


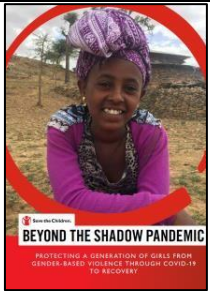
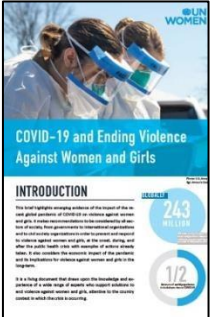
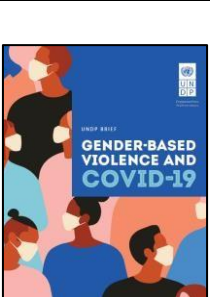




Key Reports and Resources on Intimate Partner Violence and Substance Use

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Reports on IPV in the context of COVID 19	
	<p>Fraser, E. (2020). <i>Impact of COVID-19 Pandemic on Violence against Women and Girls</i>. UKAID. https://www.girlsnotbrides.org/resource-centre/impact-of-covid-19-pandemic-on-violence-against-women-and-girls/</p> <p>This paper discusses how the COVID-19 pandemic may impact violence against women and girls in a number of settings (domestic, workplace, emergency settings, etc.). It provides information about risks, lessons and recommendations from other similar epidemics including those that support services for survivors, health sector interventions, security and justice challenges, education and child protection responses, social protection and job creation and actions in humanitarian settings. Recommendations are offered related to: disaggregating data to understand gendered impacts, increasing understanding of who is at heightened risk, strengthening leadership and meaningful participating of women and girls, training first responders about handling disclosure, updating GBV referral pathways and providing psychosocial support to survivors.</p>
	<p>Peterman, A. et al. (April 2020). <i>Pandemics and Violence Against Women and Children</i>. Center for Global Development. https://www.cgdev.org/publication/pandemics-and-violence-against-women-and-children</p> <p>The fear and uncertainty associated with pandemics provide an enabling environment that may exacerbate or spark diverse forms of violence. This report documents 9 pathways/mechanisms. Based on these mechanisms, they suggest 8 policy and program responses for action by governments, civil society, international and community-based organizations: 1 Bolster violence-related first-response systems 2 Ensure VAW/C is integrated into health systems response 3. Expand and reinforce social safety nets 4. Expand shelter and temporary housing for survivors 5. Encourage informal (and virtual) social support networks 6. Communicate clearly on and support during quarantine mandates 7. Integrate VAW/C programming into longer-term pandemic preparedness 8. Implement and invest in flexible funding mechanisms. The authors lay out a research agenda comprising three main streams, to better (1) understand the magnitude of the problem, (2) elucidate mechanisms and linkages with other social and economic factors and (3) inform intervention and response options.</p>
	<p>Peterman, A., & O'Donnell, M. (September 2020). <i>COVID-19 and Violence against Women and Children: A second research round up</i>. https://www.cgdev.org/sites/default/files/covid-19-and-violence-against-women-and-children-second-research-round-up.pdf</p> <p>This report summarizes an additional 28 papers on violence against women and girls released since their previous summary of 17 papers. They note that the majority of studies continue to focus on the issue of the increase in levels of violence. In addition, the increasing needs of clients and the additional challenges faced by providers continue to be reported. The authors stress that studies focused on COVID-19 and VAW/C should prioritize “actionable” research, informing evidence-based policy and financing responses including possible prevention and mitigation measures—rather than simply examining trends.</p>


	<p>Save the Children. (2020). <i>Beyond the Shadow Pandemic: Protecting a generation of girls from gender-based violence through COVID-19 to recovery</i> https://resourcecentre.savethechildren.net/node/17911/pdf/sc_covid19_gbv_brief_english.pdf</p> <p>This report recommends that governments prioritize the specific risks and vulnerabilities faced by girls in all response and recovery efforts regarding gender-based violence and the pandemic. Beyond governments, they also make specific recommendations for training, funding, technical support and other measures for civil society organizations, the UN, and the media.</p>
	<p>UN Women. (2020). <i>COVID-19 and Ending Violence Against Women and Girls</i>. https://www.undp.org/content/undp/en/home/librarypage/womens-empowerment/gender-based-violence-and-covid-19.html</p> <p>This brief highlights emerging evidence of the impacts of COVID-19 on violence against women and girls. It makes recommendations to be considered by all sectors of society. The brief recognizes VAW/G as a shadow pandemic and illustrates numbers with infographics, describes trends from different countries and provides examples of increased requests for help (such as: a 40% increase found by Australian group in NSW, and a reduction in calls found by a helpline in Italy). The brief further draws on economic impacts found in other crisis such as Ebola and Zika outbreaks and provides list of responses to ensure the safety of women, using technology and making the justice system virtual. Finally, it offers recommendations for governments, civil society organizations and women's involvement in action.</p>
	<p>UNDP. (2020). <i>Gender-based Violence and COVID-19</i>. https://www.undp.org/content/undp/en/home/librarypage/womens-empowerment/gender-based-violence-and-covid-19.html</p> <p>This is a briefing note from the UN.</p> <ul style="list-style-type: none"> Section 1 outlines <i>Dedicated actions and strategies to prevent and address GBV</i> and gives examples where different countries are employing these strategies. One example is about supporting police and justice actors to provide adapted services. Section 2 provides <i>Strategies and actions to mainstream GBV prevention and response in 'non-GBV' interventions</i> One example is to integrate GBV prevention into COVID-19 interventions. Section 3 provides <i>Other Considerations</i> such as putting women at the centre, engaging boys and men, and utilizing data to the fullest.
	<p>Woman Abuse Council of Toronto. (2020). <i>Violence against women sector survey: Impacts of COVID-19</i>. http://www.womanact.ca/uploads/1/8/6/8/18687524/womanact_vaw_sector_survey_covid19_report.p df</p> <p>This report describes the results of a survey conducted in April 2020 that aimed to understand how VAW sector organizations in the Toronto area were impacted by the COVID-19 pandemic. It describes the impacts on survivors, the operations of the services, the workforce, and on shelters. They suggest:</p> <ul style="list-style-type: none"> Increased communication and partnership with leadership, staff, volunteers, partner organizations, donors and funders in an effort to share information, troubleshoot problems and develop solutions. A centralized place for organizational communication and up-to-date information and resources to ensure all staff have access to the same information. Support from leadership and colleagues including flexible working arrangements, compensation for internet and phone use and putting staff and client safety first. Changing the staff schedule and duties to reflect service needs and the health and safety of staff. Remaining connected to colleagues and partner organizations through video conferencing. Developing an internal call centre and crisis line to streamline all calls and direct clients to services. Using digital tools to engage clients and deliver group support programs.

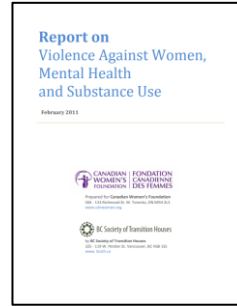
	<p>Women Enabled International Submission to the Special Rapporteur on Violence against Women (2020). <i>Violence at the Intersection of Gender and Disability during COVID-19</i> https://womenenabled.org/pdfs/WEI%20SRVAW%20Submission%20DV%20COVID%20FINAL%20June%2030%2C%202020.pdf</p> <p>This submission focuses on the heightened risk of violence at the intersection of gender and disability during the COVID-19 pandemic, including familial and intimate partner violence and violations in the context of reproductive health. It describes risk factors for gender-based violence that are unique to women, girls, and gender diverse persons with disabilities as compared with other women. It offers examples of good practices and makes policy recommendations to address VAW with disabilities in the context of COVID-19, including that communications about services for victims of violence is available in accessible formats, including Sign Language, Braille, and plain language, and distributed in a variety of ways, including through radio, television, in hard copy, and on social media.</p>
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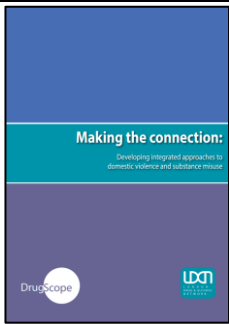

Note there are documents about gendered impacts and gender informed responses to disasters overall at

- The Canadian Women’s Foundation: <https://canadianwomen.org/the-facts/women-and-pandemics/>
- The Gender and Disaster Pod prepared by a range of Australian organizations, before COVID-19 that address IPV among other issues and highlight the need for gender specific engagement approaches. See: <https://www.genderanddisaster.com.au/home/roadmaps/>

Reports on the connections between IPV & SU

	<p>Bennett, L., & Bland, P. (2008). <i>Substance Abuse and Intimate Partner Violence</i>. VAWnet.org https://vawnet.org/sites/default/files/materials/files/2016-09/AR_SubstanceRevised.pdf</p> <p>This paper discusses in depth how SU and IPV are complex and should not be reduced to ideas about one causing the other. Many theoretical perspectives explain the co-occurrence of SU and IPV including: SU disruption of thinking processes; adverse childhood experiences; power motivation; during the process of obtaining and using substances; and co-occurring situations like hostile personalities, antisocial personality disorder, or poverty. However none of these theories account for all of the co-occurrence of SU and IPV to indicate that SU causes IPV. The authors also discuss the victim’s SU and the role of intoxication on the part of perpetrators, as well as needed services for both victims and perpetrators.</p>
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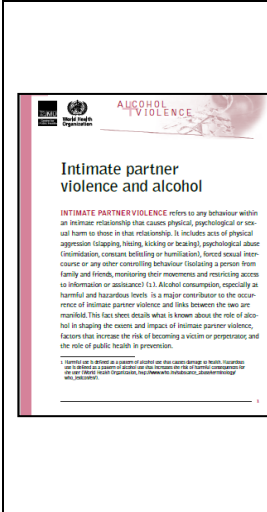
	<p>Canadian Women’s Foundation, & BC Society of Transition Houses. (2011). <i>Report on Violence Against Women, Mental Health and Substance Use</i>. https://www.canadianwomen.org/wp-content/uploads/2018/03/PDF-VP-Resources-BCSTH-CWF-Report_Final_2011_-Mental-Health_Substance-use.pdf</p> <p>This report summarizes the connections between VAW, SU and mental health concerns for women, identifies the barriers women face in accessing each system of care, compares the philosophies of each service system, and identifies key service, funding and policy gaps. The authors summarize the recommendations from the key informants as:</p> <ol style="list-style-type: none"> 1. Focus needs to be placed on creating and enhancing services, projects and collaborative initiatives that respond to violence against women, mental health and substance use. 2. Services in all three sectors need to be violence-informed or at least-trauma informed. 3. All relevant agencies/ministries need to be involved in meaningful collaboration, not only representatives from frontline anti-violence, mental health and substance use sectors. 4. Resources should be directed towards the women who are the most marginalized or who are most in need of them. 5. Women with lived experience need to be included in any collaborative initiatives around violence, mental health and substance use in the lives of women.
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	<p>DrugScope, & LDAN. (2013). <i>Making the connection: Developing integrated approaches to domestic violence and substance use</i>. https://www.drugwise.org.uk/wp-content/uploads/dvreport.pdf</p> <p>This report focusses on how the response might be improved by various sectors in the UK and offers good practice guidelines and examples. It mentions types of DV and possible connections to substance use where it is also mentioned that Gilchrist of the University of Greenwich offers information on the relationship between domestic violence and substance misuse, with a particular focus on perpetrators. She highlighted that various perpetrator typologies have been identified and noted that substance use may play a different role and be more prevalent in different typologies. As such, it is important to recognise that a range of different interventions will be needed. One of the good practice programs mentioned is the Men and Masculinities programme and several LGBT groups such as Antidote. A list of good practices is provided as is a list of programs and websites in the UK.</p>
	<p>Haskell, R. (2010). <i>Reducing Barriers to Support: Discussion paper on violence against women, mental wellness and substance use</i>. British Columbia Society of Transition Houses. https://bcsth.ca/publications/discussion-paper-on-violence-against-women-mental-wellness-and-substance-use/</p> <p>This discussion paper explores intersecting social issues and identities of women accessing transition houses in BC and the Yukon who had violence, substance use and mental wellness concerns and looks in depth at the policies and practices of the houses that create barriers for these diverse women when accessing transition house services.</p>
	<p>Miller, P., Cox, E., Costa, B., Mayshak, R., Walker, A., Hyder, S., . . . Day, A. (2016). <i>Alcohol/Drug Involved Family Violence in Australia</i>. National Drug Law Enforcement Research Fund. https://www.aic.gov.au/sites/default/files/2020-05/monograph68.pdf</p> <p>This Australian report looks at the following questions from a statistical view:</p> <ul style="list-style-type: none"> • What is the relationship between alcohol and drug use and FDV in the general population? • What roles do key demographic, social, and environmental factors play in the occurrence and severity of different types of FDV? • How do variables differ in people who experience FDV where AOD use is involved compared with those where AOD use is not involved? • What are the major trends in FDV in relation to incidents attended by police and the factors common to them across states and territories?
	<p>Rivera, E. A., Phillips, H., Warshaw, C., Lyon, E., Bland, P., & Kaewken, O. (2015). <i>The Relationship Between Intimate Partners Violence and Substance Use: An Applied Research Paper</i>. http://www.nationalcenterdvtraumamh.org/2016/03/new-resource-the-relationship-between-intimate-partner-violence-and-substance-use-an-applied-research-paper/</p> <p>This is an excellent applied research paper addressing the connections. They discuss: a) how commonly IPV and substance use coexist (e.g. women with recent history of IPV having nearly 6 times the risk of problematic SU) b) the temporal relationship between IPV and SU (e.g. it is often seen to be bidirectional) and c) the additional factors affecting the relationship between IPV and SU such as depression and trauma (e.g. women who have experienced IPV have nearly 3 times the risk of developing depressive disorder, and that PTSD may mediate the relationship between IPV and problematic substance use). They note a CEWH study about how the determinants of health affect all of IPV, SU, MH and experience of trauma. And they mention how these issues and factors when experienced together, affect help seeking and intensify stigma. The authors also outline the strengths and limitation of the research on IPV/SU connections; and see the limitations of the current research as having inconsistent conceptualization and measurement of IPV, highly varied measurement of SU and SUD as well as lack of inclusion of LGBTQ survivors in the research. They recommend that SU services understand IPV specific factors that influence survivors' access to and outcomes of SU treatment and that services be trauma informed, gender responsive and IPV integrated.</p>



Ward, J. (2020). *Feminist Approaches to Specialized Mental Health Care for Survivors of Gender-based Violence*. <http://www.sddirect.org.uk/news/2020/06/harnessing-feminist-principles-and-approaches-to-improve-mental-health-care-for-gbv-survivors-in-humanitarian-contexts/>

This learning brief provides a preliminary overview of basic principles and approaches to feminist-informed mental health treatment for survivors of GBV, particularly survivors who are experiencing symptoms of post-traumatic stress or other mental health conditions that cannot be resolved through more generalized GBV case management and/or psychosocial support. It discusses a tiered approach to treatment and support interventions from basic services that are socially and culturally safe, to safe community and family supports, structured emotional and practical support to clinical mental health care. It offers principles of and key approaches for the delivery of feminist-informed mental health interventions for survivors. In a preliminary way, it addresses the large gap in guidance related to mental health treatment and support for survivors.



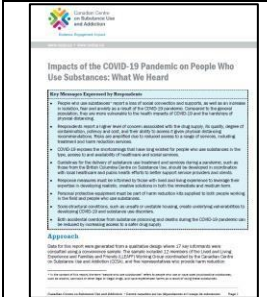
World Health Organization (2006). *Facts on Alcohol and Violence: Intimate partner violence and alcohol*. <https://www.canada.ca/en/public-health/services/health-promotion/stop-family-violence/prevention-resource-centre/women/who-facts-on-alcohol-violence-intimate-partner-violence-alcohol.html>

This paper discusses the links between IPV and alcohol use as:

- alcohol use directly affects cognitive and physical function, reducing self-control and leaving individuals less capable of negotiating a non-violent resolution to conflicts in relationships
- excessive drinking by one partner can exacerbate financial difficulties, childcare problems, infidelity or other family stressors
- individual and societal beliefs that alcohol causes aggression can encourage violent behaviour after drinking and the use of alcohol as an excuse for violent behaviour
- experiencing violence within a relationship can lead to alcohol consumption as a way of coping or self-medicating
- children who witness violence or threats of violence between parents are more likely to display harmful drinking patterns later in life

They discuss broad alcohol policy measures needed, and the role of public health in collecting disseminating info on prevalence of the two issues, promoting research on the connections, increasing awareness, promoting prevention, promoting multi-agency partnerships, advocating for legal changes and promoting screening and referral for both concerns.

Reports on substance use related harms during COVID 19




Canadian Centre on Substance Use and Addiction. (2020). *Impacts of the COVID-19 Pandemic on People Who Use Substances: What We Heard*. <https://www.ccsa.ca/impacts-covid-19-pandemic-people-who-use-substances-what-we-heard>




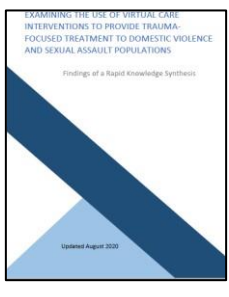
This report on qualitative interviews with 17 people who use substances and harm reduction service providers increases awareness and understanding of the ongoing challenges and risks faced by people with lived and living experience of substance use, their families and friends, and by people who provide peer support and harm reduction services, as they navigate the day-to-day realities of managing substance use during the COVID-19 pandemic with strength and resilience.

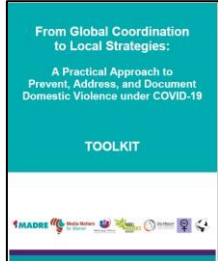


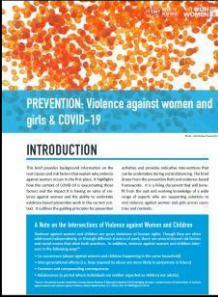
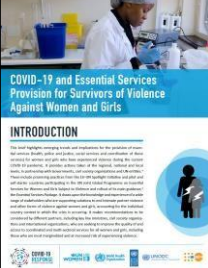
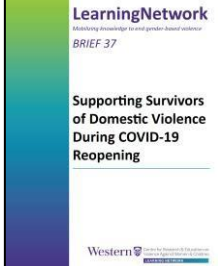


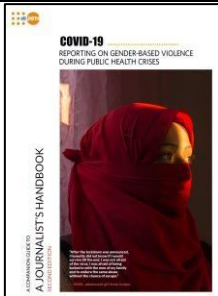




Canadian Centre on Substance Use and Addiction. (2020). *COVID-19, Alcohol and Cannabis Use*. <https://www.ccsa.ca/covid-19-alcohol-and-cannabis-use-report>

This backgrounder to the infographic, *COVID-19, Alcohol and Cannabis Use*, describes some of the evidence-based associations between COVID-19, alcohol and cannabis use. It describes increased risks related to alcohol and cannabis use during the COVID-19 pandemic. People may experience emotions and face situations that could influence their alcohol and cannabis consumption. Changes in alcohol and cannabis consumption can lead to unintended and undesirable consequences. Furthermore, alcohol and cannabis use are associated with a range of diseases that can make a person more vulnerable to COVID-19 and influence the outcome of a COVID-19 infection.


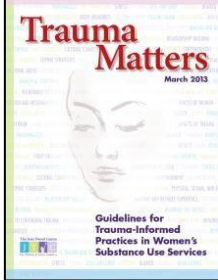
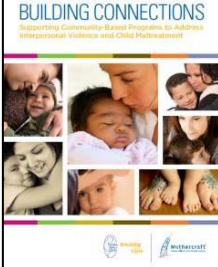
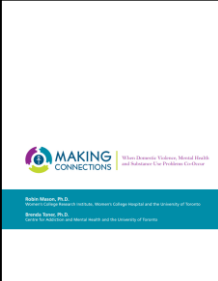
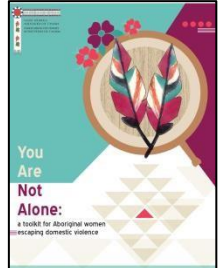
	<p>Public Health Ontario. (2020). <i>Substance Use-Related Harms and Risk Factors during Periods of Disruption</i>. https://www.publichealthontario.ca/-/media/documents/ncov/main/2020/08/substance-use-related-harms-disruption.pdf?la=en This rapid review done in the context of the COVID-19 pandemic found that evidence is limited on SU-related harms and relevant risk factors during periods of disruption. Few studies reflected the voices and experiences of people who use drugs, considered inequities, or examined intersecting determinants of health for people who use substances. The most commonly cited SU-related harms were fatal and nonfatal drug poisoning. The main risk factors for increased substance use-related harms reflected a disruption in ways that people typically manage their drug use and access a network of supports.</p>
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<h2>Reports on IPV Interventions during COVID-19</h2>	
	<p>Centre of Excellence for Women’s Health (2021) <i>Linking Practices on IPV and Substance Use</i> https://bcccewh.bc.ca/wp-content/uploads/2021/04/CEWH_Covid-Infographic_Linking-Practices.pdf This infographic supports awareness and action on the part of anti-violence workers, substance use service providers and first responders by: <ul style="list-style-type: none"> • Highlighting the relationship between IPV and SU, and situating these issues in the context of the COVID-19 restrictions • Pointing to common principles and promising practices shared by both fields • Providing links to websites and apps that describe “how to” discuss these issues and link people to the supports they may need. This infographic was developed in partnership with the Canadian Centre on Substance Use and Addiction, Women’s Shelters Canada and the Justice Institute of British Columbia.</p>
	<p>Centre of Excellence for Women’s Health (2021) <i>COVID-19, IPV and Substance Use Connections and Implications</i> https://bcccewh.bc.ca/wp-content/uploads/2021/04/CEWH_CovidInfo_IntimatePartner.pdf This info sheet highlights the linkages between COVID-19, intimate partner violence (IPV) and substance use and points to the implications for practice, policy and training for service organizations and frontline workers. This info sheet was developed in partnership with the Canadian Centre on Substance Use and Addiction, Women’s Shelters Canada and the Justice Institute of British Columbia.</p>
	<p>Centre of Excellence for Women’s Health (2021) <i>Action on IPV and Substance Use in the COVID-19 Context</i> https://bcccewh.bc.ca/wp-content/uploads/2021/04/CEWH_CovidInfo_Action.pdf This info sheet explores the trends in IPV and substance use in the COVID-19 context and provides information about adaptations to support on IPV, substance use and mental wellness, as well as integrated trauma-informed, equity oriented and survivor centered approaches to support. It reinforces how important IPV detection and awareness are in disasters and pandemics and how for those providing services for either IPV or substance use, enhanced understanding and deliberate investigation of the other issue is a must. Integrating awareness of both issues into ongoing help, service provision or health information is essential in order to fully respond to women’s health needs. This info sheet was developed in partnership with the Canadian Centre on Substance Use and Addiction, Women’s Shelters Canada and the Justice Institute of British Columbia.</p>
	<p>Montesanti, S., Ghidei, W., Silverston, P., & Wells, L. (2020). <i>Examining the use of virtual care interventions to provide trauma-focused treatment to domestic violence and sexual assault populations: Findings of a Rapid Knowledge Synthesis</i> https://cihr-irsc.gc.ca/e/documents/Montesanti_Initial-Knowledge-Synthesis_2020-06-23.pdf This rapid review found that despite the need, virtual care interventions are scarce and largely limited to online support tools that facilitate empowerment and self-efficacy of individuals who are currently in a violent or abusive relationship. It describes the evidence for online psychological therapies, and the provision of treatment via videoconferencing. The authors recommend RCTs be conducted that compare videoconferencing and in-person treatment with inclusion of larger samples and more structured outcome measures. The review also examined mobile applications and safety decision support aids provided virtually and noted some barriers for virtual care for at-risk populations experiencing domestic violence during the pandemic for both the providers and the clients. They noted that virtual delivery of care is largely accepted by practitioners and clients however the level of readiness of organizations to adopt virtual care in their practice remains an issue.</p>

	<p>MADRE. (2020). <i>From Global Coordination to Local Strategies: A Practical Approach to Prevent, Address, and Document Domestic Violence under COVID-19 Toolkit</i>. https://www.madre.org/sites/default/files/PDFs/From%20Global%20Coordination%20to%20Local%20Strategies_0.pdf</p> <p>This toolkit is a helpful resource for local groups who have experience working on domestic violence issues. It provides strategies developed around the world, for local communities to adapt to their context when planning grassroots responses in the context of the COVID-19 pandemic. It includes approaches to:</p> <ul style="list-style-type: none"> • text messaging, radio and social media content for violence prevention campaigns • effective approaches for addressing abuse in the environment of physical distancing, isolation, shelter - at - home policies, and remote work of many organizations • strategies to reach men under pressure in social isolation • work with LGBTIQ persons and persons with disabilities • recommendations for governments
	<p>myPlan Canada https://myplanapp.ca/en/</p> <p>myPlan Canada is a free app to help women with safety, well-being and planning if they have experienced abuse from current or past spouse, partner, boy/girlfriend. It's private, secure, personalized, and backed by research done in Canada. Increased attention to and use of this app has taken place in the context of COVID-19, including interviews with its developers.</p>
	<p>Sagesse Domestic Violence Prevention. (2020). <i>Domestic Violence Community Protocols COVID-19</i>. https://www.sagesse.org/wp-content/uploads/2020/05/Domestic-Violence-Community-Protocol- COVID-update-May-13.pdf?mc_cid=ff4a6c88e7&mc_eid=36a0c5e6f1</p> <p>Sagesse is an organization that works with organizations across Alberta to support women leaving shelters. They promote peer support and mentorship programming and provide educational workshops. This report supports local organizations to put in place protocols for service provision to survivors in the COVID-19 context</p>
	<p>UN Women. (2020). <i>Prevention: Violence against women and girls & COVID-19</i>. https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/brief-prevention-violence-against-women-and-girls-and-covid-19-en.pdf?la=en&vs=3049</p> <p>This brief outlines guiding principles for prevention activities and lists interventions that can be undertaken during social distancing. The brief draws from the prevention field and evidence-based frameworks. The authors note that prevention modalities that have proven to work will require thoughtful consideration and adaptation to the current context created by COVID-19 to ensure that unintended harm is not committed and that women's safety is placed at the centre of any undertaking. They note that is critical to ensure that short-term prevention interventions that are tailored to the immediate circumstances are linked to the medium and longer-term work required around gendered power dynamics and discriminatory norms that can transform societies to be more equitable, rights-based and peaceful.</p>
	<p>UN Women. (2020). <i>COVID-19 and Essential Services Provision for Survivors of Violence Against Women and Girls</i>. https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/brief-covid-19-and-essential-services-provision-for-survivors-of-violence-against-women-and-girls-en.pdf?la=en&vs=3834</p> <p>This brief highlights emerging trends and implications for the provision of essential services (health, police and justice, social services and coordination of these services) for women and girls who have experienced violence during the current COVID-19 pandemic. It provides actions taken at the regional, national and local levels, in partnership with Governments, civil society organizations and UN entities.</p>
	<p>Nonomura, R., Baker, L., Lalonde, D., & Tabibi, J. (2020). <i>Supporting Survivors of Domestic Violence During COVID-19 Reopening. Learning Network Brief (37)</i>. http://www.vawlearningnetwork.ca/our-work/briefs/brief-37.html?utm_source=VAWLN+Mailing+List&utm_campaign=6fa205b268-Brief36_COPY_03&utm_medium=email&utm_term=0_4b8703155f-6fa205b268-269763955</p> <p>This brief summarizes current research on the impact of COVID-19 on DV against women and children in the Canadian context and discusses why further efforts are needed to address the full scope of this impact in the context of post-pandemic reopening. The authors highlight some of the other factors that are necessary to consider ensuring that survivors receive the resources and the strengths-based, culturally appropriate, trauma- and violence-informed supports they need.</p>

	<p>UNFPA. (2020). <i>COVID-19 Reporting on Gender-based Violence during Public Health Crises</i>. https://www.unfpa.org/resources/covid-19-reporting-gender-based-violence-during-public-health-crises</p> <p>This is an interesting primer aimed at journalists who report on social justice and human rights, who are responsible for raising public awareness on the mounting challenges facing women and girls during this pandemic. The authors see this work as increasingly crucial, especially as a crisis of this magnitude reveals many of the underlying inequalities. The document describes how journalists need to exercise additional care when attempting to report on these issues in order to avoid causing harm to survivors, most of whom have no recourse during a pandemic to seek additional protection or help. They provide specific recommendations for approaching the work and guidance for editors and supervisors.</p>
	<p>UNICEF. (2020). <i>Not just hotlines and mobile phones: GBV service provision during COVID-19</i>. https://www.unicef.org/media/68086/file/GBV%20Service%20Provision%20During%20COVID-19.pdf</p> <p>This brief sets out a number of alternative entry points for providing survivors without a phone or with limited technology connections to alert trustworthy stakeholders of their need for GBV services given the restrictions on movement as a result of COVID-19. It also provides ideas for linking such 'alert systems' with remote GBV support providers. In addition, consideration is given to other ways mobile phones can be used to support survivors - who do own, or have access to mobile phones, but cannot use them to dial, chat or text for support because of abuser surveillance. The authors also provide very specific suggestions of where GBV support services can be safely integrated.</p>
	<p>UNICEF. (2020). <i>Moving Beyond the Numbers: What the COVID-19 pandemic means for the safety of women and girls</i>. https://gbvguidelines.org/wp/wp-content/uploads/2020/09/Moving-Beyond-the-Numbers-What-the-COVID-19-pandemic-means-for-the-safety-of-women-and-girls.pdf</p> <p>This paper argues that the focus needs to be on prioritizing the safety of women and girls, over data gathering, across all aspects of the COVID-19 response. The authors recommend and provide examples of:</p> <ol style="list-style-type: none"> 1. Ensuring GBV services are designated as essential and properly equipped to continue functioning safely 2. Proactively identifying potential entry points where survivors may seek help in a safe and confidential manner 3. Identifying longer-term investment opportunities to advance the safety and rights of women and girls
	<p>UNICEF. (August 2020). <i>RESPONDING TO THE SHADOW PANDEMIC: Taking stock of gender-based violence risks and responses during COVID-19</i>. https://gbvguidelines.org/wp/wp-content/uploads/2020/09/Gender-Based-Violence-in-Emergencies-CP-Learning-Brief-Aug-2020.pdf</p> <p>This report describes emerging GBV risks in the context of COVID-19. It offers adaptations and innovations being seen in delivering GBV violence services and info during a pandemic e.g. in Italy the sending of tailored messages on topics such as stress management, parenting and violence services—in text messages, live chats, "videopills" and infographics. The authors highlight the need for mobilizing and sustaining a response to GBV.</p>
	<p>Women's Multicultural Resource & Counselling Centre. (2020). <i>COVID-19 and Safety Risks Young Women</i>. https://wmrc.org/wp-content/uploads/2020/05/COVID-19_and_Safety_Risks_for_Young_Women.pdf</p> <p>This short communication from WMRC is directed to young women about Developing a Safety Plan.</p>

Canadian manuals offering guidance on addressing IPV and SU connections

	<p>BC Society of Transition Houses. (2015). <i>Reducing Barriers to Support for Women Fleeing Violence: A Toolkit for Supporting Women with Varying Levels of Mental Wellness and Substance Use</i>. https://endvaw.ca/wp-content/uploads/2015/12/ReducingBarrierToolkit.pdf</p> <p>This toolkit designed for transition house or shelter workers, offers background information about the relationships between violence against women, mental wellness and substance use, and why it is important to provide services that recognize these interconnections. It offers core principles that guide promising practices and discusses how the promising principles may be applied. The inclusion of reflection questions throughout is a strength.</p>
	<p>Jean Tweed Centre. (2013). <i>Trauma Matters: Guidelines for Trauma-Informed Services in Women's Substance Use Services</i>. Toronto, ON. http://jeantweed.com/</p> <p>This manual provides comprehensive guidance for implementing trauma informed approaches within substance use services for women. The guidance is also relevant for other services working with substance involved women, and system planners interested in the steps involved in changing organizational cultures, practice, policies, and infrastructures to become trauma informed. The document has 12 sections which together provide specific information about trauma informed practices at the clinical, organizational and systems level.</p>
	<p>Leslie, M., Reynolds, W., Motz, M., & Pepler, D. J. (2016). <i>Building Connections: Supporting Community-Based Programs to Address Interpersonal Violence and Child Maltreatment</i>. https://www.mothercraft.ca/index.php?q=ei-connections</p> <p>This manual was developed to support service providers in community-based programs who work with women and children, where substance use and experience of violence and trauma are common. It considers the impacts of IPV on mothering and on child development and how organizations can respond to women living with IPV and support children identified as living with IPV. It offers practical information on working in a trauma informed way, for example on how to enhance emotional safety for women and children, build compassionate and respectful relationships, build collaborative community partnerships, and work with child protection authorities.</p>
	<p>Mason, R., & Toner, B. (2012). <i>Making Connections: When Domestic Violence, Mental Health and Substance Use Problems Co-Occur</i>. http://dveducation.ca/makingconnections/pdf/making_connections_training_manual.pdf</p> <p>This curriculum was prepared for workers in anti-violence, mental health and substance use services to support understanding and action on the connections that substance use and mental health concerns have with violence against women. It includes sections on 1. practice philosophies, 2. core information on all three issues, 3. the challenges faced by service providers due to the complexities of the co-occurring problems 4. suggestions for assessing, making safety plans, providing other basic supports, and making referrals, and 5. collaborating across systems and 6. self care on the part of providers.</p>
	<p>Native Women's Association of Canada. (2017). <i>You Are Not Alone: A toolkit for Aboriginal women escaping domestic violence</i>. https://www.nwac.ca/wp-content/uploads/2015/04/NWAC-You-Are-Not-Along-Handbook-with-weblinks.pdf</p> <p>This toolkit describes domestic violence and the links to colonization and the residential school system. It provides clear information for Indigenous women on DV, including early warning signs, safety planning, and the need for self care and healthy relationships after leaving. The kit makes two references to alcohol and/or drug use or addiction: 1) It lists coercion/forcing partners to use drugs and/or alcohol when they don't want to, as a form of physical violence and 2) It encourages those who have alcohol and drug problems/addiction to seek out help from counsellors, help lines and sober support networks as a part of leaving abusive relationships.</p>



OAITH. (no date). *Safe for All: Discussion Guide*.

<https://www.oaith.ca/assets/library/SafeForAllmanualManual.pdf>

This discussion guide informs staff in VAW shelters about harm reduction strategies and philosophies. It discusses why it is important to support women who use substances in VAW shelters, the common barriers that women survivors who use substances face in shelters, and specific ways to support diverse women with on site harm reduction supports.

International resources offering guidance on addressing IPV and SU connections	
	<p>Alcohol Concern & Against Violence and Abuse (AVA). (2016). <i>Domestic abuse and change resistant drinkers: Preventing and reduction harm</i> https://avaproject.org.uk/wp-content/uploads/2016/09/Alcohol-Concern-AVA-guidance-on-DA-and-change-resistant-drinkers.pdf</p> <p>This resource provides guidance for those who work with clients who are change resistant drinkers and who are perpetrating or experiencing domestic violence. The UK-based authors discuss the complex relationship between alcohol misuse and domestic abuse, and offer tools and techniques, for a range of different service providers and settings, on identification, risk assessment and brief advice on both issues, as well as safety planning when both issues are present.</p>
	<p>AVA. (2013). <i>Complicated Matters – A Toolkit Addressing Domestic and Sexual Violence, Substance Use and Mental Ill-health</i>. Stella Project. https://avaproject.org.uk/wp-content/uploads/2013/05/AVA-Toolkit-2018reprint.pdf</p> <p>This is a very comprehensive toolkit providing guidance to professionals in the domestic and sexual violence sector, substance misuse services and mental health services (including primary care) on how they can deepen their understanding of these three inter-linked areas. The toolkit provides practical advice on how to understand the client's issues, ask about their experiences in a sensitive non- judgemental way, find out what their needs are while prioritising safety, consider the needs of the family, and promote recovery.</p>
	<p>Warsaw, C., & Tinnon, E. (2018). <i>Coercion Related to Mental Health and Substance Use in the Context of Intimate Partner Violence: A Toolkit for Screening, Assessment, and Brief Counseling in Primary Care and Behavioral Health Settings</i>. http://www.nationalcenterdvtraumamh.org/publications-products/coercion-related-to-mental-health-and-substance-use-in-the-context-of-intimate-partner-violence-a-toolkit/</p> <p>This toolkit provides trauma-informed guidance on integrating discussion about mental health and substance use coercion into routine mental health and substance use histories and into in-depth intimate partner violence (IPV) assessments in primary care and behavioral health settings. This toolkit is intended to be used in conjunction with comprehensive guidance on trauma-informed approaches to screening, assessment, and brief intervention for intimate partner violence in healthcare, mental health, and substance abuse treatment settings. This resource offers excellent practice advice and wording for offering brief support in a way that integrates the complex understanding of the connections between substance use and VAW.</p>
	<p>Arpa, S. (2017). <i>Women who use drugs: Issues, needs, responses, challenges and implications for policy and practice</i>. European Monitoring Centre for Drugs and Drug Addiction. https://www.emcdda.europa.eu/system/files/attachments/6235/EuropeanResponsesGuide2017_BackgroundPaper-Women-who-use-drugs.pdf</p> <p>This paper offers an overview of issues facing subgroups of women who use substances including those experiencing trauma and violence. It discusses how there are international instruments, policy statements, drug strategies, best practices, guidelines, standards and reports at various levels about gender informed approaches yet gaps still exist. Recommended actions include reducing knowledge gaps in relation to women's drug use and appropriate responses; increasing awareness and promotion of gender-responsive policies and programmes; introducing and expanding services that meet the needs of women who use drugs, irrespective of drug of use, age or subgroup; gender mainstreaming of policies and practices; ensuring the participation of women who use drugs in policy and programme development; and providing coordinated and integrated services to address issues beyond drug use. They also recommend further epidemiological studies, sex-specific biomedical research, studies on treatment gaps, needs assessments, programme evaluations and cost effectiveness studies.</p>



Website links to established better practices in both substance use and IPV

For info on better practice in substance use support for women	For info on better practice on IPV
https://bcewh.bc.ca/publications/all-publications/	https://endvaw.ca/resources/
https://www.samhsa.gov/ebp-resource-center/substance-abuse-treatment/tip-51-substance-abuse-treatment-addressing-specific	http://www.learningtoendabuse.ca/
https://motivationalinterviewing.org/understanding-motivational-interviewing	https://canadianwomen.org/the-facts/gender-based-violence/
https://www.bcipop.ca/Perinatal-Substance-Use-Resources	https://ywcacanada.ca/what-we-do/projects-initiatives/gender-based-violence/
https://www.nada.org.au/wp-content/uploads/2017/12/womens_aod_network_model_of_care_for_web.pdf	https://www.ourwatch.org.au/