unserved Population of Abused Women* examines issues of access to shelter services.

Objective: This specific study stemmed from reports from a number of shelters during CIS operations that some shelters for abused women were having difficulty providing services to women whose experience of family violence is compounded by special needs.

Special needs are defined here as including such *different situations* of women as poor mental health or mental illness, alcohol, drug or substance abuse, or *ethnic/cultural differences*, such as Aboriginal background, ethnocultural minority background (e.g., women who have language barriers, or are new immigrants), and women with physical disabilities, or with children with physical disabilities.*

This report is an overall report on special needs as evidenced by studies of specific communities, with perspective provided through additional interviews with selected national, provincial and other specialist agencies. Specific implications are identified for Project Haven and related CMHC programs.

Conceptual Focus: The work for this study, as outlined below, considered abused women having specialized needs within a specific framework. For the purposes of this research, this framework included examination of the following topics:

- *the special circumstances of women* who experience family violence and who at the same time face mental health problems, are physically challenged and/or have problems of alcohol, drug and substance abuse;
- *the special circumstances of women* who experience family violence and for whom at the same time services may not be accessible or culturally appropriate. These women include women of Aboriginal background, and women of ethnocultural minority background including new immigrants.
- concerns such as where women go when they are not served by existing shelters;
- *obstacles which shelters may face* in responding to the needs of clients with these special needs, including special strategies (interagency arrangements, referral protocols, etc.) which shelters have developed to deal with special needs; and
- *inter-agency strategies* and cooperative practices designed to meet the unique needs of women who are victims of family violence and who also have special needs.

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* Physical disabilities were examined in this study in a manner similar to the way in which other special needs were studied, but this was done primarily for comparative purposes -- not as a main focus of the study -- as other studies have examined the specific situation of disabled women who experience family violence. See, for example: Masuda and Ridington, 1992.

Operational Details: Design and implementation of the special needs component of the evaluation reflected a variety of considerations. These related to both the nature of each special needs issue and the activities undertaken for the Project Haven Evaluation (case studies, focus groups, sponsor survey, etc.):

- **Qualitative Orientation:** The exploratory nature of this research, and the likely large variety of organizational actors serving abused women with special needs, are both factors which pointed towards a largely qualitative research effort.

- **Interagency Emphasis:** The special needs component included, in addition to direct information gathering from shelters, a variety of contacts (interviews and consultations) with community agencies or organizations (from lists of potential interviewees provided by shelters) to collect information about unmet special needs.

  Wherever possible, in the six communities visited by the researchers where such special needs organizations exist (agency/organizations for some special needs groups were not found in all communities studied), contacts were designed to include detailed special needs interviews with mental health organizations, organizations dealing with substance abuse, Aboriginal service agencies, multicultural and visible minority service agencies, physical disabilities service agencies, and other agencies involved in crisis intervention (e.g. hospitals, police, etc.) which are aware of special needs circumstances.

- **Consultations at Two Levels:** Consultations and interviews for the broader study were undertaken at two levels: the local community level, to complement shelter information; and also at the provincial and national organization levels. It is anticipated that the blend of "grass roots" and "policy perspectives" of these two levels will be complementary.

- **Integration With Other Evaluation Components:** The special needs study was closely integrated with other research components of the Project Haven Evaluation that were being conducted at shelters (the Client Information System (CIS) that included a monthly summary of client entries and departures as well as an interview to be administered to departing clients on a sampled basis), particularly to limit the time demands placed on the shelters' staff and volunteers.

  Operationally, this meant that some components of the special needs data collection were undertaken by the research parties engaged in the various field activities that were taking place for the Project Haven Evaluation.

- **Instruments:** Two special needs questionnaire modules were the key instruments in the data collection for this study: special needs module for shelters; and special needs module for agencies.

1.2 BACKGROUND RESEARCH

Planning and Start-up Activities: Work began on the Study of the Special Needs of the Unserved Population of Abused Women in April, 1993. Initial components of the special needs research included consultation with CMHC on the relation of the special needs component to evaluation issues and background research, including an examination of existing studies and research. Components of this initial work included: review of background materials and research (see Appendix A); preparation of data collection instruments, briefing materials/manuals, protocols for training on data collection instruments and procedures for the special needs research; preparation of assignments for field study activities; communications/liaison with shelters; and scheduling of field study activities; and training of researchers on an individual basis by the Project Haven study team followed by a training conference call with CMHC staff; and

Field Research Activities: A pilot study for the instruments and method was conducted in one community (discussions with shelter personnel, sponsor group and agency/organization representatives) in early June, 1993. Follow-up work for the conduct of the special needs research (five additional community studies) was completed by SPR researchers in June-July, 1993.

Data Integration/Analysis Activities: SPR's work to combine and interpret this data in September to December 1993 included: summation of the six community special needs assessments within a single overview report; integration with special needs data generated from CMHC's Sponsor Survey and interviews by the SPR Project Haven Study Team with non-governmental organizations (NGOs) involved in special needs at the provincial (Ontario and Quebec only) and federal levels; and consultation with the Corporation's Program Evaluation Division, and preparation of an integrated report for use by the Program Evaluation Division.

1.3 METHODOLOGY

Community Studies: The methodology included personal and telephone interviews with sponsor groups, shelter personnel and community agency/organization staff, law enforcement and justice officials, health care professionals and community members interested or involved in areas of special need, in six communities in different regions of Canada. Researchers interviewed approximately 16 respondents in each community studied.

Communities for the Special Needs Study were chosen according to the following criteria: geographical considerations to ensure a regional assessment (Western, Central and Eastern Canada); balance between urban and rural locations (two cities, one suburb of a large city and three small towns); two Project Haven shelters located in areas known to have large multicultural populations; and two Project Haven shelters off-reserve located in areas known to have significant Aboriginal populations (to determine, in part, if Aboriginal women who are victims of violence are accessing shelters and community services off-reserve).

Components of the field study included:

- o Initial contacts by CIS staff to sponsors (Chiefs, Boards of Directors, etc.) shelter personnel to explain what the study involved, ask them to participate, schedule appropriate times for the researchers to visit their communities and to request a list of potential interviewees (e.g. agencies/ organizations within the community providing services and programs to special needs populations, sponsor group representatives, etc.);*

- o Scheduling of interviews from lists of potential interviewees provided by shelters (agencies, organizations, sponsor groups, etc.);**

- o Conduct of the scheduled field activities. Conduct of additional interviews scheduled on-site (the study instruments were designed to capture other agencies or organizations that could contribute relevant information for the purposes of the study); and

- o Follow-up thank you letters from the Program Evaluation Division.

National, Provincial-Level Interviews: Interviews with selected national, provincial (Ontario, Quebec) and other selected organizations were initiated in January 1994, and completed in February 1994. These interviews provided complementary data on special needs from the point of view of these organizations which provide specialized services to the particular groups studied.

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* Please see Appendix B for a list of the types of agencies/organizations visited by the researchers.

** To minimize response burden and to work within shelter staff time constraints, the Special Needs Study Team took responsibility for scheduling all appointments with agency personnel, sponsor group representatives, etc.

1.4 ADMINISTRATIVE PROCEDURES

Communications Protocols: The communications approach to shelters and communities included: Provision of a hotline number for both researchers and shelters in the event of problems; and Provision of telephone back-up for field researchers for extended hours.

Confidentiality: Respondents and participants were informed of the purpose of the study, the identity of the study sponsor, the voluntary nature of the study and the procedures which had been established to assure confidentiality of all information.

Reports: Reports submitted to CMHC included the design report, draft report and final report. Study instruments were submitted to CMHC for approval. French translations of special needs study materials were prepared by SPR for use in Quebec, and reviewed by CMHC.

1.5 COMPONENTS OF THE FINAL REPORT

For the purposes of this study, to understand the needs of women who are victims of family violence and who also have specialized needs, the study team examined the circumstances, and suggested approaches (from both the perspective of shelters and agencies/organizations) to respond to the needs of each special needs group: women who are of Aboriginal background; women who are of ethnocultural minority background; women who have mental health problems; women who have drug, alcohol or substance abuse problems; and women who have physical disabilities. As well, interagency strategies, gaps in service and service needs, as identified by all participants, have been addressed in detail. The final section of the main descriptive report includes observations from interviews with selected special needs bodies at the national and provincial levels. The report concludes with a highlights section summarizing key findings.

1.6 LIMITATIONS OF THE STUDY

The study of the Special Needs of the Unserved Population of Abused Women had limitations typical of this type of research. For example, the selection of case study communities was small in number, so that statistical representativeness could not be assured. Similarly, in the consultation component, not all key organizations could be interviewed. Finally, special needs are complex and difficult to conceptualize and measure.

Even so, the results provide a rich picture of issues and concerns, and directions for future program development.

2. The Case Study Shelters and Communities

Short profiles of each of the six shelters and communities studied follows below.

Shelter 1: This shelter is located in a rapidly growing urban centre of approximately 65,000 people and serves an area encompassing several smaller communities, a number of Indian reserves and a large rural population. This shelter (with a capacity to house nearly 20 women and children) was acquired with Project Haven funds in 1991. A full range of residential and non-residential services are offered, including information, referrals, advocacy, individual counselling for women and counselling for children.

This organization believes that "women and children have a right to a safe environment, free from mental, physical, sexual or emotional abuse". Women are encouraged to bring their children, although males over the age of 16 are not allowed to accompany their mothers to the shelter.

The community appears to have recognized the need for the shelter and offers it a high degree of support. Service clubs, church groups and private individuals make generous donations and there is a favorable response to fundraising efforts. However, shelter respondents reported that the police could benefit from continuous training, the responsiveness of certain legal aid lawyers could be improved and the sensitivity of social services personnel that deal with individual women was sometimes insufficient.

Shelter 2: This shelter is located in a small town (population under 5,000), but serves an area which includes many other small towns, five Indian reserves, several islands, a significant multicultural community and a large rural area with a total population of 50,000. The doors were opened six years ago and 10 residents (women and children) can be accommodated. Residents are provided with support and information and shelter staff play advocacy roles on behalf of women. Counselling for both residents and non-residents is available through an organization related to, but separate from, the shelter.

This shelter was born from the activities of an organization that adopted a feminist philosophy. Shelter services are oriented toward women and children and are not offered to abusive partners. Staff at this shelter reported that "mixed gender" and family approaches do not acknowledge important power differences in relationships and may often further endanger women and children. Women are encouraged to bring their children, but male children over the age of 16 are not allowed to stay at this shelter.

While family violence is viewed as a very serious problem in this community, respondents rated the community as only "somewhat supportive" and attributed this to some community disagreement with the shelter's feminist philosophy. Shelter staff reported that police response varied among the detachments in the area and that some social services personnel could show greater sensitivity and more understanding when dealing with women that have been referred by the shelter.

Shelter 3: This shelter's catchment area covers nearly a dozen townships, which include several towns, villages, and Indian reserves, with a total population of nearly 60,000 (the population of the town in which the shelter is located is about 10,000). There is a large ethnocultural community in the area. The shelter has been open for nearly 2 years and can accommodate more than 20 women and children. Residential counsellors provide information, referrals, support, children's programs and counselling for women. The umbrella organization offers similar non-residential services at a counselling centre.

The mission statement of this shelter stresses "the dignity of all women and children, irrespective of race, colour, creed, age or disability". Their mandate is to provide services to women over the age of 16 who are in a primary relationship and to these women's children. The mandate has also identified two groups within the community as having special needs: rural women in abusive situations and women from a large ethnic population. Services are not provided to men. There is no formal policy regarding the age or gender of children that may accompany their mother to the shelter.

Community support for this shelter was reported to be very high, as illustrated by generous donations and successful fundraising efforts, but respondents identified some groups that are still unsupportive. A coordinating committee (of representatives of community agencies and the community at large) has been established to examine how the needs of women and children who are victims of family violence can be better met.

Shelter 4: This eight-year old shelter can accommodate 15 women and children. It is located in a suburban community and serves an area with a population of 500,000. This shelter provides services to a large population of immigrant women and includes services such as translation and counselling in the women's first language. Services to non-residents and former residents are limited, although one afternoon per week has been set aside for visits by former residents.

This shelter reported favouring a "global feminist approach" and described their service model as being "group and individual feminist intervention", which attempts to steer women toward achieving greater autonomy. There are no limitations on the gender or age of children who may stay at the shelter with their mothers.

Although attitudes are improving, shelter staff reported the special difficulties of working against family violence in the different immigrant communities. They were satisfied with the level of support they received from service agencies, but would like to get more assistance from the police. This shelter is a member of an interagency committee on family violence.

Shelter 5: The town in which this shelter is located has a population of about 10,000 and the population of the catchment area (which includes smaller towns, many villages and a very small reserve) is 40,000. Since 1990, this organization has offered shelter to women living in the town as well as to a large rural population. The majority of this organization's clients are served on a non-residential basis and counsellors provide extensive outreach services throughout the catchment area.

This shelter's mission statement reads that it's purpose is "to assist abused women and their families". The mandate is "counselling and support" and the delivery model is based on multifaceted service to the whole family. Programs are available both at the shelter and throughout the community for women, children, teens and men. There is no policy regarding the age or gender of children who may stay at the shelter.

Different groups in the community were reported to offer the shelter varying levels of support. An interagency committee on family violence has been formed among representatives of community agencies in order to establish a better network. Shelter staff reported that the criminal justice system did not serve abused women well, but expressed optimism that a newly-appointed Chief of Police has increased awareness of family violence issues, at least among the police force.

Shelter 6: The catchment area of this shelter covers a city (in which the shelter is located), three counties with many towns and villages, and several Indian reserves. The population served is approximately over 100,000, the vast majority of whom live in the surrounding rural areas. All programs at the shelter are available to residents, non-residents and former residents. Services include information, support, referrals and children's groups. The provision of counselling was not "built in", but staff is available to talk with women and children. Three outreach offices provide non-residential services to outlying areas.

The service model of this shelter has its roots in feminist philosophy and its mandate is to "provide a safe place for women to make choices and decisions for their lives". Services are not provided to abusive partners, but there are programs for children (available to the children of residents, former residents and to children referred from other agencies/organizations). Male children over the age of 15 are not permitted to stay at the shelter.

Widespread denial of family violence as a community problem still exists, but community attitudes towards family violence were reported to be "improving". Many respondents noted that the shelter received a lot of community support, but others felt that some people were only "paying it lip service". This organization is very active in its work with local community agencies. It is represented on an interagency committee for family violence prevention, an interprovincial committee on domestic violence and on other committees dealing with related issues.

Detailed Assessments: In the following sections, the circumstances, obstacles faced and suggested approaches for each special needs group, from both the perspective of shelters and the personnel of community agencies/organizations, have been summarized. As well, gaps in service and service needs, as identified by all participants, have been addressed in detail.

These assessments have been presented in relation to each special needs target group considered.

3. Special Needs Circumstances

3.1 SPECIAL NEEDS GROUPS

For the purposes of this study, to understand the needs of women who are victims of family violence and who also have specialized needs, the study team examined the special needs circumstances of: women who are of Aboriginal background; women who are of ethnocultural minority background; women who have mental health problems; women who have drug, alcohol or substance abuse problems; and women who have physical disabilities.

These groups are highly significant in Project Haven. For example, estimates from shelters suggest that Project Haven shelters serve over 3,000 women a year who are women of Aboriginal or other visible minority or immigrant status, over 1,400 women with drug/substance abuse problems, and over 700 with mental health problems. That these last groups represent special demands on shelters and special access problems is suggested by shelter reports (Program Evaluation Division (PED) Sponsor Survey) that 56% of women with mental health problems and 39% of women with drug/substance abuse problems cannot be sheltered.*

3.2 SPECIAL NEEDS OF RURAL WOMEN

Respondents in communities with large rural populations within their catchment areas identified rural women as also being a group with specialized needs, therefore the needs of rural women have also been addressed, in part, in this report. (See Report on Community Needs and Impacts Study of Project Haven Shelters - A Report Focused on Shelters in Non-Aboriginal Communities for a further discussion of the needs of rural women.) A brief overview of the situation of women with multiple special needs who experience family violence has also been included in this report.

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* Estimates by SPR team, from PED Sponsor Survey. Numbers and estimates are based on the assumption that responding shelters are representative of all CIS shelters.

3.3 WOMEN OF ABORIGINAL BACKGROUND WHO EXPERIENCE FAMILY VIOLENCE*

It was generally agreed upon by shelter staff and agency respondents that many Aboriginal women who experience family violence have cultural and other special needs in the areas of cultural differences, spirituality, mental and physical health, status concerns** and alcohol, drug and substance abuse. This finding was most apparent in reserve communities and other communities studied with sizable Aboriginal populations whose shelters offered service to a high proportion of Aboriginal clients.

Also, Aboriginal women often come from family structures in which the extended family and elders become involved in their family violence situation. They will often not reach outside of their family situation to access services. One respondent argued that the extended family system of Aboriginal communities is both their greatest strength and their greatest weakness. However, there are many instances of an Aboriginal woman not being provided with a safe environment within the family system.

Fears about losing their status (potential loss of Band membership) and property rights (house on reserve) further compounds the situation of an Aboriginal woman suffering from family violence and these legal problems add to her stress, report respondents.

The cultural differences in parenting where the extended family plays a much greater role in child care makes it difficult for some Aboriginal women to accommodate themselves to the rules of some shelters. They have come from a family and community background where there is more sharing of the children and they may be unaccustomed to the concept of a parent solely caring for a child or children. Being solely responsible for their children while at the shelter was a "real problem" for the women, leading in many cases to a feeling of confinement and subsequent early departures, shelter staff commented.

Shelter staff and Friendship Centre respondents noted that family violence is often combined for Aboriginal women with alcohol and drug abuse (by victims and/or their partners), complicated family situations (increased stress and crisis within families), and lack of economic opportunities or poverty. Aboriginal women are also more likely to have more children, and at a younger age, which complicates their attempts to live independently after leaving an abusive situation. Discrimination and stereotypical attitudes, found in society in general, are further problems faced by Aboriginal women striving to achieve independence.

Respondents from communities with small Aboriginal populations noted far fewer differences in the needs of the small number of Aboriginal clients accessing shelter and community services due to a greater assimilation of this small population into the community at large.

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* For the purpose of this study, interviews were conducted with staff of off-reserve shelters and the community agencies and organizations that interact with these shelters.

** Status concerns relate to fears about potential loss of First Nations Band membership.

3.4 WOMEN OF ETHNOCULTURAL MINORITY BACKGROUND WHO EXPERIENCE FAMILY VIOLENCE

The special circumstances of women of ethnocultural minority background who are victims of family violence were reported to be linked in part to two factors: immigration status and length of stay in Canada. Special circumstances were also attributed by some respondents primarily to isolation and dependency on their spouse, cultural differences and language barriers, circumstances that were found in newly established ethnocultural communities as well as in a community studied that had a large long-established ethnocultural population. The problems of new immigrants who are victims of family violence were reported to be further complicated by economic difficulties, unfamiliarity or mistrust towards institutions and government policy. In general, women of ethnocultural minority or background were reported, in the communities studied, to be accessing shelter services in very small numbers except for a shelter providing services to a large population of immigrant women.

Many of these women, in the opinion of respondents, lack confidence in their ability to survive on their own in a new country, especially when accompanied by children. Language barriers may make it more difficult for these women to receive information on what is available to them when they experience family violence and abuse. While most may be aware that wife assault is a crime their dependency on both their spouse and their cultural community may make them reluctant to leave the abusive situation. In addition, respondents noted, because many of the women in this specialized need group fear institutions (perhaps as a result of their experiences in their country of origin) they hesitate to contact the police or other community agencies.

The tendency to treat family violence as a private matter is exacerbated by isolation and fear. Women may be reluctant to leave their abusive situation for fear that they will be ostracized by their community. Also, more senior members of the family or community frequently try to convince recent immigrants not to leave abusive situations, due to their concern that their reputation and the reputation of their community not be tarnished.

Women are often dependent upon their spouses for their resident or immigration status and fear they will jeopardize their status by leaving an abusive situation. Immigration status also has economic implications. If a woman is sponsored to Canada, she is not entitled to receive social assistance and therefore, if she does not have a job, she would be unable to support herself (and her children) if she left the abuser.

Respondents noted that immigrants with English/French language difficulties generally have fewer job skills and opportunities because they do not have the language skills necessary to train for many kinds of employment or are unable to use their skills from another country. This may also contribute to an immigrant woman's economic dependence on her partner and her hesitancy to leave an abusive situation.

A sizeable number of non-immigrant women whose spouses are of ethnocultural minority background, observed staff from a shelter, prefer to come to the shelter providing services to a large population of immigrant women. The women have reported to shelter staff the positive benefits they receive of both being able to participate more freely in group counselling and of sharing their experiences more openly with immigrant women because of the commonality of their present situations.

3.5 WOMEN WITH MENTAL HEALTH PROBLEMS WHO EXPERIENCE FAMILY VIOLENCE*

Women who are victims of family violence and who also have a mental health problem often face credibility circumstances that other victims may not, in the opinion of some community respondents, because they are less likely to be believed. They are also more likely to have little or no self-confidence. Respondents reported that the women's mental health problems are, in some cases, the result of the abuse they have experienced.

Characteristics and circumstances of women falling within this special needs group as described by interviewees, often include disorientation, inability to make decisions, severe adjustment problems, difficult issues relating to their children, risk of suicide, psychotic episodes and often a history of victimization. Shelters report being unable to shelter these women when they exhibit these characteristics to the extent that they are unable to look after themselves or their children.

Some respondents were of the opinion that over-medication of women with mental health problems (e.g. depression) by health professionals or medical facilities results in women within this special needs group "finding refuge" in prescription drugs and developing other problems for lack of adequate care.

In some communities studied, there were reports from interviewees of the communities being underserved by psychiatrists, reports of medical practices being closed to further patients and long waiting lists for both women and children to see mental health therapists creating further difficulties for women within this special needs group.

A major issue facing one shelter and management committee in a community studied is responding to the needs of clients who are survivors of ritual abuse and have developed Multiple Personality Disorder (MPD). This has come to occupy much of the time and concern of the staff operating this shelter.

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* For the purpose of this study, shelter staff and agency/organization personnel were allowed to define "mental health problems" according to their own experience and knowledge.

3.6 WOMEN WITH SUBSTANCE ABUSE PROBLEMS WHO EXPERIENCE FAMILY VIOLENCE

Shelter staff commented that an addiction may be difficult to identify when a woman is in crisis. The special circumstances of women who are victims of family violence and who also have a substance abuse problem depend upon when the addiction is discovered by shelter staff. Women using drugs or alcohol may be refused admittance at some shelters. Even if she is admitted, a woman may find the no drug/alcohol rules too difficult to adhere to and choose to leave.

In many cases respondents observed both the victim and the abuser have an addiction which may heighten the chance that many of these women, during alcohol or substance abuse episodes, may have experienced more violence, they may have been sexually assaulted or they may have had their money stolen. When both parents have a substance abuse problem, the situation is made more complicated for any children that are involved.

In the opinion of some interviewees, victims of family violence with this specialized need are more likely to have a family history of violence or sexual abuse. They went on to say that the women may be denying the abuse they are currently experiencing in the same way as they are likely to deny their addiction. Some use drugs or alcohol to cope with their abuse and fear. These women are also more likely to be suffering from economic and social deprivation.

3.7 WOMEN WITH PHYSICAL DISABILITIES WHO EXPERIENCE FAMILY VIOLENCE

Women with physical disabilities are particularly vulnerable, given problems of lack of mobility, limited availability of special transportation for people with disabilities, isolation and barriers to communication (hearing or visual impairment) respondents agreed. It was noted that they are often in a dependency relationship with non-disabled partners. Spouse/partners may have increased power over the women, keeping them isolated and unable to access shelter and community services. It was also reported that abuse towards the women may occur from a number of people: spouse/partners; family members including children; caregivers and attendants. Lack of awareness in the community with respect to women with physical disabilities experiencing family violence was cited as another difficulty in gaining acceptance of the issue as a serious one. The concurrent difficulty faced by women with physical disabilities of trying to gain a higher profile in the community around issues such as employment equity and housing needs was also reported to be a vulnerability factor.

The need of many women with physical disabilities to access suitable housing (i.e., accessible for the physically disabled) and to cope with everyday situations (i.e., shopping, transportation) increases the difficulties they face in living independently after leaving an abusive situation.

3.8 RURAL WOMEN WHO EXPERIENCE FAMILY VIOLENCE

Rural women in abusive relationships were reported to face many difficulties different from those of urban women. Because of their isolation, they, in many cases, may lack a community support network, have severe transportation difficulties, can be easily isolated from the rest of the world (e.g., if their only connection, the telephone, is ripped out), may have limited knowledge of available services, and hesitate to use services, even if they have some knowledge of what is available, because of the social stigma (the women being ashamed to have neighbours know of the abusive situation) attached to reaching out for help.

The difficulty of guarding confidentiality in small communities (for both safety and anonymity reasons) compounded by the expectation that family violence be regarded as a private family matter are further barriers to rural women experiencing family violence accessing shelter and community services.

One shelter respondent commented that it is difficult to gain the confidence of these women and "to get into a rural community". Until women hear from someone they know, or at least know of, who has used the shelter service, they hesitate to use the service themselves.

3.9 WOMEN WITH MULTIPLE SPECIAL NEEDS WHO EXPERIENCE FAMILY VIOLENCE

There are no specific estimates of the number of abused women who have multiple special needs. However, the problem of numerous special needs is very common, both shelter and agency personnel agreed, with women of Aboriginal ancestry, those with substance abuse problems and women with mental health problems.

In particular, interview respondents went on to say, Aboriginal women suffering from family violence who also have severe mental health problems, fetal alcohol syndrome, substance abuse problems and/or are disabled not only have difficulty accessing shelters, but also community programs (e.g., alcohol and drug counselling, mental health, etc.) due to an observed unfamiliarity with Aboriginal culture on the part of some community agencies or organizations.

In the view of agency or organization staff interviewed, multiple special needs have often been observed when women experience alcohol and drug problems (history of sexual, physical abuse, victimization), for women of Aboriginal background (physical abuse, substance abuse, poverty) and for women with mental health illnesses (substance abuse including over-medication and history of victimization). Many respondents argued that the more special needs a woman has, the more vulnerable and isolated she is, and the more barriers she faces when attempting to access shelter or community services to deal with an abusive situation.

4. Response From Shelters

This section outlines the obstacles faced and the approaches taken by shelters and their staff in responding to the needs of women who are victims of family violence and also have specialized needs.

4.1 WOMEN OF ABORIGINAL BACKGROUND WHO EXPERIENCE FAMILY VIOLENCE

All shelters attempted to accommodate the culture and tradition of Aboriginal women to the extent possible, with two shelters currently instituting individualized programs and policies to accommodate the special needs of their large number of Aboriginal residents.

Some of the efforts made by the various shelters to accommodate Aboriginal women and their culture and tradition include collecting material from First Nations bands (e.g. videos on family violence as it relates to Aboriginal communities), accommodating different diets, accommodating different ways of parenting, having Aboriginal volunteers to help staff, making special arrangements to accommodate Aboriginal traditions (for example, allowing the extended family to visit, having an elder come to speak), taking cultural training offered by Aboriginal organizations and accessing community services both in general and those orientated to the Aboriginal population.

Shelters have both formal and informal referral arrangements with agencies to meet the needs of abused women of Aboriginal background. Special arrangements with a local Aboriginal health clinic and Friendship Centre have been made by one shelter. The health clinic respondent reported satisfaction with the shelter's efforts to accommodate the special needs of Aboriginal clientele. Other referral sources used by the shelters include a large Aboriginal organization in a nearby urban centre and an Aboriginal Council for drug and alcohol abuse programs.

Aboriginal women will often not go outside of their family systems to access shelter services and when they do, some respondents reported, their length of stay is shorter than for the average resident. This has been attributed by some respondents to Aboriginal women not feeling comfortable within an environment culturally different from their own, even though many of the shelters expend considerable effort to accommodate their special needs.

Housing problems are especially severe for Aboriginal women leaving the shelter and wanting to live independently. Shelters helping the women to find housing reported that many of these women face difficulties in accessing affordable accommodation off-reserve and are subjected to discrimination from landlords.

4.2 WOMEN OF ETHNOCULTURAL MINORITY BACKGROUND WHO EXPERIENCE FAMILY VIOLENCE

Of the six shelters, one shelter provides services to a large population of immigrant women. Another shelter is attempting to reach out to a large ethnocultural population it feels is not accessing shelter services due to cultural and language barriers. There is a significant ethnocultural minority in the area served by a third shelter, but no substantial multicultural populations in the areas served by the other three shelters. The opinions of shelter personnel from all six communities studied are reflected, however, in this section of shelter responses to this specialized need.

The shelter with a large population of immigrant women provides service to every non-English/ French-speaking woman in her first language, or with the help of interpreters. A keen concern for respecting cultural and religious values is also an important part of their service provision. Services provided by this shelter to immigrant and refugee women, in addition to interpretation, include accompaniment to all services needed including immigration. The provision of a list of medical doctors and service agency personnel who are either of ethnic background or are known to be culturally sensitive provide the immigrants with their own informal service network.

Staff of this shelter where many of the clients are recent immigrants report facing heavy workloads due to the unfamiliarity of the women with language and procedures. Other problems faced by this shelter in providing services to immigrant and refugee women include reaching out to these women who are so dependent both emotionally and financially on their partners, overcoming the isolation these women experience, and informing them about available services and changing community attitudes on family violence.

Other shelters reported they also call in interpreters for women who do not speak English/French. For some shelters, interpreters work well, but for others they have created problems. Shelter staff reported difficulties with interpreters that were judgmental and not formally trained to be non-intrusive. In places where the particular ethnic community to which the woman belongs is small, confidentiality also becomes a concern as it is more likely that the interpreter may know the woman or her family. It was also pointed out by a shelter that interpretation is costly, and if required frequently, places pressure on shelter resources. Often interpreters only come in once or twice a week to the shelter for a couple of hours. During other periods, non-English/French speaking women feel isolated because of language and cultural barriers.

Where the ethnic communities are small and tightly knit, some shelter staff reported that outreach attempts were difficult. One shelter experimented with having a worker from the ethnic community on staff, but found that this created a confidentiality problem as women were less likely to approach the shelter if someone they were acquainted with socially was employed there. Sponsor groups in some of the communities studied have made efforts to ensure that members of the ethnocultural communities or immigrant groups are on the Board of Directors.

Some shelters have translated their brochures and information pamphlets into languages other than English or French or have material available from community organizations in these languages to provide information for women, about family violence. Shelter staff feel it is important to make every resident comfortable and so, if possible, will buy special grocery items to accommodate different diets.

The staff of at least one shelter organized and participated in a racism workshop (to examine some of their own stereotypical feelings) and the staff of some of the other shelters have received cultural sensitivity training to increase awareness of the needs of clients of both Aboriginal and ethnocultural minority background.

4.3 WOMEN WITH MENTAL HEALTH PROBLEMS WHO EXPERIENCE FAMILY VIOLENCE

The majority of shelters reported extreme difficulty in accommodating women with severe mental health problems, given the limitations of staff and resources. Two shelters, however, reported that they have been able to shelter women with severe mental health problems, although at these shelters there have been instances when either outside agency help has been required or a woman has gone into a psychotic episode and needed hospitalization.

Providing shelter to women experiencing mental health problems which are not severe is generally not a problem for shelter staff as long as the women are able to care for themselves and their children and do not endanger the safety of other residents. The needs of the women were reported by shelter staff to be different from the needs of other clients in terms of more counselling time, supervision of medication in some cases, and having to be watched carefully if there is the fear they might harm themselves. This creates difficulties for shelter staff, it was noted, in maintaining a good balance of care to all clients. Some shelters have the resources and trained staff to supervise medication while other shelters do not.

Because of the difficulties of identifying women with mental health problems (staff not skilled in mental health diagnosis) some women within this special needs group are initially admitted to the shelter with staff later finding they have difficulty coping with the situation. The clients have to be subsequently sent or referred to other health facilities or mental health agencies/organizations (e.g. psychiatric units in hospitals, non-institutional mental health residential facilities, etc.) and in some cases, shelter staff report, if no other alternative is available, to a hotel or motel.

One shelter has provided services to survivors of ritual abuse who have developed Multiple Personality Disorder (MPD) and this has come to occupy much of the time and concern of shelter staff. They observed that changes had to be incorporated within the shelter administration to ensure that the needs of the clients were met in the areas of length of residency, increased security and specialized counselling. They noted a lack of community services available to clients having Multiple Personality Disorder.

Shelter staff reported that housing is a particular problem for this specialized needs group because they tend to move frequently. They are also more likely to have financial difficulties because of poor life skills. An example related by a respondent was that someone with a mental health problem may spend money on items that are not necessities and then not have money for basic needs.

4.4 WOMEN WITH SUBSTANCE ABUSE PROBLEMS WHO EXPERIENCE FAMILY VIOLENCE

All six shelters prohibit the use of alcohol or drugs while staying at the shelter. Most refuse to admit a woman using drug or alcohol and refer her to an organization that responds to this issue immediately. Two shelters did report that they will admit an intoxicated woman for one night, especially if accompanied by children, and then explain the house rules to her the next day. She is expected to decide whether she wishes to stay and abide by the rules or whether she prefers to leave.

If the addiction is only discovered after the woman has been admitted, some shelters provide an immediate referral to a detoxification centre or addiction agency (if available in the community). Other shelters deal with the issue by providing the woman with more counselling time at the shelter. One shelter reported that a woman must solve her alcohol or drug problem before she can return to the shelter while another reported that long-term counselling for family violence on a non-residential basis is not offered unless the client has first addressed her substance abuse problem.

Shelter staff generally did not report any difficulties dealing with women who have a substance abuse problem as long as the women remain sober while at the shelter. Although they (shelter staff) did note that women with this special need are more prone to short shelter stays or abrupt departures. Some shelters come into contact with women having this specialized need twice per month, while others only twice per year. None of the shelters reported they are able to deal with women with severe substance abuse problems or with women that return to the shelter intoxicated after they have been familiarized with the rules.

4.5 WOMEN WITH PHYSICAL DISABILITIES WHO EXPERIENCE FAMILY VIOLENCE

All of the shelters except one are wheelchair accessible. Most shelters reported being unable to care for women with disabilities requiring extensive assistance due to a lack of nurses or other trained professionals on staff and one shelter reported being unable to provide services to women with hearing or visual impairment. One shelter does provide women with physical disabilities with the services of a homemaker and nurse if needed, special diets and transportation.

Women with physical disabilities often have numerous needs during a shelter stay including access to household appliances and/or help with child care. Generally, such needs are accommodated by the shelters on a case-by-case basis, often with the support and advice of local agencies for persons with physical disabilities.

Shelter staff reported that they do access the available community services if needed, for example, to communicate with a deaf woman or to help a blind resident familiarize herself with the house. Lack of services and support for the women upon leaving the shelter is a concern, shelter staff noted. Problems of mobility, difficulty in finding adequate housing (few affordable suites are available which are also suitable for a person with disabilities), fear and severe isolation are some of the difficulties encountered by women with physical disabilities upon leaving the shelter.

A joint project between one shelter and a service provider for persons with physical disabilities is being initiated and will assist in: the development of workshops for service providers; sensitivity training; media coverage around the issue of family violence towards persons with disabilities; government presentations; and the creation of a manual to help service providers reach out to persons with disabilities. Staff members at another shelter attended sign language training. There was general agreement that there is a need for staff training at shelters and at other community agencies with respect to abused women with physical disabilities.

4.6 RURAL WOMEN WHO EXPERIENCE FAMILY VIOLENCE

Reaching out to rural women was reported to be a difficulty for all shelters having large rural populations within their catchment area.

Two shelters with large, isolated rural populations within their catchment area have established satellite offices to better serve the needs of rural women. These offices, which operate at capacity within the limitations of staffing, offer all the non-residential services the shelters provide. They provide a crisis and support service, one-to-one counselling, and referrals to the shelter, community agencies, social services and children's agencies. Another shelter provides individual off-site counselling to rural women in locations of their own choosing and reports providing this service to an ever increasing number of women from the outlying areas.

Preventative educational programs have also been launched with the help of women's organizations and other community agencies in areas with large rural populations.

4.7 WOMEN WITH MULTIPLE SPECIAL NEEDS WHO EXPERIENCE FAMILY VIOLENCE

Problems faced by shelters in attempting to accommodate women who have multiple special needs are many and multi-faceted.

Shelter staff report that lack of staff, facilities and funding to respond to the needs of women having numerous special needs (because of a combination of drug/alcohol abuse plus mental health problems, for example, the women may pose a threat to the safety of the other women and children in the shelter) hamper their efforts to provide assistance and shelter to this client group. One shelter studied considers this clientele to be not part of their mandate. They refer the women to the police and reported being unaware of how the police responded to these cases. (They did relate, however, an example of a woman being in a police cruiser for several hours before accommodation could be found.) Referrals are difficult as it was reported that not only shelters but other community agencies and organizations are "taxed to the maximum" in responding to the needs of women with multiple special needs. Women with multiple special needs have often been subjected to abuse for many years and require additional attention and support. This specialized care places constraints on shelter staff and often creates a human resource problem.

5. Response from Agencies/Organizations

This section outlines the obstacles faced and the approaches taken by agencies/organizations* and their staff in responding to the needs of women who are victims of family violence and who also have specialized needs.

5.1 WOMEN OF ABORIGINAL BACKGROUND WHO EXPERIENCE FAMILY VIOLENCE

In the two communities studied with large populations of Aboriginal descent, interviewees at the Native Friendship Centres reported they provided sexual abuse and family violence counselling to a considerable number of family violence victims annually but they perceived the number of known but undisclosed cases to be much higher.

One Friendship Centre noted that it has a close working relationship with the shelter, interacts frequently and sits on the same community boards. In the other community with a large Aboriginal population, the Friendship Centre respondent reported that although it refers clients to the shelter occasionally, most referrals are from the shelter to access the services of the Centre. Additional referrals to both these agencies come from social service agencies, addiction programs, local bands and off-reserve Aboriginal organizations. They also receive many self-referrals.

Services offered by the Friendship Centres (not all services are necessarily offered at each Centre) include sexual abuse and family violence counselling, healing circles, empowerment sessions, a men's anger management group, pre-natal and post-natal programs, parenting skills programs, substance abuse counselling, outreach, children's counselling and employment readiness. Both Centres were familiar with the services of the shelters in their communities.

Areas where agencies felt they had been particularly successful in meeting the needs of Aboriginal women who had been abused, were cited. They included the establishment of a story weaving project where the women not only learned a craft but told their stories and the provision of a holistic approach to health (physical, mental, emotional).

Additional resources needed by the Centres to better meet the needs of Aboriginal women who are victims of family violence are additional therapists, daycare facilities, transportation, an information exchange resource and support for families both before they come into crisis and on an ongoing basis.

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* Please refer to Appendix B for a list of types of agencies and organizations contacted by the researchers.

Some of the difficulties that stand in the way of reaching out to Aboriginal women who experience family violence, Friendship Centre respondents reported, include commitments to an abusive spouse/partner, the reluctance to give up on family relationships (not unique to Aboriginal culture, respondents noted), the fact that extended families often don't access outside services, the political structure on-reserve and the limitations placed on Band social workers. If a Aboriginal woman takes a risk to come outside her family and community to access a service and encounters long waiting lists for needed programs, she most likely will return to the abusive situation, noted these respondents.

A respondent from a Aboriginal Council administering an alcohol and drug abuse program was also interviewed in a community with a sizeable Aboriginal population and noted the interrelation of family violence and alcohol and drug dependency among Aboriginal people. This organization ran a halfway house which closed more than a year ago and now refers Aboriginal women who are victims of family violence to the shelter. This respondent commented that Aboriginal women are happy to be in the safe environment of the shelter, but he would like to see more Aboriginal programs in this community.

The other communities studied did not have service providers particularly targetted to the Aboriginal community, although Aboriginal women in one community with three reserves within the catchment area were able to access both residential and non-residential services provided by a Aboriginal organization in a nearby urban centre.

5.2 WOMEN OF ETHNOCULTURAL MINORITY BACKGROUND WHO EXPERIENCE FAMILY VIOLENCE

Four of the six communities studied have multicultural agencies or agencies providing services to immigrants. Despite the large long-established ethnocultural population reported in one community, shelter staff reported that there is no service agency which provides service to this population although they could see positive benefits to the community if one was established. There is also no multicultural agency in another community, but respondents reported only one very small ethnocultural minority group.

The primary focus of the ethnocultural agencies in the remaining four communities is providing service (e.g., information, advocacy, referrals) to new immigrants. One respondent from an ethnocultural agency noted that in addition to the women who are victims of family violence, many women contact the agency annually requesting information on family violence.

A respondent from a multicultural society noted that generally, women who are victims of family violence and also have special needs related to their cultural background or their immigration status are not referred by the shelter to this agency, but are already clients. When the family violence problem is discovered, the multicultural or immigrant services agency will then refer the woman to the shelter or arrange to provide her with non-residential counselling.

Immigrant women, particularly recent immigrants, it was reported, fear institutions whether they are health agencies, the police or even a shelter. This attitude, respondents observed, is said to be less prevalent when the shelter or agency's services are specifically for the immigrant sector. However, the women do consult public health nurses for their children and it was felt the assistance of public health nurses could be solicited to detect family violence situations.

The approach taken by these agencies to assist women who are victims of family violence varies from immediate referral to the shelter to providing short-term counselling and support internally. One agency reported that it organizes workshops on family violence and provides information on the law and the victim's rights. In order to better serve women with this specialized need, an agency respondent in one community reported that additional financial resources are needed to produce pamphlets in different languages, hold workshops and improve the availability of translation/interpreter services. If specialized services are unavailable, agency respondents noted that women are more likely to stay in abusive situations and may never find that alternatives are available. A respondent in another community reported that additional human resources are needed at shelters, specifically, trained counsellors who speak a language other than French or English. But one agency respondent felt that in order to better serve these women, separate organizations to provide services to immigrant women who are victims of family violence are needed. Other agency respondents are of the opinion that immigrant women should be allowed to stay longer at the shelter if in a dependency situation with an abuser.

Interviewees noted that for one shelter which provides services to a large population of immigrant women, cultural needs are not viewed as "special needs", but are the common characteristic shared by most residents. The researcher observed that between this shelter and community service agencies in general there are relatively few ongoing communications, with the end result that the shelter is isolated from community programs. At the same time community agency staff do not develop awareness of the needs of immigrant women. One agency respondent attributed this situation to a lack of public education on family violence issues by the shelter in the ethnic communities. Another agency representative was of the opinion that the shelter is so involved with internal intervention on behalf of their clients that they have neither the time or resources to do much needed outreach, prevention and awareness campaigns.

Concern was expressed by a community agency respondent that the service model used in shelters was inappropriate for immigrant women as they do not constitute a homogeneous group, and have different views of the family and man/woman relations depending on their country of origin. She observed that this may require different approaches and great flexibility on the part of shelter staff to adjust their service delivery to each culture with particular emphasis placed on follow-up services and continuing emotional support.

Additional services are provided to the women by a provincial government agency through an educational program (language training, introduction to Canadian society and laws, etc.) and by a women's centre that provides general orientation services for new immigrants and is also significantly involved in family violence issues.

5.3 WOMEN WITH MENTAL HEALTH PROBLEMS WHO EXPERIENCE FAMILY VIOLENCE

Agencies and organizations providing service to women with mental health problems were located and interviewed in all communities studied. All the mental health service providers reported interaction and cross-referral between the agencies and the shelters for women whose mental health problems were compounded by family violence.

Referrals by family doctors, social services, schools, counselling centres, hospitals, law enforcement agencies, self-referral and referrals from the shelters and other community organizations were also reported by mental health agency personnel.

A variety of services were extended to abused women within this special need group and included crisis, emergency intervention; referral to the shelters; individual, marital and group counselling (including family); help to access other services if clients are unable to do it for themselves; psychiatric consultations and short-term follow-up. One respondent noted that the same service would be extended to abused women as to their other clients. The difference would be in the approach to the core problem (i.e., abuse). Another respondent commented that she would like to see more referrals of women who are victims of family violence from the shelter to the mental health agency. If women remain in the catchment area after leaving the shelter, she would like to see them exposed to or offered services from the mental health agency and she felt the shelter could be making more referrals in this area.

Efforts regarded by agency personnel as being particularly successful in meeting the needs of this special need group are the provision of community outreach psychiatric nurses, community workshops, education and training to deal with psychiatric disorders and the establishment of sexual assault support services.

In the view of some agency personnel, additional mental health staff at the agency level to provide therapy and counselling is needed to meet the needs of abused women experiencing this special need. A mental health agency respondent reported that they had as many as 150 referrals in general from various sources in one month where they can only cope with 70-80. Clients who are victims of family violence, although in crisis, become part of this referral backlog and have their appointments delayed (waiting lists) or have to be referred to other agencies. For women coming from abusive situations and who are suffering from mental health problems, this unavailability of service compounds the problems, and in many cases shelters have to fill the gap. A family violence issue area defined by community respondents on a broader societal and preventive level was the need for more support and counselling groups for men at mental health agencies both for male survivors of sexual assault and for habitual abusers.

All agency staff interviewed were familiar with shelter services. They cited various other community services or programs that are available for abused women in this specialized need group to access such as psychiatric wards in hospitals, day hospital programs, other psychiatric residential facilities, community mental health centres in outlying areas and other community service agencies such as addiction services. All of the above services or programs are not, however, available in all communities studied.

If community services are unavailable to abused women with this specialized need, respondents agreed that the situation worsens with reduced levels of functioning, increased isolation, and more disturbances for children if within the situation. The cycle of violence continues and frequently results in battering, hospitalization, homelessness and financial destitution.

The difficulty facing agency personnel in reaching out to the women includes getting a clear understanding of what the mental health problems are when the problems are compounded by violence. In the opinion of one mental health agency staffperson, there is a tendency for people within the mental health field to regard the violence mistakenly as a surface condition and prescribe medication instead of identifying the underlying root problems.

5.4 WOMEN WITH SUBSTANCE ABUSE PROBLEMS WHO EXPERIENCE FAMILY VIOLENCE

Respondents from drug and alcohol dependency agencies were interviewed in five of the communities studied and reported on their informal cross-referral relationships with the shelters. Referrals are also made to the agencies from family doctors, mental health clinics, and the court system. They also receive many self-referrals. Because one of these communities has no drug and alcohol dependency agency, shelter staff must refer clients to agencies in a nearby urban centre.

In one of these communities, another shelter provides both addiction counselling and shelter to women with drug and alcohol dependency problems. The policy of this shelter is that there must be a willingness on the part of these clients to address their substance abuse problems before they are offered shelter. This shelter, which is not a crisis shelter, takes referrals from the Project Haven shelter in the community.

Respondents from two of the agencies noted that they are providing service to two groups of clients. The first group comprises a situation where the abusive partner has the addiction. Family violence is often discovered by the worker through addiction treatment of the abuser. The second group receiving services are women with substance abuse problems and a history of sexual and physical abuse. Services extended to these two groups by the agencies include individual/marital/family psychotherapy and counselling, as well as assessment and referral.

Additional resources needed as reported by agencies interviewed included good access to residential treatment centres and co-facilitating with shelter personnel on a networking case basis to provide service to abused women in this special need group. Lack of funding for addiction programs was also emphasized as being a resource problem.

All agency and other shelter personnel were aware of the general services offered by the Project Haven shelters to serve this client group. They noted some of the additional services available in some communities, such as a halfway house, detoxification centres and services such as AA, Alanon, and Alteen.

If services are not available to abused women with alcohol and drug problems, the situation only worsens, agency personnel report, as does the violence. To reach out to the women, they note, you have to get past their denial. At the same time as they are denying their alcohol and drug problems, these women may also be denying the abuse.

5.5 WOMEN WITH PHYSICAL DISABILITIES WHO EXPERIENCE FAMILY VIOLENCE

Respondents with organizations for persons with physical disabilities come into contact, through formal and informal networks, with a number of women with physical disabilities in a year who are victims of family violence. Estimations of the number of victims of family violence having disabilities which agencies respond to were difficult to establish but it was argued that the incidence was high.

The majority of women with physical disabilities who are victims of family violence who go to agencies are self-referred, it was reported by agency staff. Social workers, doctors and counsellors from other agencies are also referral sources.

Individual counselling and group programs were the most frequently cited services provided by the agencies. As well, the arrangement of peer support and help with access to other services were reported to be offered. Areas regarded by agency personnel as being particularly successful in meeting the needs of women with physical disabilities who have been abused are self-esteem programs, and strong support groups.

Additional resources needed in the opinion of agency respondents to better serve women with physical disabilities who are victims of family violence are training of shelter staff to enhance their response to the needs of women with disabilities and the funding for this training; a network to foster awareness of what is available in the community and how to access services, and training for agency personnel on family violence issues.

All agency staff interviewed were familiar with the services provided by the shelter both generally and specifically and spoke of how shelters are becoming more accessible to persons with physical disabilities. They also referred to the network of community agencies such as legal services, social services, alcohol and drug counselling programs and resource centres that work to better meet the needs of women with physical disabilities.

If services and programs are unavailable, women with physical disabilities who are victims of family violence, it was argued by interviewees, have little choice but to remain in the abusive situation. Because of difficulties such as communication, dependency and attitudinal and physical barriers, many in this group, respondents noted, have fewer options when attempting to leave an abusive situation.

5.6 RURAL WOMEN WHO EXPERIENCE FAMILY VIOLENCE

Specific agencies to address the needs of rural women who are victims of family violence were not identified by the researchers. What was identified, however, was the increased level of awareness of family violence issues on the part of rural community organizations and some church groups.

In one community studied with a large rural population, an established rural women's organization has taken a pro-active stand on family violence issues through the provision of a support network for women who have left the shelter and are re-establishing themselves in their communities. Volunteers from this organization accompany the women to housing, social service and law enforcement agencies and have sponsored parenting skills discussions in many of the communities.

Some churches in rural areas have organized support groups for victims of family violence in addition to their more traditional support in the form of donations and fundraising. A community interviewee reported on a cross-Canada pilot project sponsored by The Canadian Church Council on Justice and Corrections (funded by Health and Welfare Canada) to examine the root causes of family violence and to ultimately design a collective strategy to address family violence issues.

An inter-organizational farm women's network in another community studied is examining and holding discussions on how best to meet the needs of rural women and their children who are abused.

5.7 WOMEN WITH MULTIPLE SPECIAL NEEDS WHO EXPERIENCE FAMILY VIOLENCE

Agency respondents reported that their approach to helping victims of family violence with multiple special needs is generally a cooperative one. They attempt to arrange for a specialist to provide the woman with counselling in each of the areas in which she is experiencing difficulty. Respondents felt that the priority should always be to arrange for the woman's safety first and then to address her additional needs.

Almost every agency respondent mentioned making referrals to other agencies or organizations in order to help a woman with multiple special needs. Some respondents reported that they tailor their services to meet the woman's specialized needs. Generally, agency respondents agreed that it is very important to begin by empowering the women and letting them decide where they would like to start and what it is they feel they need.

5.8 WOMEN WITH AIDS WHO EXPERIENCE FAMILY VIOLENCE

An emerging issue, as noted by a health agency respondent, is what policies and procedures to follow when referring to a shelter a women who is both a victim of family violence and has developed AIDS. Client confidentiality and safety of other shelter residents are two concerns observed by this respondent. The above is included here for information only as this issue was not a focus of the Special Needs of the Unserved Population of Abused Women Study. This issue was also identified during consultations with provincial and national organizations.

6. Gaps in Service/Service Needs

This section outlines what community services are needed but unavailable and suggested remedies to adequately meet the needs of women whose experience with family violence is combined with other specialized needs (from both the shelter perspective and the perspective of community agencies and organizations).

6.1 WOMEN OF ABORIGINAL BACKGROUND WHO EXPERIENCE FAMILY VIOLENCE

The most frequently cited service need by all respondents was the provision of Aboriginal staff, counsellors and volunteers at shelters as well as more culturally appropriate services to meet the needs of women who are of Aboriginal background and who are victims of family violence.* Other gaps in services mentioned with respect to Aboriginal women suffering from family violence were lack of services for those who also have severe mental health problems, fetal alcohol syndrome, substance abuse problems and/or are disabled. The women are often not able to access the shelter. It was also argued that Aboriginal women often do not access mainstream programs because of the fear they will encounter insensitivity to their cultural traditions and values.

Remedies suggested by respondents to improve services for women of Aboriginal background include first and foremost, the provision of sufficient safe environments (i.e., shelters) although there is considerable difference in opinions among respondents about whether the provision of shelter services should be on- or off-reserve. One respondent argued that Aboriginal women require safe environments where they can speak openly about the issue of family violence and this is often lacking on reserves. She emphasized the need for a shelter designed specifically for Aboriginal people, not necessarily on-reserve unless the reserve was large enough to locate a safe and secure shelter. Neither shelter staff nor a respondent from a Aboriginal organization in another community studied could give a definitive answer as to whether a transition house on-reserve would be beneficial. On-reserve political considerations (shelters may not be welcomed) and the fact that Aboriginal women often wish to leave the reserve to escape extended family pressures were reasons cited by these respondents.

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* One off-reserve shelter did have a staff member of Aboriginal ancestry and another off-reserve shelter Aboriginal volunteers.

Other services proposed by respondents include: Aboriginal support groups for victims of family violence either at the community agency level or through shelter organizations; the need for agencies not specifically targetted to the Aboriginal community to increase their level of awareness of the special needs of Native clientele; increased programs for Aboriginal women at the shelters (cultural content -- e.g. material from Bands) if the population is sufficient; cultural training or workshops for all shelter staff given by Aboriginal organizations; more funding and resources to fill the special needs gaps for Aboriginal women (severe mental health problems, fetal alcohol syndrome, outreach for disabled Aboriginal women and substance abuse); preventive programs and family violence education workshops to prevent abuse; multi-strategy approaches to outreach (posters, articles, workshops, dialogue, training of transition workers to go on-reserve); and holistic approaches to dealing with issues of family violence.

6.2 WOMEN OF ETHNOCULTURAL MINORITY BACKGROUND WHO EXPERIENCE FAMILY VIOLENCE

The lack of sufficient interpreter services and cultural barriers were reported to hamper both shelters and the community agencies in their efforts to meet the needs of women of ethnocultural minority backgrounds. Also, the lack of outreach for women experiencing family violence in ethnic communities was also a difficulty noted by respondents, "It is difficult to access and enter tightly knit communities". Because the women experiencing family violence often have very limited financial and social resources to help them overcome isolation, follow-up counselling for both the women and their children and emotional and social support are, in the opinion of interviewees, of great importance to those women in this specialized need group who do leave abusive situations.

Other services suggested by interviewees to better meet the needs of women of multicultural background include: materials in different languages to provide information for women about family violence; interpreters, and the funding to access them from different communities to protect confidentiality (a severe difficulty in small communities); and an increase in the amount of time interpreters are with the women at the shelters to address their isolation; public education on family violence issues for men of multicultural background; cultural sensitivity training for shelter staff; and increased funding for programs (e.g., language training, job skills, etc.) for women of multicultural background experiencing family violence located at both the shelter and throughout the community.

Specialized service needs for immigrant women include the following suggestions from those interviewed: a method of resolving the dilemma of women having to stay in abusive relationships to get their Canadian resident status; a federal woman's bureau that would consider specifically the impact of federal immigration rules on women, not only on the family; immigration agencies (both federal and provincial) to ensure that women are systematically informed of their rights upon arrival in Canada; workshops in ethnic communities about family violence and legal rights; and the provision of French/English training to break the isolation in which they live and to enable them to respond to family violence.

6.3 WOMEN WITH MENTAL HEALTH PROBLEMS WHO EXPERIENCE FAMILY VIOLENCE

Both mental health agency personnel and shelter staff interviewed agreed that this group of women may be very difficult to reach given the cycle of victimization experienced, confused thoughts, frequent abuse of medication, and isolation. Women with severe mental health problems often need to be hospitalized or referred to residential care facilities. These facilities (i.e. psychiatric wards in local hospitals or residential care facilities) are not always available in small communities or, if available, have lengthy waiting lists. Given the caseloads upon mental health services (i.e., local hospitals and residential care facilities) these institutions can frequently only accommodate very severe cases for counselling, not for shelter.

Likewise, most of the shelters reported being unable to accommodate women with severe mental health problems who are also victims of family violence. Shelter staff felt they did not have the resources and specialized staff required to handle these cases. In many cases, it was reported, it is not in the best interest of other shelter residents to have women with severe mental health problems in the shelter. Even those shelters who have accepted women with severe mental health problems as residents in the short-term noted an increased need for more counselling time and the need to watch the women carefully if there is any fear they might commit suicide or go into a psychotic episode.

Women who are victims of family violence with less severe mental health problems (these women frequently access shelter services, shelter staff agreed) are also not having their needs adequately met in the mental health area due to long waiting lists to see mental health therapists even though they may be in crisis. All communities studied did have community mental health care agencies and facilities, but all reported underfunding and overloaded case assignments.

Proposed remedies, in the opinion of respondents, for helping this group of women include: the need for separate residential facilities for abused women with severe mental health problems where possible; funding for staff with experience in mental health issues and identification or bringing in staff as required to perform this service especially for admission to shelter decisions; better and more appropriate services to all women with mental health problems through adequate coordination of services among agencies in the region; focus on intergenerational family violence; the establishment of a residential healing centre for adult survivors of sexual assault; and public and agency education in dealing with abused women with mental health problems.

6.4 WOMEN WITH SUBSTANCE ABUSE PROBLEMS WHO EXPERIENCE FAMILY VIOLENCE

All communities studied except one had a substance abuse centre located in their communities. This one shelter had to refer women they were not able to shelter due to identifiable intoxication or drug use, to facilities (i.e., detoxification and rehabilitation services) in a nearby urban centre.

All shelters, as previously noted, had policies that if the client is recognized as using drugs or alcohol the policy is that the woman is not able to access the transition house. Some shelters did, however, on occasion admit women with this specialized need to the house, especially if accompanied by children. The women are allowed to stay the night and can continue to stay as long as they abide by shelter policy (no alcohol or drugs). In other cases the women are referred to a substance abuse treatment centre or a detoxification centre. No incidents of women not being admitted to these centres were reported.

Possible remedies suggested by interviewees for addressing service gaps are: trained staff (alcohol and drug counsellors to respond to abused women with substance abuse problems while staying at the shelter); co-facilitation of a counselling group by the shelter and a drug dependency program for women who are victims of abuse with this specialized need; additional funding for staff training at the shelter in alcohol and drug problems; emphasis upon first meeting the safety needs of abused women (a safe environment) before any other needs are met including alcohol and drug counselling; sensitivity training for law enforcement agencies, the justice system and detoxification centres about the relationship between substance abuse and family violence (i.e., alcohol and drugs as coping behaviour in dealing with many types of abuse); need for further interagency cooperation and linkages; public and agency education relating to this specialized need; and preventive programs especially for young people to stem the increasing tide of violent behaviour in this age group.

6.5 WOMEN WITH PHYSICAL DISABILITIES WHO EXPERIENCE FAMILY VIOLENCE

The problem relating to lack of awareness in the community with respect to women with physical disabilities and family violence was cited as the major difficulty in gaining acceptance of the issue as a serious one.

Suggested solutions by respondents to meet the needs of women with physical disabilities who have been subjected to family violence include: the need for more people working in the area of disabilities and family violence including trained staff at the shelter level and outreach workers throughout the community; greater awareness on the part of shelter staff of what is available and how to access it; need for improved transportation arrangements; need for strong support for women with physical disabilities once they leave the shelter to ease their transition; greater assistance with locating adequate housing, and greater discussion, outreach and support in the community around the issue of family violence against persons with disabilities.

6.6 RURAL WOMEN WHO EXPERIENCE FAMILY VIOLENCE

The difficulty rural women who are in abusive situations have of accessing available services at both the shelter and within the community has already been documented in this report.

Programs suggested by special needs study participants to be designed to meet the needs of rural women include: an urgent need for additional emergency housing for women and children who are experiencing family violence in rural communities; corporate sponsorship to help with transportation for rural women to transport them to a safe environment; the need to recognize the special circumstances of these women based on the rural reality (e.g., isolation, distance, dependency); a coordination of services to produce alternatives to their present living arrangement; programming on the issue of family violence for all age levels (from school age children to senior citizens); and an integrated community approach towards job training, child care, transportation needs and housing needs.

6.7 WOMEN WITH MULTIPLE SPECIAL NEEDS WHO EXPERIENCE FAMILY VIOLENCE

Shelter staff all reported that difficulties were experienced when clients had more than one specialized need. The biggest challenge in dealing with women with numerous special needs is the lack of funding to both shelters and community agencies to fully meet these needs.

Suggested remedies for helping women with numerous special needs in abusive situations include: increased funding for services, staff and facilities to reach out to these women with multiple special needs; separate facilities for abused women with mental illnesses; alcohol and drug counselling both at the shelter and afterwards; holistic approaches to dealing with Aboriginal women with multiple special needs; coordinated services so that when a woman enters the system she is fully supported; housing assistance once this group of women leave the shelter; and the provision of special programs, interagency cooperation, and public education to increase the level of awareness of women with numerous special needs.

7. Perspective of National, Provincial and Specialist Agencies

Below, we report the results of interviews with a number of non-governmental national, provincial and other organizations involved in meeting the unique needs of women having special needs. The consultations examined needs of women who might have difficulties accessing shelters because of special needs or circumstances. These inquiries include examination of the situation of Aboriginal women, women of ethnocultural minority background, and women with problems of disability, mental health or alcohol/drug substance addiction. Some of these consultations were with organizations having direct experience responding to family violence issues. Because of the largely exploratory nature of the consultations, a number of non-governmental organizations in Ontario and Quebec as well as a number of national organizations were selected for each special needs group. However, interest was such that more organizations were contacted for some special needs groups than was originally planned.

Each special need section concludes with a list of suggested remedies. Unless otherwise noted, these cannot be attributed to all organizations interviewed. The broad definition of each special needs group along with the small number of organizations contacted does not call for generalization.

7.1 NEEDS OF ABORIGINAL WOMEN

Telephone consultations were conducted with the Association des femmes autochtones du Quebec and with the Pauktuutit Inuit Women's Association. Contacts were attempted with three other organizations of Native women, but interviews were unable to be arranged with these organizations.

The first sections of this report deal with the special needs of First-Nations women as the needs in services of First Nations and Inuit women are said to differ greatly. A summary of the consultation with the Inuit Women's Association is also provided.*

The consultations corroborated the findings of the special needs study component of this report, particularly with regards to the need to develop culture-specific service models and service components for Aboriginal women. The respondents shared a common concern that family violence initiatives on reserve or on Inuit territory effectively involve the community. Great care should be given to finding the approach best suited to the community to avoid imposing any external approach or structure.

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* For more information, please consult the report presented to the Research and Policy Development Division of CMHC in February of this year by the Pauktuutit Inuit Women's Association.

7.1.1 Shelters Providing Services to Aboriginal Women in General (both on and off reserve)

Our respondent indicated that shelters choose service models suited to the special needs of Aboriginal women. These holistic approaches include sweat lodges, healing circles, involvement of elders and the extended family, and others. Distances and isolation often prevent shelters from benefitting from the experiences of other shelters.

Aboriginal women using shelters need many services. The respondent particularly noted the need for parenting skills. Also the children need counselling.

Difficulty of finding qualified Aboriginal personnel is compounded by the necessity to resort to subsidized employment programs to pay staff thus resulting in high levels of staff turnover.

Shelters On Reserve: Shelters on reserve are administered by Band Councils and funding is forwarded directly to Band Councils. As a result, shelters experience delays in receiving their cheques and feel alienated from the decision-making process.

Shelters are reported to often be established in Aboriginal communities without prior consultation with the people of the community. This may have alienated parts of the community who may welcome initiatives against family violence but may not be convinced that shelters constitute the best response.

Shelters on reserve cover large geographic areas. Remote communities may only be accessible by plane. This situation requires that consideration be given to ways and means of encouraging and enhancing the cooperation of agencies and volunteers with the shelter.

Shelters Off-Reserve: Because Aboriginal shelters are located on reserve in remote areas, many women living on reserve in the vicinity of urban areas and urban Aboriginal women find refuge in non-specialized shelters. Aboriginal women going to non-specialized shelters are reported to experience language and cultural problems.

In Quebec many Aboriginal women have English and not French as a second language. Non-specialized shelters operating in French do have shelter staff that can speak some English but the situation is perceived to be less than satisfactory. Cultural problems also arise as Aboriginal women are reported to be less open to discussions with non-Native case workers. The Aboriginal women also encounter racist attitudes from other shelter residents.

Suggested Remedies Regarding Shelters in General: Our respondent indicated a number of recommendations to assist with the special needs of Aboriginal women:

1. *Networking:* To support the founding of an association of Aboriginal shelters and shelters servicing a population of Aboriginal women. They feel a strong need for mutual support and exchange of information and experiences, particularly on issues of specialized service models and philosophies.

2. *Services:* More support to the development of children's services along with personnel trained to work with children and battered children. An emphasis on parenting.

3. *Funding/Initiatives:* The need for more assistance in the development of proposals has also been stressed.

4. *Prevention/Awareness:* Because of the high incidence of family violence in Aboriginal communities, a social marketing campaign on the issue of family violence is needed.

Suggested Remedies Regarding Shelters on Reserve

5. *Shelter's Establishment:* Thorough consultations should be carried out in the communities prior to the establishment of shelters. The involvement of the entire community that would receive shelter services should be sought.

6. *Shelter's Sponsorship:* Women's groups on-reserve should be permitted to sponsor their shelters directly instead of through the Band Council.

7. *Distances:* To encourage the active participation of volunteers and service agencies in the outlying communities, it is felt that elements of NADAP (National Native Alcohol and Drug Abuse Program) could be transposed to shelter services particularly with:

   (a) an outreach program for shelters to hold meetings with those people responding to family violence issues in other communities so that they can feel some ownership to shelter services; this can include the publication of a newsletter;

   (b) the development of a strong training component for shelter staff on a regional basis together with efforts to have the training as community-based as possible;

   (c) transportation services for those shelters serving other communities especially those in isolated communities.

7.1.2 A Summary of the Consultation With the Pauktuutit Inuit Women's Association

The Association recently carried out a study on violence in Inuit communities which found people's opinion on the usefulness of having shelters in the North to be split. There is a strong feeling that shelters contribute to violence because they stand opposed to existing community structures and traditional family relationships. Many, particularly men but including women as well, have commented that shelters reflect a White Southern approach.

The Association feels a lot more research needs to be carried out to develop a service model which would meet the needs of Inuit women.

Discussing the alternatives to shelters, the Association warned that approaches which are deemed culturally adequate in First-Nations communities such as healing lodges, healing circles, sentencing circles should not be transposed in the North to Inuit communities.

There are also sizeable differences in the funding that is available to Inuit communities as programs of the Department of Indian Affairs are mostly geared towards on-reserve activities. There are also jurisdictional problems which often translate in the non-delivery of funding earmarked for health and social services in Inuit communities.

Some Inuit communities have no police services. In emergencies, women can only call the police in the next community. They will come only in extreme emergencies. Last summer, a woman who had repeatedly reported abuse from her spouse to the police was killed. Her husband subsequently killed himself.

Noting that there are very strong and vocal women's groups in most Northern communities, the Association hopes to put out a guide on how to start a shelter in an Inuit community. This would include technical information on funding and programs, information which is currently not made available as well as a discussion of Inuit cultural concerns.

The Association feels that funding should be more in tune with the needs of communities and that government agencies should listen more to what communities have to say, keeping in mind that initiatives against family-violence are community based.

7.2 NEEDS OF IMMIGRANT AND VISIBLE MINORITY WOMEN

Telephone consultations were conducted with a national organization of immigrant and visible minority women and with one provincial organization in Quebec. The Ontario organization contacted reported having no experience with issues of family violence among immigrant and visible minority women.

Suggestions of other contacts that could be made to get further insights on incidence, service delivery and service models for this special need group were specialized shelters in metropolitan areas. They were not contacted to avoid duplications with the case study work already undertaken.

The consultations confirmed the findings from the other special needs study components with regards to special circumstances: high incidence of family violence; dependency of the victim on the spouse/partner compounded by immigration laws; and fear of being ostracized by the community. They emphasized the need to support and encourage grass-roots community initiatives against family violence including specialized shelters in ethnocultural communities.

The Need for Specialized Services

Although the organizations consulted welcome the efforts made by shelters in the last years to better meet the needs of immigrant women, the women still describe their experience in shelters to be, in many instances, unpleasant. They have reported hearing negative, even racist comments from other shelter' residents, having difficulties participating in the shelters activities because of language difficulties and lack of control, and not fitting in culturally.

Use of interpreters during their stay at the shelter is considered to be less than satisfactory because of lack of anonymity, interpreters being intrusive, difficulty of discussing experience with family violence via a third person.

Service providers are sometimes found to display little sensitivity to the cultural needs and values of immigrant women, to be judgmental of different cultures, even prejudiced in some cases.

Suggested Remedies outlined in interviews included:

1. *An emphasis on specialized services:* The importance for an immigrant woman to access services in her language and culture has been stressed. Precisely, this would mean encouraging the establishment of specific structures for immigrant women. Integration of services is here perceived to be vastly inadequate: difficulty of integration of women and children with other shelter residents; cultural insensitivity; difficulty working with an interpreter.

2. The resources of the cultural communities should be used to help women who are experiencing family violence. Such an approach might in turn help in stirring community leaders together to start addressing the issue of family violence as something more than a mere family problem.

3. The specialized shelter service philosophy should take into account all the discriminatory factors in the lives of immigrant women. Feminist intervention should be broadened to encompass the overall situation of a woman including her experience with racism and poverty.

4. It was also recommended that the intervention make use of tools that have proven to be as empowering as counselling: poetry, music and theatre.

5. The need to situate the intervention in a long-term framework has also been stressed: an immigrant woman deciding to leave an abusive partner has a hard life ahead of her and will need support which she may not always get from her former community and family network.

6. *Focus on prevention:* Adopt policies which are empowering for immigrant women. This means language, and job skills training.

7. Immigration procedures should eliminate all procedures and regulations which result in the disempowerment of women. Information about the rights of immigrant women should be available and provided directly to women.

8. *Social, community and health agencies:* Material in different languages should be provided to inform immigrant women on the availability of services and their right to them.

9. Sensitivity and cross-cultural training should be given to service providers along with anti-racist training.

10. *Housing:* Survivors of wife assault should be eligible for subsidized housing regardless of their immigrant status or length of residency.

7.3 NEEDS OF WOMEN WITH MENTAL HEALTH PROBLEMS

Telephone consultations were carried with the Canadian Mental Health Association (CMHA) and its provincial divisions in Quebec and in Ontario. Because none were directly involved in service delivery and had addressed the issue specifically (i.e. while studies on violence against people with mental health problems have been carried out, none addressed specifically the issue of violence against women in this special need group and of gender specific services), we followed the suggestion of both provincial divisions to get input from some of their local branches with reported experience in service delivery to this clientele. We also gathered information on the preliminary findings of a project dealing specifically with the special needs of women with mental health problems who are victims of family violence. This project is now under way in New Brunswick with the active participation of a member of the National Board of CMHA.

Generally, the organizations consulted strongly favoured an integrated approach which would enable the woman to have access to both mental health treatment and family violence counselling with shelters effectively assisting the women. The consultations carried out also shed more light on the special need circumstances of women with mental health problems: their particular vulnerability and relative isolation. As in the other community special needs study components, respondents noted the scarcity of residential care facilities in some areas.

7.3.1 Special Needs Circumstances

Few studies of violence towards psychiatrically disabled persons in community settings have been conducted in Canada respondents reported. However, a 1993 survey of the Canadian Mental Health Association,* conducted among consumers of mental health services who have experienced violence since becoming consumers, found that violence against people with serious mental health problems is a serious issue and a chronic problem for those who experience it. While the most commonly experienced form of violence is verbal/emotional, women were found to experience more sexual violence with men experiencing more physical violence. For women, the perpetrators of violence are people known to them (consumers, mental health service staff, family members, employers and co-workers, and friends). Women are more likely to be victimized in their own homes.

It is generally acknowledged that the mental health label increases women's vulnerability to violence. Women in this special need group have very low self-esteem and their spouse uses this situation to abuse them further. For example, a spouse may terrorize a woman to the extent that he will forbid her to leave the home to get her treatment. It is also not uncommon for women in this special need group to have their medication stolen by their abusive spouses who use it for themselves, as a tool of manipulation, or to sell on the street.

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* Violence Against People With Serious Mental Health Problems, Canadian Mental Health Association, November 1993. (The development and publication of this report was supported by the Status of Disabled Persons Secretariat, Human Resources and Labour, Canada.)

Often these women are resigned to abuse and postpone leaving an abuse situation: "getting out may mean losing the roof over their head, losing food on the table for their children or the biggest fear of all losing their children; they are ready to put up with a lot because of that".

Most of these women are seen as isolated and having exhausted the resources of their small natural social and family network. Because the stigma associated with a psychiatric diagnosis is still very great, people are not as receptive and not as willing to help out.

7.3.2 Barriers to Access

The greatest reported difficulty encountered by women with mental illnesses who are victims of family violence is that they will receive treatment only for their psychiatric needs while the abuse situation remains unchanged. In the view of one respondent, "They go to a psychiatric hospital where it is a lot of medication and then go back to the same environment because nobody addressed the issue of getting out of the abuse situation. Their case is dealt with as a psychiatric illness more than as the result of an abuse relationship". In the end a woman who does well with her medication/treatment will likely break down if and when the abuse escalates. This points to the need for looking at alternate ways of responding to abuse situations like changing behaviour.

Shelters are reported as having great difficulties providing services to women with serious mental health problems: they are described as being very disruptive and unable to look after their children. Most shelters feel it is beyond their scope to service this client group. However, because their disability is hidden, many women with serious mental health problems do access shelters for abused women leaving untrained staff unable to handle difficult situations when they do arise.

The organizations consulted however felt that having a psychiatric diagnosis should not be a barrier to entry. Shelters, they felt, should be prepared to accept women with psychiatric problems provided that their crisis has not gone to the point where it is beyond the ability of the staff (once adequately trained) to deal with the situation. They also recognized that shelter staff cannot be at once mental health, addiction and family violence counsellors. Known instances of shelters that have tried to play all these roles (presumably because of poor relations with specialized agencies or different philosophical approaches) have led to outright failures. Instead, it was suggested shelters should work in cooperation with specialized agencies.

Somewhat contradictory statements were received on the appreciation of the services provided in shelters to women with mental health problems. One respondent noted that women with mental health problems have difficulties adjusting to the shelter's communal style of living and that they consequently leave the shelter earlier than they should. Another respondent praised the self-help part of shelter intervention and group counselling.

Similarly, one respondent felt that the shelters most positive role was the provisions of safe shelter in emergency situations because existing residential care facilities could not provide security from the abuser. Another respondent felt that sheltering in emergency situations would be best provided by specialized residential care facilities.

7.3.3 Health and Social Service Agencies

The single most important issue in relation to community agencies and organizations is the credibility issue particularly as far as the court and the police are concerned. An interviewee commented that when reporting abuse, women with mental health problems hear comments such as: "well, she's crazy anyway, she does not know what happened to her anyway". (As indicated earlier, mental health agencies are reported to take little account of the abuse experience of a woman undergoing treatment.)

Lack of specialized resources in mental health in remote areas was also noted as a problem as was the difficulty in physically accessing resources. This problem is felt particularly in bilingual areas where many women cannot access psychiatric services in their mother tongue.

7.3.4 Suggested Remedies

The agencies surveyed made numerous suggestions, particularly concerning inter-agency cooperation and training.

1. *Inter-Agency Cooperation:* Respondents indicated that there needs to be more inter-agency cooperation to structure a service delivery system for this special need group and which would involve shelters, the police, mental health service providers and others. It was stressed that consumers of mental health services must also be represented. Such a structure can become a forum for exchange of information on services and projects and for the discussion of situational and behavioral circumstances while avoiding discussing individual cases as it would be a breach of confidentiality.* One respondent added: "sometimes it is only a question of getting to know people which makes it easier to pick up the phone when needed". A similar suggestion has included forming an advisory committee on family violence to the local psychiatric residential care unit to come up with a hands-on plan to meet the needs of this client group.

2. *Training:* The rationale for shelter staff training in mental health is seen as being two-fold. First, it would help staff be more pro-active. As was seen, women often do not disclose their psychiatric diagnosis.

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* One respondent reported confidentiality to be a serious impediment to the adequate functioning of inter-agency cooperation in the interest of the client. She also deplored that the "system" is helpless when a woman is not accessing her treatment because of pressures from her abusive partner.

It is also difficult for staff to identify a serious mental health problem upon admission as most women do present obvious signs of distress at this time being emotionally perturbed due to the abusive situation. Training will help staff make pertinent observations as part of their assessment, will help them develop an awareness of the symptoms of the illnesses (manic-depression, paranoia, schizophrenia, eating disorders, etc.) and provide them with clues as to how to deal with them, when to start looking for a history of illnesses and what questions to ask the woman.

This in turn may induce shelters to make changes to their intake questionnaire and to look at the procedures, for instance making sure that a woman who is suicidal does not have easy access to ways of harming herself.

Secondly, training staff will help them be more comfortable in dealing with mental health agencies, in appropriately accessing mental health services and in making adequate referrals. It was suggested by one respondent that a procedure to treat women with serious mental health problems who are victims of family violence should be for the women to access the psychiatric crisis house for 72 hours and to subsequently come back to the shelter to address the abuse part of their situation.

3. *Quiet Room:* Shelters could have a quiet room, a place not too far from the staff room where a woman in crisis could be by herself rather than in the general confusion of the house.

4. *Judiciary System:* Special support should be given to the woman with mental health problems when the time comes to press charges and to make statement to the police. Police are often seen as a threat and the process is felt to be particularly traumatizing for women with mental health problems. Long delays should be avoided as they add to the stress and anxiety experienced by the woman.

5. *Building Trust:* Women with mental health problems are reported to feel very insecure when it comes to social services. Outreach (e.g., shelter outreach staff, outreach psychiatric nurses, etc.) should comfort women in ensuring that the help is there and that it is not going away. Most have been dissatisfied with services received in the past and are less trustful of services. As one respondent said: "women with mental health problems feel battered in more than one way".

6. *Second-Stage Housing:* The need for second-stage housing was stressed along with non-residential services after their stay at the shelter to provide life, social and parenting skills.

7. *Transportation:* Examine how quickly women in remote areas can access emergency services. "You don't want to leave an abusive fellow and then get caught".

7.4 NEEDS OF WOMEN WITH DRUG, ALCOHOL AND SUBSTANCE ABUSE PROBLEMS

This portion of the report draws heavily on the input of Toronto-based service agencies in the field of gender specific addiction and family violence services. They were brought together at the initiative of the Addiction Research Foundation following our request for a consultation with the Foundation on the special needs of women involved in the cycles of family violence and addiction.

The agency respondents brought together by the Addiction Research Foundation corroborated the findings from other components of the special needs study. But at the same time they shared a common concern that women who are using drugs and alcohol and who are also victims of family violence receive the treatment and counselling they need from an integrated effort of shelters and community agencies.

7.4.1 Incidence and Special Needs Circumstances

It is estimated that at least one-quarter of women who have experienced abuse use alcohol and other drugs to cope with existing violence or feelings arising from past violence. Further, a 1989 study by the Addiction Research Foundation* found that women who were the victims of violence either as children or as adults are at least twice as likely as non-abused women to use drugs to calm down or to sleep.

Women caught in the cycles of substance abuse and family violence are often experiencing overwhelming feelings of incapacitation. They feel they do not have the strength to handle life on their own, a situation which can often be a catalyst for return.

Women may not trust the system to be truly confidential, especially when child protective services are involved.

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* "Drug Use Among Victims of Physical and Sexual Abuse by Judith Groeneveld and Martin Shain, Addiction Research Foundation, August 1989.

7.4.2 Barriers to Access

The organizations consulted deplored that actual service delivery system has set up artificial boundaries based on services and mandates with each operating on their own therefore being unable to develop a global understanding of the issues confronting the woman and of her needs. As a result, many women are turned away at the doors of battered women's shelters or denied access to therapy.

Counsellors working in agencies in which the mandate is not specifically geared to victims of violence find it difficult to provide effective support to clients who are trapped in the cycles of family violence and addiction. This is particularly evident in outpatient services where a client may require a longer period of time before becoming ready to attempt separation.

The organizations consulted however felt that it is quite understandable that women using drugs or alcohol cannot access women's shelters. Shelters' fundamental role is to provide safe housing to women. However, respondents would like to see shelters develop an awareness of substance use as a coping mechanism to violence as this whole issue remains currently unaddressed.

By the same token, it was said that specialized agencies have yet to develop their awareness of family violence issues. Often agencies and organizations working in the field of drug and alcohol abuse refer to family violence as a private matter: they are uninformed about the issue and lack in training and sensitivity.

The victim of family violence often turns to her family physician for help. She probably will avoid disclosing her situation and the physician will fail to recognize signs of domestic violence. This results in the prescription of sedatives and sleeping pills which may lead to addiction when used frequently. In a brief submitted to the House of Commons Committee on violence against women,* the Addiction Research Foundation pointed out that physicians often estimate the incidence of family violence to be only one or two per cent in their practice.

A woman attempting to break the cycles of violence and substance use, said a respondent, must work within a system that often sets women up for failure right from the start. Women encounter service fees and long waiting lists. Sometimes specialized services may not be available in her area of residence which may mean that the woman has to disclose her problems to employers and others, to lose her children, to lose her job. Sometimes these services are not accompanied by any shelter services. This is particularly true for women living in non-metropolitan areas.

In some cases, women have no choice following treatment but to return to live in unsuitable accommodation areas that may lack support systems: some subsidized housing projects and other areas known to have drug and alcohol problems, where housing is cheaper.

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* The Addiction Research Foundation, The Role of Alcohol and Other Drugs in Violence Against Women, A Report to the House of Commons Subcommittee, Status of Women: Violence Against Women, February 1991.

A thorough look needs to be given to the prevailing philosophy on outreach. There seems to be a general belief system in place, both in our society and in the services offered by community agencies and government services, that client readiness to change can be gauged by the client coming forward "for help". This distortion of the reality of abused women and their children creates an invisible systemic barrier. It is crucial to realize that clients who have been systematically victimized cannot necessarily be proactive without assistance.

Agency respondents also commented that areas of domestic violence/sexual abuse treatment experience, developed in the field of family violence, is not being disseminated to those with mandates in the field of addictions for street youth.

Suggested Remedies outlined in interviews included:

1. Interagency networks should be set up to use existing services and to provide comprehensive resource lists. An interagency training network (e.g., The Link Project: information about the Link Project is provided at the end of this section) should be set up to provide expertise by agency staff where and when it is needed. One respondent said: "I hope that at some point we (agencies working on addiction issues) will get good at asking questions about violence issues and that shelters will get good at asking questions about any sort of substance use. We all need to ask the difficult questions that are not within our mandate, to get more comfortable with it and to make proper referrals. Getting clients to open up is not a question of which university degree you have but one of establishing a good relationship between a client and an agency".

2. Pre and post treatment including assessments and aftercare or follow-up are seen as fundamental. It is important to have an integrated case management system in order to guide women through the range of secure systems they may need.

3. Breaking the cycle of family violence and substance abuse requires extensive self-esteem building, and change requires time. This means that viable and safe alternative living arrangements will be necessary for women and children involved in the cycle of family violence and addictions. Funding will be needed to develop ancillary services.

4. Since women in these situations cannot be proactive without assistance, outreach services should be added to existing community agencies. Ensuring the safety of women is primary. Shelters located in areas that are known drug areas would not be safe havens for women and children.

7.4.3 The LINK Project:* An Illustration

LINK provides an interesting program illustration: LINK is an educational package to be used in training workshops for family violence and addiction workers. The purpose of LINK is to raise awareness of the nature of the links between violence against women and children in relationships and alcohol and drug related problems. LINK workshops aim to help workers identify and provide service to people affected by both issues.

The material includes information that addictions workers should know about violence against women and children in relationships. It contains information that family violence and shelter workers should know about the use of alcohol, prescription and illicit drugs. It also covers information about the coexistence of the two problems; it discusses barriers that impede identification and provides indicators to help in identification; and it suggests networking as a way of bringing the two fields together. The document attempts to be as inclusive as possible by covering some of the special needs of non-mainstream populations such as people with disabilities, gays and lesbians, and people from other cultures.

LINK fills a gap in current training programs which tend to specialize in either violence/abuse or alcohol/drug issues but rarely deal with both in any depth. Workers in the two fields have long recognized that many of the people they serve have problems related to experience with both violence and alcohol and drug use. However, workers in one field often feel unprepared to deal with issues pertaining to the other field. In addition, those providing services to people who have been abused and those providing services to clients with drug and alcohol problems have lacked communication and referral networks with each other.

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* The LINK Project is co-sponsored by the Addiction Research Foundation and Health and Welfare Canada -- a national initiative which begins to look at the relationship or link between substance abuse and violence.

7.5 NEEDS OF WOMEN WITH DISABILITIES

Telephone conversations were carried out with seven organizations concerned with issues confronting persons with disabilities: two of these organizations were national in scope, six were province-based, either in Ontario or in Quebec and one was a local branch of a provincial organization already contacted. Most of the organizations contacted addressed issues affecting both persons with physical disabilities and persons who are mentally challenged. Two organizations dealt specifically with issues confronting women with disabilities with an emphasis on abuse. One was actively involved in service delivery to women with physical disabilities who are victims of violence. The other organizations have been addressing the issue of violence against women of this special needs group only tangentially.

Women with disabilities consulted stressed the importance of effective access to shelters by removing all physical and attitudinal barriers. The consultations were also particularly useful for developing a better understanding of the special needs circumstances of women with disabilities and how their lack of self-esteem may make them particularly vulnerable to violence.

7.5.1 Special Needs Circumstances

While no definitive study has been carried out to evaluate the prevalence of abuse towards women with disabilities, estimates range from 50% to 90% of all women with disabilities. It was reported that abuse suffered by this special needs group may occur from a number of people: caregivers, attendants, bus drivers, family members, spouses, and others.

Some respondents believe that women with disabilities may hold values different from those held by other women with feminist thinking not a prevalent focus. Their self-image is such that they often do not hold a perception of themselves as women but instead ascribe to the mainstream attitude that they are handicapped persons. This self-image may add to their vulnerability as women because of their lack of understanding that certain aggressive behaviors are not acceptable until it is late in the violence cycle. One respondent also added that the abuser may effectively manage to convince a woman with disabilities that he/she has a right to abuse her thus resulting in the victim's quiet resignation to the violence.

Women with disabilities often live in a situation of dependency with their care giver who may also be their abuser. This dependency situation which can be emotional as well as physical may bring fear that disclosure of abuse will lead to retaliation such as withdrawal of care, being left alone or having their children taken away from them. Dependency brings disempowerment which in turn means increased vulnerability to abuse and violence.

Because abuse often occurs from people holding positions of authority, women with disabilities who have been abused distrust profoundly any persons who seek to help them. As a result, disclosure of abuse may appear to be a hazardous move as well.

Moreover, living in an inaccessible world makes it difficult for a woman to leave an abusive situation, particularly if she is unaware of her rights to services. This may be especially true for women with hearing disabilities. The greatest difficulty they experience is one of communications and lack of awareness of their special circumstances.

7.5.2 Barriers to Access

Physical accessibility was readily identified by all organizations consulted as the single most important barrier to shelter access. While some advances have been registered lately on this issue, in many communities shelters are located in inaccessible buildings. A pilot project has been developed in an Ontario community to provide shelter and family violence services on an interim basis to women with disabilities. Information about this pilot project is provided at the end f the section. There are also relatively few shelters which have and use a Telephone Device for the Deaf (TDD) although one organization is currently working on a project to make more shelters accessible to hearing impaired women.

Understaffing of shelters is also recognized as a factor limiting access of disabled women to shelters. At the same time however, there was a general agreement among the organizations contacted that staff overestimate the special needs of women with disabilities as shelter services can be offered with very little modification to them.

Attitudinal barriers were also a factor raised in the consultations. Interviewers said that many shelters still feel that this special needs group is not part of their responsibility. They hold the attitude (often false) that it is too much work to provide services to the women and have been reported as being insensitive in some instances: "We provide services to abused women not handicapped persons" were comments an organization received to an accessibility survey they mailed out to shelters.

Integration, however, is believed to be the most important factor in helping a woman with disabilities to cope with her experiences: "...disabled women need the support and the safety that comes from being together with other women who have experienced abuse. It is the most empowering experience a woman can get from going to a shelter....living in a shelter is also an opportunity for us to mix with women who have children with the same type of problem. This experience may help us better understand how the abuse situation has influenced our own children".

The type of abuse this client group suffers from is also cited as a ground for refusing service. It was reported that some shelters effectively deny women with disabilities access to shelters because they have experienced violence from a caregiver, not a spouse.

In the discussion on attitudinal barriers, one respondent stressed the special difficulties she experiences in raising the awareness of shelter staff and transition house organizations on these issues because of high staff turnover: "by the time we are ready to get a project off the ground and considering the delays in getting government funding, the woman we initially worked with has gone on to another job or responsibility and we have to start all over again with someone else".

7.5.3 Health and Social Service Agencies

At the level of health, community and social services, the need for better inter-agency cooperation was stressed, particularly between service delivery agencies and the shelter.

Many also felt that social workers and the police need to be more aware of the special circumstances of people who are mentally challenged.

Some also felt that women with disabilities are often not aware of the support that may be available to them.

Suggested Remedies outlined in interviews included:

1. *Integration:* All organizations strongly felt that the needs of this population of abused women can and should be addressed by and within shelters irrespective of the type of disability a woman may have. Segregation brings more risks of violence and abuse.

2. *Prevention:* A focus on prevention by developing an approach based on the empowerment of disabled women. Help disabled women develop a strong social network to offset their dependency on the caregiver.

3. *Training:* Staff in shelters should be given the opportunity to receive instructions in sign language as use of interpreters is less than ideal for hearing impaired women.

4. As well, women with disabilities should have more control over the services they receive and the services should be organized so that the women are less dependent on any one individual service provider.

Services

5. *Social, community and health agencies:* More information should be disseminated on the services women with disabilities have a right to receive. Social, community and health agencies should set up better mechanisms for the disclosure of abuse and existing protocols should be enforced and service providers be made more accountable.

6. There should also be better inter-agency cooperation to ensure that all service providers are aware of the services available to this client group.

7. *The judiciary system:* More information should be made available to this client group on their legal rights. Judges should be required to display more sensitivity towards persons who are mentally challenged.

Shelters

8. All shelters should be required to be physically accessible. A woman with disabilities should not be required to leave her community to have access to a shelter although she should be allowed to do so if she wishes for reasons of security or other reasons.

9. Social services should be required to assist shelters when particular services are needed. This will ensure that women with disabilities continue to receive the specialized services they need while at the shelter. Great care should be exercised to ensure confidentiality, particularly in light of the fact that the abuser is often a service provider.

10. Staff training should include as a priority sensitivity training. Training may also include education on special needs and information on services that are available and mechanisms that are in place in the community.

11. Individual counselling should take heed of the special circumstances of the women with disabilities to help them develop their self-image as women and understand their experience in this context. Women with an intellectual disability should be granted credibility by staff.

12. The maximum stay period should be extended in recognition of the fact that women with disabilities often require more time to find accessible low-cost housing. All second-stage housing projects should contain at least one accessible apartment.

Government

13. Ensure that services can be transferred while at the same time ensuring confidentiality.

14. Provincial Help Line to victims of abuse should be equipped with TDD. Relying on Bell Telephone Relay poses problems both for reasons of confidentiality and given the nature of the issue.

Outreach

15. Outreach should take into account the special circumstances of women with disabilities. First, it should be confidential.

16. Outreach should also preferably involve a woman with a disability as women with disabilities often mistrust non-disabled persons precisely because of their experience with abuse.

7.5.5 A Pilot Project Illustration

Because there are currently no wheelchair accessible shelters in the region, the Niagara Peninsula Branch of the Ontario March of Dimes is currently involved in a pilot project with the shelters for abused women of the region. The project involves setting aside one of the accessible apartments of the Ontario March of Dimes to receive abused women with disabilities and to provide attending care. All other features of shelter services will be provided by the shelters themselves, i.e. shelters will take all referrals and will bring the person in and provide counselling. The role of the March of Dimes is strictly limited to making sure these women have an accessible place to go and to providing attending care as they do with other people with physical disabilities.

The March of Dimes recognizes this is not an ideal situation given that the women will be isolated from group activities at the shelter but feel it is a good interim measure in the absence of accessible shelters in the region. Currently abused women with this special need are put up in motel rooms. An accessible shelter is presently being built and should be ready in the fall of this year. Ideally, every shelter should be accessible but the reality is that in most communities shelters for abused women are located in old inaccessible buildings.

The project, however, is not getting started as quickly as was originally planned. When they tried to get permission to put aside one of their "Respite" units for abused women, the landlord, a non-profit group, was not co-operative and expressed concern that this initiative is putting other residents at risk.

7.6 SUMMARY OF THE CONSULTATIONS

The consultations with national and provincial-level organizations were found to be extremely useful in helping to assess the impact of family violence on special needs groups.

While they mostly corroborated the findings from the community special needs study, differing degrees of emphasis on aspects of service delivery and service models were found.

Respondents from Aboriginal women's organizations and ethnocultural groups interviewed, strongly favoured the establishment of specialized family violence services for women in these groups. They also favoured shelter service models that responded to the special circumstances of women of Aboriginal and ethnocultural background. The usefulness of establishing shelters was questioned by some consultants who would like to see other residential alternatives examined.

Interviews with respondents from persons with disabilities and mental health organizations, on the other hand, advocated their full integration into the existing shelter service network. They would like to see trained staff to meet these specialized needs and inter-agency cooperation developed to facilitate their integration.

The consultations with agencies in the field of addiction revealed the importance of cooperation between specialized agencies and family violence service agencies. Both need to develop reciprocal awareness of these issues.

A recurring suggestion cited by interviewees from each of these special needs organizations was the importance of involving women with special needs in the decision-making process. All respondents felt that decisions at whatever level -- shelter, local, provincial and national -- should include the input of the women themselves who have special needs compounded by family violence.

8. Summary and Conclusions

8.1 OVERVIEW

The circumstances and approaches taken for each special needs group have been elaborated on in the previous sections and include a discussion of gaps in service and service needs.

In the community studies, it was reported that shelters are able to accommodate some special needs groups more easily than others. Most shelters have made their shelters fairly accessible to most women with physical disabilities; and Aboriginal women, women of ethnocultural minority background, or immigrant women to the greatest extent possible, by attempting to accommodate their culture and traditions.

However, the special needs of women with severe mental health problems, those with substance abuse problems and those with multiple special needs prove to be much more problematic given the issues reported by shelters. These issues include lack of staff training, inadequate funding levels, risks to the security of other women and children in the shelter and lack (in some communities) of sufficient community service provision or referral sources. While it is widely thought that most shelters should not even attempt to handle severe mental health, and substance abuse problems, or those of multiple special needs, it is at the same time widely believed that all shelters should have skills and mechanisms in place to refer and provide effective assistance to these women.

Also, although it has been noted that shelters have attempted to make their shelters accessible to Aboriginal women and women of ethnocultural minority or immigrant women, service provision difficulties were still encountered for these groups. For example, Aboriginal women who experience family violence have a variety of cultural and related needs in the areas of spirituality, status concerns and parenting which often results in their preference for service from a shelter specifically designed for Aboriginal women. Immigrant and ethnocultural women face other unique barriers. They are often reluctant to leave abusive situations because of fear about their immigrant status or for fear they will be ostracized by their communities. Cultural barriers and the lack of interpreters also hamper both shelter and agency efforts to meet the needs of ethnocultural women.

For most special needs groups, there is support and advice available to shelters from community service agencies also responding to the needs of the particular special needs of these women who are victims of family violence (although it was noted that one shelter was found to be operating in isolation from community programs). Such cooperative relationships have been working well in most communities as evidenced by the formation of a number of interagency committees to respond to family violence initiatives. It appears that interagency cooperation and, potentially, cofacilitation of projects by shelters and agencies best serve the interests of the respective special needs groups. Women residing at the shelter can access the relevant service organization, or staff from that organization may send service or support to the shelter. This is, however, predicated on the availability of community service providers, which unfortunately were not available for all special needs groups in all of the communities studied.

The community studies demonstrate that responding to special needs groups requires extra resources (staff and financial) on the part of shelters to provide services. As well, insufficient funding of community agencies, cutbacks in programs or their disappearance, lack of public education, and family violence issues impact on special needs groups. The absence of service providers in some areas results in long waiting periods for available services and in some cases no service at all for these women with specialized needs. **Without this continuum of support and services, many of these women are put at risk of returning to abusive situations.**

Consultation with selected national and provincial-level agencies and other organizations resulted in a number of suggestions and recommendations regarding the provision of services to these special needs groups. These included: expanded training of shelter staff and agency personnel to increase their understanding and knowledge of the specialized services required when special needs are compounded by family violence; the need for sufficient and accessible community services; the need for enhanced inter-agency cooperation to structure service delivery systems for all special needs groups which would involve shelters, their sponsor groups, law enforcement and justice agencies, service providers and others; and comprehensive follow-up and outreach services to provide the support and information to these women with special needs to enable them and their children to lead lives in a non-violent environment.

8.2 CONCLUSIONS FROM THE STUDY ON THE UNSERVED POPULATION OF ABUSED WOMEN

The study points to a number of important conclusions regarding the approach and philosophy of shelters in response to women with special needs who experience family violence, the provision of services to special need groups by agencies and organization and the gaps in services and service needs within the communities. Some of these included the following:

- o there is a fairly wide variation to the approach shelters take in response to women with special needs.

- o Some shelters have, since their conception, provided residential service to all women, even if for very short periods of time (e.g. for one night) before referring them to other agencies or organizations.

  Other shelters have immediate referral policies and procedures in place in response to the needs of women with more severe special needs and they do not offer residential services in these instances.

- o Some shelter respondents observed that providing residential service to some special needs groups was not part of their mandate and cited insufficient staff, lack of staff training, and disturbance to the other residents of the shelter, as reasons for their response.

- o Researchers noted other agencies and organizations were aware of the individual response of shelters to special needs through networking, interagency committees etc.

- Formal and informal referral arrangements between shelters and agencies and organizations are often in place to meet the needs of abused women with special needs.

- Shelters have attempted to accommodate the culture and traditions of women of Aboriginal descent, ethnocultural and minority background and new immigrants who experience family violence.

- Staff of a shelter where many clients are new immigrants find they are involved with a large degree of internal intervention on behalf of their clients due to language barriers and unfamiliarity with, for example, social assistance and legal procedures.

- Lack of interpreter services and confidentiality concerns within small ethnocultural communities hamper shelters in responding to the needs of abused women of ethnocultural minority background and new immigrants.

- The majority of shelters reported extreme difficulties in accommodating abused women with severe mental health problems, given the limitations of staff and resources. Providing shelter to women experiencing mental health problems which are not severe is generally not a problem as long as the women are able to care for themselves and their children.

- All mental health agency staff interviewed were familiar with shelter services and cited other community services or programs available for abused women with mental health problems. These included psychiatric wards in hospital, day hospital program, other psychiatric residential facilities and community health centres. All services and programs are not available in all communities studied.

- All shelters in communities studied prohibit the use of alcohol or drugs while staying at the shelter. Most shelters refuse to admit a woman who is using alcohol or drugs, although two shelters will admit an intoxicated woman especially if accompanied by children. She is expected to abide by the house rules (no alcohol or drugs), if she stays.

- Shelter staff generally did not report any difficulties in meeting the needs of women with substance abuse problems as long as they remained sober. Women with this special need are more prone to short shelter stays or abrupt departures, it was noted.

- Some shelters provide an immediate referral to women with substance abuse problems to detoxification centres or addition agencies.

- All shelters except one are wheelchair accessible. However, most shelters reported being unable to care for women with disabilities who require extensive assistance.

- Additional resources required in the opinion of agency respondents to better serve women with physical disabilities who are victims of family violence, are training of shelter staff to respond to disabilities, and a network to foster awareness of what community services are available.

- Shelter staff report that lack of staff, facilities and funding to respond to women experiencing family violence compounded by multiple special needs hamper their efforts to provide assistance to this client group.

- Agency respondents reported a cooperative approach to meeting the needs of women with multiple special needs who experience family violence. They stressed that the priority should always be to arrange for the woman's safety first, before addressing additional needs.

- Gaps in service identified in the communities studied included lengthy waiting lists for community services, the need for cultural awareness training of workshops at both shelter and agency level. Multi-strategy approaches to outreach, materials in languages others than English or French to provide information about family violence, the need to foster greater awareness of available services, and the need for increased numbers of affordable, suitable, accessible housing units.

The results of interviews with a number of national, provincial and other specialist organizations involved in meeting the unique needs of women who experience family violence and who also face difficulties in accessing shelter services revealed that many shelters have initiated or are in the process of developing responses to these unique needs. Other suggestions to meet the needs of women experiencing family violence included:

- Establishing Aboriginal shelters both on- and off-reserve to meet the cultural needs of Aboriginal women.

- Establishing specific shelters for immigrant women, to provide specialized supporting services.

- Immigration procedures should eliminate regulations which disempower women.

- A need for more inter-agency cooperation to structure social service delivery systems for women with mental health problems who experience family violence.

- Increased training of shelter staff in mental health.

- An increase in the knowledge of family violence at agencies involved with addiction issues at the same time as shelter staff increase their knowledge and training regarding substance abuse.

- The need for more shelters to be accessible to women with physical disabilities was identified by all organizations consulted.

- Minimal equipment such as telephone devises for the deaf (TDD), safety bars and other shelter modifications for women with physical disabilities should be standard for all shelters.

In the following chart, highlights from the research, as they relate to each special needs group studied and as they were reported by respondents from shelters and community agencies/ organizations are illustrated.

The special needs circumstances of both rural women and women with multiple special needs who experience abuse have also been addressed in this highlights section.

APPENDIX A:
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APPENDIX B:

LIST OF TYPES OF AGENCIES AND ORGANIZATIONS CONTACTED BY THE RESEARCHERS FOR THE STUDY OF THE SPECIAL NEEDS OF THE UNSERVED POPULATION OF ABUSED WOMEN

This report is based on interviews conducted with:

- Shelter personnel including Executive Directors/Coordinators, on-line staff, and satellite office staff;
- Members of the Board of the Sponsor Groups;
- Aboriginal Service Agencies and Organizations;
- Multicultural and International Agencies and Organizations;
- Immigration and Settlement Agencies and Organizations;
- Mental Health Agencies and Organizations;
- Addiction Services and Organizations;
- Independent Living Resource Centres, Disabled Women's Network and Agencies for Persons with Physical Disabilities;
- Doctors, Nurses, and Hospital Personnel;
- Law Enforcement Officials, Justice Officials, Victim's Services and Legal Aid;
- Local Planning and Housing Departments;
- Provincial Government Departments (e.g., Family Violence Prevention, Social Services, Community Legal Information);
- Education Facilities Personnel;
- Children's Services;
- Family Services;
- Churches; and
- Members of the Community.

Special Need

Women of Aboriginal Background Who Experience Family Violence

Special Need Circumstances

The special need circumstances of Aboriginal women are concerned with areas of cultural differences, spirituality, mental and physical health, status concerns, parenting concerns and substance (alcohol, drug, etc.) abuse. The extended family situation of Native communities, fears about losing status and property rights further compound the situation of Native women seeking help from abusive situations.

Finding suitable housing off-reserve is often a difficulty for these women due to landlord discrimination.

Responses From Shelters

All shelters studied were off-reserve and all attempted to accommodate the culture and tradition of Aboriginal women through respect for differing ways of parenting, allowing extended family visits, special diets, and accessing special materials on violence from Aboriginal bands. Shelters have both formal and informal arrangements with community agencies/organizations to meet the needs of abused women of Aboriginal background.

Responses From Community Agencies/ Organizations

Aboriginal agencies/ organizations reported close working relationships with shelters in three communities having large Aboriginal populations. The other communities studied did not have service providers targetted to the Aboriginal community. Services offered by these Aboriginal agencies/ organizations include, in part, sexual abuse and family violence counselling, healing circles, parenting programs, substance abuse counselling and holistic approaches to health. All were familiar with the services of the shelters in their communities.

Gaps/Unmet Needs and Suggested Remedies

Unmet needs include the lack of Aboriginal staff, counsellors and volunteers; lack of services for severe mental health problems, fetal alcohol syndrome and substance abuse problems. Aboriginal women often do not access mainstream programs because of encountering cultural insensitivity. Aboriginal women reportedly require safe environments both on and off-reserve where they can speak openly about family violence issues. Additional services proposed include, in part, Aboriginal support groups for victims of family violence at both the shelter and community agency level, cultural awareness training or workshops at shelters, preventative programs, multi-strategy approaches to outreach and more assistance with finding suitable housing off-reserve.

Special Need

Women of Ethnocultural Minority Background Who Experience Family Violence

Special Need Circumstances

Special need circumstances were attributed primarily to isolation, dependency, cultural differences and language barriers. For new immigrants, these circumstances are further complicated by economic difficulties and lack of awareness of government policies and procedures (including immigration status). Some cultures treat the issue of family violence as private matters and women from these cultures fear being ostracized from their community or jeopardizing their immigration status if they leave an abusive situation.

Responses From Shelters

Reaching out to multicultural, immigrant and visible minority women in abusive situations to enable them to access shelter services was challenging for all shelters studied. Differing cultural norms and attitudes to family violence, dependency and lack of awareness of family violence issues were areas of difficulty cited by shelter staff in attempting to reach these women.

All shelters reported they call in interpreters for clients who do not speak French/English. Some difficulties with interpreters were reported if they were not trained to be non-intrusive. Confidentiality also becomes a problem if ethnic community is small.

Other services provided include accompaniment to all services needed including immigration, translation of brochures and information pamphlets into other languages and special grocery items to accommodate different diets.

Emotional support and follow-up outreach, although difficult to provide in ethnic communities, were judged by shelter staff to be of great importance to overcome isolation, dependency and fear.

Responses From Community Agencies/ Organizations

Four of the communities studied have multi-cultural agencies or agencies providing services to immigrants (e.g. information, advocacy, referrals). The approach of these agencies to dealing with victims of family violence varies from immediate referral to a shelter to providing short-term counselling and support internally. Despite a large multicultural population in one community studied there is no multicultural service agency which caters to this population. One agency organizes workshops on family violence and provides information on the law and victim's rights but in general some isolation of multicultural women from mainstream community programs was observed.

Additional agency services provided include general orientation services for new immigrants and provincial education programs (language training, introduction to Canadian society and laws).

Gaps/Unmet Needs and Suggested Remedies

Unmet needs include insufficient interpreter services and lack of outreach for women experiencing family violence in ethnic communities. Follow-up counselling for both women and children and emotional and social support to overcome isolation are of great importance for women who do leave abusive situations.

Other services suggested by interviewees to better meet the needs of women of multicultural background include, in part, longer stays at shelters, services geared specifically to the immigrant sector, materials in different languages to provide information about family violence, cultural sensitivity training at both the shelter and community agency level, increased funding for programs (language training, job skills), and a federal women's bureau to consider the impact of immigration rules on women.

Special Need

Women With Mental Health Problems Who Experience Family Violence

Special Need Circumstances

Characteristics and special need circumstances of women falling within this special needs group often include disorientation, inability to make decisions, severe adjustment problems, difficult issues relating to their children, risk of suicide and often a history of victimization. A great many of these women are on medication with some "finding refuge" in prescription drugs which tends to mask other problems such as abuse.

These women often face circumstances relating to credibility issues. Their experiences with family violence are reported to be sometimes less likely to be believed by law enforcement and some other agency personnel due to their mental health problems.

There were reports of communities being underserved by mental health practitioners and of long waiting lists to see mental health therapists adding to the difficulties experienced by this client group. Housing was also reported to be a particular problem for these women and their children.

Responses From Shelters

The majority of shelters reported extreme difficulty in accommodating women with severe mental health problems given the limitations of staff and resources.

Providing shelter to women experiencing mental health problems which are less severe is generally not a problem if the women can care for themselves and their children and do not endanger the safety of other residents.

Because staff are generally not skilled in mental health diagnosis, some entry decisions prove very difficult and there are clients who, although initially admitted, subsequently have to be sent or referred to other health facilities or, if no other alternative is available, to a hotel/motel.

Specialized services provided by shelters to women with this special need who can be admitted include more counselling time and more supervision, including in some cases, supervision of medication.

A shelter in one community is coping with clients who are survivors of ritual abuse and have Multiple Personality Disorder (MPD). This has come to occupy much of the time and concern of staff operating this shelter.

Responses From Community Agencies/ Organizations

Agencies and organizations providing service to women with mental health problems were located and interviewed in all communities. All mental health service providers reported interaction and cross-referral between agencies and shelters. Services extended to abused women within this special needs group include, in part, crisis intervention, referrals, help to access other services if clients unable to do it for themselves, psychiatric consultation and short-term follow-up.

Particularly successful efforts in meeting the needs of women with mental health problems were reported to include the provision of community outreach psychiatric nurses, community workshops, education and training at both the shelter and community agency level to deal with psychiatric disorders and the establishment of sexual assault support services.

All agency staff interviewed were familiar with shelter services.

Gaps/Unmet Needs and Suggested Remedies

Mental health agency personnel and shelter staff agreed that this group of women is often very difficult to reach given the cycle of victimization experienced, confused thoughts, frequent abuse of medication and isolation. Often the only solution for severe mental health problems is hospitalization or referral to residential care facilities, not available in all communities, and, if available, often having lengthy waiting lists.

Women who are victims of family violence with less severe mental problems are also not having their needs met because of long waiting lists to see mental health therapists.

Proposed remedies include, in part, separate residential facilities for abused women with severe mental health problems, funding for shelter staff with experience in psychiatric disorders, adequate coordination among agencies and mental health facilities and public and agency education in dealing with abused women with mental health problems.

Special Need

Women With Substance Abuse Problems Who Experience Family Violence

Special Need Circumstances

Addictions were reported to be difficult to identify when a women is in crisis. It was reported that in many cases, both the victim and the abuser have an addiction which complicates the situation for any children that are involved.

These women are more likely to be suffering from economic and social deprivation as well as abuse with a tendency to use drugs or alcohol to cope with their situation.

Responses From Shelters

All six shelters prohibit the use of alcohol or drugs while staying at the shelter and most refuse to admit a women who is obviously addicted. Two shelters will admit an intoxicated woman, especially if accompanied by children, for one night and then explain the house rules. Some women find the no drug/alcohol rules too difficult and choose to leave.

Shelters provide referrals to detoxification centres or addiction agencies if available in the community or provide the women with more counselling time at the shelter if other resources are not available. Shelter staff generally did not report any difficulties dealing with women within this special need as long as they remained drug and alcohol free while at the shelter. None of the shelters reported being able to deal with women with severe substance abuse problems.

Responses From Community Agencies/ Organizations

Respondents from alcohol and drug dependency agencies were interviewed in five of the communities studied and reported an informal cross-referral relationship with the shelter. Agencies report providing services to both the abusive partner and/or the women having a substance abuse problem herself.

Services extended include individual/marital/family psychotherapy and counselling as well as assessment and referral.

All agency and community organization personnel were aware of the general services offered by the shelter.

Gaps/Unmet Needs and Suggested Remedies

Additional resources needed included good access to residential treatment centres and co-facilitating with shelter personnel on a networking case basis to provide service to abused women in this special needs group.

Possible remedies suggested by interviewees for addressing service gaps were trained alcohol and drug counsellors at the shelters, additional funding for staff training in this area, emphasis upon first meeting the safety needs of this client group before addressing alcohol and drug problems, sensitivity training for community agencies and organizations about the relationship between substance abuse and family violence and preventative programs especially for young people.

Special Need	Special Need Circumstances	Responses From Shelters	Responses From Community Agencies/ Organizations	Gaps/Unmet Needs and Suggested Remedies
Women With Physical Disabilities Who Experience Family Violence	Women with physical disabilities are particularly vulnerable because of mobility problems, isolation and communication barriers. They are often in a dependency relationship with non-disabled partners. Abuse may occur from a number of people: spouse/partners; family members including children; caregivers and attendants. Lack of awareness in the community with respect to women with physical disabilities and family violence and other issues such as employment equity and housing needs were cited as difficulties for this special needs group.	All of the shelters except one are wheelchair accessible. Most shelters reported being unable to care for women with disabilities that required extensive assistance although one shelter will enlist the services of a homemaker or nurse if needed. Shelter staff do access available community services as needed if a woman with physical disabilities has been admitted. Lack of community services and support for these women upon leaving the shelter is a concern for shelter staff and they cite fear, isolation, lack of mobility and finding suitable housing as major difficulties.	Agencies come into contact with a number of women with physical disabilities through formal and informal networks. They interact with shelters as needed but would like to see better training of shelter staff in these areas as well as training of agency personnel on family violence. All agency personnel are familiar with shelter services and appreciated how shelters are becoming more accessible. They would like to see better networking of community agencies to meet the needs of this group.	Suggested solutions by respondents to meet the needs of women with physical disabilities include: additional resources for training as needed; expansion of network of community agencies; outreach workers throughout community; greater awareness of available services; improved transportation; strong follow-up support to ease their transition; and adequate accessible housing. The need for greater discussion, outreach and support in the community, in general, around the issue of family violence against disabled persons was an area of concern to respondents.

Rural Women Who Experience Family Violence

Rural women frequently have difficulty of access to shelter services because of their isolation, fear of social stigma and limited knowledge of what is available. Some shelters have attempted to address this problem through establishing satellite offices or by taking off-site counselling services into rural communities on an individual basis.

Preventative education programs have been launched by women's organizations, and churches in rural areas are establishing support groups for victims of family violence. Further programs suggested to meet the needs of rural women include emergency housing in rural communities, help with transportation and coordination of services to produce alternatives to abusive living arrangements.

Women With Multiple Special Needs Who Experience Family Violence

The incidence of women who experience family violence having multiple special needs is not uncommon, both shelter and agency staff agree. In particular, interviewees went on to say, multiple special needs have often been linked to women having alcohol and drug problems (history of sexual, physical abuse and victimization) Aboriginal women (physical, substance abuse, fetal alcohol syndrome and poverty) and mental health illnesses (substance abuse including overmedication and victimization). The more special needs a woman has, it was argued, the more vulnerable and isolated she is, and the more barriers she faces when attempting to access shelter or community services to deal with abusive situations.

Shelter staff report that lack of staff facilities and funding hamper their efforts to provide assistance and shelter to this client group. Referrals are difficult as community agencies and organizations are "taxed to the maximum" in dealing with women with multiple special needs who have often been subject to abuse for many years.

Agency respondents reported their approach to helping victims of family violence with multiple special needs is generally a cooperative one with the priority being to arrange for the woman's safety first before addressing her additional needs. They then attempt to provide counselling specialists in each of the areas in which she is experiencing difficulty.

The unavailability of funding to meet the needs of women with multiple special needs was a primary concern of respondents. Suggested remedies for helping women with multiple special needs in abusive situations include, in part, increasing funding for services, coordinated services to fully support these women, interagency cooperation and many of the previously proposed remedies as found in the previously discussed special needs sections of this report.