



# *SHE* FRAMEWORK

## *SAFETY AND HEALTH ENHANCEMENT FOR WOMEN EXPERIENCING ABUSE*

### **A TOOLKIT FOR HEALTH CARE PROVIDERS AND PLANNERS**

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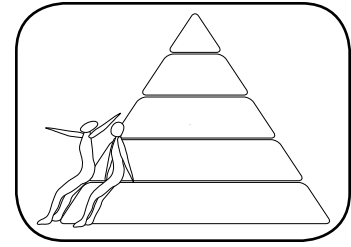
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# IV

## chapter four



## IV. SHE Toolkit

The *SHE Toolkit* is a structured risk/safety assessment process to identify and eliminate harms for women experiencing abuse and to implement proven or promising safety and health enhancement measures. The *SHE Toolkit* has been developed as a step-by-step guide for a team of health care providers, planners and policymakers and their community partners to identify compounding harms within their health care setting, using the two contrasting models to guide the process. Any health care setting can embark on this review process – a clinic, a unit of a hospital, an entire institution, a provincial program, even a health region. Essentially, this review process is about transforming practices and policies from the *Compounding Harms Model* into the righted *SHE Model* to enhance the safety and health of women who have been impacted by abuse.

“A gap between women’s experienced reality of violence and institutional reality is potentially produced in each and every case management step in processing a case. The opportunity for institutions to create reality rather than to respond to the empirical social world of victims is great.”  
- Ellen Pence [81]

The Safety and Health Enhancement (SHE) Process will take between six months and one year to complete and has four major components:

- A. Establishing the Safety and Health Enhancement Team;
- B. Using the *SHE Models* and *Evidence Paper* to guide the identification of compounding harms relevant to the health setting under review;

- C. Developing a Safety and Health Enhancement Action Plan for the team’s health setting; and
- D. Implementing the Safety and Health Enhancement Action Plan in both the short- and long-term.

A step-by-step description of each of these components is found in The Steps of the SHE Process section below.

### Why conduct a Safety and Health Enhancement (SHE) Process?

“By using the safety and accountability audit<sup>7</sup> as a method of seeing how unintended and harmful case outcomes are produced in the complex maze of multi-agency interventions, advocates and reform activists have been able to deepen their focus on women’s safety.”

- Ellen Pence and Martha McMahon [299]

The *SHE Toolkit* guides a team of practitioners through a review of their health care setting using the illustrated contrasting models - *Compounding Harms* and *Safety and Health Enhancement* - as a guide. Each of the five tiers within these models pinpoints priority areas for review, assessment and action. The SHE Process is always conducted from the perspective of women impacted by abuse, which guides the SHE Team to uncover the sources of risk in the system and point to safety and health enhancing measures. The focus is on the fit, or lack of fit, between her experience as a woman being abused and the institution’s interpretation of her situation as a case to be treated.

“Adopting a standpoint grounded in the experiences of the battered woman herself diverts

7 The concept of conducting Health and Safety Enhancement audits draws on the extensive work of Dr. Ellen Pence, whose work in safety audits spans decades and has a history of positive results in the legal and child protection

fields. We have adapted this approach for the health care system in the SHE toolkit.

the team from the common tendency to want to address the legal, bureaucratic, and professional structures of the organization as a whole or to critique the idiosyncratic actions of individuals within the system. Instead, the attention is on institutional processes. It traces institutions as sequences of organizational activity. This is the audit's innovative contribution. ”

- Pence and McMahon [299]

### **Benefits of the SHE Toolkit**

Two goals of the Safety and Health Enhancement Process are to:

- Assess dimensions of risk within each of the five tiers of the models, keeping a central focus on women's safety; and
- Increase protective measures in order to improve health and safety outcomes for women.

Two major tasks of the Safety and Health Enhancement Process are to:

- Locate where enhanced health and safety can be built into the system; and
- Translate safety and accountability into concrete practices [298].

### **The steps of the SHE Process**

The SHE Process requires the commitment of a small group of dedicated individuals with the belief in and ability to enact the transformation of their health setting into one better equipped to enhance the health and safety of women impacted by abuse.

The 16 Safety and Health Enhancement Steps include:

#### **A. Establishing the Safety and Health Enhancement (SHE) Team**

STEP 1 Identify potential team members and share the SHE Framework

STEP 2 Determine Safety and Health Enhancement (SHE) Co-Coordinator

STEP 3 Initial meetings – Discuss process and establish commitment

STEP 4 Initial meetings – Reach agreement on Consensus Statements

#### **B. Using the SHE Models and Evidence Paper to guide the identification of compounding harms**

STEP 5 Team members take away *SHE Models* and *Evidence Paper* for in-depth review

STEP 6 Team meets to identify and discuss compounding harms in the health setting related to Tier 1:  
Violence Against Women

STEP 7 Team meets to identify and discuss compounding harms in the health setting related to Tier 2:  
Health Impacts

The SHE Process:

- Provides a process for reviewing institutional ways of organizing and coordinating work to identify unintended outcomes that may not be visible or known to health care providers. Focusing on institutional transformation takes the focus off individual health care providers' performance. The SHE approach is about reviewing the process, not the people;
- Identifies systemic practices which overshadow individual safety needs of women and jeopardize the safety and health enhancement of women;
- Describes the ways in which women experience violence and ways in which agencies take up those experiences as cases to be treated;
- Creates a dialogue between representatives of the health institution, women-serving organizations, and the women whose lives are being treated;
- Helps to close the gap between the perspectives of women experiencing abuse and the health sector; and
- Enables health care providers, planners and policy makers to create safer environments and practices for women experiencing abuse.

- STEP 8 Team meets to identify and discuss compounding harms in the health setting related to Tier 3:  
Access to Health Care
- STEP 9 Team meets to identify and discuss compounding harms in the health setting related to Tier 4:  
Health Practices
- STEP 10 Team meets to identify and discuss compounding harms in the health setting related to Tier 5:  
Policy and Research
- STEP 11 Coordinator(s) compile(s) master list of compounding harms for all five tiers onto the Rating  
Risk and Feasibility Worksheets

**C. *Developing a Safety and Health Enhancement Action Plan for the team’s health setting***

- STEP 12 Team meets to discuss and rate the “risk” of each compounding harm (identified in STEPS 6-10) and identify and rate the “feasibility” of safety and health enhancement measures for each of the identified harms
- STEP 13 Between meetings, co-coordinators order the safety and health enhancement measures based on ranking and transfer them into the Safety and Health Enhancement Action Plan
- STEP 14 Team meets to review the priorities listed in the Safety and Health Enhancement Action Plan and determine implementation steps, responsibility and timeline

**D. *Implementing the Safety and Health Enhancement Action Plan in both the short- and long-term***

- STEP 15 Team implements short- and long-term action items
- STEP 16 Team continues to meet for follow-up and to review implementation process.

These steps are described in greater detail below, using examples from our pilot in mental health and addictions services in the community of Powell River, British Columbia.

## **A. Establishing the Safety and Health Enhancement (SHE) Team**

The first four steps are undertaken in order to establish a team comprised of individuals from the health sector and anti-violence agencies.

### ***STEP 1 Identify potential team members and share SHE Framework***

In all likelihood, the SHE Framework has come to the attention of one or a few people who see the immense value in this process. The goal now is to identify allies in both the health and anti-violence women’s sectors who share an understanding of the dynamics of woman abuse, who are interested in and able to participate in such a process, and who represent a range of perspectives from front-line workers to decision-makers. Partnerships that already exist can be built on, and other relationships may need to be initiated. It is key that practice and protocols are analyzed by those involved in using them, that the people responsible for making changes within a health area are present and supportive, and that the experiences of women in abusive relationships are brought forward by advocates from community-based anti-violence organizations.

***Examples from Powell River...***

In Powell River, the need for the SHE Process was initially identified through the Health Subcommittee of the local Coordinating Committee on Women’s Safety. That first group then asked themselves “Who else needs to be here?”, keeping in mind the need for participants from within the health sector and anti-violence organizations, as well as representation from front-line and management.

The group should be large enough that appropriate representation is achieved and the workload can be shared, but not so big that dialogue and consensus-building becomes difficult. We suggest between 6 and 12 team members.

#### **Examples from Powell River...**

In Powell River, there were eight team members, who represented front-line and managerial positions in addiction and mental health services, Specialized Victim Support Services, Stopping the Violence outreach, and the local transition house.

Sharing the SHE Framework, or the pamphlet developed from it, with potential team members will be useful in giving them an idea of the process that will be undertaken and the guiding models that will be used.

It may also be helpful at this stage to host a workshop in your community or health area on the SHE Framework in order to raise awareness and identify interested team members.<sup>8</sup>

### **STEP 2 Determine Safety and Health Enhancement (SHE) Team Co-coordinators**

It is important to have dedicated people responsible for coordinating the team. Responsibilities include setting up meetings, facilitating the process, and compiling documents based on information gathered at the meetings, and sharing those documents with the team. We suggest having two co-coordinators, one from health and one from the anti-violence women's sector, sharing the responsibility.

Ideally, the coordinators would have the support of their supervisor/institution to include this work as part of their job description rather than "working off the side of their desk".

Alternately, the coordinating responsibilities could be rotated amongst team members, who would take turns organizing meetings, facilitating the group process and compiling and distributing documents.

### **STEP 3 Initial meetings – Discuss process and establish commitment**

The first meeting with potential team members is the opportunity for everyone to ask questions, discuss potential opportunities and challenges, share their vision of the process and outcomes, and determine commitment to using the *toolkit*. If it is determined that not all the necessary people are at the meeting, this is an opportunity to identify and invite additional members.

It may be useful to invite the SHE Framework's authors to this first meeting to answer questions potential team members may have.

The process will involve at least eight meetings, including the initial meetings, with some work to be done between most of the meetings. Meetings can be scheduled at intervals that work best for the team and so that all team members can participate in all meetings. A good schedule of meetings will be frequent enough to allow for team members to complete the required work between meetings but not lose the momentum of the process.

Once established, the Powell River SHE Team met approximately once a month for three hours for a period of seven months, with almost full attendance at each meeting.

In this first meeting, it is important that the scope of the health setting under review is determined. This will ensure that the team is clear on what aspects of health care they should be thinking about when working through each of the tiers. Once established, this can be added to the SHE Coversheet (Appendix B), along with the SHE Team's starting date, members and coordinators.

It is also imperative to discuss group process and decision making. Decisions must be made at this point regarding

<sup>8</sup> Please contact the Woman Abuse Response Program to set this up.

the level of participation expected of each other and how the team will share information outside of the process. Mutual respect and equal acknowledgment for each team members' unique contribution is vital to the success of the process, given the mandate to redress imbalances of power within health care and between sectors. Notes specific to the SHE Team's discussion about each topic can be compiled by the coordinators in the spaces provided on the SHE Coversheet.

<b>Group commitment to:</b>
» <b>confidentiality within the team</b> <i>notes:</i>
» <b>how consensus will be reached</b> <i>notes:</i>
» <b>participation in the process</b> <i>notes:</i>
» <b>the use of materials and outcomes</b> <i>notes:</i>
» <b>respect for the knowledge and experience of each team member</b> <i>notes:</i>
» <b>equality amongst team members</b> <i>notes:</i>

## STEP 4 Initial meetings - Reach agreement on Consensus Statements

This step can happen as part of the first meeting or as a stand-alone meeting.

The Consensus Statements will determine the core commitments and guiding principles of the team. Establishing a common understanding about violence against women and how the group works together prior to embarking on the SHE Process will create a safe and productive SHE Team. Therefore we encourage the group to spend as much time as necessary discussing and reaching agreement on the Consensus Statements. We have provided a number of statements that reflect what is essential in the SHE Process and encourage you to revise and refine as necessary and add what you feel is missing to reflect your unique community and team.

The Consensus Statement worksheet (Appendix C) is divided into two columns. The left column includes the proposed consensus statements. The right column reflects key points that we hope you will consider in the discussion of each statement. Coming to consensus on these underlying principles is key to the success of the SHE Process.

Our suggested Consensus Statements<sup>9</sup> include:

<b>CONSENSUS STATEMENTS</b>
Woman abuse advocates and health care providers who have initiated and joined this process are allies and bring a wealth of knowledge that will contribute to the SHE Process.
The SHE approach is about reviewing your health setting, not reviewing individuals and their practice. In identifying compounding harms and potential risks, there is no implication of intentional harm and rarely a single reason for unintended outcomes.
Women's reality of experiencing violence and abuse are complex and must be central to the SHE Process.
Woman abuse is rooted in gender inequality.
Women are not responsible for the abuse they are experiencing.
Improving women's safety in health encounters and health settings is the primary goal of the SHE Process.
Change takes time.

9 Adapted from Pence and McDonnell [298]

Revisions to the Consensus Statements can be recorded by the coordinators to compile and distribute to team members for final agreement along with the completed SHE Coversheet.

## **B. Using the SHE Models and Evidence Paper to guide the identification of compounding harms relevant to the health setting**

In the next seven steps, the team explores the *SHE Models* and *Evidence Paper* in-depth. Guided by the *SHE Evidence Paper*, the team members identify compounding harms within the health setting under review. This process will be employed for each of the five tiers, one meeting per tier.

The coordinators will compile the compounding harms on the Rating Risk and Feasibility Worksheets (Appendix D) and are also encouraged to track any safety and health enhancement measures and actions that are proposed, all of which will be used in Step 12.

### **STEP 5 Team members take away SHE Models and Evidence Paper for in-depth review**

Team members will now take the SHE Framework away with them for in-depth review. If they have not done so already, members will read the introductory chapters, including the overview of the *Compounding Harms* and *Safety and Health Enhancing Models*.

Each member will then work through Tier 1: Violence Against Women in the *Evidence Paper*, making note in the spaces provided down the sides of the pages where evidence is relevant to the health area being examined. Team members can use the examples indicated in the evidence for compounding harms to assess whether aspects of their health setting have the potential to compound the harms experienced by women in abusive relationships. While reviewing the Safety and Health Enhancement section of the tier, notes can be made of promising safety and health enhancement measures that are already in place in the health area.

Throughout the examination of each of the five tiers, team members can use a variety of methods for examining the health setting, such as:

- Reviewing forms;
- Examining how the activities of practitioners shape individual interchanges;
- Reading charts to understand how documentation reflects interactions and health care providers' assumptions about women;
- Reflecting on routine practices and procedures and the culture of the health setting;
- Reviewing policies and manuals; and
- Observing the physical environment.

Anti-violence workers can reflect on health care experiences of women they have supported, as well as on their own services in terms of risks and safety measures.

### **STEP 6 Team meets to identify and discuss compounding harms in the health setting related to Tier One: Violence Against Women**

The goal of this meeting is to generate a list of Tier One compounding harms for the health setting under review. We suggest a minimum of a two-hour meeting. In our experience these meetings serve an educational purpose for the team as well as an opportunity to discuss the compounding harms identified.



The team may also want to invite the authors of the SHE Framework to this meeting to help guide the process and facilitate discussion about violence against women.

Team members will bring in notes from their in-depth review of Tier One in the *Evidence Paper* to share and discuss. Working through the tier together, the team will generate a list of compounding harms, to be put in the first column of the Tier One Rating Risk and Feasibility Worksheet (Appendix D). We suggest that the coordinators use a blank template, such as a flipchart, to record all of the identified risks. The coordinators can then input this into an electronic copy which will be disseminated for STEP 12.

<b>Examples from Powell River... Tier One: Violence Against Women</b>				
<b>COMPOUNDING HARMS</b>	<b>RISK High/Urgent (3) Moderate (2) Low (1)</b>	<b>SAFETY &amp; HEALTH ENHANCING MEASURES</b>	<b>RISK High/Urgent (3) Moderate (2) Low (1)</b>	<b>TOTAL</b>
Women feel judged regarding their personal experiences related to mental health and substance use	RISK RATING		FEASIBILITY RATING	
Women and health care providers do not always understand the dynamics of abuse, power and control	RISK RATING		FEASIBILITY RATING	

Coordinators will compile and keep the team’s list, and may need to keep a ‘parking lot’ of compounding harms that relate to other tiers as well as any safety and health enhancing measures to be applied later.

The team then goes away and repeats the process for Tiers Two - Five, meeting to discuss each tier separately.

### **STEP 7 Team meets to identify and discuss compounding harms in the health setting related to Tier Two: Health Impacts**

Again, the team meets to discuss and generate a list of compounding harms identified in this tier for the health area under review.

<b>Example from Powell River... Tier Two: Health Impacts</b>				
<b>COMPOUNDING HARMS</b>	<b>RISK High/Urgent (3) Moderate (2) Low (1)</b>	<b>SAFETY &amp; HEALTH ENHANCING MEASURES</b>	<b>RISK High/Urgent (3) Moderate (2) Low (1)</b>	<b>TOTAL</b>
Health care providers and women don’t fully understand health impacts of abuse.	RISK RATING		FEASIBILITY RATING	
Links between woman abuse, substance use and mental health are not always made eg. what health care providers see as primary, women may see as secondary and vice versa	RISK RATING		FEASIBILITY RATING	

### STEP 8 Team meets to identify and discuss compounding harms in the health setting related to Tier Three: Access to Health Care

Again, the team meets to discuss and generate a list of compounding harms identified in this tier for the health area under review.

<b>Examples from Powell River... Tier Three: Access to Health Care</b>				
<b>COMPOUNDING HARMS</b>	<b>RISK High/Urgent (3) Moderate (2) Low (1)</b>	<b>SAFETY &amp; HEALTH ENHANCING MEASURES</b>	<b>RISK High/Urgent (3) Moderate (2) Low (1)</b>	<b>TOTAL</b>
Women want support groups but don't want to go through a mental health intake and have a mental health diagnosis.	RISK RATING		FEASIBILITY RATING	
Women are hesitant to call police or access health care.	RISK RATING		FEASIBILITY RATING	
Health care parking lot in a small community cannot maintain confidentiality, security or anonymity. Therefore, women can't safely access health care setting.	RISK RATING		FEASIBILITY RATING	

### STEP 9 Team meets to identify and discuss compounding harms in the health setting related to Tier Four: Health Practices

Again, the team meets to discuss and generate a list of compounding harms identified in this tier for the health area under review.

<b>Examples from Powell River... Tier Four: Health Practices</b>				
<b>COMPOUNDING HARMS</b>	<b>RISK High/Urgent (3) Moderate (2) Low (1)</b>	<b>SAFETY &amp; HEALTH ENHANCING MEASURES</b>	<b>RISK High/Urgent (3) Moderate (2) Low (1)</b>	<b>TOTAL</b>
Charting, creating permanent medical records may be a problem when used as legal notes.	RISK RATING		FEASIBILITY RATING	
Look for symptoms and interpret symptoms from a mental illness paradigm which may result in treating secondary problems and not addressing primary issues or safety concerns.	RISK RATING		FEASIBILITY RATING	

### STEP 10 Team meets to identify and discuss compounding harms in their health setting related to Tier Five: Policy and Research

Again, the team meets to discuss and generate a list of compounding harms identified in this tier for the health area under review.

<b>Examples from Powell River... Tier Five: Policy and Research</b>				
<b>COMPOUNDING HARMS</b>	<b>RISK High/Urgent (3) Moderate (2) Low (1)</b>	<b>SAFETY &amp; HEALTH ENHANCING MEASURES</b>	<b>RISK High/Urgent (3) Moderate (2) Low (1)</b>	<b>TOTAL</b>
Provincial Post-partum Depression Framework doesn't include link between violence against women and mental health.	RISK RATING		FEASIBILITY RATING	
Health research is focused on quantitative data. It is difficult to get funding for qualitative research to investigate women's health care experiences and needs.	RISK RATING		FEASIBILITY RATING	
The Canadian criminal code doesn't include psychological abuse, making these forms of abuse and their health impacts less visible.	RISK RATING		FEASIBILITY RATING	

### **STEP 11 Coordinators compile master list of compounding harms for all five tiers onto the Rating Risk and Feasibility Worksheets**

After the team has met to review each of the five tiers, the coordinators can compile all of the compounding harms onto the Rating Risk and Feasibility Worksheets (Appendix D).

## **C. Developing a Safety and Health Enhancement Action Plan for the team's health setting**

The next three steps guide the team through the prioritizing of risk reduction, identifying and ranking feasibility of corresponding safety and health enhancement measures using the Rating Risk and Feasibility Worksheets (Appendix D) and the development of a Safety and Health Enhancement Action Plan (Appendix E).

### **STEP 12 Team meets to discuss and rate the "risk" of each compounding harm (identified in STEPS 6-10) and identify and rate the "feasibility" of safety and health enhancement measures for each of the identified harms**

At this meeting, each team member has a copy of the Rating Risk and Feasibility Worksheets which the coordinator has compiled. This enables the team to see the entire list of compounding harms they have generated over the past five meetings for each of the tiers. The team will go through the list together, deciding for each compounding harm the level of risk it poses to women experiencing abuse: (3) for high risk or urgent issue, (2) for moderate risk, and (1) for low risk to women. Each team will define these a little differently but just need to remain consistent throughout the process.

Next, the team can start identifying safety and health enhancement measures for each of the identified harms. Most likely, throughout the previous steps team members have identified possible safety measures which the coordinators have been keeping track of. These can now be revisited and transferred onto the Rating Risk and

Feasibility Worksheets. Once the list of safety and health enhancement measures is completed, the team can begin to rank the feasibility of each measure. For each safety and health enhancement measure the team will assign a feasibility rating: (3) for completely do-able, (2) for challenging but still possible, and (1) for unlikely or not possible. Again, each team will define these a little differently but just need to remain consistent throughout the process.

When assessing feasibility it is important to take into consideration a number of factors, such as:

- The time line required for implementing the identified SHE measure (short or long term);
- Available resources, both financial and human capital;
- Capacity of health setting to implement measure;
- Support of management and decision makers; and
- Willingness of relevant stakeholders to be involved.

Thus, every compounding harm listed should have a corresponding safety and health enhancement measure. If safety and health enhancement measures were identified through the team's review of the tiers that do not relate to an identified compounding harm, the team can now identify the compounding harm that these safety and health enhancement measures are addressing, and add them to the second column of the worksheet.

An example from the Powell River SHE Team's worksheets:

<b>Examples from Powell River... Worksheet: Rating Risk and Feasibility</b>				
<b>COMPOUNDING HARMS</b>	<b>RISK High/Urgent (3) Moderate (2) Low (1)</b>	<b>SAFETY &amp; HEALTH ENHANCING MEASURES</b>	<b>RISK High/Urgent (3) Moderate (2) Low (1)</b>	<b>TOTAL</b>
Women feel judged regarding their personal experiences related to mental health and substance use	2	Throughout interaction, emphasize woman's strengths and what she is doing to stay safe	3	5
Women and health care providers do not always understand the dynamics of abuse, power and control	3	Provide pamphlets outlining broader health impacts of abuse Education and training for nurses and doctors	3 2	6 5
Women hesitant to call police or access health care	3	Training for police Ensuring nurses and physicians involve police only with women's permission.	1 2	4 5
Charting, creating permanent medical records that may be a problem when used as legal notes	3	Grand rounds video conference on charting, based on <i>Reasonable Doubt</i>	3	6
Post-partum Depression framework doesn't include violence against women	3	Colleagues at BC Women's to arrange meeting with Reproductive Mental Health to discuss framework.	2	5

### **STEP 13** *Between meetings, co-coordinators order the safety and health enhancement measures based on ranking and transfer them into the Safety and Health Enhancement Action Plan*

For each of the ranked compounding harms and its corresponding safety and health enhancement measures, the coordinators add up the total. The safety and health enhancement measures are then transferred onto the Safety and Health Enhancement Action Plan (Appendix E) based on their total rank, in order from the highest number to the lowest.

From Powell River's example worksheets, the priority list would be:

- Provide pamphlets outlining broader health impacts of abuse (6 POINTS)
- Grand rounds video conference on charting, based on Reasonable Doubt (6 POINTS)
- Throughout interaction, emphasize woman's strengths and what she is doing to stay safe (5 POINTS)
- Education and training for nurses and doctors (5 POINTS)
- Ensuring nurses and physicians involve police only with women's permission (5 POINTS)
- Colleagues at BC Women's to arrange meeting with Reproductive Mental Health to discuss framework (5 POINTS)
- Training for police (4 POINTS)

Thus, the safety and health enhancing measures which address the greatest risks to women and which are most feasible to implement are at the top of the list. Actions which either address a lesser risk to women or which are determined by the team to be harder to implement (ie. providing training to police in the case of Powell River) are lower down on the list. It is important, however, that none of the items are actually dropped from the list, only ranked in order of priority.

### **STEP 14 Team meets to review the priorities listed in the Safety and Health Enhancement Action Plan and determine implementation steps, responsibility and timeline**

At this stage, the team meets to discuss how to put the prioritized safety and health enhancement measures into action. For each item, the team decides on the steps required to implement the action, the person responsible for taking the lead on it, and the dates different steps will be complete. An example from Powell River:

<b>Examples from Powell River... WORKSHEET: Safety and Health Enhancement Action Plan</b>			
<b>Safety and Health Enhancing Measures</b> <i>(transferred from Risk and Feasibility Worksheet)</i> <b>(What will be done?)</b>	<b>Implementation</b> <i>(How will it be done?)</i>	<b>Responsible Agency/ Person</b> <i>(Who will take the lead?)</i>	<b>Timeline</b> <i>(When will it be done?)</i>
Provide pamphlets outlining broader health impacts of abuse	Review & update resource material and information in waiting room Create pamphlets and have copies of book <i>When Love Hurts</i>	Stopping the Violence, Specialized Victim Support Services & Transition House MHAS Team	February 2007
Grand rounds video conference on charting, based on Reasonable Doubt	Plan education for all staff re: accurate charting & duty to report with possible panel discussion including RNABC, VCH Legal, BC Women's Hospital	Woman Abuse Response Program MHAS Team Vancouver Coastal Legal Dept.	May 2007
Throughout interaction emphasize woman's strengths and what she is doing to stay safe	Train ER nurses & physicians to shift from medical model to women centred care approach Focus on harm reduction, women-centred care, safety first by MHAS staff Discuss at regular Tuesday team meetings to ensure ongoing focus on women's safety	WARP  MHAS Manager  MHAS Manager and Team	May 2007  Ongoing  Ongoing

If safety and health enhancement measures already in place in the health setting were identified during the review of the tiers, these can be included in the plan and marked 'completed' in the timeline. It is important to recognize and build on the work that may already be underway in enhancing the health and safety of women impacted by abuse.

## D. Implementing the Safety and Health Enhancement Action Plan in both the short- and long-term

### *STEP 15 Team implements short- and long-term action items*

This is the most important step, yet the most difficult to describe how to do. The unique Action Plan each team has created for their specific health setting will require very different approaches for implementation. What is key, however, is the commitment each team member and their respective organization maintains in continuing to further the goals of the plan in both the short and long-term.

In Powell River, the SHE Team will continue to meet as part of the Health Subcommittee of the local Coordinating Committee for Women's Safety to report on continued successes.

The team may want to prepare a report on its Safety and Health Enhancement Action Plan for wider distribution within the health setting, and to invite more people to participate in implementing the identified changes.

We hope that you will share your plan with us and with other health settings who are undertaking the SHE Process.

### *STEP 16 Team continues to meet for follow-up and to review implementation process.*

To ensure the continued commitment and overall success of the SHE Team in implementing their Safety and Health Enhancement Plan, the team should continue to meet at regular intervals for follow up and check in. This will provide team members with an opportunity to collectively problem solve any barriers to implementing the actions that arise as well as for sharing successes.

## Conclusion

We commend you for working to make a difference in the lives of women who have been impacted by abuse and violence and who continue to suffer the health consequences. You will note that the Powell River SHE Team considered the SHE Process simply the beginning of addressing what is needed for women's safety in health care. The process of transforming health care to better support women's safety and health is one that will continue indefinitely. We hope that the SHE Framework has been a useful guide in helping you to start this process or simply supporting a process that was already underway.

Finally, we leave you with some of the positive outcomes reported by the Safety and Health Enhancement Team in Powell River through participating in the SHE Process in their mental health and addictions service area:

“It was validating to find common ground between community workers and mental health and addictions services and to acknowledge the connection between mental health, substance use and woman abuse.”

“This process has made me really think carefully about how the practices and policies in the program I coordinate might create additional harms and barriers for women.”

“The SHE Process has made me examine my assumptions about abused women and I will hold dialogue with my agency on identifying established practices that may be echoing the dynamics of abuse and re-traumatizing the women we serve.”

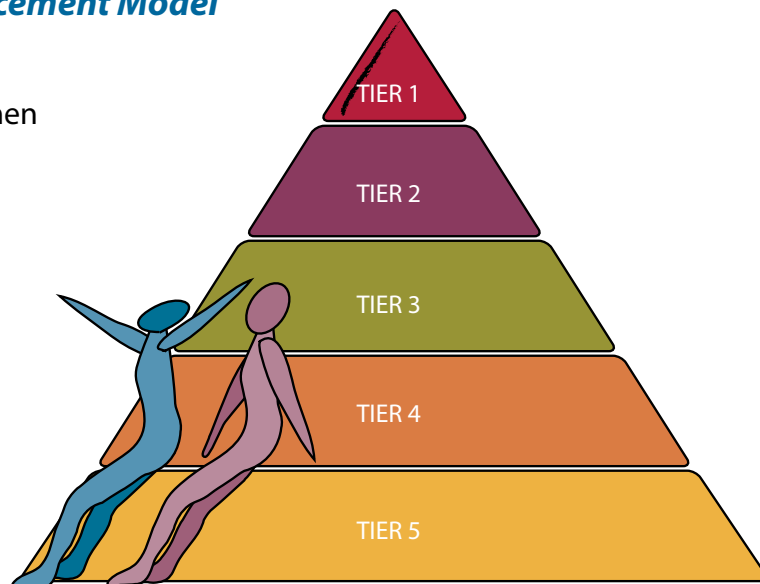
“I have learned the importance of decreasing the barriers in all aspects of service to abused women and the need for addressing policy and research to create systemic change.”

“I have realized how important it is to work with other sectors, because we are often serving the same woman.”

“The SHE Process has motivated me to work towards a women-centred approach in our services.”

### Safety and Health Enhancement Model

- TIER 1 Violence Against Women
- TIER 2 Health Impacts
- TIER 3 Access to Health Care
- TIER 4 Health Practices
- TIER 5 Policy and Research



“The problem of violence against women is enormous and troubling. There are no easy answers. The health sector cannot solve it alone. Still, with sensitivity and commitment, it can begin to make a difference.”

- World Health Organization [81]

## Afterword

We embarked on this project because we saw that the health system lacked the necessary models to truly incorporate women's experiences of abuse and was therefore not attentive enough to women's safety needs. Our thinking has continued to evolve since we first made these observations and began writing the SHE Framework. So, too, has the field evolved. Impressive contributions have come from health organizations that have made the links between gender-based violence and health and who view violence against women as rooted in gender inequality in our society. Women's health research is also contributing to our knowledge about the enormous health burdens that women bear and the barriers they face as a result of being subjected to abuse, emphasizing important health sector responsibilities. The SHE Framework cannot capture all the evolving evidence, but it does provide the analytic structure for measuring the contribution of new research. Using the SHE Framework, additional or emerging evidence can be evaluated through the lens of the *Compounding Harms* and *Safety and Health Enhancement Models* to assess its merits. In our quest for evidence-based practice, we must also not forget about practice-based evidence.

One thing is clear from the evidence: we cannot continue to focus on individual women and on micro-level practices. We can no longer justify the promotion of practices that focus on women changing their circumstances by themselves. We must use our positions of knowledge, privilege and decision-making to support system-level change, to be more accountable to women and their safety.

Still, the health sector continues to grapple with the question of whether to implement micro-level practices. Recently, at an international health and violence conference we attended, screening for woman abuse was still a primary discourse. At the same time, we were excited to hear new discourses emerging that focused more on women's safety and on macro-level practices. However, we saw that the desire on the part of many researchers and practitioners to look at new practices and ideas still seemed constrained by the idea that rejecting screening as an intervention would mean we were doing nothing. We hope that the SHE Framework demonstrates that there is much we can do and that the work must be directed at all levels of health care to find solutions. If we are truly interested in enhancing women's safety and health, the SHE Framework confirms that we must include macro-level changes.

The *SHE Toolkit* was created because we know it is not enough to have evidence. We must take action. Evidence must make an actual contribution to women's safety. There are flaws in the system, but there is also much hope. We have documented many promising policies, practices and programs. Compiling this information in the SHE Framework is the start of transforming evidence into action. Ultimately, however, it will be SHE Teams who take the knowledge and evidence from the SHE Framework and transform their work and the health system. This will move the health sector towards the goal of providing safe health care for women impacted by abuse.



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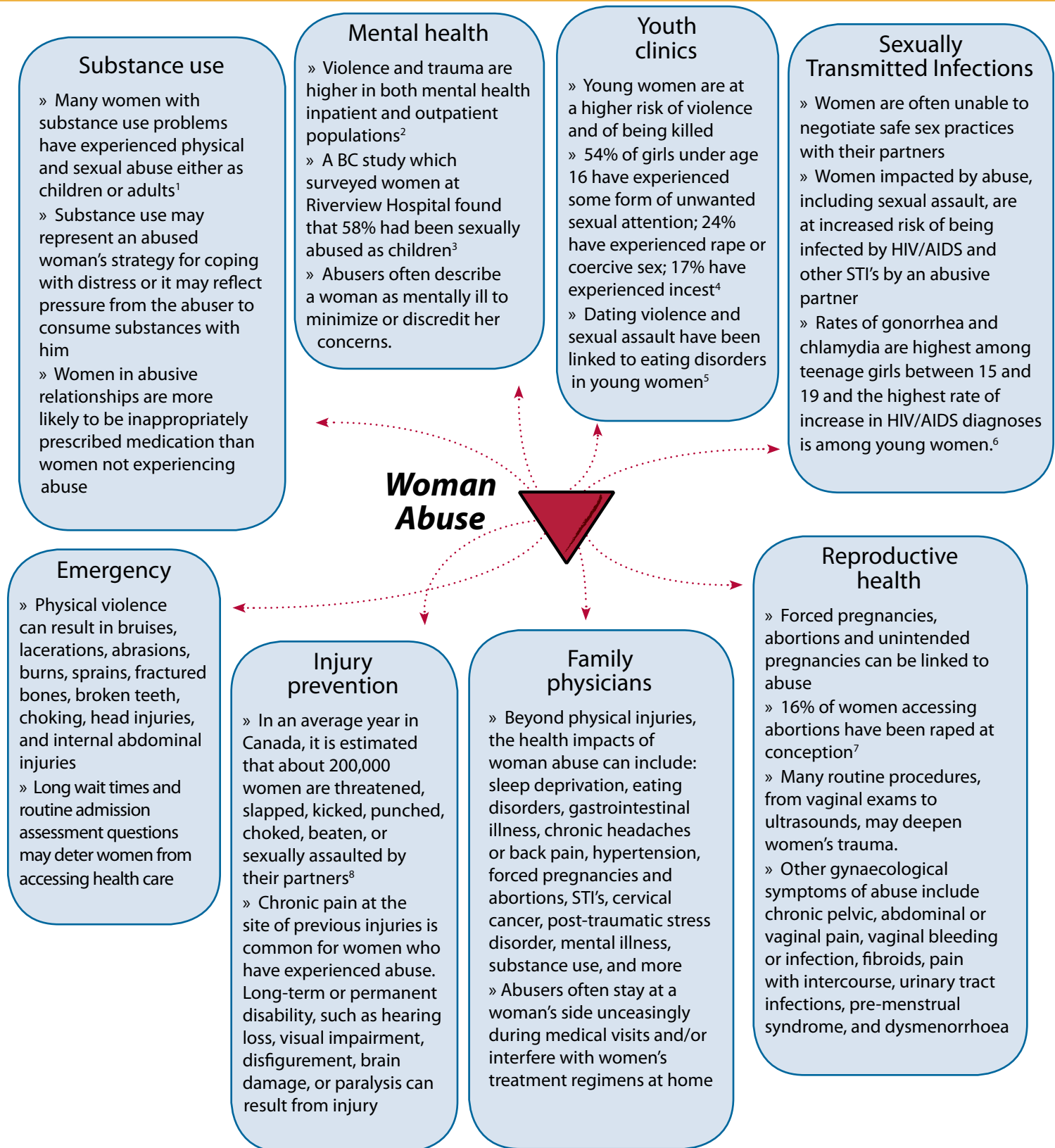
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## HANDOUT: How is SHE relevant to my practice?



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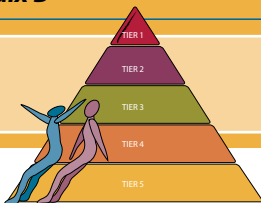
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## COVERSHEET: Safety and Health Enhancement (SHE) for Women Experiencing Abuse

**Health Setting:**

**Starting Date:**

**SHE Team:**

**SHE Co-coordinators:**

**Group commitment to:**

» **confidentiality within the team**

notes:

» **how consensus will be reached**

notes:

» **participation in the process**

notes:

» **the use of materials and outcomes**

notes:

» **respect for the knowledge and experience of each team member**

notes:

» **equality amongst team members**


notes:

## WORKSHEET: Consensus Statements Supporting the SHE Toolkit

<b>EXAMPLE CONSENSUS STATEMENTS</b>	<b>THINGS TO CONSIDER</b>
<p>Woman abuse advocates and health care providers who have initiated and joined this process are allies and bring a wealth of knowledge that will contribute to the SHE Process.</p>	<ul style="list-style-type: none"> <li>• Anti-violence workers are not always recognized as peers or colleagues</li> <li>• Health care as an institution is often viewed as having more credibility</li> <li>• Salary differences may be used to imply hierarchy of knowledge</li> <li>• Life and work experience are as valid as formal education</li> </ul>
<p>The SHE approach is about reviewing your health setting, not reviewing individuals and their practice. In identifying compounding harms and potential risks, there is no implication of intentional harm and rarely a single reason for unintended outcomes.</p>	<ul style="list-style-type: none"> <li>• The process relies on being open to identifying potential risks that reside within institutional and routine practices</li> <li>• Blaming individuals or sectors will not help move the SHE Process forward</li> <li>• The health system is complex</li> <li>• Understanding how different sectors work and finding common ground is essential</li> <li>• Useful discussion will rely on people in the group feeling safe with each other</li> </ul>
<p>Women's reality of experiencing violence and abuse are complex and must be central to the SHE Process.</p>	<ul style="list-style-type: none"> <li>• Social myths and stereotypes of woman abuse (e.g. mutual battering; abuse is about discrete incidents of physical violence, etc.) are very different than women's lived reality and can compromise women's safety</li> <li>• Power and control is at the core of abuse</li> <li>• Anti-violence workers can bring to the table women's complex and diverse experiences of abuse</li> </ul>
<p>Woman abuse is rooted in gender inequality.</p>	<ul style="list-style-type: none"> <li>• Almost all victims of violence in relationships are women</li> <li>• Women have less economic, social and political power than men and are thus less able to free themselves from an abusive situation</li> <li>• Women are not a homogenous group and the inequality of women intersects with inequality based on race and ethnicity, age, physical and mental ability, etc.</li> <li>• Violence against women in relationships is one piece of a larger picture of gender-based violence occurring around the globe</li> </ul>
<p>Women are not responsible for the abuse they are experiencing.</p>	<ul style="list-style-type: none"> <li>• Abusers are responsible and accountable for their behavior</li> <li>• This is a concept that many people struggle with because of social myths such as "mutual battering", "it takes two to tango", etc.</li> <li>• We must acknowledge perpetrator and system responsibility rather than perpetuate victim blaming</li> </ul>
<p>Improving women's safety in health encounters and health settings is the primary goal of the SHE Process.</p>	<ul style="list-style-type: none"> <li>• Assessing current practices relative to the primary goal of safety and health enhancement is the central task of the SHE Process</li> <li>• Women's safety must take priority over institutional or professional needs or routines</li> </ul>
<p>Change takes time.</p>	<ul style="list-style-type: none"> <li>• Patience, understanding and support are required both for women trying to escape an abusive situation and institutions involved in a process of transformation</li> <li>• Celebrating small steps is important</li> </ul>




## Tier Two - Worksheet: Rating Risk and Feasibility

<b>COMPOUNDING HARMS</b> 	<b>RISK</b> <i>High/Urgent (3)</i> <i>Moderate (2)</i> <i>Low (1)</i>	<b>SAFETY &amp; HEALTH ENHANCING MEASURES</b>	<b>FEASIBILITY</b> <i>Do-able (3)</i> <i>Challenging (2)</i> <i>Not possible (1)</i>	<b>TOTAL</b>
	RISK RATING		FEASIBILITY RATING	
	RISK RATING		FEASIBILITY RATING	
	RISK RATING		FEASIBILITY RATING	
	RISK RATING		FEASIBILITY RATING	
	RISK RATING		FEASIBILITY RATING	
	RISK RATING		FEASIBILITY RATING	
	RISK RATING		FEASIBILITY RATING	




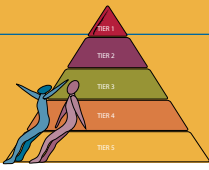


## Tier Four - Worksheet: Rating Risk and Feasibility

<b>COMPOUNDING HARMS</b> 	<b>RISK</b> <i>High/Urgent (3)</i> <i>Moderate (2)</i> <i>Low (1)</i>	<b>SAFETY &amp; HEALTH ENHANCING MEASURES</b>	<b>FEASIBILITY</b> <i>Do-able (3)</i> <i>Challenging (2)</i> <i>Not possible (1)</i>	<b>TOTAL</b>
	RISK RATING		FEASIBILITY RATING	
	RISK RATING		FEASIBILITY RATING	
	RISK RATING		FEASIBILITY RATING	
	RISK RATING		FEASIBILITY RATING	
	RISK RATING		FEASIBILITY RATING	
	RISK RATING		FEASIBILITY RATING	
	RISK RATING		FEASIBILITY RATING	

**Tier Five - Worksheet: Rating Risk and Feasibility**

<b>COMPOUNDING HARMES</b> 	<b>RISK</b> High/Urgent (3) Moderate (2) Low (1)	<b>SAFETY &amp; HEALTH ENHANCING MEASURES</b>	<b>FEASIBILITY</b> Do-able (3) Challenging (2) Not possible (1)	<b>TOTAL</b>
	RISK RATING		FEASIBILITY RATING	
	RISK RATING		FEASIBILITY RATING	
	RISK RATING		FEASIBILITY RATING	
	RISK RATING		FEASIBILITY RATING	
	RISK RATING		FEASIBILITY RATING	
	RISK RATING		FEASIBILITY RATING	
	RISK RATING		FEASIBILITY RATING	



## WORKSHEET: Safety and Health Enhancement Action Plan

<b>Safety and Health Enhancing Measures</b> <i>(transferred from Risk and Feasibility Worksheet)</i> <i>(What will be done?)</i>	<b>Implementation</b> <i>(How will it be done?)</i>	<b>Responsible Agency/ Person</b> <i>(Who will take the lead?)</i>	<b>Timeline</b> <i>(When will it be done?)</i>

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