

Screening Abuse Protocol Project

**Asking Women about Abuse and
Responding to Disclosures of Abuse:**
*A Guide for Addictions and Mental
Health Professionals*



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

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

Asking Women about Abuse and Responding to Abuse Disclosure:

A Guide for Addictions and Mental Health Professionals

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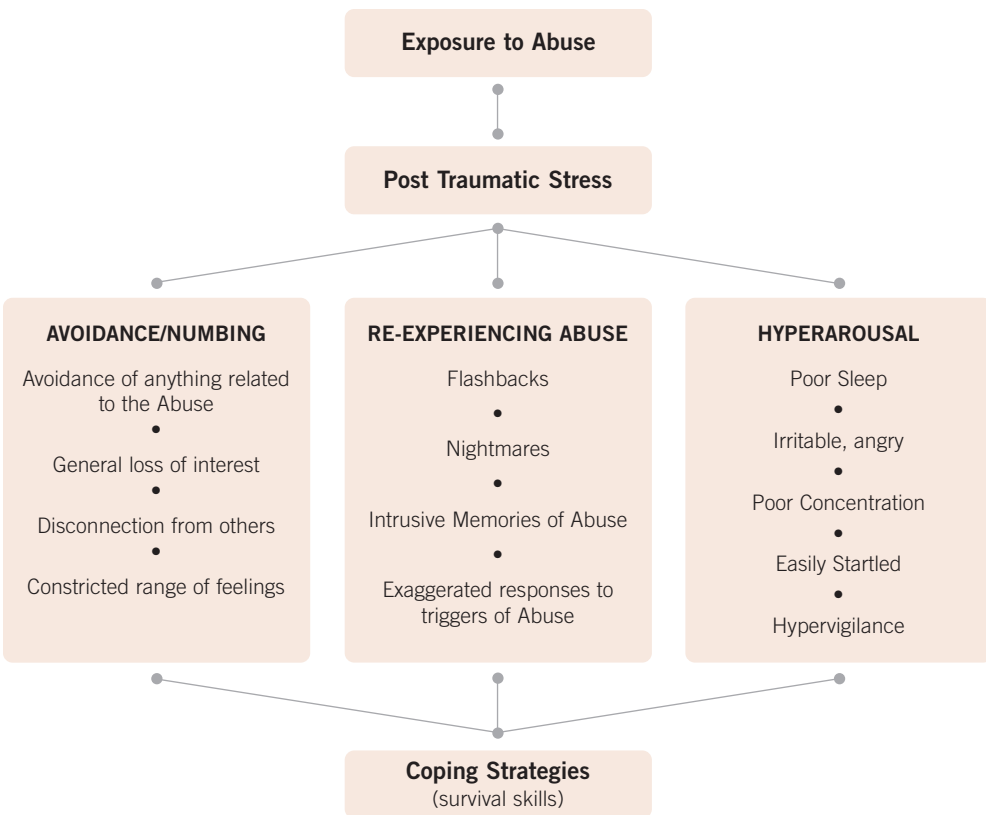
**The SPAW Project material is adapted from the RUCS Protocol
Developed by the Task Force on the Health Effects of Woman Abuse**

PREPARED BY: Mary Jane Millar, MSW 2005
Screening Protocol for Abused Women (SPAW) Project
Women's Mental Health & Addictions, Action & Research Coalition (WMHAARC)
Modified by the SPAW Advisory Committee 2006

WHAT IS WOMAN ABUSE RELATED TRAUMA?

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

Affects of Abuse-Related Trauma



Section A

POST-TRAUMATIC STRESS RESPONSES

Common Effects of Abuse-Related Trauma:

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

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

The Role of an Addictions Counsellor and/or a Mental Health Practitioner:

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

ASKING ABOUT ADDICTIONS...

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

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

FIRST-STAGE TRAUMA TREATMENT

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

Essential Components of First-Phase Trauma Treatment:

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

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

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

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

Asking the Question:

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

Section B

SCREENING FOR ABUSE

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

Crucial pieces of information when asking about abuse would be:

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

Responding to Abuse Disclosure

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

- If she has experienced abuse, the next pieces of information to ask about are:
- Does the client still have contact with the abuser(s)?
- Is the client currently at risk of experiencing abuse? (see section on Safety Planning)
- Has the client received support or is she receiving support related to the abuse?
- Have children been exposed to the abuse? Are her children at risk? (Question for the professional: Is there a duty to report to child welfare services?)

A Word on Documentation

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

- The disclosure(s) of abuse and the client's statements regarding the impact of the abuse on her mental health / substance use and or problem gambling (make use of the generic Screening for Abuse Form - attached in this section)
- Referrals to appropriate community services
- A copy of the client's safety plan or details of the discussion between staff and client regarding her safety plan
- Duty to Report information

Be sure to distinguish between professional observations and client reports. Always avoid subjective statements and speculations that might undermine a woman's credibility.

SCREENING FOR ABUSE DOCUMENTATION FORM:

Client Name: _____ Date: _____

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

Woman abuse by intimate partner

- | | | | | |
|--------------------|-------------------------------|----------------------------------|-----------------------------|----------------------------------|
| Physical | <input type="checkbox"/> Past | <input type="checkbox"/> Present | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Sexual | <input type="checkbox"/> Past | <input type="checkbox"/> Present | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Emotional / Verbal | <input type="checkbox"/> Past | <input type="checkbox"/> Present | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Institutional | <input type="checkbox"/> Past | <input type="checkbox"/> Present | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| War Trauma | <input type="checkbox"/> Past | <input type="checkbox"/> Present | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Other | <input type="checkbox"/> Past | <input type="checkbox"/> Present | <input type="checkbox"/> No | type: _____ |

If the Client Reports Abuse:

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

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

- | | |
|---|---|
| <input type="checkbox"/> At^lohsa | <input type="checkbox"/> Women's Rural Resource Centre |
| <input type="checkbox"/> Women's Community House | <input type="checkbox"/> London Abused Women's Centre |
| <input type="checkbox"/> Sexual Assault Centre London | <input type="checkbox"/> Changing Ways |
| <input type="checkbox"/> Family Service London | <input type="checkbox"/> London Interfaith Counselling Centre |
| <input type="checkbox"/> Abused Women's Helpline | <input type="checkbox"/> Children's Aid Society |
| <input type="checkbox"/> St. Joseph's Sexual Assault & Domestic Violence Treatment Centre | <input type="checkbox"/> Victim / Witness Assistance Program |
| <input type="checkbox"/> Family Consultants | <input type="checkbox"/> Trauma Unit (LHSC) |
| <input type="checkbox"/> Other | |
| <input type="checkbox"/> None, reason: | |

Comments: _____

Staff Signature: _____

Section C

STABILIZATION

Triggers

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

Grounding Strategies

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

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

Use of the 4 "W"s

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

Where "where are you right now?"

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

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

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

Stabilization Strategies for Working with Clients Affected by Trauma:

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

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

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

Developing affect regulation skills - developing a language for feelings, identifying feelings, learning to contain and modulate feelings, mindfulness skills of observing, describing and sitting with feelings,

developing skills to self-monitor, awareness of triggers, developing capacity for self-soothing and comfort, containment and grounding strategies for safety.

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

(Nancy Wardrop, LHSC - Traumatic Stress Service, 2005)

STABILIZATION - A CHECKLIST FOR CLIENTS

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

The answers are either Yes or No.

Do you....

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

(Najavitis 2002 - Seeking Safety)

Section D

SAFETY PLANNING

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

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

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

In London:

- call the Abused Women's Helpline for support, information, referrals, safety planning and access to safe shelter
- call London Abused Women's Centre for support advocacy, safety planning and counselling

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

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

In London:

- call the Abused Women's Helpline for support, information, referrals, safety planning and access to safe shelter
- call London Abused Women's Centre for counselling, support, advocacy and safety planning

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

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

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

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

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

In London:

- seek support through the Abused Women's Helpline and London Abused Women's Centre

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

SAFETY PLANNING:

Risk Factors - The Screening Protocol for Abused Women Project

Client Name: _____ Date: _____

For staff to fill out: Indicators of High Risk Situations

- | | | | |
|--|------------------------------|-----------------------------|----------------------------------|
| 1. Client believes abuser(s) may pose a danger to her, her children and/or health care providers | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 2. Woman resides with the abuser | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 3. Client is pending or actually separated / estranged from abuser | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 4. Partner has threatened to hurt / harass / kill her, the children and / or themselves (threat of suicide or attempted suicide) if she left | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 5. Abuser has history of past assaults, or woman reports the violence has escalated | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 6. Damage to pets / property | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 7. Abuser has access to weapons | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 8. Abuser has history of substance abuse | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 9. Partner has threatened to take the child(ren) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 10. Abuser displays obsessive or jealous behavior | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 11. Client is isolated from family and friends who know of the abusive behavior | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 12. There is a new partner in your client's life (distinct from the former abuser) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 13. Abuser suffers from depression and or other acute mental health problems | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 14. Client is in a common-law union with the abuser | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 15. There are ongoing child custody and access issues | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 16. The abuser is unemployed | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 17. There are step-children in the home | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 18. Client reports abuser to be forceful during sexual acts | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 19. Client is pregnant | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 20. Abuser chokes client | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 21. The woman is young (aged 15 - 29) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 22. Abuser was exposed to domestic violence as a child | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 23. Client is homeless or at risk of becoming homeless | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |

24. Summary of Risks

Staff Signature: _____

Section E

London Based Services

Agency	Description of Service	Phone Number
At^lohsa Native Family Healing Services Inc. 109-343 Richmond St.	Facilitates healing and recovery from the effects of native family violence through protection, education and intervention. Also has a 24 hour crisis telephone line and family support unit.	519-438-0068
London Police	Domestic Violence Coordinator	519-661-5674
Abused Women's 24 hour helpline	24 hour crisis line for women, friends and family members of abused women, service providers and other professionals in contact with abused women	519-642-3000
Changing Ways 302-308 Dundas St.	Men who abuse women: both court ordered and voluntary	519-438-9869
Community Group Treatment Program for Children Exposed to Women Abuse (CAS) 1680 Oxford St East	Children aged 4 to 16 who have witnessed violence toward their mothers.	519-455-9000 Ext 322 or 673
Family Service London 125 Woodward Ave	Counselling for heterosexual, gay and lesbian individuals/couples as well as individual counselling. Male and female survivors of sexual abuse groups	519-433-0183
London Abused Women's Centre 217 York St	Providing counselling, advocacy, and support for abused women including safety planning, outreach services, transitional supports, referrals and groups. Services provided in a safe, non-residential setting for women, aged 16+, subjected to abuse in their intimate relationships, who reside or work in the London/Middlesex area. Cultural and ASL interpretation.	519-432-2204
London Interfaith Counselling Centre 141 Dundas St. 6th floor	Ages 16+, Individuals, couples, families with a wide range of issues that include: depression, couple/family conflict, abuse, bereavement, separation/divorce, anxiety, anger management, spirituality, eating disorder, sexual identity, addiction, self-injury.	519-434-0077
Merrymount Children's Centre 1064 Colbourne St	Families of children, birth to 12 years, especially those facing crisis, stress, transition.	519-434-6848
Middlesex-London Health Unit 50 King St.	On-Track; A women's self-development experience	519-663-5317
Outpatient Psychotherapy Service 375 South St	Stress management, assertiveness group - need doctor referral	519-667-6551
Police Family Consultants 601 Dundas St.	Consultants respond to requests from officers to attend at time of crisis to assist in assessment, crisis intervention and support	519-661-5636

Agency	Description of Service	Phone Number
St. Joseph's Sexual Assault/ Domestic Assault Treatment Centre 268 Grosvenor St	Sees anyone who has been sexually or physically assaulted over the past 12 months - ages 12 and over.	519-646-6100 Intake Ext 64224 Counselling Ext 65974
Salvation Army (The) - Centre of Hope 281 Wellington St. London, ON N6B 2L4	Emergency shelter (up to 42 days) and short-term housing (transitional, up to two years) variety of medical and social work services available to residents include primary care clinic; public health nurses for health advice, medication administration, referral, etc (weekdays and 8 a.m. - 12 noon weekends); counselling; outreach and case management food, clothing and other material aid provided as necessary	519-661-0343
Second Stage Housing	Provides rent-geared-to-income, transitional, accessible, housing with a focus on safety for women and their children who are working to establish their independence after leaving an abusive relationship. May stay for up to one year. Group programs are offered to support women.	519-642-3003
Sexual Assault Centre London	The crisis line serves survivors of sexual assault, family and friends, both male and female. Counselling program is for women 16+	Crisis 519-438-2272 Intake 439-0844
Traumatic Stress Service - LHSC Victoria Campus	Individuals ages 16+ who have experienced acts of violence, emotional/physical/sexual abuse, severe neglect or a catastrophic event and are suffering from distressing intrusive memories, nightmares, anxiety and/or panic, depression, anger and/or irritability, shame and guilt, low self-esteem or self-destructive behaviour.	519-667-6550
Tri Pod Project 648 Huron Street	This Project is specifically designed for women who have experienced, or is experiencing, abuse-related trauma as well as mental health issues, substance abuse/dependency or a concurrent disorder (mental health and substance use). Participants must be 16+ years old. Initially, there will be a meeting with the client to determine if she is suitable for the program. This program offers one-on-one counseling and psycho-educational groups which include topics such as safety planning and healthy relationships. It is a 3 year project, expected to end Feb 2008.	519-434-9191 ext 252
Victim/Witness Assistance Program	Individuals who are involved in a criminal case either because they are victims of crime or because they have been called as witnesses to testify in the case.	519-660-3041
Women's Community House 2 shelters - 101 Wellington Rd. and 450 Clarke Rd (at Dundas)	Provides safe places & services for abused women and their children including shelter, crisis counselling, advocacy, referrals, transition/outreach support and cultural interpretation.	519-642-3000
Women's Rural Resource Centre	Abused women ages 16+ experiencing the impact of abuse in an intimate relationship.	519-245-6235
Zhaawanong Shelter	Emergency shelter for abused women and their children run by At^lohsa	519-432-2270

Rotholme Women's and Family Shelter	Temporary emergency accommodation, crisis counselling, advocacy and referrals to appropriate community agencies. Women 16 years and over and homeless female-led families. Provisions for two parent and male-led families by special arrangement with the Men's Mission	519-673-4114
Hope's Garden 635 Wellington St. Upper	Individual, group and family support for women with eating disorders - can self-refer	519-434-7721 <i>Helpline 685-8343</i>
Women's Crash Beds - Mission Services 459 York St. <i>Separate entrance for women</i>	This is a basic service, providing a bed from 9:00 p.m. to 7:00 a.m., a shower and a snack to people for whom the crash beds may be the only alternative to sleeping on the streets.	519-672-8500 (admin line) 519-439-0239
My Sisters' Place Transitional Support Centre 546 King St.	Safe day space for women who are homeless or at risk of homelessness, providing supports, programs and basic needs such as a daily hot meal, clothing, laundry, showers and hygienic products.	519-679-9570
Womens' Mental Health Resources	A mental health program offering supports and services to women who are living with a serious mental illness. Our clients receive community, housing supports, groups, programs and activities, crisis and counseling support, information, referral and advocacy. In addition we work in partnership with WOTCH to provide safe and affordable housing with supports to women who have serious mental health challenges.	519-642-7630
Caring Dads Program	A Parenting program for men whose relationship with their children is problematic.	519-438-9869 ext 29

Province Wide Resources and Referrals

Agency	Description of Service	Phone Number
Assaulted Women's Helpline	A 24-hour telephone and TTY crisis line for women in the province of Ontario. Also speaks to friends and family members of abused women, service providers and other professionals in contact with abused women.	GTA (416) 863-0511 (416) 863-7868 TTY TOLL FREE (Ontario) 1-866-863-0511 1-866-863-7868 TTY #SAFE #7233 on your Bell Mobility phone http://www.awhl.org
Victim Support Line	The Victim Notification System (VNS) keeps victims informed about the status and scheduled release date of provincially incarcerated offenders. The VSL connects victims directly to an information counsellor who can refer them to services in their community that can help them overcome the impact of crime. The VSL provides access to recorded information about how the criminal justice system works. http://www.attorneygeneral.jus.gov.on.ca/english/about/vw/vsl.asp	888-579-2888 Toronto area referral Tel: (416) 314-2447
Mental Health Service Information Ontario (MHSIO)	Provides you with information about mental health services and supports in your community and across Ontario.	Mental Health Service Information Line: 1-866-531-2600 http://www.mhsio.on.ca
The Drug and Alcohol Registry of Treatment (DART)	Provides information and referral to alcohol and drug treatment services in Ontario.	Drug and Alcohol Treatment Infoline: 1-800-565-8603 http://www.dart.on.ca
The Ontario Problem Gambling Helpline (OPGH)	A province-wide information and referral service with interpretation available in more than 140 languages.	Ontario Problem Gambling Helpline: 1-888-230-3505 http://www.opgh.on.ca

Section F

HOW TO HELP SOMEONE WHO IS BEING ABUSED

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

Neighbours, Friends and Families is a campaign to reach neighbours, friends and family members of women and their children who are experiencing abuse. Repeated violence and potentially lethal violence can often be predicted and lives could be saved with appropriate and timely interventions. The *Neighbours, Friends and Families* website provides information on how to recognize abuse, how to offer support and where to turn for help in communities across the province.

For more information go to: www.neighboursfriendsandfamilies.on.ca