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Woman Abuse: Exploring the Connections to Women's Experience of Mental Health and Homelessness

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Special thanks to the women interviewed for this study who so generously shared their stories and experiences. Their courage, determination and ability to carry on when faced with adversity was truly inspiring.

INTRODUCTION

The purpose of this study is to provide a beginning point to more fully understand the connections between women's experience of abuse as it relates to mental health and homelessness. This study interviewed homeless women about their experience of abuse and violence, both past and present. The women discussed their experience of hostels and mental health systems and the ways in which these systems failed to adequately address issues of abuse and violence. Women who are homeless and experience mental health struggles, have contact with a number of health and social service systems, and often remain in these systems for a very long period of time. Substance use is common way that women cope with experiences of abuse and violence (Miller & Downs, 1993). Substance use has also shown to increase women's vulnerability to violence through exposure to unsafe situations (Parks & Miller, 1997). For some women, these issues become "chronic" and a vicious cycle ensues, vacillating between emergencies related to mental health, substance use, abuse/violence and housing crises. A common factor in the lives of many of these women is their experiences of abuse and trauma. This factor is known and mentioned in the research, yet not discussed in detail and few services address the issue within the programs provided to women.

This study explored what information women were receiving in the hostel and mental health systems about abuse and violence. I was interested in hearing if women were making links from their past experiences of abuse, to their current mental health, as well as talking to women about recent or ongoing abuse by a partner in a present relationship. Knowledge and information is important in order for women to make informed choices and decisions in their lives. Understanding the effects of abuse on mental health, the impact of abuse in terms of numbing and self medicating as a common coping

mechanism, information about safety planning and protective resources and strategies, having someone to talk to and provide support, are some of the valuable tools required for women to take a first step to end abuse in their lives. Social conditions of inequality, poverty, racism, discrimination, limited access to housing, health care and employment, are also crucial factors required to eradicate abuse and violence.

BACKGROUND

Research studies have extensively outlined the connections between women's experiences of abuse and trauma and the serious impact of these experiences on mental health. (Fisher, 1998; Harris, 1990; Harris, Maxine & Bachach, 1990, Ambrosio et al., 1992).

Mueser et al (1998) report 98% of people with a diagnosis of serious mental illness has experienced at least one serious traumatic event in their lives. Another study found that 85% of women who had experienced abuse/violence in intimate relationships had experienced some type of emotional effect resulting from the abuse - anger, fear, less trusting, lower self esteem, depression, anxiety, shame and guilt (Day, 1995). In a recent study exploring the experiences of women diagnosed with mental health difficulties, 80% of the women surveyed had experienced childhood abuse and abuse/violence in current relationships. "Reactions to trauma were often used as signifiers of mental illness" (Hinton, 2002, Goodman, Dutton & Harris, 1997).

Childhood abuse has been found to relate to a wide range of difficulties including lower self-esteem, re-victimization, depression, chronic homelessness, drug and alcohol use and the exacerbation of pre-existing mental health problems [Stein, Leslie & Nyamathi, 2002; Goodman, Dutton & Harris, 1997; Goodman & Dutton, 1996].

Research literature relating to the impact of abuse and trauma is largely characterized from a medical model, reflecting a pathologizing and deficit-based analysis. The impact of trauma is often described as clusters of "symptoms", where the context of violence is far removed.

"Despite the growing body of research that illustrates the impact of violence and trauma on women's mental health, few programs designed to meet the needs of women with chronic and persistent mental health problems exist..." (Morrow, 2002, p.31). Women's experiences of abuse are often silenced or dismissed in mental health systems' service intake assessments and programs. The incredible strengths and resourcefulness of women's survival is generally overlooked and little attention is given to understanding behaviors and beliefs within a framework of violence and context of trauma.

A historical, overarching belief has existed implying that trauma cannot be addressed until the woman is "stable". Stability is often referring to mental health symptoms, substance use/addictions and securing permanent housing. The thinking behind this criteria is to not further overwhelm or exacerbate the crisis. Despite recognition that the woman's crisis may be related to an underlying cause of violence and trauma, these issues remain largely unaddressed. The addiction systems often use a rather punitive approach, focusing on the negative effects of drugs and alcohol use. Mental health systems can see addictions as a coping strategy, but rely heavily on a medication crisis intervention strategy. An inherent victim-blaming model exists within this framework, holding women solely responsible for "stabilizing". A dichotomy is created, that is contradictory as no claims are made to address the underlying cause (violence), which may have precipitated the crisis. Hostel workers are often caught between working with professions within these two systems, where neither one is supporting first stage trauma work.

There has been an elaborate rationalizing as to why not use a holistic, integrated approach to services both within the mental health and the substance use sectors, until this concept of stabilization occurs. Unfortunately, some woman never realize these goals of stabilization for an extended period of time, and are never given an opportunity to receive support about their abuse experiences. This belief continues to be prevalent despite current research that is contradicting these findings.

Judith Herman identified three stages of trauma treatment; the first stage involving the establishment of safety (Herman, 1992). Establishing safety includes addressing physical and psychological safety issues. Herman suggests stabilizing traumatic responses and coping strategies by helping women to make links between abuse and their present struggles. Through this method, women are strengthened and supported to develop new coping strategies and ways to manage traumatic effects, before discussing and processing the details of their experience. Research evaluations of new integrated services that address mental health, substance use and trauma are showing very promising results (Finkelstein et al, 2004).

Women's experiences of mental health need to be understood not only in a context of violence, but also within reference to the social environment in which they live. In Canada and around the world, public health research organizations have been focusing on the importance of social determinants of health. (Public Health Agency of Canada, 2005; Raphael, 2004). Some of the key determinants of health include critical areas such as socio-economic factors, employment, housing, gender, social support networks and physical environments. All of these factors significantly influence health. These factors are very important in the lives of the women involved in this study and who are clearly disadvantaged in each of these areas. "Family violence has a devastating

effect on the health of women and children in both the short and long term" (Canadian Public Health Association, 1997).

"For many women, social conditions of inequality, in particular experiences of violence precipitated their entry into the mental health system. In other instances social conditions, especially poverty, created barriers to women's recovery from mental health challenges". (Morrow & Chappell, 1999, p.10).

Because this social and gendered context and an understanding of the connections to the determinants of health have been lacking in many studies, women's homeless and mental health programs have often overlooked the importance of these factors.

" Many mental health professionals are reluctant to acknowledge the role of violence and trauma in women's lives, either downplaying its significance, or seeing it as an issue separate from mental health. The result is that current assessment tools and treatment plans do not regularly take violence and trauma into account. These practices severely limit the ability of the mental health system to respond effectively to women and may result in misdiagnosis or lengthy delays in women getting the supports they need" (Morrow, 2002, p.17).

A discussion follows which explores this connection based on data from interviews with 10 women who have experienced abuse, are homeless, have mental health struggles and use hostels and drop in programs. The importance of providing opportunities for women to address past and present experiences of abuse and trauma will be explored.

Questions as to why woman abuse issues have remained unaddressed and invisible in service provision to homeless women will be raised along with suggestions for making woman abuse issues a priority and a reality

within service provision. A discussion and recommendations for further study will conclude this report.

METHODOLOGY

A qualitative research method was used for this project, designed to collect information about women's experiences and understanding of abuse and the impact on their psychological well-being and status of being homeless. Ten women were interviewed individually or in small groups about their experiences.

Women were recruited for the interviews through referrals from workers at hostels and women's drop in centres. Women who were interviewed were also asked if they knew other women who might be willing to be interviewed. Research participants were paid for the interview as well as provided with lunch, cigarettes and TTC tokens.

All of the women were presently residing in the Toronto area, considered themselves homeless for more than one year, had past or present contact with the mental health system and had experienced abuse from an intimate partner. In all of the cases, their intimate partners were or had been men. Interviews were between one to two hours in length, and took place in restaurants or donut shops in the downtown Toronto area.

Women ranged in age from 22 - 56. Three of the women were born outside Canada and spoke at least one other language. Four of the women had children, but none were presently living with their children as they were adults or in CAS care. Incidentally, all of the women interviewed identified either past or present concerns related to their own drug or alcohol use, and all women smoked continuously throughout the interview.

Women were asked permission to tape record the interview, in two cases, permission was declined so hand written notes were taken. Women were provided with contact information regarding accessing the final report, as their housing situations were temporary.

Interview questions were intended to explore women's understanding of their experience of abuse and violence, how it has affected their emotional and psychological well-being and contributed to being homeless. Questions also explored basic abuse information that is often addressed in woman abuse counselling (factors that cause men to be abusive, intent of abuse tactics, power and control wheel, basic emotional trauma, safety planning). I was interested in finding out if women were aware of or had access to this important information. The specific questions can be found in the Appendix. The questions were not always followed precisely, and were used as an interview guide, rather than a questionnaire.

If the women became restless or distressed, we took little distraction breaks between questions (had food, juice or coffee, talked about programs, staff at centres, etc). It was too much for some women to answer all of the questions fully, so the process was revised and adapted as we proceeded.

All interview participants were informed before the interview that questions about present and past experiences of violence were going to be addressed. Throughout the interview process, I was extremely mindful of the painful experiences being described and the impact of the discussion on research participants. Probing questions about traumatic experiences were avoided or kept to a bare minimum. If women were becoming overwhelmed or distressed, attempts were made to ground and re-orientate women to the present, to provide comfort and validation and to draw the example to a close.

Some of the statements made or strategies used in these circumstances included:

- I'm sorry that happened to you and that this interview is bringing up such difficult memories and experiences. Remember that you are in control of this process and it is up to you to decide what and how much information you would like to share
- If you need to stop, take a break or move to another question, just let me know
- That is a horrible experience and I'm so sorry you went through that. Do you feel that you have now told me what I need to know about that experience?
- You are a very strong woman to survive that experience. Provided comfort and shifted the interview focus.
- Sometimes talking about the past can feel like stepping into a time capsule. Looking around the coffee shop, what do you see that reminds you that you are an adult, with me, are right here in the present? (Grounding and connection to senses - sight, sounds smells, objects symbolizing being an adult i.e. room key, ID, ring or necklace, etc)
- Only very strong women get through those kinds of experiences. I'm glad that time of your life is over, in the past. Lets take a few minutes to talk about the strengths, options and resources that you have available now, that you didn't have back then? (brainstorming i.e. freedom to go where you want, connection to people or workers who believe you are supportive, medication, etc.)

Providing this feedback involved a delicate balance: I did not want to collect information at the woman's expense, or imply that I didn't want to hear her painful experiences. A sensitive and intuitive process was used to gauge and determine when and if this feedback was necessary and appropriate.

The relatively small number of women interviewed for this study, presents limitations in generalizing the results. Another consideration is that there are a number of women who have been so badly hurt and betrayed by abusive partners and by the system that sitting down and discussing these experiences is extremely difficult. Their voices and experiences have yet to be heard and documented.

FINDINGS FROM INTERVIEWS WITH WOMEN

All women interviewed described being subjected to a wide range of abuse spanning the years from early childhood to the present. They disclosed childhood sexual abuse, neglect, childhood physical abuse, physical and sexual abuse as teenagers, physical, psychological and sexual abuse as adults from intimate partners. Women also talked about violence that has occurred in their lives since being homeless: sexual harassment and assaults by co-tenants in rooming houses, in-patients in hospital/mental health institutions, inmates in jail, landlords, women in shelters/hostels and people living on the streets.

- "I don't think there has been a time were I haven't been abused"
- "The first time I remember being abused was in foster care - I guess if I was in foster care it happened before that"
- "I was born a girl, not wanted by either of my parents - in my country it is the boy child that is wanted"
- "I was abused before I even came into the world - my mother was a drinker and I was born with fetal alcohol syndrome"

A common theme for the women related to recent assaults by perpetrators demanding money.

- "The last time I got hit was the same old, same old... He took my cheque money out of my purse and blew it... I got mad and then got punched in the mouth"
- "My last roommate was nuts... totally psychotic. She would roam around in the middle of the night going through my things looking for money. She pointed a knife at me once and made me give her my money. What could I do? I wasn't going to report her to the housing workers in case they didn't kick her out. I just left after days of not being able to sleep - I couldn't take it anymore".
- "I had this landlord who would come before my rent was even due and start ranting and accusing me of not paying it. He would back me up into a corner and rub up against me - it was so gross! Sometimes I would give him something like my watch until I paid the rent, but I would never get it back again..."
- "The fighting with my man always started over money..."
- "My old man always comes looking for me when he needs cash for his habit - he will rough me up if I don't give him some."
- "He always comes around at cheque time or when he runs out of money... If I give him money he goes away, but if I don't, or don't have any... there is big, big, trouble"

All of the women interviewed had at least one person in their lives that posed an immediate and present threat or danger. The person posing danger ranged from people to whom they owed money or had done drugs with, to intimate current or ex-partners, to acquaintances or roommates living in the hostel system. Seven out of the ten women interviewed identified continued abuse from a current or ex intimate partner.

The women's understanding of the violence and abuse that has occurred in intimate adult relationships reflected pervasive societal myths and misconceptions regarding the causes of abuse. They did not see their partners' behaviour as a choice to be abusive, but

offered a variety of rationales for the behaviour. For example, many of the women believed that their partners had been violent because of bad childhoods, addiction problems, stress, insecurity, or jealousy.

- "He was abused by his father, so that is just the way he turned out".
- "He always turned bad when he hit the booze - it made him real mean. Sometimes his benders would last for days and that would be pretty hard... you just never knew what would set him off".
- "He is very insecure and has a hard time getting along with people, making friends..."
- "He is not able to cope with being stressed out -especially about money"
- "The jealous types are the worst. They go crazy when they even think you are making eyes at someone. You never say "no" to the man like that - in their mind that means you are getting it from someone else and you will be done in".
- "He really needs to go to anger management and addiction counselling"

Many of the women blamed themselves for the abuse, for example citing that they had started arguments, they shouldn't have been drinking, and they had hit their partners first.

- "I have to admit that I'm not an easy person to live with 24/7. I have a temper and can mouth off when I'm having a bad day. If I got on his back about something and didn't let up, I knew he would start swinging."
- "When you've been through as much abuse as me, men just know you are trash and treat you that way ... they smell it".
- "When we fight I fight back. I don't stand there and take it... If I look bad after a fight, I hope he will look at least half as bad".

- "I hit first because I know he wants me to - he keeps at me until I do - he is going to beat on me anyway... We both come from dysfunctional families... but he does more than just hit - he beats me till I'm down - but I always start it "
- "I'm not always sure how our fights begin - if I'm really sick or have been drinking I can't remember"
- "Whenever I start using - things get bad and go down hill - I'm always beat up by the end"

When the women blamed themselves, we engaged in a discussion about where these ideas come from and did some critical examination related to the idea of being "equals" in a fight, understanding the context of abuse, and differences in intent underlying behavior, and the issue of self defense.

All women identified experiences where abuse had left them homeless

- "My ex kicked me out, he threw my stuff out of the building... when I called the cops they didn't do anything - they took me to a hostel"
- "The only thing you can do sometimes is walk away - they (abusive men) will never leave".
- "I had to leave so I could get better- I was sick, really sick when I was with him...my workers helped me to leave... just up and went one day because I had to get some peace"
- "Every place I have lost has been because of that fucking idiot"

Most of the participants were very critical and held women solely responsible for staying with or going back to abusive partners.

- "Some women just live that way and there is nothing to be done. They are beaten so much but they don't leave... I don't know what would drive them out"

- "I guess it becomes just a way of life, normal until they don't notice anymore"
- " I may not have my own roof over my head, but I don't put up with that shit - I don't get why they keep going back... nothing is worth it".
- "I'm from a dysfunctional family and that is what I know, and I don't have anywhere else to go"

Even with further prompts, the participants struggled to make or expand on links to political/societal factors that set women up and keep women trapped in relationships with abusive men. This seemed to be new information. Or perhaps blaming themselves and other women was a way to feel some control in a situation where someone is taking personal control away. We engaged in a discussion related to who benefits when women are blamed, where women learn these ideas, how poverty keeps women trapped, etc. These discussions provoked some thought, but they did not lead to women verbalizing a shift in their perspective.

All of the women interviewed identified experiences of their abusers using their (women) drug or alcohol as part of their control tactics.

- "Whenever I get out of treatment, he always comes around with booze and weed, tempting me after I've done so well..."
- "If I told him I was calling the police, he would say "fine - call, you are the one here that is drunk"
- "My workers remind me how he always gets me upset before I go to court for my kids... it looks real bad going to court after you've knocked back a few drinks, but I get so stressed and can't handle it..."

Women also provided examples of ways that abusive partners used their mental health status as a means of control.

- "He always told me, over and over, that I was crazy"
- "If I got too angry or upset, he would whip my pills at me, once he whipped them so hard the bottles smashed and pills went everywhere"
- "If I said I was going to call the police, he would say "fine - call, you are the one that is crazy here"
- "I had to always hide and lie about my medication... He would steal my meds and sell them and it would take me over a week to get more medication from my doctor, and I need my medication to sleep"
- "He would tell me I was just hearing voices when I couldn't take him yelling any more..."
- "He made me paranoid, crazy... the threats, all the threats... but I was told (by her psychiatrist) to come to terms with my illness "

Many women also addressed examples of abusive partners using their history of abuse as an abuse/control tactic.

- "He told me that because my own father fucked me, any man could have me"
- "Because I was abused as a girl, he said it was something about me that just asked for it..."
- "We had sex sometimes when I didn't want to and he would tell me to pretend he was my brother. He would get mad at me for letting my brother abuse me and call me a slut and say I liked it"
- "I never, ever should have said anything about the past... that made him treat me just like garbage... how could I have been so stupid..."

These examples were especially hurtful and painful for women to talk about.

During the interviews, the participants were shown the 'Power and Control wheel,' a tool commonly used in counselling abused women that describes abuse tactics and illustrates the intent of abuse. None of the women had ever seen this wheel. All participants related to the power and control wheel and many described additional experiences of abuse after reviewing the model.

Few of the women reported receiving information or having discussions with staff (counsellors, workers from hostels, drop- in centres, housing workers, mental health workers, hospitals, doctors etc.) about protecting themselves from abusive partners or safety planning. Many women described experiences of not being taken seriously; not being believed or having their concerns attributed to mental health issues when they raised the subject of being fearful of an ex-partner.

- "If I tell my worker I'm seeing him, she will get really pissed off, so I don't say anything"
- "And what exactly can they even tell me about my life and my problems - what are those little girls going to do about all the people trying to kill me ..."
- "If I talked about how scared I was, he (the psychiatrist) would change my medication"
- "When I went to the police they would ask me if I was taking my medication - my medications - it is always about my medication because they just think I'm crazy - they say go to the hospital"
- "They would just give me a lecture that no good was going to come of it if I saw him again and to stay away from him... I don't need more people telling me what to do. It may not be good enough for them but it is the best that I can do."

All of the women used very active, creative and resourceful strategies to protect themselves from dangerous ex partners. When asked what they would do if they saw an ex-partner coming down the street who

they didn't want anything to do with they responded in the following ways:

- "I have my own ways of taking care of myself - every girl on the street needs something heavy in one pocket, and something sharp in the other. I learned the hard way."
- "I can act totally psycho whenever I see him coming. I can lay down and fake having a seizure or an overdose, frothing at the mouth and all - that makes him just keep on walking"
- "I go right to the yellow line and follow it until it stops" (She was referring to the yellow line painted in the middle of the road)
- "As soon as I see him I just start yelling - just yelling... I don't know what..."
- "I just get real nice and polite and pretend I'm in a big rush to get someplace... tell him I can't talk now... got to go"
- "Just stare him down - if I run then he will know I'm afraid... it's like a dog - never show them you're afraid"
- "Once I just stayed in a woman's bathroom for hours... had a snooze...and then he was long gone"
- "I walk really fast to get back to the hostel or to find a bunch of friends real fast..."

Here we did some analysis of the mental health system. Women concluded that the mental health system gets too focused on assessing them for being a risk to themselves or others, and that in doing so, they forget to ask women if someone else is endangering them.

When women were asked about receiving help or support for abuse issues very few reported successfully accessing abuse counselling or violence against women resources in the community.

- "I have so many problems and issues to deal with - I need a house, a job and to stay clean and sober, I haven't dealt with past abuse, well maybe a bit in treatment programs"
- "I tried to find a counselor once when I was going through a bad time. To find good counselors you have to be able to pay, to have money. Free counselors or psychiatrists don't ever want to talk about past abuse..."
- "It is hard to get into those kinds of programs because you see we aren't "real" abused women who have come from homes with nice picket fences. If your kids have been taken away by Children's Aid because you use (drugs) then you are a bad mother and you don't get into those kinds of women's shelters... people look down on you. Even when you go clean, they still tell you you're unstable or need to be on medication"
- "I have schizophrenia, so that makes me crazy, too crazy to go to abused women's places. Some people don't understand that I was normal once, just like them. I had a good job, kids, a family-everything. Now I have nothing and no one wants me. The abuse I've gone through makes it (the illness) worse. I get so paranoid. No one, even me sometimes can figure out what is real or just the illness in my mind. When I see bruises and blood I know it is real".
- "Who wants to talk about it, who would listen - it would just get me too upset and makes me worse, I do fine keeping these things to myself"
- "I think some workers are afraid to talk about abuse... it is like they think my talking about it will send me over the edge or make me explode or something. Maybe they are right".

Many of the women expressed a need to have someone to talk to about abuse, but struggled through on their own, alone with these experiences. They expressed ambivalence and vulnerability. They wavered about taking the risk of speaking out, and were reminded of negative past experiences in doing so. Sadly, the women most often

turned to their abusive partners to discuss experiences of past abuse, which often was then used against them at a later time. Women also reported trying to explain and rationalize with their abusive in an attempt to help him see and understand what he was doing, and to stop the abuse. Many women also engaged in strategies of doing to him what he was doing to her, in an effort to help him to see the injustice of abusive behavior. Neither one of these measures seemed to result in changing the abusive behaviour.

Women were asked what happened when they were not doing well (used women's own language - "crashing", "distressed", "medication is not working", "ill", etc) and provided the following responses:

- "When I get bad I always leave my boyfriend. I wish he could help me but I can't take all his head games and fucking up my mind even more. I get so paranoid I have to get out. Being with him is what starts me down hill...what a shock ah"
- "I get really crazy and lose track of what's going on and what I'm doing... I start hanging out with my old friends because I can't stand being alone. I spend all my money on beer; I get in trouble for partying late at night in my building... I don't have money to pay the rent... I forget to take my medication... before I know it I have lost everything again..."
- "When I'm sick and can't do it on my own, that is when I go back to him... every time I go back it is harder to leave again. When I'm back with him, I tell myself at least I belong and I have somewhere - a home- the only place I can make it is in a treatment centre"
- "He would keep me up all night fighting - I would get so exhausted, I can't keep track of taking my pills then. When I don't get my sleep and take my pills right, I don't do well - my workers tell me I need to take my medication and get my rest". I shouldn't go back to him because every time I do I get sick again - I have to be stronger and not go back".

- "When I get hit, I hit the bottle... it's like a reminder... my best friend and all I've got for sure like, the one thing I can count on"

Women described how their problems with housing and with their mental health were intricately connected:

- "It's hard to keep your mind clear when you don't have your own home. Lots of things throw off your schedule. You need a schedule to stay well; you need to sleep every night, that is not for sure when you are living in a hostel and sharing a room with other women. It is not for sure when you have to share your house with other people, when the walls are thin and you know the bad things happening on the other side and you only have one cheap lock on your door that won't keep nothing out, the evil on the other side - I hear what is going on - they don't fool me, I hear the screaming and I have to shut the voices down"
- "Sometimes I just get so sick of being here (in a hostel) - being told when and what to eat, when to go to bed, when to get up - having my own place, even when it is my boy friend's place seems like heaven. I get kicked out (of the hostel) if I stay there too long, then when he kicks me out I have nowhere to go. I have to promise the hostel that I won't keep going back to him... but I always do. It is so hard to make it on your own. I have to stay away from him though, because I'll start using with him"
- "Once I went to a group - I got into this one without being interviewed by 100 workers - but then I lost my housing and they told me to come back when I had housing again - I never went back - I didn't really fit in there anyways"
- "When I'm in a crappy place, my mind starts going, I hear every sound and noise, and I can't stand it... I see who's around, the drugs and it freaks me out"

Here we talked about the problems with unsafe, inadequate housing. Women discussed the contradictions of how you supposed to be well when you have to live in a bachelor apartment the size of a box, when you can't complain without being told how lucky you are that you don't have to share housing, that if you are poor, single, a woman and have been mentally ill, you are repeatedly given messages about not being deserving of a one bedroom apartment.

Women discussed both how their mental health problems created obstacles for them to receive support for the abuse they have experienced and how their mental health problems are related to that abuse:

- "I've brought up all the abuse I've gone through, but my psychiatrist tells me not to dwell on that..."
- "I've tried to go to violence groups but they don't take women who are schizophrenic - groups for the likes of me have men too, and we never talk about violence"
- "You can't heal when you are way off kilter and being abused by scum - to heal, the abuse has to stop first".
- What "healing" am I supposed to do first? Sexual abuse? Child abuse? Addiction to crack? Alcohol? Meth? Being fucked by an alcoholic stepfather? Foster parents? Gang rape? Abortions? Beaten by my mother? My common law? Fucked by my brother in law? Screwed by CAS? My pimp? Should I kick the crack first honey? I want someone to tell me just what the right order is so I can get the healing right..."
- "I've talked to all of my workers about abuse in my past and they change the subject even quicker then I can bring it up"
- "When I'm with him and he starts going off, I panic and I can't get out of there - that is the worst part of being bipolar - the panic"
- "I tried to get into sexual abuse counselling once - but they wouldn't take me. They wanted me to sign all of these forms about

other people I'd seen - hospitals where I've been...it was none of their fucking business so I wouldn't sign and they wouldn't let me come then - I don't need their god damn fucking groups anyway - if you have to be perfect to get into the groups then what is the fucking point - if I were fucking perfect then why would I want the fucking group. One lady told me to go to anger management first - I told her I'm angry because I've been fucked by everyone like her, so she can just fuck off"

The women's responses clearly articulate the challenges of maintaining their psychological well being while living in the hostel system, while continuing to experience the effects of past abuse and while continuing to deal with abuse in their present lives. Some of the women had reached out for help around abuse issues, only to be rejected or denied services. At best their disclosures were met with silence. In many instances the women had made connections between their mental health problems and abuse that professionals and service providers were unwilling or unable to make. The inability of professionals and staff in agencies mandated to support homeless women to make these links, points to an urgent need for education and training in the sector. With no support to ensure safety in their present lives or to deal with past abuse it is not surprising that many of the women discussed how using alcohol or drugs enabled them to survive or numb themselves from unbearable feelings.

The dilemma of how to heal from abuse when you have no one to talk to was raised in the interview. We discussed the effects of trauma, of being alone and isolated, of disconnection, and of not being in control of your own life. We discussed how services could work against women's healing goals and reproduce abuse dynamics. The women seemed to relate to this discussion and it seemed relevant to their experiences.

All women acknowledged many experiences of violence and abuse, but healing from abuse or finding safety in their present lives was not identified by any woman as one of the top two goals they are working towards.

The women indicated that they were working on the following goals:

- Finding housing
- Finding a job
- Addictions
- Re-connecting to family or friends
- Not being "alone"
- Not being "crazy"
- Finding a good doctor
- Being "well enough so I don't have to take medication anymore"
- "Getting the kids back"
- "Bringing my family here to Canada."

When women were asked whether dealing with their experiences of violence was a goal, they responded:

- "The past is the past"
- "It is over - you have to look ahead not back"
- "I'm supposed to get my meds sorted out first - find the right amount"
- "I should find an apartment before I do anything"
- "What is done is done - there will be punishment given by the lord at the end"
- "I'm not strong enough to go into all that"
- "I know I just have to stay away from him... only I can do that... You can't take back what has happened - forgive - move on...."

In this question, none of the women expressed hope of working through past abuse or hope to healing from experiences of abuse.

It is important to question whether this hopelessness about the possibility of healing comes from the women themselves or whether it comes from the lack of response to abuse, both past and present by the mental health system. Women's stories clearly link their experiences of abuse to their mental health problems, but these links are not validated by the system they turn to for help. They are offered immediate, short-term strategies such as "get stabilized on meds."

It is important for women to be safe and stable in their lives in order to deal with past abuse, but this is not what the mental health system helps them to work towards. Women's efforts to stabilize and to find safe accommodations are undermined by continued threats of violence from abusive men in their lives and by the unresolved grief and anger they carry that is related to past abuse.

Women were not able to sustain a compassionate understanding of the impact that violence has on mental health, even in their own lives, without the support of helping professionals. So long as they are silenced when they raise the issue of abuse, women will remain locked into cycles of despair that lead to further mental health problems and re-victimization.

Women had the following responses when asked how services for homeless women could be better and more responsive to women's experiences of abuse and violence:

- "What can anyone do about the past - it has ruined me forever"
- "Why don't you (workers) bring abuse up? Do healing circles to help the pain"
- "So we forget about abuse and get housing - what then? The abuse just doesn't go away... When you are all alone it can get worse... that is why I'm homeless in the first place"

- "I keep going back to him - help me... don't tell me what I already know - don't see him ... help me to understand why I keep going back and make me stop...can't someone help me or is it all my fault?"
- "Don't abuse us the way abusive men have abused us ... that will kill a person, being yelled at, kicked out, locked up, tied down - how is that supposed to help us... you have to stop letting him infiltrate services and medical records - where is the confidentiality? He can't be allowed to see the cameras; to read the records"
- "There's nothing no one can do... it is just the way it is...how do you get past being garbage and kicked around...will talking about it change anything?"
- "Looking forward, not back is the best thing... just don't think about it... right? Pretend it never happened... That is what we are supposed to do... right?"

In this question, women again expressed such despair about the abuse they had suffered and continued to experience. They clearly articulated a need to address abuse issues. The way that these responses contradict their answers to the question about their goals demonstrates a deep ambivalence the women hold about addressing their experiences of abuse. The ambivalence reflects the deep divide they encounter between their own inner knowledge that many of their mental health problems are related to the abuse they have experienced and the systemic denial that their experiences of abuse are relevant. The women's responses indicated how fragile their hope for healing was at this moment in time. Women understand that the mental health system does not offer help for them to deal with their experiences of abuse.

It took some work to wrap up on a more hopeful and positive note. The process of interviewing the women made clear to me the serious limitations of the mental health system. I ended with a feeling of

hopelessness that mirrored what the women had expressed to me, but also feeling humbled by their incredible courage, strength and insights.

CONCLUSION

The points listed below, address the key issues and insights learned from this study.

- 1) All ten of the women interviewed had someone in their lives who was posing an immediate danger or a threat. Seven out of the ten women were fearful of continued contact from an abusive partner or ex-partner. This immediate threat of danger in the women's lives was disturbing and alarmingly high. The women identified few resources available to address this issue and reported occasions where they were not believed or had their concerns taken seriously. The women used incredibly resourceful and creative strategies to protect themselves, but were left alone, isolated and without support to deal with these frightening issues. Why this is occurring is unclear. Although most of the women could identify one support worker who they felt understood and cared about them - this issue was dismissed. The failure to address women's current state of danger may relate to biases about mental illness, and assuming that the women's fear was not based in reality. Perhaps it is related to a reality of being homeless and that life on the streets is never safe. This might contribute to a belief system that acts to normalize, desensitize and render abuse and violence invisible.

2) None of the women had accurate information related to the causes and intent of abuse. Societal attitudes attributing violence to external stress, psychological factors, excuses for abusive behaviour and self-blame, were prevalent beliefs held by the women interviewed. The absence of accurate information made the women vulnerable to continue to experience abuse. Women have difficulty making informed choices and decisions about relationships in their lives without access to this valuable information.

3) When women reached out for help related to abuse, they were often denied support or silenced. Women reported experiences where they were denied access to woman abuse programs because of their mental health issues or housing status. Psychiatrists and mental health workers seemed unwilling or unable to provide women with support around issues of past abuse, and current situations of abusive partners were not adequately addressed. A feeling of hopelessness related to past and present abuse prevailed. Women understandably were ambivalent about addressing abuse.

4) All of the women described the ways in which experiences of abuse intersected within many aspects of their lives. Abuse related to their mental health, drug and alcohol use, ability to maintain housing and overall well-being. Although these connections were present, women generally addressed abuse/trauma as separate from mental health. This separation is also present within the mental health system. One woman described this split when she spoke about the panic she feels when she notices her boyfriend starting to become abusive. She quickly shifted away from the issue of abuse and instead described this panic as being attributed to "being bipolar" versus a traumatic response connected to the abuse. Medication was seen as the solution to relieve the panic. This example demonstrates ways the mental health system separates

trauma and mental health. It would be interesting to see if assisting this woman to connect the feelings of panic to the abuse, would lead to more effective use of responses or strategies to protect herself from her abusive partner.

The findings of this study are important considerations for housing, hostel, mental health and addiction workers. They speak to an extremely important issue that has a great impact on the lives of the women who they serve. Not attending to women's experience of abuse/trauma, or to their present situations of danger and abuse, seems to be working at odds towards an objective to assist women to gain stability and support to live independent and fulfilled lives. Despite some awareness of these significant factors, women's experiences of abuse remain largely invisible within services to homeless women. Even when abusive by a current intimate partner was a current and ongoing concern, it still was not being appropriately addressed in the services that the women accessed. Women's vulnerability to re-experiencing violence is exacerbated from the conditions of living on the streets, isolation, limited social supports and the absence of a safe, private home.

The violence against women sector should also be better informed about the experiences identified by homeless women with mental health challenges. This sector has done a poor job in addressing the needs of these women and has often excluded the women from both shelter and counseling services.

RECOMMENDATIONS

The following recommendations are proposed based on the findings of this study:

The present issues of danger from abusive partners in women's lives urgently need to be addressed. Women need access to and support related to safety planning.

Access to information about woman abuse - causes, intent of abuse, how abuse tactics work, information about relationships based on control and mutual respect - should be made available to homeless women. This information would help women to make informed choices about relationships and potentially serve as a violence prevention strategy.

It is important for women to have information on the ways in which abuse impacts on mental health, so women can make sense of their experiences. The use of an integrative model (incorporate both a bio-medical and social justice perspective on violence and trauma) would help to facilitate this understanding.

Services to homeless women need to directly address the numerous and multifaceted occurrences of violence and abuse within women's lives, recognizing the impact abuse has on all areas of women's experience.

Mental health and addiction services need to be trauma informed (take into account knowledge about trauma and then integrate knowledge into service delivery) and trauma specific (provide specific first stage services to directly address the effects of trauma, with the goal of healing and recovery) to provide more effective, integrated and holistic services to homeless women. Integrated services using trauma theory have been studied and recommended by many researchers (Harris, 1996; Haskell, 2003; Morrow, 1999; Moses et al, 2004). Training in these approaches for front line workers including hostel workers, community mental health workers, addiction workers and psychiatrists, needs to be implemented.

Service providers in the violence against women and hostel sectors need to begin to work together to share expertise and knowledge to enhance service coordination and provision to homeless women.

Access to safe, adequate, affordable housing and increased income supports are crucial elements for women to maintain all aspects of their health and well-being.

QUESTIONS FOR FURTHER STUDY

Further research needs to be completed exploring integrated service models along with evaluating program effectiveness.

Continued discussion needs to occur on the issue of client centered care and services. In this study the women discussed their goals and needs for further support including commentary on wanting to move beyond the abuse and leave the past behind. These responses could be taken literally to mean that women were indicating that they did not want to address abuse/trauma issues. Further studies could determine whether goals that the women identified are based on priorities determined by experts or professionals in positions of authority, or whether women's ambivalence to address abuse is in response to past experience and the lack of support and validation that they have received when they've reached out to social service agencies for help related to abuse. These past experiences could explain the hopelessness expressed by the women interviewed.

Similar studies should be conducted with larger numbers of homeless women to determine if these findings can be generalized.

APPENDIX

Interview Guide for Women

- 1) So many women experience abuse and violence starting when they are children. Can you tell me about how abuse has been apart of your life?
- 2) Is there anyone in your life right now who you are afraid of, who is dangerous or threatening you?
- 3) What do you believe causes men to be abusive?
- 4) What are the things that keep women trapped or stuck with abusive men?
- 5) Has experiencing abuse ever resulted in losing your housing?
- 6) Have abusive people in your life used your history of mental health as a way to control or hurt you?
- 7) Abusive men can take a long time to get out of your life. If you saw an ex-partner coming down the street and you didn't want anything to do with him, what would you do?

- 8) Have you ever seen this power and control wheel that explains how abuse works?
- 9) We have talked about some of the abuse that you have experienced in your life. Have you ever talked about it to a Doctor, counselor, etc.? What have been your experiences in seeking help for abuse issues?
- 10) If you could pick 2 things you are wishing for or working towards right now, what would they be?
- 11) How could services for homeless women be improved or do better to address abuse issues?
- 12) Is there anything else that you would like to discuss or that is important for me to know about?

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