



Preliminary promising practices for Rural Safe Homes providing services for women experiencing violence with mental wellness and/or substance use needs

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BC Society of Transition Houses (BCSTH) has been learning about the challenges, barriers and needs of rural Safe Homes (SHs) providing services to women¹ experiencing violence with mental wellness and/or substance use needs. Informed by an environmental scan, interviews with five rural safe home providers, two researchers of rural violence against women (Walter DeKeseredy and Helena Menih), as well as a focus group, this document is an initial step towards a set of promising practices.

Managing the Role

Rural Safe Home (SH) providers in BC are the experts. In Canada, the SH model² is only used in BC with the Yukon beginning to explore this model, and globally it is not widely used. Additionally, rural gender violence research is limited, and very little is presently being done in Canada (W. DeKeseredy, personal communication, March 26, 2021).

Rural SH providers are both stretched and creative. They often wear multiple hats, work in a field with high turnover and limited resources, and adapt to each women's unique needs. While they are creative, work with what they have, and are open to new ideas, it should be noted that this creativity can be both empowering and exhausting.

Sharing Knowledge & Providing Training

Misinformation and lack of training around supporting women with varying levels of mental wellness and/or substance use can create barriers to providing service (BCSTH et al., 2011).

Rural SH providers wish for further training. Many feel that they are increasingly working outside their comfort zone as they see women with increasingly complex needs (often attributed to substance use and/or mental wellness).

Further Training

Helpful areas of training (not an exhaustive list):

- Substance use and mental wellness
- Trauma informed care
- Working with Indigenous people
- Reflective listening
- Issues around working solo
- Suicide prevention
- Traumatic brain injury
- Identifying staff biases
- Harm reduction
- Intake procedures

Ideally, training should include problem solving through realistic scenarios, as the work is complex without specific correct responses. Training should also have concise take-away material. Many rural SH providers have gaps of time without women requiring housing services. It's important to have summarized reference material (like a one-pager) so information can be recalled, when needed.

¹ The terminology of women in this document is inclusive of all self-identified women. While gender-based violence has significant impacts on cis-gender women and girls in Canada, LGBTQQI2S and gender non-conforming people are disproportionately impacted by experiences of violence and continue to face significant barriers to anti-violence supports and services.

² Safe home programs operate in remote communities providing emotional support, safety planning, referrals, and short-term shelter, which can include an apartment unit, hotel room, or a secure private home.



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Developing a Community of Practice (providing peer support)

Rural SH providers have a wealth of knowledge, and this should be shared through a community of practice. Furthermore, domestic violence services originally emerged through a peer-based movement (National Resource Center on Domestic Violence, n.d.).

A community of practice enables:

- Sharing of expertise (such as intake procedures, common practices, challenge of working solo).
- Support (for managers who do not have supervisors, for SH providers working solo).

SH providers feel being rural connects them more than the type of SH model used (agency owned, private SH operator, or hotel/motel). A community of practice that spans regions would provide a greater wealth of SH knowledge, while a regional community of practice could also share local resource information.

Community Engagement with Stakeholders

Although rural SH providers are stretched and funding is limited, SH providers agree community engagement is important. Stigma is one reason why women experiencing violence do not reach out and access safety (Murray & Crowe, 2017), especially when it's coupled with mental wellness and substance use needs. Educating more people about the SH, its services, and about gender violence including its link to mental wellness and substance use, will help more women gain safety.

Women Experiencing Violence

A community of practice can help rural SH providers share techniques for spreading knowledge of their services with limited time and budgets.

Hotels/Motels and Private Safe Home Operators.

The Housing First model has found greater success retaining landlords after providing them with resources around tenant needs (Employment and Social Development Canada, 2017). It appears there is some success housing women experiencing violence with complex needs in hotel/motels when owners and/or management are invested in preventing gender violence. Providing hotels/motels and private SH providers with information about the role of SHs, and gender violence and its direct association with mental wellness and substance use could help successfully house more women.

Engagement with the Community

While beyond the scope of SH providers due to limited time and financial resources, it's important that we all talk about gender violence, as well as its direct link to substance abuse and mental wellness, to help reduce stigma. Educating young people about gender violence is particularly important for awareness and prevention (Crooks et al., 2019; H. Menih, personal communication, March 29, 2021).

Next Steps

BCSTH will focus on these preliminary promising practices. In the short term, this will include revitalizing the current rural SH listserv, developing a standing meeting for rural SH providers, and investigating a printed information piece for hotels/motels and private SH providers. Also, BCSTH, in partnership with Women's Shelters Canada, is beginning to adapt the PEACE program³ for northern, rural and remote communities across Canada.

³ PEACE is a psychoeducational program for children and youth experiencing domestic violence that includes their non-offending caregivers.



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