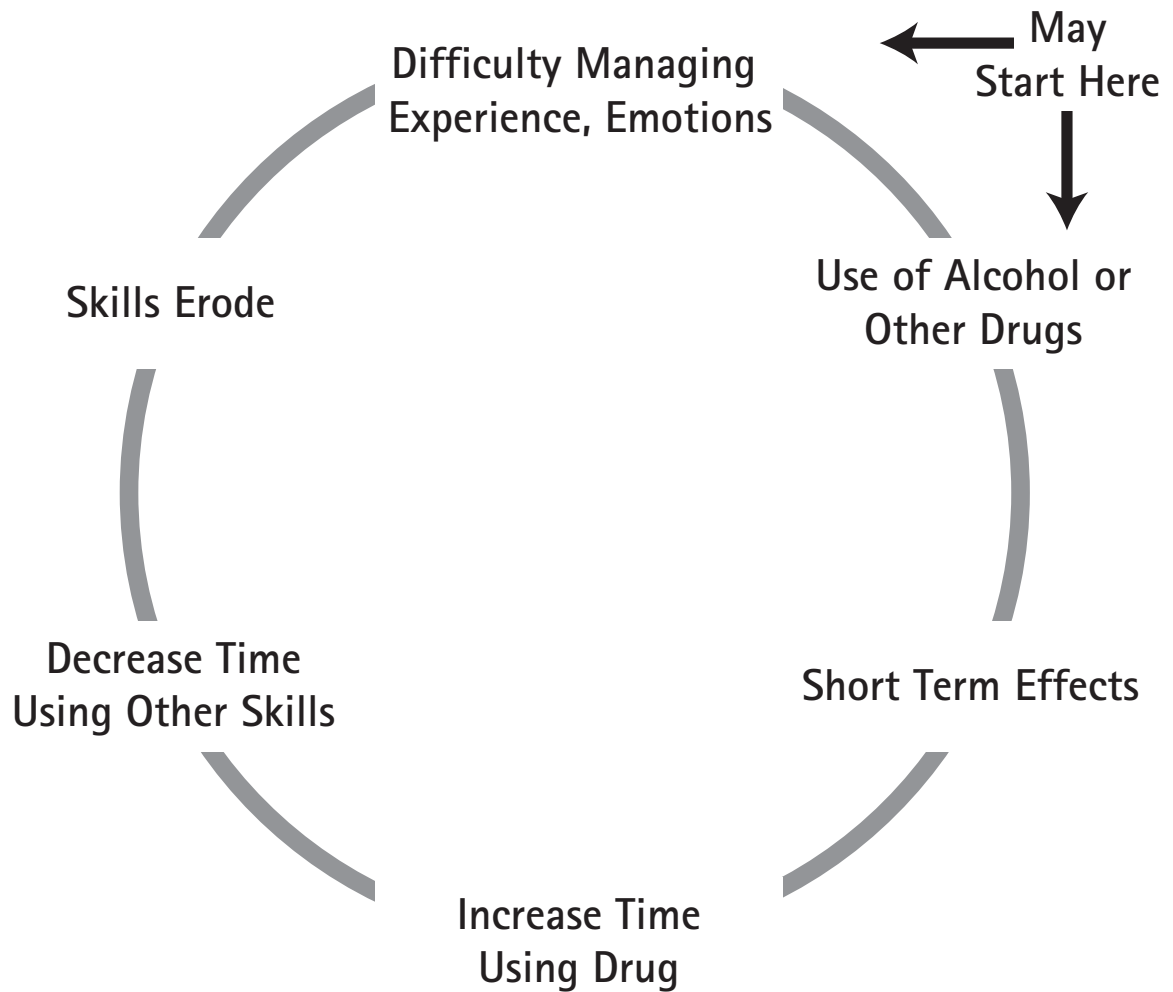


# Cycles Of Dependence

From: *Report on Working Together: A National Workshop for Action on Women and Substance Abuse*. Health Canada. 1994.





# Do You Know... Methadone

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Street Names: juice, meth (also used to refer to methamphetamines)

## What is it?

Methadone belongs to the opioid family of drugs. It is used most commonly to treat dependence on other opioid drugs such as heroin, codeine and morphine.

Methadone is a synthetic opioid, which means that it is made from chemicals in a lab. Other opioid drugs include the opiates, such as morphine and codeine, which are natural products of the opium poppy, and semi-synthetic opioids, such as heroin, which is morphine that has been chemically processed.

Methadone was developed in Germany during the Second World War and was first used to provide pain relief.

Methadone maintenance treatment, which prevents opioid withdrawal and reduces or eliminates drug cravings, was first developed in the 1960s. For many years, Canadian regulations around the prescription of methadone were so restrictive that few doctors offered the treatment. People who wanted methadone treatment often had to wait months or years. In the 1990s, the need to reduce the harm of drug use was more clearly recognized, and changes were made to make it easier for doctors to provide methadone treatment. This has led to an increase in the number of people receiving treatment, and a decrease in the number of heroin-related deaths.

Methadone maintenance is not a cure; it is a treatment. Through treatment, people who are dependent on opioids receive the medical and social support they need to stabilize and improve their lives. They are encouraged to stay in treatment for as long as it helps them.

## What Does Methadone Look Like?

Pure methadone is a white crystalline powder. The powder is dissolved, usually in a fruit-flavoured drink, and is taken orally once a day.

## Who Uses Methadone?

Most people who are prescribed methadone are being treated for dependence on opioid drugs. This includes people who are dependent on illicit opioids, such as heroin, and also prescription opioids, such as codeine. Women who use opioid drugs regularly and who are pregnant are often treated with methadone to protect the fetus. Short-acting opioids such as heroin must be taken frequently to avoid withdrawal. Opioid withdrawal increases the risk of miscarriage or premature birth. Methadone maintenance, combined with medical care, improves the chances of having a healthy baby. There are no known long-term effects of methadone on the baby.

People who use opioid drugs regularly, and who are infected with HIV or hepatitis C, are prescribed methadone treatment to help protect their health, and to reduce the risk of spreading infection through needle sharing. Methadone is sometimes used to provide pain relief for people who have severe chronic pain or pain associated with terminal illness.

## **How Does Methadone Make You Feel?**

When people begin methadone treatment, some experience the euphoria and sedation that are common to all opioid drugs. As treatment continues, and a stable dose of methadone is established, tolerance to these effects develops. Those in treatment often describe the feeling of being on methadone as "normal." Methadone treatment does not interfere with their thinking. They can work, go to school or care for family. Methadone also blocks the euphoric effect of heroin and other opioids, and in this way reduces the use of these drugs.

Most people experience some side effects from methadone treatment. Possible side effects include sweating, constipation and weight gain.

## **How Long Does The Effect Last?**

A person who is opioid-dependent is kept free of withdrawal symptoms for 24 hours with a single dose of methadone. In contrast, a person who uses heroin to avoid withdrawal must use three to four times a day.

Daily treatment with methadone may continue indefinitely. If, however, the person taking methadone and his or her doctor agree to move toward ending treatment, the methadone dose is tapered down gradually over many weeks or months, easing the process of withdrawal.

If methadone is stopped abruptly, symptoms such as stomach cramps, diarrhea and muscle and bone ache will occur. These symptoms begin within one to three days after the last dose, peak at three to five days, and then gradually subside, although other symptoms such as sleep problems and drug cravings may continue for months.

## **Is Methadone Dangerous?**

When methadone is taken as prescribed, it is very safe and will not cause any damage to internal organs or thinking, even when taken daily for many years. On the other hand, methadone is a powerful drug and can be extremely dangerous to people who do not take it regularly, as they have no tolerance for its effects. Even a small amount may be fatal for a child. For this reason, the dispensing of methadone is carefully monitored and controlled.

An important benefit of methadone treatment is that it reduces heroin use. The dangers of heroin use include death by overdose, and becoming infected, through needle sharing, with viruses such as HIV and hepatitis C. Methadone treatment helps to protect people from heroin-related tragedies.

## **Is Methadone Addictive?**

Modern definitions of "addiction" look at many factors in assessing a person's drug use. These include "tolerance," or the need to use increasing amounts to achieve the same effect; "physical dependence," resulting in withdrawal symptoms if drug use is stopped; and "compulsive use," despite the negative consequences of continuing to use the drug.

Some people say that methadone is just as "addictive" as heroin. People in methadone treatment do become tolerant to certain effects of the drug, and will experience withdrawal if they do not take their regular dose. But methadone fails to meet a full definition of "addictive" when we look at how and why the drug is used.

First of all, methadone maintenance is offered as a medical treatment, and is prescribed only to people who are already dependent on opioid drugs. For these people, methadone provides a safe alternative to the routine danger and desperation of securing a steady supply of street drugs such as heroin. It frees them from the nagging compulsion to use, and allows them a chance to focus on improving their lives.

Methadone is sometimes used as a street drug, but when it is, it is usually taken to prevent symptoms of heroin withdrawal. The effects of methadone come on too slowly and last too long to give it much appeal as a substance of abuse.

## **What Are The Long-term Effects Of Methadone?**

Methadone maintenance is a long-term treatment. Length of treatment varies, from a year or two to 20 years or more. This prolonged treatment with proper doses of methadone is medically safe and is the most effective treatment currently available for opioid dependence.

Used with permission from Centre for Addiction and Mental Health. Available at:  
[http://www.camh.net/About\\_Addiction\\_Mental\\_Health/Drug\\_and\\_Addiction\\_Information/methadone\\_dyk.html](http://www.camh.net/About_Addiction_Mental_Health/Drug_and_Addiction_Information/methadone_dyk.html).



# Making Connections: Women's Experience Of Violence, Mental Health And Substance Use Problems

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*"I look at the use of substances, stress levels and experience of violence as all facets of the same problem, they are all connected." (Woman Survivor in Greaves et al 2006).*

This information sheet highlights the compelling evidence that women's mental health problems and substance use are linked to their experiences of woman abuse, sexual assault and other forms of gender-based violence and trauma. Women's experiences of violence and mental health/substance use problems are also linked to a host of other influences on their health and safety, connected primarily to gendered inequality in society.

Service providers and policy makers have not always acted on the known connections between mental health, substance use and violence, and as a result women have not always received the support they need. This sheet aims to provide evidence of the interconnections between these aspects of women's experience in order to support practitioners to be more confident in working with women in ways that are sensitized to these links. Women with interconnecting issues tell us that they want help in making the links themselves. We suggest that by working in partnership, anti-violence, mental health and drug and alcohol service providers can improve the provision of support to women who have these intersecting experiences.

## **Mental Health Problems And Experiences Of Woman Abuse, Sexual Assault And Other Forms Of Trauma**

There is now substantial evidence that the stress caused by trauma can affect all aspects of a person's life including their emotional, mental and physical health and wellbeing. For women with trauma histories, the risk of developing mental health problems as an adult is heightened. This is true for:

- depression (Bassuk et al 1998)
- posttraumatic stress (Bassuk et al 1998; van der Kolk 1996)
- suicidal ideations and attempts (Bassuk, Melnick and Browne 1998)
- poor self-esteem (Herman 1992)
- eating disorders (Herman 1992)
- self-inflicted injury (Alexander and Muenzenmaier 1998)
- psychosis (Reid et al 2005)
- chronic medical conditions (Bassuk et al 1998)

For example, recent research shows that prolonged trauma may disrupt and alter brain chemistry, leading to the development of PTSD (Haskell 2003; Herman 1992; Levine 2005). In addition to this, mental health problems such as depression, suicide attempts and self-harm are frequently *symptoms of current abuse*. Pre-existing mental health problems can also be exacerbated by abuse and violence. Research also indicates that women who experience abuse and violence see direct, causal connections between these experiences and their mental health (Humphreys and Thiara 2003).

**Depression and Violence links:** Cascardi et al (1999) and Golding (1999) both undertook overviews of studies examining the relationship between depression and violence against women. Cascardi et al found that across the 14 studies the prevalence of depression amongst abused women was 38%–83%, depending on the study location. Golding found an average prevalence rate of depression amongst abused women of 47.6%. This compares with a prevalence rate of 10% in general populations of women.

**PTSD and Violence links:** The same authors reviewed the research evidence connecting the diagnosis of PTSD in women exposed to violence in their relationships. These US studies again showed very high rates of PTSD, varying from 31% to 84% (again depending on where the sample was drawn from).

**Suicide and Violence links:** Golding (1999) again has examined the connections between violence and suicide for women and describes significantly heightened rates of suicide attempts amongst abused women. Stark and Flitcraft (1995), doing US based research, report that of 176 women identified through medical records at an accident and emergency service, 52 (30%) had experienced violence in their relationships during the sample year. For Black women the rates were considerably higher than for white women.

While these links may appear to be obvious, they are often lost when a woman becomes involved in mental health services.

## **Substance Use And Experiences Of Woman Abuse, Sexual Assault And Other Forms Of Trauma**

Many women identify their substance use (both legal and illegal) as a way to cope with their experiences of violence.

- Women identify that they drink more after a violent incident (Logan et al 2002)
- Women who are victims of serious child physical assault are significantly more likely to abuse prescription drugs, illegal drugs and alcohol (Logan et al 2002)
- An earlier experience of violence has been found to be associated with a younger age of initiating drug and alcohol use (NCASA 2003)

Women's substance use has also been found to be associated with current or historical experiences of woman abuse, sexual assault and other forms of trauma. For example:

- 30%–59% of women with substance use problems have Posttraumatic Stress Disorder (PTSD), most highly associated with repeated childhood sexual or physical abuse (Logan et al 2002).
- Alcohol problems have been found to be up to 15 times higher among women who are survivors of intimate partner violence than in the general population (Logan et al 2002).
- Women who have experienced intimate partner violence have also been found to have a higher likelihood of depression (26.3% higher), and posttraumatic stress disorder (53.4% higher), as well as alcohol use problems (12.2% higher) (Logan et al 2002).
- As many as 2/3 of women entering treatment for substance use problems have a history of abuse or assault (Logan et al 2002).

These connections can be stronger for sub-groups of women such as women who are young (NCASA 2003; Silverman 2001), incarcerated (Dell 2006), Aboriginal (Bopp et al 2006), poor (Logan et al 2002; Salomon 2002), disabled (Chappell 1995) and/or refugees (Health Canada 1996; Vissandjee 2005).

## Learning from SAMHSA's "Women with histories of physical and sexual abuse and co-occurring disorders" Study

This study was a five-year trauma intervention study on women with histories of physical and sexual abuse and mental health and substance abuse disorders. The study developed gender-specific, trauma informed, integrated and comprehensive service interventions and examined the effectiveness of these services in reducing signs and symptoms of trauma, mental illness and substance abuse for women. The background information collected from the women at the start of the study shows how interrelated trauma, mental health and substance use issues were for the 2,729 women involved:

### Mental health

- 81% had a current mental health diagnosis
- 65% were receiving treatment
- 49% had been treated in psychiatric hospital or ward of general hospital for mental health problems

### Trauma

- 85% had been physically abused
- 82% had been sexually abused, and 12% within the last 6 months
- 48% had been robbed, mugged or physically attacked by a stranger, and 8% within the past 6 months.

### Substance use

- 99% used alcohol, marijuana, or crack/cocaine
- 45% used alcohol, and 60% used at least one drug in the past 30 days

### Other

- 48% serious physical illness/disability
- 50% in residential services
- 24% unemployed and disabled

The study found that substance use symptoms and posttraumatic symptoms were significantly improved in intervention sites with some reduction of mental health symptoms. Women participants rated being happy and having healthy relationships as more important than reduction of symptoms. There were no significant differences in total costs in the intervention sites. A further major finding was that integrated counselling in a trauma informed context (receiving all three types of services in individual and/or group counselling) was associated with improved outcomes rather than an increased number of services (Salasin and Veysey 2007).

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This handout was adapted from *Making connections: women's experience of violence and substance use problems*. Information Sheet 1 of the Coalescing on Women and Substance Use: Linking Research Practice and Policy series, by Nancy Poole and members of the virtual community on supporting integrated work on substance use and violence published by the British Columbia Centre of Excellence for Women's Health, 2007.



# Intake Form

Adapted from: Women, Trauma & Serious Mental Illness: Intake, Assessment, Treatment Planning & Referral. P Fisher and L Choquette. Spectrum Press. 1999.

## PERSONAL DETAILS

Name:	Date:
Address:	
In case of emergency contact:	
Home Phone:	Date of Birth:
Alternate contact phone:	
Physician name:	Phone No:
Other service providers (e.g. therapist, mental health team, social workers, support group facilitator):	
Name:	Phone No:
Any special contact instructions or cautions:	
Primary Language Spoken:	Access issues:

## CAUTIONS

People who may pose a risk to the client or her dependents (names and relevant information):

## CURRENT LIVING SITUATION

Other adults in the home (relationship to client):

Children in the home: Names, relationship to client, age, gender

## SIGNIFICANT MEDICAL HISTORY

Any medical conditions:

---

Current treatment and medications:

---

Physical limitations or concerns:

---

Other medical/physical or health related issues (not directly mental health or substance use as these covered below e.g. tiredness, lethargy, poor sleep, lack of appetite):

---

## TRAUMA HISTORY

Current trauma and abuse:

---

Current risks to client:

---

Current risks to dependent others:

---

Past adult trauma history:

---

Any contact with the police or legal system:

---

Outcomes:

---

## MENTAL HEALTH HISTORY

Contacts with mental health professionals:

Current contact?

---

Hospitalizations for mental health problems:

Recent admissions?

---

History of suicide attempts:

Recent attempts?

Actions following?

---

History of self-harm:

Recent harm to self?

Actions following?

---

History of violence towards others:

Recent? Actions following?

---

Current psychiatric medications (antidepressants, sleeping medications etc):

---

Any known side effects/unwanted effects of medication:

---

## SUBSTANCE USE

History of problems with substance use (include alcohol, street drugs and prescribed and over the counter medications and all use not just dependency related):

---

Current substance use (as above):

How frequently are they used?

---

Does she see her current substance use as problematic in any way?

If she sees her substance use as problematic what are the triggers for her use? How can the service help her handle or avoid these triggers?

---

Does she see any connections between problem use and other life areas such as experience of violence?

---

What is she doing to take care of herself and does she wish any help with addressing substance use problems at this time?

---

# Self-Report Checklist Of Warning Signs: Do You Have An Alcohol Or Drug Problem?

Excerpted with permission from What A Woman Should Know: Alcohol and Other Drugs, by the Alberta Alcohol and Drug Abuse Commission. Available at [http://www.aadac.com/547\\_1190.asp](http://www.aadac.com/547_1190.asp).

Here is a checklist of some warning signs that may suggest an alcohol or other drug problem. Please check the statements that relate to you:

- I feel guilty about my use of substances, or what I do when drinking/using.
- I sometimes have "blackouts" after drinking/using (times when I later can't remember what I did or said).
- I am drinking or using drugs more often, or it takes more of the substance to get me "high."
- I have tried and failed to cut down on my alcohol or drug use.
- Someone close to me has told me they are worried about my alcohol or other drug use.
- I am sometimes unable to meet work, school or home obligations because of my substance use.
- I have had legal problems as a result of my alcohol or other drug use.
- I drink or use drugs to help me deal with my painful feelings.
- I sometimes drink/use more heavily after disappointments or quarrels, or when I am under pressure.
- I can't imagine coping with life without alcohol or drugs.
- Sometimes I lie or cover up my alcohol or drug use.
- My alcohol or other drug use is affecting the way I parent my children.

If you checked off any of these boxes, your substance use is likely to be causing problems in your life. There is help and support available to you no matter what kind of problems you may have. Please talk to us so that we can help you.



# Risk And Importance Summary

Adapted from: Women, Trauma & Serious Mental Illness: Intake, Assessment, Treatment Planning & Referral. P Fisher and L Choquette. Spectrum Press. 1999

Client Name:

Agency:

Date:

Prepared by:

## 1. MENTAL HEALTH

<b>Depression</b>	High	Medium	Low
Risk to safety			
Woman's perception of importance			
<b>Anxiety</b>	High	Medium	Low
Risk to safety			
Woman's perception of importance			
<b>Panic</b>	High	Medium	Low
Risk to safety			
Woman's perception of importance			
<b>Post Traumatic Stress Disorder (PTSD)</b>	High	Medium	Low
Risk to safety			
Woman's perception of importance			
<b>Mania</b>	High	Medium	Low
Risk to safety			
Woman's perception of importance			
<b>Schizophrenia</b>	High	Medium	Low
Risk to safety			
Woman's perception of importance			
<b>Eating problems</b>	High	Medium	Low
Risk to safety			
Woman's perception of importance			
<b>Suicide</b>	High	Medium	Low
Risk to safety			
Woman's perception of importance			
<b>Self Harm</b>	High	Medium	Low
Risk to safety			
Woman's perception of importance			

This box is for other mental health problems relevant to the woman you are working with – please add in details

	High	Medium	Low
Risk to safety			
Woman's perception of importance			
	High	Medium	Low
Risk to safety			
Woman's perception of importance			

Additional comments:

## 2. TRAUMA

<b>Childhood Trauma History</b>	High	Medium	Low
Risk to safety			
Woman's perception of importance			
<b>Sexual Assault/Rape</b>	High	Medium	Low
Risk to safety			
Woman's perception of importance			
<b>Violence in relationships</b>	High	Medium	Low
Risk to safety			
Woman's perception of importance			

This box is for other trauma relevant to the woman you are working with – please add in details

	High	Medium	Low
Risk to safety			
Woman's perception of importance			
	High	Medium	Low
Risk to safety			
Woman's perception of importance			

Additional comments:

## 3. SUBSTANCE USE

<b>Alcohol</b>	High	Medium	Low
Risk to safety			
Woman's perception of importance			
<b>Street Drugs</b>	High	Medium	Low
Risk to safety			
Woman's perception of importance			
<b>Prescription Drugs</b>	High	Medium	Low
Risk to safety			
Woman's perception of importance			
<b>Over the Counter Drugs</b>	High	Medium	Low
Risk to safety			
Woman's perception of importance			
<b>Overdose Risk</b>	High	Medium	Low
Risk to safety			
Woman's perception of importance			

Other problems or dangers – please add in

	High	Medium	Low
Risk to safety			
Woman's perception of importance			
	High	Medium	Low
Risk to safety			
Woman's perception of importance			

Additional comments:

## 4. OTHER HEALTH PROBLEMS OR DISABILITIES

<b>Ongoing Medical Difficulties</b>	High	Medium	Low
Risk to safety			
Woman's perception of importance			
<b>Physical Restrictions or Disabilities</b>	High	Medium	Low
Risk to safety			
Woman's perception of importance			
<b>Learning or Cognitive Disabilities</b>	High	Medium	Low
Risk to safety			
Woman's perception of importance			
<b>FASD</b>	High	Medium	Low
Risk to safety			
Woman's perception of importance			

Other disabilities or health concerns – please add in

	High	Medium	Low
Risk to safety			
Woman's perception of importance			
	High	Medium	Low
Risk to safety			
Woman's perception of importance			

Additional comments:

## 5. LIFE SITUATION

<b>Housing Difficulties</b>	High	Medium	Low
Risk to safety			
Woman's perception of importance			
<b>Financial/Employment Difficulties</b>	High	Medium	Low
Risk to safety			
Woman's perception of importance			
<b>Inadequate Social Support</b>	High	Medium	Low
Risk to safety			
Woman's perception of importance			
<b>Inadequate Parenting Support</b>	High	Medium	Low
Risk to safety			
Woman's perception of importance			

Other specific life concerns – please add in

	High	Medium	Low
Risk to safety			
Woman's perception of importance			
	High	Medium	Low
Risk to safety			
Woman's perception of importance			

Additional comments:



# Mental Health And Substance Use Safety Assessment Form

Adapted from Domestic Violence, Drugs & Alcohol: Good Practice Guidelines. The Stella Project. 2004.

Name: \_\_\_\_\_

Date \_\_\_\_\_

Date for review of the safety/risk assessment: \_\_\_\_\_

Significant Risk Factors	Brief Comment	General Risk Factors	Brief Comment
SUICIDE		SUBSTANCE USE RISKS	
Current mental health problem		Current harmful substance use	
Depressive illness		Using with unsafe others	
Previous attempts		Living with someone with a substance use problem	
Method(s) used		Poly-substance use (variety of substances used)	
Expressing suicidal ideas now		History of trying to cut down or withdraw from alcohol/drugs	
Has a plan made/is making plans		Experience of blackouts (losing memory when using substances)	
Self neglect		History of overdose	

Significant Risk Factors	Brief Comment	General Risk Factors	Brief Comment
Significant other has suicided		Impaired drinking charge	
May be impulsive		Accidents associated with substance use	
Uses substances		Unsafe injecting use	
Any recent losses or anniversaries of losses		Positive Virology (e.g. Hep B/C, TB, HIV)	
<b>SELF HARM</b>		<b>OTHER RISKS</b>	
History of self harming		Other current serious health problems/disabilities	
Current self harming		Current major financial problems	
Hospitalized due to self harm		Homeless or poor/unsafe housing	
Woman's self harm could have fatal consequences		Poverty/lack of resources in many areas of life	
		Involvement in the sex trade/survival sex	

Significant Risk Factors	Brief Comment	General Risk Factors	Brief Comment
RISK TO OTHERS		SPECIFIC VULNERABILITIES	
History of being violent/ serious harming another		Few or no friends or family members to turn to for help	
Expressing current intent to harm another		Few or no community connections or supports	
Risk of harm to children		History of trauma	
Experiencing extreme mental health crisis involving paranoia or other fears		Language or cultural factors that affect safety	

**Consider:**

- How important/dangerous does the woman feel these risks are?
- How does she currently manage these risks?
- How does she want help to manage these risks?
- What can you and your agency do to help address these risks with her? Are there other agencies that could help here?
- Actions to be taken and by whom? Including a plan for the woman if she is prepared to work in this way (this could also be addressed in her safety plan, including taking a harm reduction approach).

**Note:** Safety/risk assessments should be done on an ongoing basis: circumstances may change frequently. Record the risk assessment in a woman's file and include information on any incidents that occur that relate to risk.



# A Simple Assessment For Self-Harm Behaviour

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Excerpted with permission from: Best Practices Manual for Stopping the Violence Counselling Programs. M. McEvoy and M. Ziegler. 2006. (Adapted from *Risking connection: A training curriculum for working with survivors of childhood abuse*. K. Saakvitne, L. Gamble, L. Pearlman and B.T. Lev. Sidran Press. 2000.)

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## 1. The behaviour(s)

What are the self-harming behaviours that the client is doing?

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## 2. How does this behaviour help the client? What problem(s) does it solve?

Ask the client for specific examples. Some clients may use one behaviour for one purpose and another behaviour for another purpose.

- Expresses strong feelings, e.g. anger
- Punishes self (especially before someone else can)
- Blocks strong feelings (serves as a distraction, uses physical pain to block emotions, thoughts, memories)
- Manages behaviour (stops one from doing something else, e.g. suicide)
- Creates or strengthens dissociation
- Helps client to stop dissociating, to feel more real
- Helps client to re-enact the trauma without consciously remembering it
- Strengthens the client's feelings of self-control over her body
- Helps reinforce internal rules, e.g. I don't need anyone, I have no desires
- Gives expression to a state that seems to have no feelings
- Other

---

## 3. What is the client's cycle of SELF-HARM AND WHAT IS THE WINDOW of intervention?



# Critical Incident Report—Suicidal Intention

Excerpted with permission from: Best Practices Manual for Stopping the Violence Counselling Programs. M. McEvoy and M. Ziegler. 2006. (Courtesy of South Fraser Women's Services Society)

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Counsellor Name: \_\_\_\_\_

Client Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Situation: \_\_\_\_\_

## Level of Risk Designated:

### RISK LEVELS

#### LOW

- Suicidal ideation
- No clear plan
- No established means of attempting suicide
- Support available
- Sense of hopelessness, but strong future orientation

#### MODERATE

- Suicidal intent
- May have plan, but vague
- May have means to carry out suicide
- Possible supports available
- Hopeless, but has some future orientation

#### HIGH (Imminent)

- Determined suicide intent
- Plan includes how, when and where
- Means of intent has high degree of lethality
- No perceived supports
- No future orientation

Other Indicators of Risk (e.g. previous attempts, suicides or attempts by family or close friends, important anniversary dates, a number of personal losses):

Contra-Indicators of Risk (strengths and resiliencies):

Action Taken:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



# Ways To Try To Prevent A Suicide Attempt

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If you are concerned that someone may be suicidal, take action. If possible, talk with the person directly. The single most important thing you can do is to listen attentively without judgement.

Talking about suicide can only decrease the likelihood that someone will act on suicidal feelings. There is almost no risk that raising the topic with someone who is not considering suicide will prompt him/her to do it.

Find a safe place to talk with the person, and allow as much time as necessary. Assure him/her of your concern and your respect for his/her privacy. Ask the person about recent events, and encourage him/her to express his/her feelings freely. Do not minimize the feelings involved.

Ask whether the person feels desperate enough to consider suicide. If the answer is yes, ask, "Do you have a plan? How and where do you intend to kill yourself?"

Admit your own concern and fear if the person tells you that he/she is thinking about suicide but do not react by saying, "You shouldn't be having these thoughts; things can't be that bad."

Remember, you are being trusted with someone's deepest feelings. Although it may upset you, talking about those feelings will bring the person relief.

Ask if there is anything you can do. Talk about resources that can be drawn on (family, friends, community agencies, crisis centres) to provide support, practical assistance, counselling or treatment.

Make a plan with the person for the next few hours or days. Make contacts with him/her or on his/her behalf. If possible, go with the person to get help.

Let the person know when you can be available, and then make sure you are available at those times. Also, make sure your limits are known, and try to arrange that there is always someone that he/she can call at any time of day.

Ask who else knows about the suicidal feelings. Are there other people who should know? Is the person willing to tell them? Unfortunately, not everyone will treat this issue sensitively.

Confidentiality is important, but do not keep the situation secret if a life is clearly in danger.

Stay in touch to see how he/she is doing. Praise the person for having the courage to trust you and for continuing to live and struggle.

## **What to do following a suicide attempt**

A person may try to commit suicide without warning or despite efforts to help. If you are involved in giving first aid, make every effort to be calm and reassuring, and get medical help immediately.

The time following an attempt is critical. The person should receive intensive care during this time. Maintain regular contact, and work with the person to organize support. It is vital that he/she does not feel cut off or shunned as a result of attempting suicide.

Be aware that if someone is intent on dying you may not be able to stop it from happening. You cannot and should not carry the responsibility for someone else's choice.



# Safety Planning For A Survivor Of Violence

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The suggestions in this document represent some safety tips learned from women dealing with abusive current and former partners. It is critical that documents such as this are used in a way that acknowledges and builds on a woman's knowledge of her own unique situation. There are suggestions in this document that will work for some women, but that could be extremely unsafe or unrealistic for others. Equally important is the fact that a woman is likely already doing things to keep herself/her children safe that are not included in this document.

Survivors and front-line workers with extensive experience in safety planning advise that documents listing options for safety planning should not be used as checklists to be reviewed with a survivor.

Documents listing options for safety planning should be used as a tool to assist you, the front-line worker, to consider a broad range of possibilities in assisting a woman to plan for her safety. It may be helpful to review this document first for yourself, set it aside and engage in your safety planning with the woman, then consult it later to see if there are other options that have not been addressed.

- Trust your intuition, instincts and experiences; do not doubt yourself if you feel unsafe.
- Practice how to get out of your home safely. What doors, window, elevators, stairwells or fire escapes could you use? If appropriate, practice with your children.
- Alert your neighbours to call the police if they hear a fight.
- Choose a code word to use with children, friends and/or family so they can call for help.
- If an assault seems possible, try to move to a space that is lowest risk (try to avoid bathrooms, garages, kitchens, rooms near weapons and rooms without access to an outside door).
- Plan ahead for where to go in an emergency (explore possibilities, including family, friends and local transition houses/safe homes).
- Find someone who will support and listen to you without making judgments.
- Keep extra car keys, money and clothes in a hidden place or at a friend's.
- Seek medical attention for all injuries. Be aware that you may have suffered physical damage you are not aware of, such as internal bleeding or concussions.
- Ensure that colour photographs are taken of all injuries. It is important to take pictures as injuries change in appearance, such as bruising that appears some time after an assault.
- Save torn or bloody clothing.
- Report assaults to the police (be aware that the police must proceed with recommending charges if there is evidence to do so, regardless of your wishes).

- Preserve evidence such as written notes of apology, bank statements, and other documents.
- Record abusive incidents in a journal; keep the journal in a secret spot. Do not give your journal to anyone unless subpoenaed to do so. If you give your journal to Crown counsel, they are required to turn it over to defence and you may be cross-examined on it.
- Keep a list of names and numbers of all people who have witnessed any abuse or threats (their evidence may be useful later).
- Familiarize yourself with family finances.
- If necessary, find out if you would qualify for social assistance and how much money you would have to live on.
- If necessary, take courses or re-enter the work force. If that is necessary but not possible in your situation, familiarize yourself with courses and job training that would be available if your situation changed.

### If separating:

- It may not be safe to tell your partner you are leaving. Some possibilities for leaving include when your partner is in the shower, asleep, at work or out of town, or when you are picking up children from school, going to medical appointments or going to work.
- If you have children, take them with you when you leave. Take copies of children's medical papers, birth certificates and other important documents.
- Keep change or a pre-paid phone card available for telephone calls (if you use telephone credit cards, the following month the bill will tell your partner/ex-partner which numbers you called).
- Take copies of important documents/items with you when you leave. If you are planning to leave, put these items in one place if possible. Some important documents/items include:

<input type="radio"/> Personal identification	<input type="radio"/> Address book
<input type="radio"/> Children's birth certificates	<input type="radio"/> Pictures
<input type="radio"/> Your birth certificate	<input type="radio"/> Jewellery
<input type="radio"/> Social Insurance cards	<input type="radio"/> Children's favourite toys and/or blankets
<input type="radio"/> School and vaccination records	<input type="radio"/> Items of special sentimental value
<input type="radio"/> Checkbook	<input type="radio"/> Divorce papers
<input type="radio"/> ATM card	<input type="radio"/> Medical records
<input type="radio"/> Credit cards	<input type="radio"/> Bank books
<input type="radio"/> Keys-house/car/office	<input type="radio"/> Previous tax returns
<input type="radio"/> Driver's license and registration	<input type="radio"/> Insurance papers
<input type="radio"/> Medications	<input type="radio"/> Small saleable objects
<input type="radio"/> Social assistance identification	<input type="radio"/> List of important phone numbers
<input type="radio"/> Work permits	<input type="radio"/> Citizenship papers
<input type="radio"/> Landed immigrant papers	<input type="radio"/> Passports
<input type="radio"/> Lease/rental agreement, house deed, mortgage papers	

### **If separated:**

- Change the locks on doors and windows.
- Replace wooden doors with steel/metal doors.
- Install security measures such as additional locks, window bars, poles to wedge against doors, an electronic alarm system, etc.
- Purchase rope ladders for escape from second floor windows.
- Install smoke detectors and purchase fire extinguishers for each floor in your home.
- Install an outside lighting system that lights up when a person is coming close to your home.
- Inform your employer of your situation.
- Change your route to work.
- Change your start and end time at work.
- Walk with someone to your car.
- If your partner follows you, drive to a place where there are people.
- Use different grocery stores, shopping malls and banks than those you used when residing with your partner.
- Change the hours you conduct your shopping/banking.
- Teach your children how to make a collect call to you and to a trusted family member or friend, in the event that your ex-partner takes the children.
- Tell people who take care of your children which people have permission to pick up the children, and that your ex-partner is not permitted to.
- Inform your neighbours that your ex-partner no longer lives with you and to call the police if he is seen near your residence.
- Keep a copy of any protection orders with you at all times.
- Inform necessary people that you have a protection order (employer, children's schools, child care).

### **Sources/Credits:**

Thanks to the many thousands of women and children who have dealt with abuse, to whom we owe all our knowledge about safety planning.

Thanks to the facilitators of the workshop Using Safety Plans to Prevent Further Violence at the Annual Training Forum of the BC Association of Specialized Victim Assistance and Counselling Programs. Their experiences and thoughts on safety planning were used to develop the ideas on page 1 regarding the use of checklists. Facilitators: Nancy Taylor (Robson Valley), Julie Sprathoff (Prince George), Kim Sanghera (Surrey), Lynnell Halikowski (Prince George), Jane Coombe (Victoria), Bertha Cardinal (Prince George) and Morgen Baldwin (Prince George).

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# Increasing Control Over Your Feelings

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Used with permission from: First Stage Trauma Treatment: A guide for mental health professionals working with women. L Haskell. Centre for Addiction and Mental Health. 2003.

## **Dimmer switch**

Visualize a dial with numbers on it from 0 to 10. A number controls the intensity of whatever feeling you are having. Perhaps you are feeling sad. Imagine turning the dial toward 0 and turning down the intensity of your sadness, just as you could dim the intensity of light with a dimmer switch. A dimmer switch lessens the amount of electrical energy that can be emitted. Imagine you have the capacity to lessen the amount of energy that is expressed in your sadness. Allow yourself to slowly and gradually diminish the feeling.

## **Remote control**

This device can be used to control the intensity of intrusive images or sounds. Imagine changing channels, switching from disturbing images to soothing images. You may want to develop a "safe place" channel and run an imaginary video of the safe place you created. You can use your remote to decrease the volume of sounds or voices you hear in your head or fast forward through a flashback.

## **Riding a train**

Imagine you are on a comfortable seat in a train, going on a journey. You are sitting back, looking out the window at the landscape. The landscape is made up of your emotional feelings. You can watch your feelings pass by as you sit comfortably in your seat. You can look out with curiosity and bring feelings closer to you. You can make them small and distant like a speck on the horizon. Or you can choose to close your eyes and just feel the comfortable motion of the train on the tracks, knowing that you are in motion and that your feelings too will pass by, just like the scenery out the window.

## **Split screen**

This skill is like watching a television screen where two consecutive programs are playing. Divide a mental TV screen, putting the past on one side and the present on the other. You have the remote control that allows you to mute, slow down, fast forward, pause, turn to black and white, or turn off the program completely. You can download the disturbing memories to a videotape for three seconds. You can then turn off the TV, take out the tape and store or file it in a safe place.

## **The videotape (especially helpful with memories)**

Your feeling is on this videotape. You have the remote control in your hand. At any time, you can turn it on or off, change the volume, pause it, fast forward or rewind it, hit the mute button or take the tape out and pack it away in a secure place.

## **The audio tape**

Visualize a cassette tape player. Your emotion is on the cassette. You can shut it off. You can turn the volume down so you can't hear it. Turn it up a tiny bit, so you can barely hear it. Turn it up another bit, so it is very soft. Turn it down again. Practice until you are ready to turn it up just enough to hear it. Remember, you can turn it off or down whenever you want.







# Relapse Prevention

Adapted from a handout used by Victoria Women's Sexual Assault Centre.

Relapse (stepping back into old behaviours after a time of recovery) happens when we are on a healing journey. We may relapse into using substances, into self-harming behaviours or into old thinking patterns. The purpose of this worksheet is to identify your relapse triggers, develop a personalized relapse prevention strategy and plan for success.

## Identifying Triggers

Relapse triggers can include **feelings** (e.g. anger, loneliness); certain **people** (e.g. friends who are still using); **situations** (e.g. a party or dealing with Ministry personnel, police, etc.)

Identify what your triggers are:

Feelings:

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Situations:

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People:

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If you are to break the cycle of active use or self harm, you must choose differently when triggered to use or harm. By doing this, you will learn other ways of dealing with the triggers, rather than picking up. You will need to have a plan in place. This involves identifying things you can do instead of using or harming yourself.

## Dealing With Triggers And Cravings

I can do the following things when triggered instead of using/ harming:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

These five people support my recovery and I can call them if I need to:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

These are non-using/harming activities that I would like to do (e.g. swimming, reading, working out, going to movies, etc.):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### Plan For Success

Plan your day! Include schedules, activities, meetings, and some of the non-using activities you have identified. Consider investing in an inexpensive day planner. All of these tools will allow you to be in control of your time and your day and reduce the risk of relapse.

# Key Points about Red and Green Flags

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**Red flags are messages of distress.** Just as a fever is a sign that you must rest your body, red flags are signs that you are in emotional distress. With PTSD and substance abuse, the tendency is to push them out of your mind, not seeing the signs as they occur. But it is essential to notice the red flags and to validate that they are there for a reason; they are not signs of weakness or failure, but messages to attend to yourself.

**Remember "budding."** Some people are helped by the acronym BUD: Building Up to Drinking. You could also use Building Up to Danger. The list of red flags in Signs of Danger Versus Safety (next page) can be a sign that you are gearing up to act destructively. There is a window of opportunity during which you can stop yourself from sliding downhill if you can see the warning signs and actively try to cope with them. Thus dangerous times in both PTSD and substance abuse are not all-or-nothing events, but rather gradual build-ups that allow time to save yourself.

**Help from others is essential as danger escalates.** As red flags increase, the need to reach out for help from safe people increases too. One of the most difficult aspects of PTSD and substance abuse is isolation. As symptoms increase, the tendency is to hide away. That's why it is necessary to plan in advance whom you will call and to prepare that person for how to help you through a dangerous time. Rehearse what you will say to each other.

**Listen to the "whispers" before they become "screams."** A safety plan identifies your warning signs and ways to respond to them. The safety plan has three levels so that you can attend to mild danger signs (level 1) before they become an emergency (level 3). The earlier in the process you take action, the better.

**As danger increases, so does acting out rather than talking.** Notice that many of the danger signs are behaviours. As distress increases, it is essential to keep talking about your feelings; otherwise you'll likely find yourself "acting them out" in your behaviour. Think of a small child who feels hurt and starts punching a wall. When the child cannot express the feelings directly, they get acted out.

**Most substance abuse relapses occur within 90 days of abstinence.** Research shows the first 90 days to be a vulnerable time, across various substances of abuse (heroin, smoking, alcohol). Thus knowing your danger signs is especially important in early recovery.

**Notice spiralling.** In recovery, there is a process of "spiralling" or "snowballing" that can occur in both positive and negative directions. A downward spiral occurs when symptoms start to pick up speed and get worse and worse, often rapidly. An upward spiral occurs when your recovery efforts are so persistent that good things begin to happen. For example, you get a job, and are therefore able to get an apartment in a safer area, where you can make friends with healthier people, and so on...

# Signs Of Danger Versus Safety

Adapted from: Seeking Safety. Lisa M. Najavits.  
Guildford Press. 2002.

*Listen to the messages your behaviour is sending you! What are your red and green flags? Check off below:*

Red Flags Danger	Green Flags Safety
<ul style="list-style-type: none"> <li><input type="checkbox"/> Isolation</li> <li><input type="checkbox"/> Not taking care of my body (food, sleep)</li> <li><input type="checkbox"/> Fights with people</li> <li><input type="checkbox"/> Too much free time</li> <li><input type="checkbox"/> Destructive behaviour</li> <li><input type="checkbox"/> Feel stuck</li> <li><input type="checkbox"/> Lying</li> <li><input type="checkbox"/> Negative feelings acted out</li> <li><input type="checkbox"/> Cancelling treatment sessions</li> <li><input type="checkbox"/> Stop taking medications as prescribed (either too much or too little)</li> <li><input type="checkbox"/> Passive ("Why bother?")</li> <li><input type="checkbox"/> Cynical/negative</li> <li><input type="checkbox"/> Not fighting PTSD symptoms (e.g. dissociation, self-cutting)</li> <li><input type="checkbox"/> Not learning new coping skills</li> <li><input type="checkbox"/> Become physically sick</li> <li><input type="checkbox"/> Believe treatment is unnecessary</li> <li><input type="checkbox"/> Spend time with people who use</li> <li><input type="checkbox"/> Cannot hear feedback</li> <li><input type="checkbox"/> Too much responsibility</li> <li><input type="checkbox"/> Think people are trying to make me look and feel bad</li> <li><input type="checkbox"/> Stop caring, stop trying</li> <li><input type="checkbox"/> Arrogant euphoria</li> <li><input type="checkbox"/> Absent from work or school</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Spending time with supportive people</li> <li><input type="checkbox"/> Taking care of my body</li> <li><input type="checkbox"/> Able to get along</li> <li><input type="checkbox"/> Structured schedule</li> <li><input type="checkbox"/> Behaviour under control</li> <li><input type="checkbox"/> Feel I am moving forward</li> <li><input type="checkbox"/> Honest</li> <li><input type="checkbox"/> Negative feelings expressed in words</li> <li><input type="checkbox"/> Attending all treatment regularly</li> <li><input type="checkbox"/> Taking medications as prescribed</li> <li><input type="checkbox"/> Active coping</li> <li><input type="checkbox"/> Realistic/positive</li> <li><input type="checkbox"/> Fighting PTSD symptoms (e.g. grounding, rethinking)</li> <li><input type="checkbox"/> Learning new coping skills</li> <li><input type="checkbox"/> Stay physically healthy</li> <li><input type="checkbox"/> Believe treatment is necessary</li> <li><input type="checkbox"/> Spend time with "clean" people</li> <li><input type="checkbox"/> Listen to feedback</li> <li><input type="checkbox"/> Appropriate responsibility</li> <li><input type="checkbox"/> Feel okay around people</li> <li><input type="checkbox"/> Care and try</li> <li><input type="checkbox"/> Realistic concern</li> <li><input type="checkbox"/> Attend work or school</li> </ul>
<p>What are your additional red flags?</p>	<p>What are your additional green flags?</p>

# Create A Safety Plan Against Relapsing

Adapted from *Seeking Safety*. Lisa M. Najavits. Guilford Press. 2002.

Fill In The Safety Plan Using The Following As An Example:

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Mild Danger (Starting To Show Distress)	What I Will Do To Stay Safe
<ul style="list-style-type: none"><li>• Eating poorly</li><li>• Missing occasional counselling sessions</li><li>• Getting cynical and negative</li></ul>	<ul style="list-style-type: none"><li>• Increase support meetings to three times a week</li><li>• Tell therapist what I am feeling</li><li>• Call my friend Pat and talk with her</li></ul>

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Red Flags	Safety Plan
Mild Danger (Starting To Show Distress)	What I Will Do To Stay Safe

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Moderate Danger (Getting Serious—Watch Out)	What I Will Do To Stay Safe
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Serious Danger (Emergency!)	What I Will Do To Stay Safe
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# Safe Coping Skills

Adapted from *Seeking Safety*. Lisa M. Najavits.  
Guilford Press. 2002.

**Ask for help** ▶ reach out to someone safe

**Inspire yourself** ▶ carry something positive

**Make a switch** ▶ if things are going wrong – switch gears

**Persist** ▶ never, never, never give up

**Honesty** ▶ honesty with self heals a lot

**Cry** ▶ let yourself cry, it won't last forever

**Choose self-respect** ▶ choose whatever will help you like yourself tomorrow

**Take good care of your body** ▶ healthy eating, exercise, sleep

**List your options** ▶ in any situation, you have choices

**Create meaning** ▶ remind yourself why you began this healing journey – for your children, for love, for truth, to live a full life?

**Do the best you can with what you have** ▶ make the most of every available opportunity

**Set a boundary** ▶ say no when you need to

**Compassion** ▶ listen to yourself with respect and care

**Talk yourself through it** ▶ positive self-talk helps in difficult situations

**Imagine** ▶ create a mental picture that makes you feel different – imagining your safe place

**Notice that point of choice** ▶ in slow motion, imagine the exact moment when your behavior takes a turn down the road you may not wish to follow

**Pace yourself** ▶ if overwhelmed – go slower, if stagnant – go faster

**Seek understanding, not blame** ▶ listen to your behavior and that of others – blaming prevents growth

**If one way doesn't work, try another** ▶ as if in a maze, turn a corner and try a new path

**Create a new story** ▶ you are the author of your own life. You are writing your own story

**Avoid avoidable suffering** ▶ try to prevent a bad situation

**Ask others** ▶ ask others if your beliefs are correct

**Watch for the danger signs** ▶ handle the problem before it becomes huge – notice the red flags

**Healing above all** ▶ focus on what really matters

**Try something, anything** ▶ a good plan today is better than the perfect plan tomorrow

**Discovery** ▶ find out if what you assume is true – become curious about your own reaction, be a detective digging into your own life

**Create a buffer** ▶ put something between you and the danger zone – time, distance etc

**Say what you really think** ▶ you'll feel closer to those you love when you can do this – ensure these people are safe people for you to be honest with

**Listen to your needs** ▶ no more neglect – really hear what you need

**Replay the scene** ▶ review the negative event – what can you do differently next time?

**Move toward your opposite** ▶ for example, if you are too dependent, try being independent or vice versa

**Notice the cost** ▶ what is the price of your reactions – for yourself, for others you care about?

**Structure your days** ▶ a productive schedule keeps you on track – remember to build in time to just be

**Soothing talk** ▶ talk to yourself very gently

**Think of the consequences** ▶ really see the impact of what you do today on tomorrow, next week, next year

**Trust the process** ▶ just keep moving forward – the only way out is through

**Work the material** ▶ the more you put into the healing process the more you get out

**Integrate the split self** ▶ accept all aspects of yourself – they are there for a reason

**Expect this kind of growth to be uncomfortable at times** ▶ if it feels awkward or difficult, it probably means that you're doing it right

**Pretend you like yourself** ▶ see how different the day feels

**Focus on now** ▶ do what you can to make today better, don't get overwhelmed by the past or future

**Praise yourself** ▶ notice what you are doing right – this is the most powerful method of healing and growth

**Observe repeated patterns** ▶ try to notice and understand when the same things happen again and again

**Self-nurture** ▶ do something you really enjoy

**Take responsibility** ▶ take an active not a passive approach

**Make a commitment** ▶ to your own healing journey

**Detach from emotional pain** ▶ use grounding techniques to help

**Learn from experience** ▶ seek wisdom that will help next time

**Solve the problem** ▶ don't take it personally when things go wrong – just try to seek a solution

**Use kinder language** ▶ make your language to yourself and others less harsh

**Plan it out** ▶ take the time to think ahead

**Identify the belief** ▶ get curious about why you believe what you believe

**Reward yourself** ▶ find a healthy way to celebrate anything you do right

**Create new tapes** ▶ literally! Take a tape recorder and record your new way of thinking and play it back

**Find rules to live by** ▶ really think about choosing the rules that work for you and committing to those

**Setbacks are not failures** ▶ a setback is just that – nothing more

**Tolerate the feelings** ▶ no feeling is the final statement – just live through it steadily and safely

**Actions first, feelings will follow** ▶ don't wait until you feel motivated, just start now

**Fight the trigger** ▶ when you begin to recognize what triggers certain behaviours that you want to change – take a proactive stance to protect yourself

**Make a decision** ▶ if you feel stuck, try choosing the best solution you can think of right now; don't wait – you aren't perfect

**Do the right thing** ▶ do what you know will help, even if you don't feel like doing it

**Prioritize healing** ▶ make healing a most urgent and important goal – you're worth it!

**Reach out for resources** ▶ they're out there – lean on them

**Get others to support your healing process** ▶ tell people close to you what you need from them

**Notice what you can control** ▶ you are not in control of the whole world – keep this in mind



# Coping With Triggers

A trigger is an experience that we associate with a past trauma that can cause the PTSD symptoms of intrusion, hyper-arousal and avoidance.

Changes in your body can occur from a trigger even when you don't remember the actual traumatic event.

- Learning to recognize signals in your body will help you cope with triggers.
- Substance use can be a way of avoiding triggers.
- You can be re-traumatized by triggers.

Examples of triggers are:

- Seeing your ex-partner
- Hearing ambulance sirens
- Smelling whiskey
- Having a pap test
- Tasting certain flavours
- Re-visiting your childhood home

Every time you overcome a trigger your ability to cope becomes stronger.

## Suggestions For Coping With Triggers

Stay far away from triggers. The safest plan is to stay away from triggers whenever possible; for example, by not watching upsetting TV shows, staying away from bars, learning to avoid "avoidable suffering."

Don't "test yourself" with triggers. This is a mistake some people make in early recovery. They may think, "I'll go to a party tonight to see if I'm strong enough to tolerate drug triggers." Just as you would not test yourself by getting into a new trauma, avoid testing yourself with substance and high-risk behaviors. It is

hard enough to recover without setting yourself up.

Triggers are part of life, but you can use your skills to cope with triggers you cannot avoid. Even if you do everything you can to avoid triggers, some will occur just because it is impossible to live in a bubble. As you go through your day, you will be faced with triggers at times. The important thing is to use coping skills when triggers do occur.

Avoid blaming others. When you feel triggered, learn to reflect inwards instead of lashing out. Try saying, "I am feeling triggered, I need to take care of myself."

Strive for balance. With PTSD you may feel too much at times (e.g. overwhelming, intense emotions) and too little at other times (e.g. numbness, dissociation). With substance use you may also feel too much (e.g. intense cravings) or too little (e.g. the "pink cloud" in which you feel you'll never be tempted to use again). To best fight triggers, the goal is balance: being aware, conscious, and in touch with reality so that triggers will not control you.

Cope with triggers before, during, or after they occur. Prepare to cope in advance, and at any time in the process. Never give up!

Triggers can be very sudden. That is what makes them so upsetting. They may appear when you least expect them.

# Changing Who, What, And Where To Cope With Triggers

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## You Can Get To Safety By Changing Who, What And Where.

### **Who Are You With?**

Detach from unsafe people (dealers, users and abusers). Move toward safe, positive people. Call your sponsor, or a safe friend or family member. Call before, during or after a trigger occurs (preferably before!). You can talk about how you are feeling, or just discuss "light" topics such as movies or sports to distract yourself. Also, stay connected with important people in your life by carrying photographs of them. If you get triggered, pull out the photos and ask yourself, "What do I need to do right now? How will my substance use affect them?"

### **What Are You Doing?**

Switch to safe activities. Try reading, watching TV, listening to calming music, exercising, taking a walk or doing a craft or hobby. Keep busy in general by having a structured schedule that focuses your attention away from triggers.

### **Where Are You?**

Change your environment. If you feel triggered, find a safe place by leaving the room, the area, or the neighborhood; taking a drive or a walk; throwing out the drug accessories; or changing the TV channel.

# Using Grounding

## What Is Grounding?

Grounding is a way of dealing with emotional pain. It helps you to be in present reality rather than in painful experiences from the past or scary thoughts of the future.

Grounding can help you find a balance between overwhelming emotions and the need to be numb or dissociated. When you are grounded you are conscious of reality and able to tolerate it.

## Guidelines

- Grounding can be done *any time, any place, anywhere*, and no one has to know.
- *Focus on the present, not the past or future.*
- *Keep your eyes open, scan the room, and turn the light on* to stay in touch with the present.
- *Stay neutral* – avoid judgments of “good” and “bad.” For example, instead of “The walls are blue; I don’t like blue because it reminds me of depression,” simply say, “The walls are blue” and move on.
- *Rate your mood before and after grounding*, to test whether it worked. Before grounding, rate your level of emotional pain (0-10, where 10 means extreme pain). Then re-rate it afterward. Has it gone down?
- Use grounding when you are *faced with a trigger, enraged, dissociating, having a substance craving, or whenever your emotional pain goes above 6 (on a 0-10 scale)*. Grounding puts healthy distance between you and these feelings.
- *No talking about feelings or journal writing at this time*—you want to stay away from distressing feelings, not get in touch with them. Processing feelings can happen later.
- *Note that grounding is not the same as relaxation training*. Grounding is much more active, focuses on distraction strategies, and is intended to help extreme feelings. It is believed to be more effective than relaxation training for PTSD.

## Ways Of Grounding

1. Mental grounding happens when you focus your mind. Two examples of this are:
  - Describe your environment in detail, using all your senses: for example, “The walls are white; there are five pink chairs; there is a wooden bookshelf against the wall...” Describe objects, sounds, textures, colors, smells, shapes, numbers, and temperature. You can do this anywhere. For example, on the bus: “I’m on the bus. I’ll see the river soon. Those are the windows. This is the bench. The metal bar is silver. The bus map has four colors.”
  - Describe an everyday activity in great detail. For example, describe a meal that you cook: “First I peel the potatoes and cut them into quarters; then I boil the water; then I make an herb marinade of oregano, basil, garlic, and olive oil...”

2. Physical grounding happens when you focus on your senses, like touch, sound and taste. Two examples of this are:
  - Touch various objects around you: a pen, keys, your clothes, the table, the walls. Notice textures, colours, materials, weight, temperature. Compare objects you touch: Is one colder? Lighter?
  - Focus on your breathing, noticing each inhale and exhale. Repeat a pleasant word to yourself on each inhale (e.g. a favourite colour, or a soothing word such as "safe" or "easy").
3. Soothing Grounding happens when you talk to yourself in a kind way. Two examples of this are:
  - Say kind statements, as if you were talking to a small child—for example, "You are a good person going through a hard time. You'll get through this."
  - Say a coping statement: "I can handle this," "This feeling will pass."

## What If Grounding Does Not Work?

- *Practice as often as possible*, even when you don't need it, so that you'll know it by heart.
- *Try to notice which methods you like best*—physical, mental, or soothing grounding methods, or some combination.
- *Create your own methods of grounding*. Any method you make up may be worth much more than those you read here, because it is yours.
- *Start grounding early in a distressing mood cycle*. Start when a substance craving just starts or when you have just started having a flashback. Start before your anger gets out of control.
- *Make up an index card* on which you list your best grounding methods and how long to use them.
- *Have others assist you in grounding*. Teach friends or family about grounding, so that they can help guide you with it if you become overwhelmed.
- *Prepare in advance*. Locate places at home, in your car, and at work where you have materials and reminders for grounding.
- *Create a cassette tape of a grounding message* that you can play when needed. Consider asking your therapist or someone close to you to record it if you want to hear someone else's voice.
- *Try grounding for a loooooonnnnnngggggg time (20-30 minutes)*. And repeat, repeat, repeat.
- *Think about why grounding works*. Notice the methods that work for you—why might those be more powerful for you than other methods?
- Don't give up!

# Safety Plan For Women With Mental Health Concerns

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If mental health issues occur alongside violence in my relationship with my partner, I can enhance my safety by doing some or all of the following:

I will remind myself that violence affects my stress levels and impairs my mental health so when I am in violent situations I need to be more watchful of my stress and mental health needs and remember to ask for help from:

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The following events almost always increase my stress and have a negative effect on my mental wellbeing:

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The warning signs that I am getting stressed and moving into crisis are:

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and this is what I will do in these situations to try to keep myself well/balanced and to try to keep myself safe:

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If I feel myself moving into a crisis state I can:

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I can also:

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I can call \_\_\_\_\_ for support when I feel emotionally distressed.

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The following people/places/things can be unsafe for me:

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To safeguard my children I might

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Other things I can do to help me feel stronger are

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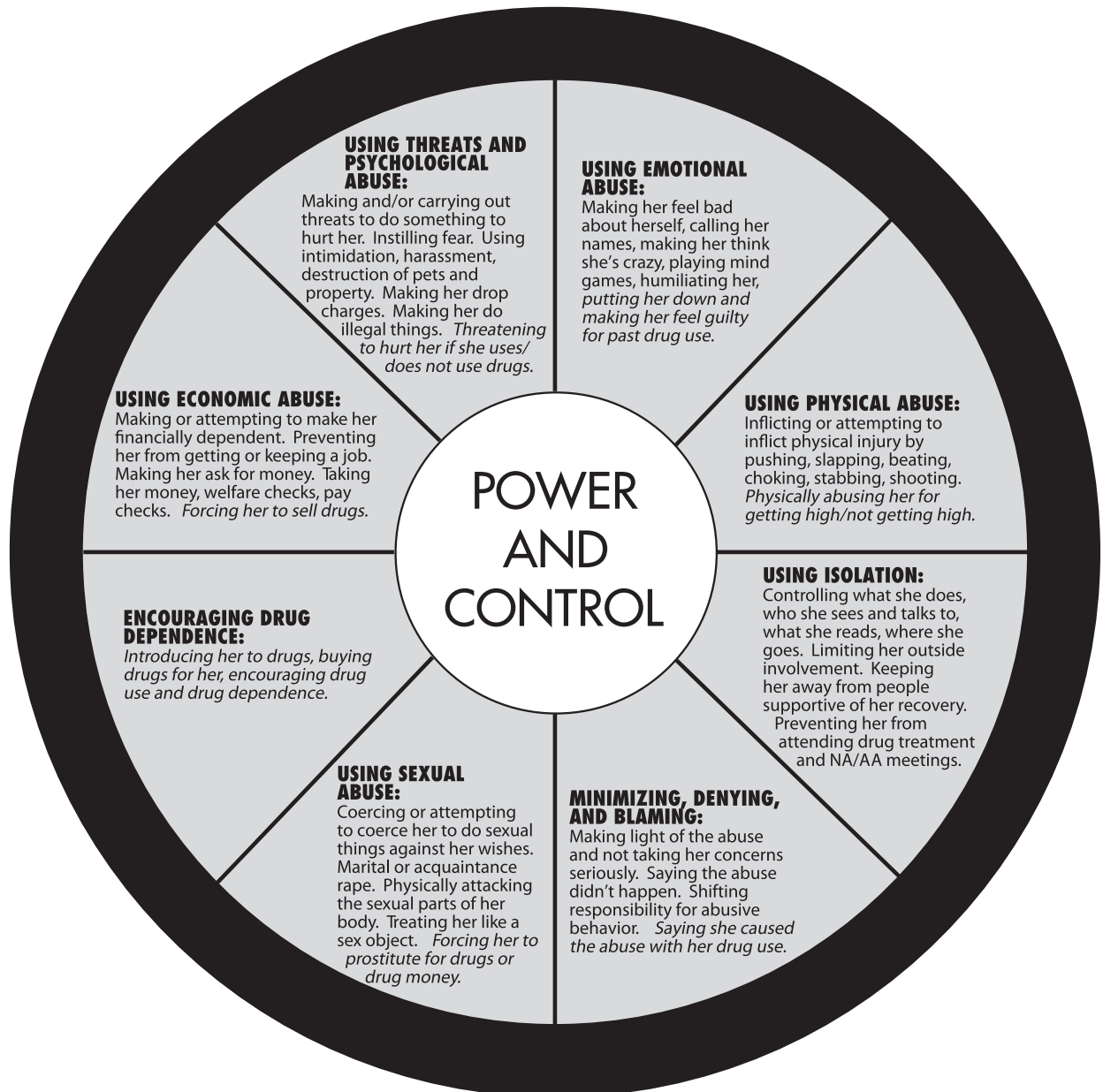
If there are additional supports you require for your mental health or substance use problem such as numbers of supportive professionals or advocates or medication, then make sure these are stored with other important documents and items that you can take with you in crisis situations when you need to leave your home quickly.

Keep an extra supply of medication alongside other critical items with a trusted friend or in a concealed place, easily accessible if you need to leave quickly.

**Think about:**

- Medications and prescriptions
- Information about services and benefits
- Names and phone numbers for case workers or other service providers who can help to coordinate services for you
- Health/life insurance papers
- Medical records

# Power And Control Model For Women's Substance Abuse



Copyright 1996 - Marie T. O'Neil  
Adapted from:  
Domestic Abuse Intervention Project  
202 East Superior Street  
Duluth, MN 55802  
218.722.4134

Excerpted from:  
"Safety and sobriety: best practices in domestic violence and substance abuse," p. 66,  
Domestic Violence/Substance Abuse  
Interdisciplinary Task Force, Illinois  
Department of Human Services.

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# What Inspires My Healing?

As we move along a healing path, sometimes it helps to remember why we are doing it. It is easy to make promises to ourselves, but keeping them can be a challenge when we are dealing with substance use and trauma symptoms. Healing can use all the motivation we can muster. In one direction is recovery, freedom from addiction, and light; the other direction offers continued addiction, a downward spiral, and darkness.

Describe what inspires your healing, rating each area on the following scale:

**0**

**1**

**2**

**3**

Not at all Important

A Little Important

Moderately Important

Extremely Important

Write a few lines under each area. For example, one woman wrote under "For my children":

*My kids are my life. I want to give them the best that I can. If I can stop drinking, I can give them the life they deserve. It breaks my heart to think of what my addiction is doing to them.*

If you enjoy being creative, you can copy this page and create a small inspiration book from it, adding additional pages with photographs of the people you love or other reminders to help you through healing. Some people add favourite quotations, poems, songs or pictures. A photo of yourself can also be a good reminder, such as a picture of you at your best, you as a child, or you at an important life event.

**For my children/family**

How important? **0 \_ 1 \_ 2 \_ 3 \_**

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**For my health**

How important? **0 \_ 1 \_ 2 \_ 3 \_**

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**For my spirituality**

How important? **0 \_ 1 \_ 2 \_ 3 \_**

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For my relationships

How important? 0 \_ 1 \_ 2 \_ 3 \_

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For my work

How important? 0 \_ 1 \_ 2 \_ 3 \_

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To create a better life

How important? 0 \_ 1 \_ 2 \_ 3 \_

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To treat myself with respect

How important? 0 \_ 1 \_ 2 \_ 3 \_

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To give myself the childhood I didn't have

How important? 0 \_ 1 \_ 2 \_ 3 \_

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Other:

How important? 0 \_ 1 \_ 2 \_ 3 \_

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# How Substance Use Prevents Healing From PTSD

There is no doubt that you want to heal from PTSD. No one wants to live with the suffering of that. But are you aware of how your substance use is preventing you from healing from PTSD? The following list may help. Check off any that feel true for you.

## USING SUBSTANCES ...

- Makes PTSD symptoms worse. Substances can make you feel more depressed, more suicidal, and less stable. Even if substance use appears to "solve" some PTSD symptoms for a short while (such as getting to sleep or numbing out for a few hours), in the long run it never solves them.
- Prevents you from knowing yourself. With substances, you get lost. To heal from PTSD, you need to become more and more aware of who you really are—without substances.
- Does not get your needs met. You may be using substances to feel loved, to accept yourself, to feel less pain, or to feel nurtured. However, substances cannot give you these. Developing safe coping methods to meet these very important needs is an essential part of healing.
- Stalls your emotional development. Although you may be an adult in terms of your age, emotionally you may have become "stuck" somewhere earlier in your development, due to PTSD, substance use or both. If you give up substances, you can keep growing emotionally.
- Isolates you. You cannot have good relationships when high. One of the main features of PTSD is isolation: keeping secrets, having to lie about what happened, feeling alone. Substance use perpetuates that aloneness.
- Keeps you from coping with feelings. It can feel unbearable to face the feelings associated with PTSD, and it may be tempting to use substances to "self-medicate." But healing means learning to be comfortable with strong feelings through safe coping. Healing is possible if you can give up substances that are getting in the way.
- Takes away your control. One of the most difficult aspects of PTSD is that you had no control over the trauma. The very nature of substance use is that it also takes away your control – it runs your life. Take back your power by giving up substances!
- Makes you hate yourself. You can't feel good about yourself when you are being controlled by a substance. With PTSD, you may already dislike yourself; substance use just adds to that.
- Is a way of neglecting yourself. Using substances impairs your health, your mind, your relationships, your self-worth, and your spirituality. If you suffered childhood neglect or abuse, substance use may be a repetition of that pattern, except that now you are doing it to yourself.

**Healing from PTSD requires all of your care and attention. Substance use keeps you stuck.**



# Safety Plan For A Woman Using Substances

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Adapted from *Getting Safe and Sober: Real Tools You Can Use*, by the Alaska Network on Domestic Violence and Sexual Assault, and other online resources at [www.accessingsafety.org](http://www.accessingsafety.org).

If drug or alcohol use occurs alongside violence in my relationship with my partner, I can enhance my safety by doing some or all of the following:

I will try to remember that:

- It is easier to keep safe when I am not using substances.
- Alcohol and drug use can impair my judgment and make it harder for me to choose safe options and access services.
- I find it hard to ask for help when I am using or drinking.

## Things I can do:

I can call \_\_\_\_\_ for support when I feel like drinking or using to cope.

The following people/places/things can be unsafe for me:

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My warning signs that I am getting stressed and craving substances are:

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and this is what I will do in these situations to try to keep myself from drinking/using and to try to keep myself safe:

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If I am going to use, I can do so in a safe place and with people who understand the risks of violence and are committed to my safety. I can:

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I can also:

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If my partner is using/drinking I can:

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I might also:

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To safeguard my children I might:

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# Resources Section

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## Telephone Help And Information Lines

### Mental Health

#### Local Crisis Line

Your local crisis line number is listed on the first page of your White Pages, or call 1-800-SUICIDE (1-800-784-2433). Available 24 hours a day, 7 days a week, to connect to a BC crisis line without a busy or wait signal.

#### Crisis Intervention and Suicide Prevention Centre of BC

24 hours

1-800-784-2433

TTY: 1-866-872-0133

#### Centre for Suicide Prevention

Has a listing of crisis centres and on-line counselling services across Canada <http://www.suicideinfo.ca>.

#### BC Mental Health Information Line

Information about mental health and mental health services: 1-800-661-2121 or 604-669-7600.

See [www.heretohelp.bc.ca/connectmeto/infoline.shtml](http://www.heretohelp.bc.ca/connectmeto/infoline.shtml).

### Substance Use

#### BC's Alcohol And Drug Information Service

1-800-663-1441

TTY: 604-875-0885

This is an information and referral service available 24 hours a day, 7 days a week.

#### Vancouver Coastal Health

Information is available from the Addiction Services Information at Vancouver Coastal Health, ACCESS 1: the toll free detox number is 1-866-658-1221.

#### Fir Square

For pregnant substance-using women, Fir Square Combined Care Unit at BC Women's Hospital and Health Centre. Women may self-refer at 604-875-2229 (ask for the "charge nurse").

#### BC Nurseline Health Information And Advice

Toll-free telephone line staffed by registered nurses 24 hours a day, 7 days a week. Translation services are available in 130 languages. A pharmacist is also available through this line.

1-866-215-4700 • TTY: 1-866-889-4700

## **Poison Control Centre**

1-800-567-8911

24-hour emergency line. For information on medications and drugs; particularly helpful around overdoses.

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## **Support Groups**

### **SHRA**

The Self-Help Resource Association of BC publishes a directory of support groups in the Lower Mainland for a number of concerns including mental health: 604-733-6186, [www.selfhelpresource.bc.ca](http://www.selfhelpresource.bc.ca).

### **Red Book**

The Red Book of Community Social Services (for the Lower Mainland only) offers a similar online listing (look up support groups in the subject listing): [www.vcn.bc.ca/isv/redbook.htm](http://www.vcn.bc.ca/isv/redbook.htm).

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## **Legal Resources**

### **Community Legal Assistance Society (CLAS)**

Litigates test cases and seeks reform laws in all areas of law relating to economically, socially, physically and mentally disadvantaged people: 604-685-3425, [www2.povnet.org/clas](http://www2.povnet.org/clas).

### **Mental Health Law Program (part of CLAS)**

Provides free legal representation of patients at review panels under the Mental Health Act and Review Boards under the Criminal Code: 604-685-3425.

### **Community Advocate Support Line (CASL)**

CASL is a direct phone service operated by the Legal Services Society as an adjunct to LawLINE. LawLINE lawyer can provide brief legal advice, information, and coaching to support advocates' work on behalf of clients.

1-877-601-6066 (advocates only; please do not give number to general public)

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## **Selected Websites**

This is just a sampling of the many websites with information on trauma, substance use and mental health

### **Mental Health**

#### **American Self Harm Information Clearinghouse**

[www.selfinjury.org](http://www.selfinjury.org)

#### **Anxiety Disorders Association of BC**

[www.anxietybc.com](http://www.anxietybc.com)

#### **BC Mental Health Guide**

[www.helpguide.org](http://www.helpguide.org)

#### **BC Schizophrenia Society**

[www.bcss.org](http://www.bcss.org)

#### **Canadian Association for Suicide Prevention**

[www.suicideprevention.ca](http://www.suicideprevention.ca)

**Centre for Suicide Prevention**

[www.suicideinfo.ca](http://www.suicideinfo.ca)

**Canadian Traumatic Stress Network**

[www.ctsn-rcst.ca](http://www.ctsn-rcst.ca)

**Information on Shock Therapy**

[www.ect.org](http://www.ect.org)

**Mental Health Consumer Net Connections**

[www.mentalhealthconsumer.net/index-links.html](http://www.mentalhealthconsumer.net/index-links.html)

**Mood Disorders Society of Canada**

[www.mooddisorderscanada.ca/social/senate/index.htm](http://www.mooddisorderscanada.ca/social/senate/index.htm)

**Postpartum Support International**

<http://www.postpartum.net>

**Project Resilience**

[www.projectresilience.com](http://www.projectresilience.com)

**Resiliency in Action**

[www.resiliency.com](http://www.resiliency.com)

**Selfharm.net**

[www.selfharm.net](http://www.selfharm.net)

**Sidran Institute: Traumatic Stress Education and Advocacy**

[www.sidran.org](http://www.sidran.org)

*Visions Journal* (published by BC Partners for Mental Health and Addictions Information) <http://www.heretohelp.bc.ca/publications/>

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**Substance Use**

**Alberta Alcohol and Drug Abuse Commission.**

[www.aadac.com](http://www.aadac.com)

**Canadian Centre on Substance Abuse**

[www.ccsa.ca](http://www.ccsa.ca)

**Centre for Addiction and Mental Health**

[www.camh.net](http://www.camh.net)

**Centre for Addictions Research of BC**

[www.carbc.ca](http://www.carbc.ca)

**FASD Connections**

[www.fasdconnections.ca](http://www.fasdconnections.ca)

**Fetal Alcohol Syndrome Consultation, Education and Training Services, Inc.**

[www.fascets.org](http://www.fascets.org)

**Healthy Choices in Pregnancy** (alcohol and pregnancy)

<http://www.hcip-bc.org>

**Our Bodies, Our Selves Health Resource Centre** <http://www.ourbodiesourselves.org/book/chapter.asp?id=3>

**Prevention Source BC**

[www.preventionsource.org](http://www.preventionsource.org)

**The Prima Project** (Pregnancy Related Issues in the Management of Addictions)

[www.addictionpregnancy.ca/home.html](http://www.addictionpregnancy.ca/home.html)

**Psychological Trauma and Substance Abuse in Women** (website of Barbara Hilliard)

[www.home.earthlink.net/~bhilliard](http://www.home.earthlink.net/~bhilliard)

**Substance Information Link** ( Centre for Addictions Research of BC)

[www.silink.ca](http://www.silink.ca)

**Watari** (drug services for youth)

[www.watari.org](http://www.watari.org)

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## **Safety Planning/trauma Assessment**

**Many Faces of Violence: Safety Plan**

<http://mfv.ca>

**Seeking Safety Model**

[www.seekingsafety.org](http://www.seekingsafety.org)

**Trauma Center** (website of Dr Bessel van der Kolk)

[www.traumacenter.org](http://www.traumacenter.org)

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## **Articles**

We have made an effort to cut down on repetition: please check the resource sections at the end of each chapter for additional resources not listed here. As well, we have tried not to repeat resources under different subheads below. So an article might fit into a number of categories, but we have only listed it once.

Many of these resources are available online. If any of the links below do not work, try going to the home page of the organization and searching for the document; its location may have changed. If that does not work, try finding the resource using Google or another search engine.

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## **Violence And Women With Disabilities**

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### **A Selection Of Articles And Websites.**

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#### **Minnesota Centre Against Violence and Abuse**

[www.mincava.umn.edu/library/disability/](http://www.mincava.umn.edu/library/disability/)This website link includes a list of resources and papers relevant to women with disabilities and violence in relationships that you can download.

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#### **West Virginia Coalition Against Domestic Violence**

[www.wvcadv.org/people\\_with\\_disabilities.htm](http://www.wvcadv.org/people_with_disabilities.htm).

