

**Record of the  
Manitoba Community Service Provider Roundtable  
on Women, Girls and Self-Harm**

December 9, 2005

Crossing Communities Art Studio  
175 McDermot Avenue, 2<sup>nd</sup> floor

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## BACKGROUND

In 2001, the Elizabeth Fry Society (EFS) of Manitoba completed the first phase of an exploratory study on women and self-harm. This research was funded by the Prairie Women's Health Centre of Excellence. The full report, *Prairie Women, Violence and Self-Harm* is available at: <http://www.pwhce.ca/pdf/self-harm.pdf>. The study focused on women's perceptions of self-harm, their needs and the responses of community agencies and correctional institutions.

In 2003, EFS of Manitoba conducted a follow-up study with support from the National Crime Prevention Strategy. This study had 3 objectives:

- (1) examine the awareness and perceptions of self-harm among a broad cross-section of community and institutional service providers in Winnipeg and rural regions of Manitoba,
- (2) gather information from service-providers on the resources (programs, supports and services) currently available to women and girls who self-harm, and
- (3) suggest guidelines for policies and programming based on the insights of service-providers involved in the care of women and girls who self-harm.

The full report, *Community Mobilization: An Environmental Scan of Manitoba Service Providers Who Work with Women and Girls Who Self-Harm* can be accessed at:

[http://http-server.carleton.ca/~cadell/files\\_2005/Environmental\\_Scan\\_August25\\_FinalDraft.pdf](http://http-server.carleton.ca/~cadell/files_2005/Environmental_Scan_August25_FinalDraft.pdf)

An extended summary is also available in both English and French at: <http://www.ccsa.ca/CCSA/EN/Topics/Populations/Women.htm>

A paper copy of the report can be obtained by contacting the Elizabeth Fry Society of Manitoba at (204) 589-7335 or 544 Selkirk Avenue, Winnipeg, MB, R2W 2N5.

On December 9, 2005, 30 individuals representing 19 Manitoba service provider agencies and the community gathered for a full day to discuss the findings of the research report. All of the service agencies had completed a survey for the study. The goal of the community roundtable was to move toward the development of guidelines for the creation of context specific (e.g., correctional institution vs. community, age groupings) self-harm policy and programming. The meeting had three objectives:

- (1) information sharing,
- (2) networking, and
- (3) action planning around self-harm programming and policy.

Members of the Manitoba Intersectoral Committee on Self-Harm, with the support of the Elizabeth Fry Society of Manitoba, the Canadian Centre on Substance Abuse, and the Crossing Communities Art Project, organized the community roundtable. Two note-takers, Jennifer Kilty and Jori Thorvardson, recorded the proceedings of the day. Leah Goodwin from Management and Communications Services facilitated the roundtable.

This report is a record of the presentations and discussions that took place.

## AGENDA

ACTIVITY	PARTICIPANT	RECORD
Opening prayer	Betty/Morning Star – Elder	SLed a prayer that directed participants to take in courage and wisdom from the day.
Welcome	Edith Regier, Crossing Communities Art Project	AWelcomed participants to the art studio.

<b>Roundtable Goal, Objectives &amp; Agenda</b>	Janet Johnstone, Elizabeth Fry Society of Manitoba	<p>MGoal: To move toward the development of guidelines for the creation of context specific self-harm policy and programming.</p> <p>c Objectives: Information sharing, networking and action planning. Agenda reviewed.</p> <p>Front-line experiences at the EFS of MB have shown that there is a need for service providers to use common language (e.g., self-harm, self-injury), frontline service workers to advise government on policy creation (current lack of standard policy), the adoption of an addictions focus in services and programming, and increased education, services and programs in hospitals. The Intersectoral Committee on Self-Harm has been active in promoting the language of self-harm and sharing information.</p>
<b>Introductions</b>	All	A See Appendix for list of participants
<b>Highlights of Research Report</b>	Colleen Anne Dell, Carleton University/ Canadian Centre on Substance Abuse & Cathy Fillmore, University of Winnipeg	<p>W Highlights of the research report <i>Community Mobilization for Women and Girls Who Self-Harm: Environmental Scan of Manitoba Service Providers</i> presented.</p> <p>Question/answer and comments</p> <ul style="list-style-type: none"> <li>- Fragmented policy is leading to disjointed practice.</li> <li>- The intention behind tattooing and piercing determines whether it is self-harming behaviour.</li> <li>- Uncertainty about Dialectical Behaviour Modification Therapy.</li> <li>- Clients need minimal wait times for services/counsellors.</li> <li>- Attention should be directed toward the root causes of self-harm (e.g., abuse, trauma) and link this with crime prevention strategies (that is, blending a health research focus with crime prevention strategies).</li> <li>- Concern expressed about whether women/girls sought help for their self-harming behaviours. And if they did, were they denied services and why (e.g., not fit agency mandate)? Also, how does the denial of services impact women and girls? Does it increase their self-harming behaviours and feelings of hopelessness?</li> <li>- Need improved hospital policies and services and an inventory of what exists.</li> </ul>
<b>Crossing Communities Art Project Video &amp; Collaboration in Brazil</b>	Edith Regier, Crossing Communities Art Project	<p>A The Crossing Communities Art Project's (CCAP) goal is social development through the visual arts. The CCAP art studios provide a safe space for criminalized women and girls to visually express their value and collectively make work with artists. CCAP stages exhibits and public forums with this artwork to engage community dialogues that explore alternatives to incarceration.</p> <p>t Viewed draft cut of video <i>Cut to the Quick</i>, directed by Pat Aylesworth.</p> <ul style="list-style-type: none"> <li>- A conversation about self-harm as a language.</li> <li>- Society marginalizes self-harm.</li> <li>- Cut to cope, not to kill.</li> <li>- Stigma surrounds self-harm so no one wants to talk about it or take time to listen to what is associated with it (it is identified as a mental illness without looking at the root causes).</li> <li>- Video poses many important questions &amp; the need for answers.</li> </ul>

		<p>□ Viewed video – <i>Performance</i> – “ In Memory of Darcie Hall”</p> <ul style="list-style-type: none"> <li>- Video was presented in Brazil.</li> <li>- An interview with Darcie Hall.</li> <li>- The healing process is about inclusion.</li> <li>- Highlights the “revolving door” service provided by hospitals (root cause of self-harming behaviours not addressed).</li> <li>- Self-harm is an unhealthy way of coping with underlying issues.</li> </ul> <p>- Viewed photographs – <i>Brazil Staging of Human Rights</i></p> <ul style="list-style-type: none"> <li>- People’s Palace project in Brazil is similar to the Crossing Communities Art Project.</li> <li>- Art as social development and social reform.</li> </ul> <p>- Viewed 2 Art Project videos – <i>The Stories of Tonya and Alexis</i></p> <ul style="list-style-type: none"> <li>- The videos were written, directed and acted in by the women themselves to allow for full creative control when speaking about their experiences with self-harm.</li> </ul> <p><u>Tonya</u></p> <ul style="list-style-type: none"> <li>- Began cutting, drug use and prostitution in early teens.</li> <li>- Originally thought she was cutting for attention, but realized she was keeping it hidden and it was a coping strategy.</li> <li>- Drug overdosed several times.</li> <li>- Does not want to commit suicide but does not know how to stopping cutting. Stated she is “on an instalment plan for suicide”, suggesting self-harm and suicide are linked on a continuum (self-harm is a form of communication).</li> <li>- Stopped cutting when in nursing school because her uniform would not hide the marks and she feared how patients would view her as a health care provider.</li> <li>- If not harming herself physically, she enters into abusive relationships so someone else is harming her.</li> <li>- When seeking help from service providers (especially hospitals), they do not address why she is cutting.</li> <li>- Hospitals need counsellors for crisis intervention and rooms other than the main ER so people do not stare.</li> <li>- Currently not welcome in detoxification facility because addicted to crack.</li> <li>- Had abusive experiences while in treatment.</li> <li>- Beneficial programs allow the person to return after relapse (e.g., Dreamcatchers program).</li> </ul> <p><u>Alexis</u></p> <ul style="list-style-type: none"> <li>- Personal issues can be addressed if people work together.</li> <li>- Loneliness causes individuals to refrain from sharing.</li> <li>- Wants to turn abuse and trauma into empowerment – this is why she is willing to discuss her experiences publicly.</li> <li>- Stressed the value of the Dreamcatchers program which recognizes sexual abuse is often linked to self-harm (this is often overlooked).</li> <li>- Personal issues are often interrelated.</li> </ul>
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<p><b>The “How To” to Developing Guidelines for Self-Harm Policy (&amp; Programming)</b></p>	<p>Margaret Haworth-Brockman, Prairie Women’s Health Centre of Excellence</p>	<ul style="list-style-type: none"> <li>- Policy defined as what we want to do and how we want to do it.</li> <li>- Several elements are required to construct policy. These include: <ul style="list-style-type: none"> <li>- Identify the objective and be specific (why should others care?)</li> <li>- Identify the audience (e.g., politicians, general public, policy makers) and word your objectives for this audience.</li> <li>- Identify immediate, medium and long terms outcomes to determine whether the policy is affective.</li> <li>- Identify indicators of success (e.g., number of people met with).</li> <li>- Identify social, economic and individual cost of the issue (link to why the issue is worthy of attention).</li> <li>- Identify consistent messaging (e.g., use of term self-harm).</li> <li>- Identify allies (collaboration between agencies demonstrates a strong community need).</li> <li>- Work with the media in order to get the information and message out. This will facilitate action.</li> <li>- Aim to create policy recommendations that are based in research and will lead to meaningful social change.</li> <li>- Key principles: (1) women centred, (2) respectful, (3) culturally appropriate (differences across Aboriginal culture; street culture; rural vs. urban culture), (4) non-judgemental, and (5) collaborative (community based).</li> <li>- Some of these elements can also be applied to program creation.</li> </ul> </li> </ul>
<p><b>Obstacles and Challenges</b></p>	<p>Small Group Work</p>	<ul style="list-style-type: none"> <li>- Lack of understanding and awareness about self-harm.</li> <li>- Absence of “champions for the cause”.</li> <li>- Language barriers (e.g., self-harm, self-injury, cutting).</li> <li>- Lack of understanding about the contributing factors to self-harm (failure to link environmental conditions and social context to self-harming behaviours).</li> <li>- Lack of communication and continuity in service provision between agencies.</li> <li>- Absence of services.</li> <li>- Lack of funding for programming.</li> <li>- Over-reliance on time-limited, private funding.</li> <li>- Inability of agencies and service providers to adapt to women’s needs.</li> <li>- Absence of women’s voices in programs/services.</li> <li>- Assumption among service providers that all women who self-harm have had the same experiences – require a more holistic, multi-dimensional and individualized approach.</li> <li>- Service providers need to recognize that the healing journey is different for everyone – therefore avoid a regimented timeframe and stop denying access because of relapse (relapse is often times part of recovery).</li> <li>- Need culturally sensitive counselling.</li> <li>- Need to train service providers to listen with sensitivity, have more patience and humour, and recognize power imbalance.</li> <li>- Stigma and bias surrounding individuals who seek access to treatment and programming for self-harm.</li> <li>- Need to overcome stigma surrounding mental health issues, poverty and the sex trade (e.g., media).</li> <li>- Policy language is gender and culturally neutral which creates a lack of awareness of women specific issues.</li> <li>- Reluctance by government to fully recognize the role of men in crimes against women who self-harm (e.g., impact of violence again women).</li> </ul>

		<ul style="list-style-type: none"> <li>- No cost analysis of abuse in society (creates a disjuncture in understanding of abuse and self-harm).</li> <li>- No political will to listen to disenfranchised individuals.</li> <li>- Political pressure to identify simplistic indicators of success – it is more than just the number of people helped.</li> </ul>
<b>Developing Guidelines for Programming and Policy – Key Suggestions</b>	Small Group Work	<ul style="list-style-type: none"> <li>- Begin with consensus around a definition of self-harm and language (use the Dell &amp; Fillmore report as the foundation) (differentiate self-harm from suicide).</li> <li>- Service providers indicate own policy/programs/or services to identify gaps (and this will help eliminate duplicate services) (consult work conducted in the Environmental Scan).</li> <li>- Service providers create a set of “best practices” for their agencies to follow when dealing with self-harm (key is to move away from the current punitive approaches).</li> <li>- Involve funding partners in discussions and information sharing.</li> <li>- Incorporate the voices of women who self-harm in program and policy development.</li> <li>- Create an Advisory Board representing participants (past and present) of programs.</li> <li>- Use a holistic model (consider housing, income, health, emotional, spiritual, community, addictions, abuse).</li> <li>- Utilize a model of addiction that reflects the complicated issues that women face (e.g., social, economic, institutional).</li> <li>- Priority areas: <ul style="list-style-type: none"> <li>- De-stigmatizing self-harm. Women and girls who self-harm are not a priority in the ER because it is self-inflicted injury– this is a punitive response and demonstrates bias toward women who self-harm and the stigma surrounding self-harm.</li> <li>- Development of peer support networks within agencies (train women with counselling/listening techniques) (in particular, have women speak to younger girls about the path they are headed on).</li> <li>- Direct prevention dollars toward youth.</li> <li>- Teach women how to identify alternative coping techniques (for example, the Crossing Communities Art Project).</li> <li>- Educate teachers in elementary and high school about self-harm.</li> <li>- Educate service providers on the causes of self-harm and on women’s individual needs. This understanding will lead to programs being adapted to what each woman needs rather than fitting them into the program.</li> <li>- Consult the Triple P (Positive Parenting Program) from Australia as a possible tool kit model.</li> </ul> </li> </ul>
<b>Action Planning - Recommendations for Moving Forward</b>  <b>Short-Term Goals</b>	All	<ul style="list-style-type: none"> <li>- Identify options for immediate service for women and girls who self-harm (no one should be turned away, including those who relapse), and long term seamless transition into other programs.</li> <li>- Communication and inter-agency referrals to ensure that no one gets “lost in the system”.</li> <li>- Self-care for frontline staff to prevent them from becoming overwhelmed.</li> <li>- Lunch and learn session where service providers come together to meet and discuss next steps.</li> <li>- Present the research findings at meetings of the Native Women’s Transition Centre and Mothers of Red Nation for Aboriginal specific action planning and ownership.</li> </ul>

		<ul style="list-style-type: none"> <li>- Develop a list-serve for individuals who want to be involved in the next steps of addressing women and girl's self-harm and want to keep informed on the issue.</li> <li>- Mail-out information packets to ministers, service providers, woman's agencies etc. to inform them of the outcomes of the research/community roundtable.</li> <li>- Update original research plain language summary with new findings/community roundtable information (include programs/resources available to women).</li> </ul>
<b>Long-Term Goals</b>	All	<ul style="list-style-type: none"> <li>- Develop a holistic and multi-dimensional approach to treating self-harm in programming and policy that is cultural and gender sensitive (in particular for Aboriginal women).</li> <li>- Develop venues for peer mentors and support (modelling).</li> <li>- Recognition by service providers that treatment time varies (allow for relapse in programming).</li> <li>- De-stigmatize self-harm and thereby eliminate women's and girl's shame through information sharing and education of service providers, particularly those in the medical and addiction treatment services. The less shame and stigma felt by women and girls who self-harm, the more they will be able to disclose.</li> <li>- Educate and raise awareness about self-harm among grade, middle and high school teachers and the general public so self-harming behaviours can be identified and addressed early on.</li> <li>- Train suicide hotlines and Kids Help Phone counsellors to provide immediate contact for a woman/girl in crisis.</li> <li>- Develop a DVD using the report, videos, personal stories to raise awareness about self-harm.</li> <li>- Uniform policy creation among service providers.</li> </ul>

## IMMEDIATE NEXT STEPS

The immediate next steps are:

<u>Activity</u>	<u>Action</u>
1. Prepare recording of the community roundtable and distribute to participants and invitees in January, 2006.	Completed
2. Update plain language summary (incorporate new findings, community roundtable highlights, resources)	4 <sup>th</sup> year undergraduate student at Carleton University, Hiba Yusuf, to produce first draft to Intersectoral Committee on Self-Harm in May, 2006. Completing as a course tutorial with Colleen Anne Dell.
3. Capitalize on opportunities to raise awareness about self-harm	CrossCurrents, the Journal of Mental Health and Addiction, from the Centre for Addiction and Mental Health in Toronto highlighting self-harm/the Crossing Communities Art Project in its Spring issue.  The Canadian Centre on Substance Abuse is developing a Fact Sheet on self-harm.
4. Begin to address short-term goals	Hold a meeting of the Intersectoral Committee on Self-Harm.

## APPENDIX

### Manitoba Intersectoral Committee on Self-Harm

Canadian Mental Health Association  
Crossing Communities Art Project  
Department of Child & Family Services  
Eastman Region Probation Services  
Department of Health & Community Services  
IKWE-WIDDJITWIN INC.  
Ma Mawi Wi Chi Itata Centre  
Manitoba Women's Advisory Council  
Misericordia Hospital  
Native Women's Transition Centre  
Ndaawin  
New Directions  
Probation Services  
Special Needs Program, Manitoba Family Services and Housing  
Winnipeg Remand Centre  
Wolseley Family Place

### Organizing Committee for Manitoba Community Service Provider Roundtable on Women, Girls and Self-Harm

Janet Johnstone, Executive Director, Elizabeth Fry Society of Manitoba  
Colleen Anne Dell, Assistant Professor, Carleton University & Senior Research Associate/Academic Liaison  
Canadian Centre on Substance Abuse, Intersectoral Committee on Self-Harm Co-Chair  
Cathy Fillmore, Associate Professor, University of Winnipeg, Intersectoral Committee on Self-Harm Co-Chair  
Edith Regier, Director/Resident Artist, Crossing Communities Art Project  
Jennifer Kilty, Research Associate

### List of attendees

Sue Barnsley	Manitoba Women's Advisory Council
Colleen Anne Dell	Carleton University & Canadian Centre on Substance Abuse
Cathy Doyle	The Behavioural Health Foundation Inc.
Wanda Ferland	Native Women's Transition Centre
Cathy Fillmore	University of Winnipeg
Tracy Flaherty-Willmott	Addictions Foundation of Manitoba, Youth Unit
Laura Gossen	Addictions Foundation of Manitoba
Shirl Hauser	New Directions for Children, Youth and Families, Inc.
Margaret Haworth-Brockman	Prairie Women's Health Centre of Excellence
Donna Huen	MB National Crime Prevention Centre
Janet Johnstone	Elizabeth Fry Society of Manitoba
Dina Juras	MB National Crime Prevention Centre
Kathryn Kubrin	The Behavioural Health Foundation Inc.
Lisa Lloyd-Scott	Winnipeg Health Sciences Centre, Children's/Women's Health Programs
Jennifer Kilty	Research Associate
Katherine Morrisseau-Sinclair	Mother of Red Nations
Edith Regier	Crossing Communities Art Project
Christine Rendulic	Marymount Inc.
Pam Robb	Winnipeg Health Sciences Centre

Eleanor Robertson  
Marlene Stern  
Sharon Taylor  
Geri Thorsteinson  
Jori Thorvardson  
Pat Van Haute  
Corrine Warkentin  
Carrie Winslow  
Alexus  
Tonya  
Morning Star

New Directions  
Winnipeg Regional Health Authority  
Wolseley Family Place  
Manitoba Women's Advisory Council  
Crossing Communities Art Project  
Misericordia Hospital, Ambulatory and Acute Care  
Native Women's Transition Centre  
Dreamcatchers  
Dreamcatchers  
Dreamcatchers  
Elder