Breaking the Cycle: Bridging the Gap Between Intimate Partner Violence and Substance Use Treatment for Women

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ABSTRACT

Approximately 75% of women experiencing intimate partner violence (IPV) develop substance use dependence and about half of the women residing in IPV shelters report using alcohol (Cohen et al., 2013; Hovey et al., 2020; Mehr et al., 2023). Although research demonstrates a strong relationship between IPV and substance use, structural and systemic barriers continue to limit the ability of treatment organizations to provide comprehensive care to women in need of services. Through semi-structured interviews with executive directors from five IPV organizations and one substance use agency, this study examines how Ottawa-based IPV, and substance use organizations navigate the funding structures and policies that shape their capacity to respond to this population. Findings suggest that while ministries establish broad policy guidelines, organizations develop their own internal policies to try and better respond to the specific and evolving needs of their clients. However, limited and unstable funding is a primary barrier to delivering comprehensive care to meet clients' intersecting needs. Policy reform leading to increased and stable funding would enhance inter-organizational collaboration, providing agencies with the resources to hire qualified staff and strengthen agencies' capacity to support some of the most vulnerable women in our communities.

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INTRODUCTION

In 2018 the WHO declared intimate partner violence (IPV)[1] a global health crisis, with 27% of women experiencing IPV throughout their life and 13% in the past year (Sardinha et al., 2022). Within the same year, Canada's IPV rates were even higher. Research from the 2018 Survey of Safety in Public and Private Spaces, showed a 44% lifetime incidence of IPV for Canadian women overall and 61% for Indigenous women (Cotter, 2021). Multiple studies have revealed that substance use can increase experiences of violence, suggesting that substance use is a pathway to increased risk of IPV (Hovey et al., 2020; Kingery et al., 1992, Kilpatrick et al., 1997 & Cunningham et al., 2009). However, others have found that substances are sometimes used as a form of self-medication to cope with the violence and pain endured during IPV (Gezinski et al., 2021).

Though the causal ordering is unclear, and likely bidirectional, there is little doubt of a strong association between IPV and substance use. Despite this, few organizations serving IPV or substance use survivors have adopted practices that address the complex needs of women who experience both (Hovey et al., 2020). Though there is some amount of treatment referral from one agency to another and service coordination between agencies for some clients, many organizations lack the time and resources to make this common practice. What remains is a siloed approach to treating substance use and IPV at separate agencies and leaving the responsibility for the coordination of care to these highly vulnerable clients (Armstrong et al.,

[1] Intimate partner violence (IPV), also known as domestic violence, is defined as "behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours" (World Health Organization [WHO], n.d., Overview section. para. 2).

2019). This leaves clients with reduced supports in trying to break reoccurring cycles which can lead to negative outcomes for clients as well as for society.

The purpose of the present study is to understand how Ottawa-based IPV, and substance use service providers respond to the overlapping needs of clients dealing with both IPV and substance use. This work aims to identify the gaps in services and treatment options for this population along with the strategies used by providers to fill these gaps, along with other related intersecting needs, such as, housing, employment, childcare, or legal aid, within the context of provincial funding and policy structures. Drawing on theories of feminist political economy, intersectionality and institutional power, this study will look at Ontario provincial polices along with qualitative data collected from interviews with executive directors at women-centered IPV and substance use agencies based in Ottawa. The goal of this analysis is to identify the structural and systemic factors that influence organizations' ability to provide comprehensive support to address IPV and substance use. The findings have important implications for government and organizational policymakers, particularly regarding how the needs of this vulnerable population are addressed and where policy and funding practices diverge from organizational realities.

LITERATURE REVIEW

Intersection of substance use and IPV in women

According to Cohen et al. (2013) approximately 80% of women who struggle with substance use have or are currently experiencing some sort of relational violence, often starting in childhood. Between 47% and 90% of women in substance use treatment programs have experienced IPV (Phillips et al., 2021). Women who use substances are five times more likely than other women to become dependent on substances (Hovey et al., 2020). In an Ontario-based study looking at nine substance use treatment centers, 85.7% of the 98 women in the sample had

experienced violence. These women stated having experienced adult physical violence (56.1%), childhood sexual violence (56.3%), childhood physical violence (56.1%) and adult sexual violence (45.4%) (BC Society of Transition Houses, 2011).

Research specifies that substance use is a common reaction to trauma, where practitioners believe that IPV's outcome on women include high-risk behaviours such as substance use as means of coping (Hovey et al., 2020). Research suggests that a large percentage of women who use substances have experienced some sort of relational violence that includes, but is not limited to, incest, rape, sexual assault or child physical abuse (BC Society of Transition Houses, 2011). The United Nations documents how experiences of IPV can lead to amplified substance use, where substance use, more specifically, alcohol use has been seen to be 15 times higher for women who have experienced violence (BC Society of Transition Houses, 2011). Similarly, survivors of IPV have been seen to use several types of substances compared to those who have not experienced violence (BC Society of Transition Houses, 2011).

Experiencing early forms of violence and trauma within relationships often leads to significant impacts on one's executive functioning strategies, which can eventually lead to increased risks of substance use (Motz et al., 2019). As Tatarsky (1998) states "people use substances because they address some psychological, social, or biological needs… [and] substances may come to serve important psychological functions that help users cope more effectively" (p.11). Many women view substance use and its outcomes as an immediate and available source of relief from their symptoms of trauma in childhood violence and IPV (Gezinski et al., 2021). This reaction to trauma was described to "numb emotional pain, a technique first used in relationships as a means to cope with the abuse" (Gezinski et al., 2021, p.116). Not only are substances used to cope with the abuse and/or violence survivors

experience, but it can also be seen to help cope with other physical and mental stressors associated with IPV and substance use such as poverty, lack of safety and lack of affordable housing (BC Society of Transition Houses, 2011).

While keeping clients safe is one of organizations' core mandates, according to Women's Shelters Canada's (2024) latest national report *Shelter Voices 2024: Crisis Within Crisis*, 97% of shelters stated that it has become more difficult to find housing for women and their children escaping violence this past year, making is hard for them to ensure safety. This not only leaves women without adequate housing options, but it leaves many women in emergency shelters for longer periods of time, limiting the space to help other women. This can then leave women in having to decide between going back to stay with their perpetrator or the possibility of becoming homeless *(*Women's Shelters Canada, 2024). Maki (2023) noted that women experiencing IPV are known to face housing issues that could eventually lead to homelessness, as IPV is known to be a leading cause to women's homelessness in Canada. Some women's homelessness may be hidden because they may turn to stay with friends and family, making them less visible (Maki, 2023). While IPV survivors account for a large portion of the homeless population, they are often not accounted for in homelessness statistics because they prioritize "chronic homelessness", leaving IPV survivors at risk of being overlooked (Maki, 2023). A surveyed resident in Maki's (2023) study stated "from working in housing, I know that there isn't enough housing. That's why women…are dying from trying to escape but not knowing where to go and possibly having to go back [to the abuser]. And then that one last time, they're dead. It's just not fair" (p.15).

Women who use substances are often socially isolated and live with limited financial and social resources (Hovey et al., 2020). Their partner perpetrator often uses their substance use to

control many aspects of their lives, including their children, money, transportation, and employment (Phillips et al., 2021). While some women may use substances to cope with experiences of IPV, others engage in substance use to temporarily calm the perpetrator where efforts to stop using substances has seen to increase violence and control by the perpetrator (BC Society of Transition Houses, 2011). Oftentimes, their partner perpetrator has been the one to introduce women to substances as a coercion tactic to ensure control through dependency on substances (BC Society of Transition Houses, 2011; Hill et al., 2024; Phillips et al., 2021).

Treatment Best-Practices

Research shows that supporting women to get out of abusive or violent situations reduces their levels of substance use (BC Society of Transition Houses, 2011). Additionally, including IPV and substance use services within the same organization has been shown to provide increased benefits to clients, and be more efficient in protecting clients from vulnerable situations and in increasing program completion (Mehr et al., 2023). In Mason et al.'s (2017) study, frontline workers in the "violence against women, mental health, addiction treatment and associated sectors" participated in analyzing the effectiveness "in increasing knowledge, changing beliefs and enhancing skills of frontline workers form all three sectors" (p. 1). Participants implied that working and talking with the different sectors made them realize that their clients commonly experience interconnected matters of substance use, mental health, and IPV, where these needs require attention to ensure they receive the necessary help to reduce these experiences. For instance, one participant stated "I often will focus on the abuse and mental health issues that surround my clients and not explore the addiction side. I will now look into how all three of them go hand in hand" (p.5). As well, another participant learned "how important it is to acknowledge that issues run concurrently and to not only treat them

individually" (p.5). By effectively addressing the complexity of needs most clients' experience through working and/or communicating with other sectors can be seen to provide frontline workers with the knowledge and resources to help women with their diverse needs. This allows clients to acquire "supportive, coordinated, accessible care," thus improving their lives (Mason et al., 2017, p.6). Collaborating with other sectors was also deemed important in an Ontario study, because 33% of IPV workers felt unfit to support women with intersecting needs, such as substance use and mental health (BC Society of Transition Houses, 2011). BC Society of Transition Houses (2011) respondents state how public policies have yet to evolve and recognize the connection between these challenges which in turn promotes further harm and stigmatization on these women.

Cohen et al. (2013) also suggest that a successful treatment program needs to include an integrated and coordinated response to clients' intersecting needs. The goal of integrated interventions can be understood to attend to the underlying needs that influence clients lived realities. For instance, in the BC Society of Transition Houses (2011) report, an Ontario-based study suggests that no matter the sector chosen to pursue, either IPV, substance use or mental health, each sector has similar accounts of IPV, substance use and mental health. To help break the cycle of abuse and to close the housing gap, policies and funding situations should be carefully considered by stakeholders to ensure women fleeing IPV receive necessary support and care.

Mason et al. (2017) note that allowing each sector to communicate and learn from one another's expertise can lead to changing negative and/or stigmatizing beliefs. Limiting and/or decreasing stigmatizing beliefs and increasing knowledge between each sector is known to have the potential to increase the appropriate care responses leading women to acquire the necessary

help they need. For instance, in Mason et al.'s (2017) study, participants acknowledge having misconceptions about women who have co-occurring realities as well as how these misconceptions and stigmatizing beliefs impact their approach to care. These same providers learned from one another and realized how valuable learning different approaches to care was to clients' growth. One participant stated "[I learned] [t]he value of working from a strength based perspective. A woman wants to be viewed as a whole person not just as her issues and problems" (Mason et al., 2017, p.5). An executive director in Maki's (2023) study indicates that to ensure long-lasting programs and services to help clients, "we need funding that is consistent and guaranteed. I'm not interested in program funding that I have to apply to every year, because who has time to do that" (p.15).

Smith & Griffith (2022) showcase how Ellen Pence was active in the 1980s' establishment of the Domestic Abuse Intervention Project (DIAP) in Duluth, Minnesota demonstrating how collaboration helps women acquire the support they need. This project revealed that despite the initiative of helping women with their experiences of domestic violence, the matters around safety, security and welfare were institutionally overlooked. Pence's project looked at the way different institutional practitioners were involved in the process of domestic violence situations. While practitioners directly connect with survivors of domestic violence to understand their experiences, their institutional discourses and practices often ignored the implementation of healing plans. To try and mitigate this further, Pence brought practitioners together to exchange and explore the different ways they may be able to adapt to more comprehensive care methods. Pence used institutional ethnography to show how judicial processing of domestic violence is essential when considering the experiences of the survivor which impacts their life in ways that are institutionally invisible. Institutional ethnography provides a way for practitioners to

recognize how their institutional practices could negatively impact women, which is why Pence encourages practitioners to collaborate to ensure they can identify and implement changes within their systems to meet their clients' needs. Pence's institutional ethnographic research revealed that institutions do not just respond to survivors, but rather they sometimes reshape their experiences through their own discourses that may silence or minimize survivors' voices. She aimed to show practitioners how survivors' realities become invisible within the institution and suggest institutional changes must occur to make women's realities visible to create specific action plans (Smith & Griffith, 2022).

Emergency shelters, often being the point of contact for women seeking support, have been widely researched as a critical site where these institutional realities become visible and can be addressed, however, second stage transitional housing has yet to be studied in depth (Maki, 2023). Within Maki's (2023) study, results show that longer stays at second stage transitional shelters allow clients to get back on their feet, while having somewhere safe to stay until they can address their housing situation. While second stage shelters are at capacity for an undetermined amount of time, this leaves emergency shelters in the same situations, creating a gap in the system as new clients cannot be supported until space is made available. Additionally, there are fewer transitional shelters (149) compared to emergency shelters (415) across Canada (Women's Shelters Canada, 2023a). However, it is important to note that northern communities have even fewer transitional shelters, creating additional gaps for further marginalized communities (Maki, 2019). While funders usually only cover residents until a certain point, any additional time spent in the shelter is paid by the organization (Maki, 2023). To alleviate some of this extra pressure, it could be interesting to build and/or expand shelters across Canada, especially in more rural areas, which would help increase safe housing

for vulnerable populations (Maki, 2023). Women's Shelters Canada (2024) state that second stage shelters were developed to address the gap between limited space within emergency shelters and limited affordable housing. Second stage shelters offer affordable transitional housing all while offering comprehensive anti-violence services that allow women and their children to transition to a non-violent lifestyle.

Given the urgent need for safe housing and the coercive control often exerted by abusive partners, addressing substance use as well as IPV can be particularly complex. Providing women with a variety of support systems enables women to choose the support(s) that best suit their needs. One example is harm reduction initiatives, which provide realistic and empathetic strategies to reduce the harms associated with high-risk behaviours, such as substance use (Marlatt, 1996). This approach works from the "bottom-up" allowing clients to start where they feel comfortable, all in hopes of reducing harm at each step of the process (Marlatt, 1996). By embracing values of respect, collaboration and personal choice, harm reduction initiatives allow clients to gradually strive to better themselves, which allows them to take control and willingly recover at their own pace (Brown et al., 2013; Vakharia & Little, 2017). These initiatives view all small or large achievements as a success because as Westermeyer (2003, as cited in Kellogg, 2003) argues "small reductions are better than no reductions… [and] a…small improvement can pave the path for further reductions of drug use…eventually to the point of abstinence" (p.244).

While substance use is known to exist within IPV shelters, participants in Maki's (2023) study, including executive directors, spoke about shelter policies that look at substance use and mental health challenges. They spoke about substance use in relation to safety, more specifically how, harm reduction is a "non-judgmental and holistic approach to substance use that includes strategies and practices to promote safer consumption and reduce the negative impacts of

substance-using behaviours" (Hovey & Scott, 2019, as cited in Maki, 2023, p.10). Within this study, 69% of respondents stated using harm reduction approaches within their shelters and many executive directors also stated reviewing their current policies surrounding substance use to ensure they meet all clients where they are at in their healing process. However, while harm reduction is known to create a more inclusive, safe and collaborative space, clients who use substances are commonly seen as a safety concern for staff members and other residents. The staff stated this because they did not feel fully equipped or trained in harm reduction. Harm reduction is known to be continuously evolving making it hard for staff to keep up if they are not trained and briefed on new insights (Maki, 2023). This can lead to additional challenges because it could place clients who are recovering or not using substances at increased risk due to the lack of understanding and knowledge around harm reduction. This demonstrates the need for more training and safety measures that stresses the importance of keeping all residents safe. This can be done with the right funding structure ensuring training and practices are up to date.

While harm reduction approaches have been introduced as an alternative to traditional approaches that see addiction as a disease, a crime, or a moral failing, these approaches are based on empirical evidence showing that abstinence is not always attainable (Marlatt, 1996). As Tatarsky (1998) points out:

> The ideal outcome of this approach is to support the user in reducing the harmfulness of substance use to the point where it has minimal negative impact on other areas of his or her life. Whether the outcome is moderation or abstinence depends on what is practically realistic for the client and emerges from the treatment process (p.12).

To ensure these initiatives are accessible to the greatest number of people, harm reduction approaches promote low barriers, allowing women to access organizations more easily (Marlatt, 1996). Research shows that treatment options that consider harm reduction approaches, ensures

better long-term outcomes for their clients (Gezinski et al., 2021). While harm reduction models promote low barriers, women are still faced with obstacles due to gaps in support systems limiting organizations' ability to attend to women's intersecting needs. Structural, financial and organizational barriers will further be explored to demonstrate the current obstacles many social organizations face when wanting to provide comprehensive care to clients.

Government Policy

Canadian legislation encourages inclusive and integrated care between IPV, substance use and mental health (BC Society of Transition Houses, 2011). At the federal level, the Canadian Human Rights Act makes it illegal for service providers to discriminate against certain people, including those with physical and mental disabilities. In the Act, disability is defined as "either physical or mental, previous or existing, and includes dependence on alcohol or a drug" (Physical or Mental Disability, as cited in, BC Society of Transition Houses, 2011, p.19). Additionally, in 2008, the UN implemented the Convention on the Rights of Persons with Disabilities which broadly defines disability as "discrimination against any person on the basis of disability is a violation of the inherent dignity and worth of human persons" (Convention on the Rights of Persons with Disabilities, as cited in BC Society of Transition Houses, 2011, p.20). Provincially, where most service delivery occurs, many provinces and territories have human rights legislation that prevents service providers from excluding individuals from their services and programs based on health status (BC Society of Transition Houses, 2011). Under these policies, some provinces and/or territories view mental health and substance use as health conditions. Additionally, the Ministry of Children, Community and Social Services (MCCSS) in Ontario states that shelters must provide all women with access to shelter services, including women who use substances (Government of Ontario, 2015, p.14, as cited in, Hovey et al., 2020).

While these legislative frameworks promote inclusivity, their application is largely shaped by provincial ministries, which establish guiding principles for service delivery.

According to the Ontario Association of Interval & Transition Houses (2010), MCCSS acknowledges that a leading way of serving women escaping IPV is to offer integrated and coordinated services that attend to their diverse needs. MCCSS funded IPV agencies must follow certain values that direct the planning of services and programs in accordance with their guides. For instance, some of these core values and principles understand that the implementation of non-MCCSS funded services and/or programs is also essential to implement in comprehensive and wraparound services. This allows women to choose which services, or programs best suits their needs and experiences. These non-MCCSS funded services can come from other ministries or federally funded IPV services. Other principles that IPV organizations are intended to follow include recognizing that women experiencing IPV are the experts in their experiences, which ensures their voices are taken into consideration when planning, developing and coordinating care. The way organizations make decisions regarding their funding must align with their "priorities, regional funding equity considerations and social, demographic and economic trends" (p.4). A main principle IPV organizations follow is that, when feasible and appropriate, collaboration and partnership between agencies and sectors are encouraged to improve service delivery while remaining cost-effective. Additionally, organizations and agencies are also encouraged to add their own ideologies within their policies, which reflects their values and beliefs throughout their organization. All services must be respectful of clients' diverse needs, all while taking into consideration the possibility of intersectionality. Agencies account for client's disability, religion, sexuality, class, immigration status, gender, race, ethnicity, culture, and

language. These examples are just some of the principles IPV agencies must adhere to if funded by the MCCSS (Ontario Association of Interval & Transition Houses, 2010).

According to Burnett et al. (2015), shelters are one of the main sources of protection and safety for women escaping IPV. These shelters are known to provide services and programs to help women rebuild their lives outside of violence. While these organizations provide essential and vital services to those in need, these same organizations are faced with a variety of standards that are known to have policy implications. Policies surrounding these types of organizations are mainly under the provincial government's responsibility, which in turn directly affects women experiencing IPV in that same province. In other words, provincial policies influence social organizations' ability to provide services and programs as well as how they can intervene with their clients (Burnett et al., 2015).

Specifically, MCCSS provides certain frameworks and guidelines around IPV, and substance use challenges. Ontario-STANDS, a new provincial initiative, *Standing Together Against Gender-Based Violence Now Through Decisive Actions, Prevention, Empowerment and Supports* was created to prevent cycles of IPV. The Government of Ontario's (2023) action plan focuses on preventing and ending cycles of IPV which offers support and empowerment through essential services, such as shelters and crisis lines. This initiative emphasizes the integration and cross-sector collaboration, including child protection workers, police, judges, social workers, educators, and health care professionals to work together and share information to enhance their understanding and adapt their services and programs based on their clients' needs. Statistics have influenced the creation of this guide. For example, between November 26, 2022, and November 25, 2023, 62 women and children were killed by men. Of these women, 31% of them were killed through IPV and 24% were killed by family members, showcasing how prominent it is for

women to be killed by those closest to them. Additionally, IPV rates fluctuate depending on the region, demonstrating how northern, rural and remote areas have greater difficulties in acquiring services and programs relating to IPV which in turn can be seen to increase survivors' risk of victimization. Rural and remote areas have geographic and social barriers to care which demonstrates how the collaboration and integration of social and justice services can be valuable for IPV survivors. However, these barriers are supplementary to the shared barriers IPV organizations encounter due to current policies and guidelines (Government of Ontario, 2023). This is why Ontario-STANDS is seen to strive for equity to ensure culturally responsive and geographical inclusive services for all.

Continuing with the Government of Ontario's (2023) plan, this strategy responds to sector needs while ensuring both the prevention of IPV and the support of clients at higher risks. This framework views all sectors as essential and vital to the protection of IPV survivors. It ensures that all "services across Ontario, including child protection, policing, hospitals, schools, women's shelters, helplines and counselling" receive training and knowledge to guarantee frontline workers and other corresponding professionals to notice and respond quickly to IPV warning signs which can hopefully prevent further incidences (Government of Ontario, 2023, Focus on prevention section, para.2). This action plan was developed in partnership with different ministries to help the province implement more integrated and wraparound solutions. To ensure these action plans are feasible and achievable, Ontario-STANDS is supported by an investment of $162 million from Canada's National Action Plan to End Gender Based Violence. This investment is complementary to Ontario's investment of $1.4 billion for gender-based violence services and prevention programs. Ontario-STANDS will work in collaboration with federal, provincial and territorial sectors to try and mitigate IPV incidents.

Relatedly, there have been other positive policy amendments over the past 25 years regarding IPV, such as changes to the Residential Tenancy Acts, the Special Priority Status and the Canada Housing Benefit (Maki, 2023). For instance, survivors can now end tenancy agreements early without any financial penalty if proper documentation is provided (Maki, 2023). The Special Priority Status allows quick social housing placements for those most in need. In Ontario, the Canada Housing Benefit program developed in collaboration with the federal government provided additional financial support through a "portable housing benefit" for those on social housing waitlists (Government of Ontario, 2019). Despite these advancements, implementation remains time-consuming, leaving women with restrictive access to necessary supports. These amendments are beneficial, but not available to all. For example, these policy changes are not always available in rural regions, where housing is already limited, leaving many survivors without the access to the benefits of these amendments (Government of Canada, 2019). This leads to inconsistent programming and difficulty in hiring trained staff to manage services (Maki, 2023). To try and bridge these gaps, some organizations look to the federally funded Housing First program which provides stable long-term housing for up to a year for those who need it (Maki, 2023). However, at times, survivors must provide documentation that "proves" the abuse to access the shelter or housing program, leading to inconsistent intake requirements as not everyone documents their IPV experiences (Perreault, 2015, as cited in Maki, 2023).

Similarly, access to second stage housing also comes with a variety of challenges that limit housing options. For instance, the different funding sources available to them are often inaccessible because most of the available grants for housing developments are extremely competitive because of how in-demand and necessary housing developments are across the

country. In the past, affordable housing grant programs have received four to five times more applications than they could fund which highlights a significant gap in resources needed to create affordable housing for women's shelters and for all housing providers (Women's Shelters Canada, 2024). Additionally, these competitive grant programs usually do not have second stage transitional houses (SSTH) in mind when they are designed, as they are normally more expensive as they aim to build two, three, and four-bedroom units which are more expensive than one bedroom, or studio units. Since SSTH require additional space to include important IPV programs and services, these builds typically have less housing units and more communal spaces that do not bring in funds. Examples of these spaces would be children's playrooms, community areas with kitchens and cultural rooms. Since these spaces do not provide income, these projects are much more expensive to build and maintain (Women's Shelters Canada, 2024).

Complementary to Ontario-STANDS, the Ontario government's plan intends to build a "comprehensive and connected mental health and addictions system that is sensitive to the needs of Ontario's diverse population, including survivors of gender-based violence through Ontario's Roadmap to Wellness" plan (Government of Ontario, 2023, Cross-government collaboration section, para.6). While these policy frameworks guide IPV organizations, substance use services are managed differently through a different set of provincial policies.

The Government of Ontario (2020) created the Roadmap to Wellness plan to create a strategic blueprint which invests funds over "10 years to develop and implement a comprehensive and connected mental health and addictions system for Ontarians" (Letter from Doug Ford, Premier section, para.2). It intends to transform mental health and addiction services for Ontarians and ensures a connected, equitable and a quality care system. There are more than

one million Ontarians per year that experience mental health and/or addiction challenges which is known to have severe impacts on their quality of life and those around them. The province's economic productivity is heavily impacted by these challenges, as it is known that there are approximately 500,000 Canadians per week that call in sick due to mental health or substance use challenges. As previously stated, social services and programs are divided, fragmented and face barriers that limit individual's access to services which leads to additional struggles for those who are seeking help. Roadmap to Wellness sets a standard for integrated, equitable and improving guidelines around substance use services which can be seen to help users receive support in different realms of life (Government of Ontario, 2020).

In addition to specific IPV and substance use policies intended to support survivors, women experiencing IPV and substance use are also known to struggle financially, especially since some have their finances controlled by their perpetrator. This is why the Government of Ontario's (1997) *Ontario Works Act* relates to the challenge of income support. This Act is known to guide Ontario's municipal support for economic needs. The *Ontario Works Act* intends to help those in need by supporting them through learning to becoming financially independent as well as provide them with temporary financial assistance. It provides a maximum amount of money for basic needs such as food, clothing, and other personal items, prescription medication, and shelter costs, which depends on the size of the family, current income, housing costs and more (Government of Ontario, 1997).

Ontario Works is seen to be an essential measure helping women break cycles of IPV, however, this same Act has not spoken to the gaps and shortcomings regarding other basic needs. This Act rather uses a "risk thinking" approach that evaluates and screens marginalized groups in a negative way (Government of Ontario, 1997). According to Burnett et al. (2015), this policy

has created a system reliance which places women in situations that limit their access to resources, services and support that would benefit their independence. To qualify for financial assistance, some women reduce their finances which in turn could make women choose harmful financial decisions in hopes of receiving social support. In turn, this teaches them to make risky decisions in hopes of receiving something in return. Not only do women lower their assets, but the income eligibility for Ontario Works retains women in limited financial situations. Ontario Works cannot adequately support a single parent once women leave their partner perpetrator, nor does this act consider changing circumstances that frequently occur within society such as increased cost of living. What they offer to those in need is fixed and despite differences between individuals, everyone gets a different amount which places additional barriers, challenges and gaps within certain individuals' lives (Burnett et al., 2015).

While income support is important for IPV and substance use survivors, public housing is known to act as a stepping stone for individuals and families in times where they are homeless, in need of shelter or require safe environments. Public housing is related to the *Social Housing Reform Act* which is known to "provide for the efficient and effective administration of housing programs by service manager" (Government of Ontario, 2000, p.5). To acquire municipal subsidized public housing units, this Act allows municipalities to determine "geared-to-income rent" (Burnett et al., 2015). This Act includes providing women experiencing IPV with access to safe housing which helps these women escape violent environments (Burnett et al., 2015). Shelter staff in Burnett et al.'s (2015) study state that difficulties in accessing affordable housing is a key structural barrier which challenges women's ability to leave IPV environments due to limited access to shelter and housing. Additionally, to qualify for housing under the *Social Housing Reform Act,* many women must prove, by requirement, the abuse and violence endured

within the relationship, however, this leaves women feeling like they are not believed and must give up their privacy to prove their violent encounters. Similarly, the *Social Housing Reform Act* requires women to provide documentation that their perpetrator is or was living with them, as well as evidence that they will be permanently living separately from their perpetrator. All the documentation must be submitted a maximum of three months after they stop living together. While women are seeking shelter to escape violent environments, many of them want to escape with their children (Burnett et al., 2015). This showcases how housing policies create different barriers and place additional challenges on women's access to safe shelter. Having to prove their abuse and violence limits women's ability to access housing since women are intended to prove their realities instead of "working within the parameters of a policy that responds to her needs" (Burnett et al., 2015, p.12). This Act assumes that all women document and have proof of their violence, when in fact some may not have the time or resources to document everything.

According to Burnett et al. (2015), while housing policies aim to help organizations and women navigate housing uncertainties, organizations must be sufficiently knowledgeable to assist women in presenting their cases by documenting experiences of violence to access safe housing. However, shelter staff are often ill-equipped in preparing and presenting a case of a client's victimization. Re-victimization is a downfall of structural barriers and challenges put into place by the policies and legislation that are intended to help women and clients experiencing IPV. These challenges make it harder for women to be believed, thereby complicating their access to housing, thus extending their stay at IPV shelters. This, then limits shelter's ability to accept and help new clients because they do not have enough space which goes against their mandate and philosophy of helping women experiencing IPV (Burnett et al., 2015).

Accessing safe housing is important for women navigating IPV and/or substance use, however, having policies in place that protect their children is also deemed an important factor for many women. For instance, the Government of Ontario's (1990) *Child and Family Services Act* (CFSA) is known to guide women experiencing IPV with the intent to "promote the best interests, protections and well-being of children" (Burnett et al., 2015, p.7). An essential aspect that this Act considers is whether IPV exposure to children is considered child maltreatment and in need of protection. However, this can, in turn, revictimize women in addition to experiencing IPV as their children could be taken away if the government considers exposure to IPV to be damaging to the child even though the mother experiences it as well.

Despite having the possibility of accessing a safe environment, women consider their children and whether accessing shelter or substance use organizations will place their children in jeopardy of harm and/or being taken away. Having the possibility of having their children taken away due to the government believing children need protection can be seen as a barrier to accessing shelter and/or support as women may not want to risk losing their children. According to Burnett et al. (2015) shelter staff have recognized the necessity of policy changes within the family court system. It is believed that the system has little understanding about the realities around experiencing IPV. This can be shown through family court orders, like custody and access agreements where women who have experienced IPV and who are going through the family court may be left in positions of having to legally allow their partner perpetrator to see their children, despite having a no contact order against them. This can be seen to leave women in vulnerable situations as they must organize the children's visits with the partner perpetrator without violating the no contact order. In turn, women risk their own safety due to the family court granting the partner perpetrator access to seeing the children. While these situations can be

extremely intricate and complicated to manage, the family court system often leaves shelters and organizations in situations where they must guide women through these policy challenges. However, organizations and shelters do not always have the experience and knowledge of different policies which can be seen as additional barriers in providing service delivery to clients (Burnett et al., 2015).

Additionally, Burnett et al. (2015) explain how guidelines from the Ontario Association of Children's Aid Society can require "forced shelter" for women who are in IPV situations to protect them and their children. However, this forced shelter guideline goes against shelters and organizations basic principles of valuing and respecting client's choices. Shelters working directly with women and their children have different views and understandings compared to the Children's Aid Society, which places shelters within narrow margins when it comes to their clients. For one, shelters must report whether they deem a child needs protection, however, at the same time, shelter workers try to build trust with women, which is an important value for them. Secondly, some women come to shelters with limited trust and willingness to engage in services and programs because they have been forced to attend them by the Children's Aid Society (Burnett et al., 2015). This distrust of the system creates additional challenges for shelter staff to deliver services, limiting women's access to comprehensive care models.

What is missing in legislation

Gaps within social organizations can be seen to be rooted in legislative and policy frameworks that shape how resources are allocated, and services are delivered (Burnett et al., 2015). Policies often neglect to take into consideration the complex and diverse challenges that directly impact women's realities and life experiences (Burnett et al., 2015). As Burnett et al., (2015) state, when we want to challenge policy issues, we need to recognize that policies are

"proposed, enacted and implemented within a particular context and that the context shapes how the policy affects women's lives and the shelters that serve them" (p.6). Policy making is carried out through established structure. These structures are known to create silos that hinder organization's ability to coordinate and collaborate on IPV cases, as well as influences the policies that organizations adhere to. While policies surrounding IPV services are intended to help women navigate IPV, these same policies can be seen to revictimize clients as they create additional barriers and gaps within organizations (Burnett et al., 2015). This is why it is important for policy makers and stakeholders to understand how structure impacts and influences shelters and organizations.

While the policies regarding IPV and substance use are intended to provide women and children with support relating to different realities around IPV, substance use, housing, and income, these same policies can be seen to create inconsistencies, barriers and gaps within services and programs that limit women's ability to move on and create a better life. Oftentimes, these policies make it harder for organizations and shelters to execute their mandates and help their clients break their cycles of vulnerability. Since women experiencing IPV and/or substance use have complex and diverse needs, policies should ensure that all needs are accounted for. If policies and legislations do not consider these differences, the same policies that are intended to help women are seen to reinforce structural barriers, gaps and challenges that neglect women's realities (Burnett et al., 2015). These structural barriers and challenges limit shelter's ability to improve women's access to "social determinants of health such as income, social support networks, and housing security" (Burnett et al., 2015, p.13). In turn, policymakers need to address structural barriers and challenges to ensure they adequately provide women with the right tools and resources to better their lives and have access to the right services. This

showcases the unintended consequences created by policy and decision-makers creating additional challenges and barriers for women experiencing IPV and/or substance use.

While current policies help guide IPV and substance use organizations in providing guidelines for them to follow regarding IPV or substance use experiences, there are no specific policies that provide procedures when it comes to attending to intersecting needs. This leaves organizations deciding what support services to provide. Policy structures that are constructive, provide clear guidance, and avoid placing women in vulnerable situations would better enable organizations to deliver comprehensive services, allowing more women to access support systems without confronting structural barriers.

Barriers to Integrated and Inclusive Care

Despite legislation stating not to discriminate against those who use substances, some IPV shelters still work with "zero-tolerance" substance use policies that limits the length of stay for women navigating IPV and substance use, potentially worsening their trauma symptoms (Gezinski et al., 2021). Research shows that IPV shelters do not always attend to substance use needs, believing that substance use falls outside of their mandate (Schumacher & Holt, 2012). Chartas & Culbreth (2001) indicate that a main barrier to integrating services is the difficulty of combining two treatment approaches without compromising the integrity of either model. The need for the expertise of both sectors when combining interventions, rather than, letting one sector take the lead is necessary to ensure that the validity of the integrated approach is not compromised (Meyer et al., 2022). However, this uncertainty means that women in need are sometimes turned away from IPV services because they are using substances or turned away until their mental health is stabilized. Given the management of intersecting challenges like IPV,

addiction, and mental health through siloed approaches, survivors are often forced to choose one treatment option they want to focus on (Mason et al., 2017).

Women who have experienced violence, substance use and/or mental health challenges are often labeled as being "deviant", or "undesirable," leading to high levels of discrimination from society and the services and programs they try to access (BC Society of Transition Houses, 2011). Specifically, within IPV shelters, misconceptions about women using substances can be widely seen to limit their access to care. For instance, it is believed that women using substances may not be able to comply with shelter rules, they may be dishonest or untrustworthy, neglectful of their children and responsibilities of being a mother as well as unmotivated to work towards getting better (Hovey et al., 2020). Such stereotypes have led many IPV shelters to implement "zero-tolerance" policies around substance use that can lead to the eviction of clients who use substances (Gezinski et al., 2021). The fear of eviction can discourage women from disclosing their substance use, which means that in some cases, care facilities may not have complete knowledge of women's needs. Consequently, the services and programs offered may only be treating part of their client's challenges, leaving them unstable and in limited capacity to transform their lives (Gezinski et al., 2021). For women faced with additional barriers in accessing support due to their low socioeconomic status, immigration status, geographic location and discrimination due to gender, age, race, sexual orientation, or ethnicity, stigmatizing labels can leave women even more vulnerable due to being unable to access services intended to break cycles of IPV and/or substance use (BC Society of Transition Houses, 2011).

Within Meyer's (2016) study, she explains how IPV survivors continuously face stereotypical and victim-blaming attitudes. It is important to note that not all survivors of IPV are viewed the same. Depending on their personal characteristics, some are seen as innocent and

vulnerable, while others are not. The characteristic of an ideal victim is crucial when it comes to considering who deserves care and support. For example, those who are viewed as weak, shy and vulnerable are seen as an ideal victim and worthy of support whereas those whose behaviours are deemed risky or questionable are not (Meyer, 2016). Meyer (2016) explains how Nils Christie (1986) offers a framework around the concept of the ideal victim which can help explain how and why women's experiences of IPV can either be positive or negative when it comes to who deserves support. For instance, Christie has five attributes for IPV survivors to fall into. In order for a woman experiencing IPV to be seen as innocent and worthy of support they must be "(a) weak or vulnerable, (b) involved in a respectable activity at the time of victimization, (c) blameless in the circumstances of his/her victimization and (d) having been victimized by a big bad offender (e) who is unknown to him/her" (Meyer, 2016, pp.76-77). Not only do women need to meet the criteria to be viewed as worthy of obtaining support, but a national survey conducted in Australia found that 78% of the population found it hard to understand why women would stay in an abusive relationship and 51% believed that women could leave the violent relationship if they wanted to (VicHealth, 2014, as cited in, Meyer, 2016). This demonstrates how not only does the "ideal victim" criteria influence how women are perceived when accessing support, but perceptions around why women stay in abusive relationships further reinforce victim-blaming attitudes. As a result, women who do not conform to the "ideal victim" image may be judged as responsible for their abuse, leading to limited access to support services. These attitudes can be understood through social reproduction, as norms surrounding the "ideal victim" are continually reinforced through societal beliefs, leading women who do not conform to be blamed for their IPV and/or substance use and perpetuating gendered inequalities to access organizational

support. This highlights how societal stereotypes play a significant role in shaping unequal outcomes for marginalized groups.

While some substance use organizations are known to prioritize abstinence or harm reduction approaches without addressing clients' experiences of IPV, this approach overlooks the trauma that may influence women's substance use patterns. Similarly, many services serving women with substance use needs do not respond to the connection between IPV and substance use (BC Society of Transition Houses, 2011). This highlights the need for integrated and coordinated care, as clients often have diverse and intersecting needs.

Additionally, given that IPV emergency shelters usually offer short-term stays (30-60 days), to provide immediate protection and a safe environment to leave violent situations (Schumacher & Holt, 2012), longer term housing becomes a further complicating factor in addressing these women's needs. Beyond service delivery approaches, broader structural factors such as the affordable housing crisis further limits women's ability to access support (Maki, 2023). Limited affordable housing remains a significant barrier for many women looking for permanent and/or long-term safety. Taking these situations into consideration when assessing organizations' success allows stakeholders to better understand the gaps within the systems which can lead to additional required resources to address these concurrent barriers. Thus, success may not be fully captured based on the aspect of securing permanent housing, rather it can be understood more holistically, accounting for clients' diverse needs, goals and realities (Maki, 2023).

Funding Opportunities

The different levels of governments provide IPV, and substance use organizations with different funding opportunities. Specifically, Women's Shelters Canada (WSC) provides IPV

federal funding opportunities through the creation of different programs that allow organizations to apply to. For example, the Canada Community Security Program (CCSP) opened on October 1, 2024, allowing shelters geared towards people experiencing gender-based violence to apply for funds (End Violence Against Women | Women's Shelters Canada, 2025). The funding is covered by Public Safety Canada for up to 70% where the remaining 30% needed to cover costs usually comes from external sources such as private funding, or funding provided by a provincial/territorial or municipal government (End Violence Against Women | Women's Shelters Canada, 2025). For this program, government funding cannot exceed 100% of the funding, which demonstrates how organizations must look for other funding opportunities to ensure they have sufficient funds to run the organization (End Violence Against Women | Women's Shelters Canada, 2025).

The Government of Canada has provided funding and support for 34 Ontario-based organizations to prevent and address gender-based violence in Ontario and throughout Canada (Government of Canada, 2024). This funding targets 5 Indigenous women's and 2SLGBTQQIA+ organizations in Ontario. It also addresses gender-based violence through promising practices and community-based research, with a portion specifically targeting organizations that study gender-based violence and IPV, as well as survivors' needs and service gaps (Government of Canada, 2024). On the other hand, the Ontario government provides social services with a variety of different funding opportunities through MCCSS which offers IPV organizations the ability to help support women. For instance, to help support survivors of IPV, domestic violence, human trafficking and child exploitation, the Ontario provincial government is investing more than $4 million throughout the province (Government of Ontario*,* 2023a*).* This funding is provided through the Victim Support Grant (VSG) program, which offers resources to meet the

needs of individuals affected by IPV, domestic violence, human trafficking and/or child exploitation (Government of Ontario*,* 2021*).* The VSG is part of Ontario's Guns, Gangs, and Violence Reduction Strategy and matches the province's $307 million through the Anti-Human Trafficking Strategy of 2020-2025 and through the Combating Human Trafficking Act of 2021. The VSG enables police services in conjunction with community-based agencies, organizations or Indigenous communities, to develop or improve social services aimed at supporting individuals experiencing violence (Government of Ontario*,* 2021*).* While millions of dollars are allocated to address IPV, domestic violence, human trafficking and/or child exploitation, the funding is mostly directed towards police services across Ontario.

Through MCCSS, the Government of Ontario (2025a) is investing an additional $26.7 million over the next two years to help free up space within emergency shelters as well as improve the Family Court Support Worker program. This funding is seen to help improve the access to services and supports as waitlists are continuously growing. This will allow emergency shelters to increase their accessibility, thus allowing survivors to receive the support needed to break their cycles of vulnerability. IPV shelters serve around 12,000 women and dependents each year, demonstrating the need for improved flow and accessibility to support them. These funds will help 65 emergency shelters across Ontario, whether being, urban, rural or remote locations. Ontario's Minister of Children, Community and Social Services, Michael Parsa states "[o]ur government is taking action to end gender-based violence in Ontario by investing in community partners and strengthening local services" (Government of Ontario, 2025a, para.2). This can be seen to be important to align social organizations' funding structure to their mandates and clients' needs to provide women with healing practices (Government of Ontario, 2025a). With increased

investments in social services, essential organizations would be more equipped to provide comprehensive support.

Within Ontario's four-year plan to end gender-based violence, the province is investing $1.4 billion towards services that help prevent IPV (Government of Ontario, 2025). In November 2023, Ontario and the Federal government agreed to a $162 million investment towards the implementation of the National Action Plan to End Gender-Based Violence (Government of Ontario, 2025). These investments will allow IPV shelters and organization "to strengthen its focus on prevention, collaboration, and integration across sectors to help address the root causes of gender-based violence and improve longer-term outcomes for survivors and their families" (Government of Ontario, 2025, National Action Plan to End Gender-based Violence section, para.2).

While IPV organizations receive funding from federal and provincial governments, they also receive funding from external sources. Opportunities through different grants and charitable organizations allow agencies to complement their core funding. This can be seen to allow different types of IPV agencies to acquire funding for specific services and/or programs they wish to offer. These types of funding models can break barriers that are seen to stop individuals from accessing IPV shelters. For instance, WSC was created in 2009 through collective views on ending violence against women (End Violence Against Women | Women's Shelters Canada*,* 2021). Through the provincial and territorial shelter associations, the WSC was created, which was formally known as the Canadian Network of Women's Shelters & Transition Houses *(*End Violence Against Women*,* 2021). The WSC has now become a national, collaborative voice for change and has become a charitable organization since November 2012 (End Violence Against Women | Women's Shelters Canada*,* 2021). They have a wide range of different funding

opportunities for IPV organizations, which allow agencies to apply for different grants. These grants can be seen to provide shelters and transitional housing with necessary funds to convert spaces and/or construct new spaces to allow women with different needs access to safe environments (End Violence Against Women | Women's Shelters Canada, 2025a).

The WSC created the *Shelter Ready Fund* in response to the challenges shelters and transitional houses faced during the Covid-19 pandemic. From 2020 to 2023, the WSC allocated more than $100 million of federal government funding to shelters and transitional houses across Canada (Women's Shelters Canada, 2023). In its pilot round, the WSC ensured to continue to financially support IPV shelters and transitional houses by granting 20 shelters/transitional houses $25,000 each (Women's Shelters Canada, 2023). This grant targets and supports shelters with projects already in place or those who have not received funding from sources they've applied to. Projects that wish to receive additional funding can also apply (Women's Shelters Canada, 2023). While the WSC created the *Shelter Ready Fund* for IPV shelters and transitional houses during Covid-19, the pandemic's lasting impacts have compounded their pre-existing funding and operational struggles and challenges. While 20 IPV shelters and transitional houses received $25,000 each through this funding model, this patchwork funding structure does not assess the underlying problems shelters face.

While second stage transitional shelters support survivors of IPV by providing them with extra support and safe housing, the lack of sustainable funding for second-stage shelters impacts their ability to provide the necessary programs and services (Maki, 2020). According to Maki's (2020) research, 71% of second-stage shelters across Canada receive some sort of provincial or territorial funding, however, in Ontario, second stage shelters do not receive any sustainable provincial government funding which impacts their ability to provide comprehensive support.

Not only does limited funding impact the monetary allocation of staff, but it also induces high staff turnover rates. The lack of recognition from funders on the importance of comprehensive services and qualified staff leaves clients with additional barriers to overcome due to organization's limited capacity to include diverse services and programs. Only Quebec and Alberta are known to receive recurring core funding from their provincial governments. Ontario lost their second stage shelter funding in 1995 due to the Conservative provincial government stopping their financial support. These shelters have yet to recover from these funding cuts. Two survey respondents from Ontario stated "we lost our provincial funding in 1995…We are at the mercy of cuts at any time. We are very unsure of what the future holds. It would be hard to imagine how stand-alone second stage programs could do much more than keep the heat and lights on based on the lack of funding to this important part of the service continuum for women and children fleeing violence" (Maki, 2020, p.38). The lack of recognition shelters and organizations receive, limits their funding and in turn limits survivors' possibilities of acquiring help and support. With limited funding, shelters and organizations do not have sufficient funds to acquire specialized staff, implement additional programs and services, or improve their building and infrastructure to accommodate for more individuals in need.

Additionally, there are clear disadvantages between shelter locations. For instance, in Maki's (2020) study, four out of five (80%) Indigenous shelters stated not receiving any government funding compared to 25% of mainstream shelters. One participant in a focus group held in Ottawa in 2020 stated her frustration with the government only covering new builds. Her organization has wanted to introduce a variety of different programs and services "but they're not giving us anything else besides funding for the structure" (Maki, 2020, p.38). Disadvantages between geographic location or types of shelters proves the systemic inequalities marginalized

groups constantly face. Not only do marginalized groups face daily challenges, but they also face these same challenges and struggles when wanting to acquire help and support to better their lives. Respondents stated that many of their shelters must find innovative ways to find funding such as fundraising events, however, this can be seen to benefit larger urban shelters that are connected to bigger communities and organizations (Maki, 2020). Systemic inequalities foster barriers that limit their ability to attend programs and services because these same programs and services face similar injustices. Even if it can seem easier for larger urban shelters to fundraise, one Ontario shelter mentioned feeling stuck due to not being professionals at fundraising (Maki, 2020).

Workers from the IPV sector note that there is an inclination towards short-term funding cycles by government ministries and private granting foundations (BC Society and Transition Houses, 2011). IPV workers state that these types of funding cycles are damaging to the progress and growth of programs for women who have or are currently experiencing IPV and substance use. The downfall of short-term funding cycles is that it makes it hard for organizations to plan long term, to acquire and support qualified staff and to have the time and resources to develop and maintain partnerships and collaborations (BC Society of Transition Houses, 2011). For example, while substance use services are not generally provided within IPV organizations, shelter staff are required to address these issues if they arise (Hovey et al., 2020). However, oftentimes shelter staff are improperly trained to manage and provide support for substance use concerns (Hovey et al., 2020). This is mainly due to training costs being unfeasible for organizations because harm reduction services can be expensive for agencies that are already underfunded (Hovey et al., 2020).

The underlying barrier to collaborative and integrated care is "patchwork" funding. This can look like receiving $25,000 from one source and $100,000 from another, however, to pay a multi-million-dollar project, these uncertain funds make the process more complex and takes a lot of time and effort *(*Women's Shelters Canada, 2024). Additionally, from 2006 to 2015, the federal government reduced funding to women's organization by almost 40% (Michaelsen et al., 2022). The government moved towards project-based funding models, which affects organization's long-term sustainability (Michaelsen et al., 2022). The diversity of programs and services is essential to meet clients where they are at in their healing process, however oftentimes, programs are conditional on the availability of funds and resources which is known to be limited (Maki, 2023). It is known that due to project-based funding, many programs and services are at risk as there are insufficient funds to finance an array of services and programs as well as to pay experienced staff (Maki, 2023).

Combining these challenges, funding instability further restricts organizations' ability to provide comprehensive care. An executive director in Maki's (2023) study stated "we do not have core operational funding. As such, our staff salaries are paid for by grants and donations. This is not a secure form of funding and the potential for staffing cuts at any time is a risk" (p.15). The reality of patchwork funding showcases organizations' inability to provide diverse programs and services for clients to choose from, limiting their ability to help clients where they are at. Not only are funding challenges known across agencies and organizations, but clients are also aware. Clients were asked what improvements were needed within their organization and results show that many spoke about needing "funding to be able to obtain more programming staff support" (Maki, 2023, p.15). Limited funding has led to many women's organizations having to close their doors despite the increased needs of their services.

To address persistent funding gaps, many organizations rely on individual efforts to fundraise to try and introduce new resources and treatment options (Hovey et al., 2020; Kulkarni, 2019). Michaelsen et al. (2022) stated Covid-19 exacerbated these financial concerns with the unexpected costs associated with additional protocols they had to implement. With the pandemic's severity, the rules organizations had to abide by negatively impacted their fundraising opportunities, which they rely on for additional funding. Due to organizations' limited capacity to fundraise during the pandemic, an organization within Michaelsen et al.'s (2022) study stated losing tens of thousands of dollars since they usually organize a casino fundraiser where 15 volunteers go to a casino and work for two nights. While federal and provincial governments provided emergency funds, these agencies stated how these funds did not consider pre-pandemic funding challenges (Michaelsen et al., 2022). This financial insecurity leaves organizational administrators to allocate substantial time searching and applying for funding opportunities which takes time away from creating and developing programs and services that meet their clients' needs (BC Society of Transition Houses, 2011).

Similarly to IPV shelters and transitional housing, substance use agencies rely on patchwork funding from a variety of different funding structures that often prioritize short-term funding cycles. Specifically, substance use organizations receive funding from different sources such as the federal government through the Substance Use and Addictions Program, the provincial government and charitable organizations. The federal government provides funding for programs and services on the continuum of care such as harm reduction and treatment, whereas the provincial government provides funding through its ministries. For example, the Ontario government funds programs through the Ministry of Health to address substance use challenges.

The federal government has two approaches that have been implemented to try and address substance use challenges across the country. For instance, the Emergency Treatment Fund (ETF) and the Substance Use and Addictions Programs (SUAP) were created to respond to this "crisis" (Health Canada, 2025). Through both these program funds, the federal government has announced more than $84.4 million in funding for 65 community-led projects (Health Canada, 2025). According to Health Canada (2025) those receiving funding through the ETF can use these funds to address the urgent and immediate needs around capacity and culturally appropriate, trauma-informed and evidence-based programs and services. This can be achievable "through training, naloxone distribution, on-the-land healing, building upgrades, and increasing mobile response teams, crisis counsellors, and knowledge keepers or other Indigenous professionals" (Health Canada, 2025, para. 4). Through the SUAP, recipients receive funds to improve health outcomes for those who need prevention focused treatment, such as harm reduction services. This can be done through connecting those in need to different care model such as virtual care, harm reduction services, peer support, learning and healing, and building community organization capacity (Health Canada, 2025). Health Canada's SUAP offers funds to different levels of government, community-led and not-for-profit organizations (Health Canada, 2024). While community-led and not-for-profit organizations can receive funds from the SUAP, these are time-limited and are used for a variety of evidence-informed projects which include substance use prevention, harm reduction and treatment initiatives (Health Canada, 2024).

In efforts of minimizing harms related to substance use, the federal government has created a guide entitled The *Canadian Drug and Substance Strategy* (CDSS) in hopes of lowering the harms associated with substance use, as well as consequences families and communities may encounter (Health Canada, 2024a). Budget 2023 committed $359.2 million over five years,

starting in 2023-2024 to support the CDSS. This budget includes $144 million for the SUAP to fund community-led services and evidence-based health interventions (Health Canada, 2024a). The CDSS is an all-substance, public health and public safety strategy that works with over 15 federal government departments and agencies (Michael, 2023). Michael (2023) states that this strategy focuses on four areas which include prevention and education, substance use services and supports (treatment, harm reduction and recovery), evidence, and substance controls. The prevention and education areas intend to promote knowledge surrounding the different risks and effects substance use can have on individuals, their families and the community surrounding them. These initiatives intend to prevent, reduce or delay the harms associated with substance use by recognizing the risks factors associated with substance use and the different ways in which these same harms can be prevented through protective measures such as harm reduction initiatives. For these initiatives to be feasible, the Government of Canada has pushed for a more equitable access to services and programs related to substance use through providing funding to provinces and territories to improve their health care services (Michael, 2023). Specifically, this funding targets individuals who are disproportionately at risk of substance use and highly affected by it.

While the federal government provides funding to organizations and agencies offering services and programs related to substance use, the Ontario government offers funding through different ministries such as the Ministry of Health. Particularly, funding is provided to organizations that offer treatment, harm reduction and prevention initiatives. The Ontario government has different funding models that associate to different types of support. For instance, Ontario has said to invest $32.7 million in new annual funding for specific substance use programs (Government of Ontario, 2021a). With $3.8 billion over the next 10 years to fund

the Roadmap to Wellness guide, the annual $32.7 million is part of this guide to ensure and build a comprehensive plan towards targeted addiction services focused on those who need it (Government of Ontario, 2021a). The Ontario government is seen to invest in different initiatives that can be seen to help those in need. For example, through the Roadmap to Wellness and Addictions Recovery Fund, $124 million will be invested over the next three years as part of Budget 2024 (Government of Ontario, 2024). This will allow the creation of more than 500 addiction recovery beds. Also, over the next three years $152 million will be invested in supportive housing, especially for those who are currently in precarious living situations and who are experiencing mental health or addiction challenges. Finally, $20 million will be invested to support more than 100 Mobile Crisis Response Teams to allow health care professionals in collaboration with the police to assist crisis situations (Government of Ontario, 2024). The Ontario government says it committed to investing these funds because as the Deputy Premier and Minister of Health, Christine Elliott says

> the devastating impacts of mental health and addictions challenges can be felt in every community across the province, and our government is committed to supporting all Ontarians on their journey to wellness. By investing in addictions services across the continuum of care, from prevention to recovery, we are making it easier for people to find and access support where and when they need it (Government of Ontario, 2021a, para. 2).

Although Ontario invests millions in this sector, this funding is often insufficient and inconsistent, leaving substance use organizations struggling to sustain the high costs associated with providing comprehensive support.

To try and mitigate the homelessness challenge in Ontario, the provincial government is investing $378 million for 19 new Homelessness and Addiction Recovery Treatment (HART) Hubs. These HART hubs will mimic existing successful hub models in Ontario that provide care to those in need, all while ensuring regional priorities remain respected. These comprehensive

treatment and prevention services include “primary care, mental health services, addiction care and support, social services and employment support, shelter and transition beds, supportive housing, other supplies and services, including naloxone, onsite showers and food” (Government of Ontario, 2024, para.6). According to the Government of Ontario (2024), with the implementation of HART hubs, there will be 375 supportive housing units across the 19 different hubs as well as addiction recovery and treatment beds that will allow those in need to transition to stable long-term housing. While offering treatment and recovery services, HART Hubs will not and cannot offer “safer” supply and supervised consumption drug services. However, these hubs are intended to develop a stronger health care system for those with mental health and substance use challenges. HART Hubs will be implemented through the collaboration and partnership of the Ministry of Health, the Ministry of Municipal Affairs and Housing, the Ministry of Children, Community and Social Services, and the Ministry of Labour, Immigration, Training and Skills Development (Government of Ontario, 2024).

Despite the Ontario government providing increasing funding towards mental health and addiction services, on August 20th, 2024, Ontario banned supervised drug consumption sites within 200 meters of schools and daycares, citing the need to protect the safety of children and the community (Government of Ontario, 2024). This policy led to the closure of 9 provincially funded sites and one privately funded site on March 31st, 2025 (Government of Ontario, 2024). Although these organizations can no longer operate as supervised drug consumption sites, they have been encouraged by the provincial government to submit proposals to convert to HART Hubs (Government of Ontario, 2024). They will also be prioritized during the review process as they may qualify for up to four times more funding as HART Hubs compared to when they operated as safe consumption sites. The supervised drug consumption sites that are still in works

adhere to enhanced mandates ensuring the protection and safety of the community surrounding them which implement security plans, new policies, deter loitering and indorse conflict de-escalation (Government of Ontario, 2024). Additionally, the government presented legislation in Fall 2024 that prohibits the creation of new consumption sites or engaging in "safer" supply initiatives. Specifically, Sylvia Jones, Deputy Premier and Minister of Health said "communities, parents and families across Ontario have made it clear that the presence of consumption sites near schools and daycares are leading to serious safety problems. We need to do more to protect public safety, especially for young school children, while helping people get the treatment they need, which is why we're taking the next step to expand access to a broad range of treatment and recovery services, while keeping kids and communities safe" (Government of Ontario, 2024, para.3). Moreover, the government stated that crime in areas with supervised consumption sites have been significantly higher, where crime rates near the Ottawa sites were 250% higher than the rest of the city (Government of Ontario, 2024).

Although the government presents these changes as an investment to social supports, the ban on supervised drug consumption sites may drive people using substances into more vulnerable and unsafe situations. With access to safe spaces and sterile equipment, the spread of infectious diseases decreases (Thakarar et al., 2020). Supervised consumption sites not only help reduce these harms but can also serve as a vital point of contact to seek treatment. Additionally, such services can support individuals experiencing withdrawal and provide pathways to eventual recovery. Eliminating these sites may undermine public health goals. Moreover, the government's approach of encouraging consumption sites to close and convert into HART Hubs can be seen as a tactic that pressures the closure of remaining sites due to the promise of significantly increased funding, creating a financial incentive that may ultimately lead to the

reduction of harm reduction services, a service that the government is known to support. The closure of these sites may create additional gaps and barriers within the health system for those using substances. For instance, by closing these sites, it is not getting rid of substance use, rather it is displacing these individuals to other areas of society, which can increase societal problems, such as homelessness, unsafe use of needles, health issues, and more. This displacement does not create solutions to the problem, rather creates additional gaps that will require increased funding to repair the damages it may cause. Funding is already very limited and scattered, so by closing these sites, it can be seen to create bigger gaps in funding structures for organizations and agencies attending to substance use needs.

Despite the presence of funding, it is provided inconsistently, short-term and with little annual increases, making it difficult for social organizations to provide comprehensive support to clients intersecting needs. Consequently, this leads IPV, and substance use organizations to face a multitude of subsequent challenges, like a lack of training for staff, fewer resources to help client's needs, the overall lack of staff, and the inability to offer combined services tailored to clients' diverse needs (Hovey et al., 2020; Gezinski et al., 2021; Schumacher & Holt, 2012). Research explains the reasoning behind the difficulties in combining IPV and substance use services, which is mainly because there is not one "ministry, foundation or other philanthropic organization" that funds programs or services for these interconnecting challenges (BC Society and Transition Houses, 2011). Participants in a study stated that funds are provided separately for each challenge which places shelters and organizations in a position of applying to multiple different funding opportunities (BC Society and Transition Houses, 2011). For instance, IPV services tend to receive funding from social, housing or criminal justice ministries, whereas substance use services tend to receive their funding from health ministries. Since IPV and

substance use are funded under different ministries it creates gaps in service delivery as each ministry has differing views about what services should be funded.

While current funding opportunities are limited, organizations have turned to collaboration as a strategy to maximize limited resources and better meet clients' needs. Specifically, participants in Mason et al.'s (2017) study concluded that working together would better equip them in helping their clients as they would be able to attend to all needs that influence their IPV and/or substance use. Despite these needs co-occurring, many women experience being moved from one service to another to attend each need individually as staff members may deem another organization more fit to address clients' needs. However, the Covid-19 pandemic led organizations to turn to one another for support, which allowed them to occasionally meet and discuss different alternatives showing how collaboration can promote positive strategies (Michaelsen et al., 2022). For instance, a management worker stated how the pandemic led to some positivity, "but what I liked about it was, that even though everything was turned upside down, I think it brought us together, it created a collaborative atmosphere between resources like I hadn't seen in many years" (Michaelsen et al., 2022, p.872). Another management member stated how the pandemic led to a push for a feminist economic recovery plan. She stated "[w]e are calling for a feminist economic recovery plan and one of the things we talk a lot about is just investments in care services, so childcare services and housing […] I think one of the eye-opening moments is just that everyone is seeing how precarious our system is and how much better we can be and should be…" (Michaelsen et al., 2022, p.872).

Although we know that limited funding, staff expertise, and current policies around substance use and IPV are barriers to comprehensive and integrated care, we still do not thoroughly know how IPV and substance use organizations in Ottawa navigate these realities.

Given that much of the existing research was conducted prior to COVID-19 and the Doug Ford government, this study contributes more recent, contextually relevant data. Understanding the different challenges shelters face when women with substance use and/or IPV arrive at an organization can help explain the systemic and structural challenges that limit integrated and comprehensive care in Ontario. Understanding how organizations navigate, manage and coordinate these challenges can highlight the innovative strategies they use to develop supportive care for clients' intersecting needs. Thus, this project seeks to explore how Ottawa-based organization's navigate policy frameworks around IPV and substance use services and how structural barriers influence the delivery of integrated and comprehensive care.

THEORETICAL FRAMEWORK

The ways in which IPV shelters address the needs of women with substance use and the ways in which substance use organizations address the needs of women navigating IPV are as complex as the women's needs themselves. Given the influence of state funding and policies, feminist political economy can help us understand the influence of funding structures and policy frameworks around IPV and substance use services within the Ottawa region, particularly in the ways organizations can manage, address and coordinate clients' needs. Feminist political economy highlights the influence of economic and policy structures on women's lives, specifically looking at how gender, race, and class intersect with economic structures which can support inequality. This framework will guide the analysis of how funding structures and policy frameworks impact IPV and substance use agencies' ability to manage and coordinate intersecting needs.

Feminist political economy emerged in the early 1980s challenging the male-centered focus of traditional political economy theorizing (Luxton & Bezanson, 2006). Whereas, political

economy had long been “the study of society as an integrated whole that identifies and analyzes social relations as they relate to the economic system of production” (Drache, 1978, as cited in, Luxton & Bezanson, 2006, p.12), feminist political economy integrated gender, sexuality, race, class, and other groups experiencing systemic discriminations into their analyses in order “to advance analyses of progressive social change for economic and social justice” (Clement & Vosko, 2003, as cited in, Luxton & Bezanson, 2006, p.13). Importantly, these different forms of oppression, are to be considered in their complexity, rather than approaches that try to reduce injustice to only one or two dimensions (Armstrong, 2024).

According to Luxton & Bezanson (2006), political economists reject economic or political theories that focus on individual behavior to understand who gets what, how and why in favor of structural analyses. Building on Marxist theorizing of how the capitalist mode of production and class structure shape social life, political economists examine how broader structures of power, such as, the governments, markets and social institutions shape and influence society. Feminist political economy further builds on this framework by drawing attention to social reproduction as central both to capitalist production and to women’s subordination within capitalism. As Marx and Engels ([1867] 1976, 718) argue the “most indispensable means of production is the worker and … the maintenance and reproduction of the working class remains a necessary condition for the reproduction of capital” (as cited in Luxton & Bezanson, 2006, p.25). In other words, capitalism depends not only on the labor of workers, but also on the ongoing social processes that sustain them, including education, healthcare, training and income supports, all of which is generally referred to as social reproduction (Luxton & Bezanson, 2006). These dynamics are further compounded when decisions are made behind closed doors, a practice justified necessary to ensure competition and protect private interests but one that limits oversight of government

actions (Armstrong, 2024). As a result, the social conditions and economic injustices related to IPV, and substance use are reproduced and reinforced by the state itself.

This dynamic can be better understood through a feminist political economy framework, where social reproduction provides a critical lens for analyzing how the state and market allocate responsibility for the care of citizens and workers from the state or employers to individuals and families, particularly within a neoliberal capitalist economy (Luxton & Bezanson, 2006). Neoliberalism promotes "free" markets by reducing government regulations of capital and lowering corporate and income taxes. This approach emphasizes individual responsibility for challenges like poverty and unemployment, rather than attributing them to broader economic conditions. According to neoliberal thinking, freedom, autonomy and choice are central to framing individuals as resourceful and responsible for their own success or failure (Ostridge, 2025). By framing individuals as solely responsible for their choices and the resulting consequences, systemic inequalities are downplayed, creating additional barriers for marginalized individuals (Ostridge, 2025). This has guided neoliberal provincial governments, such as Ontario's Conservatives to overtake the welfare state, resulting in fewer protections under social assistance programs.

Applying this framework to IPV and substance use can help explain how and why the state may limit economic support to social organizations. When the responsibility for domestic care is allocated to women rather than treated as a collective concern, there is no approach for how women themselves are to be cared for. Rather than providing resources to help women navigate IPV and substance use, the government shifts the responsibility onto individuals and the social organizations attending to their needs. In doing so, the state obscures the structural and systemic

barriers thereby avoiding facing public scrutiny for their failure to ensure the well-being of all citizens.

The limiting access to social services, can be further understood to be a form of structural violence (Armstrong, 2024). As sociologist Sylvia Walby (2009) defines it, structural violence refers to the "interrelated social practices" embedded in broader social structures that produce systemic and avoidable harm. Violence can be seen to be rooted and established within social institutions which in turn can be seen to reproduce inequality. Rather than being solely the result of individual actions, violence is embedded within social institutions that reproduce inequality. Violence persists through socially regulated institutions that account for violence and decide how it should be punished. Since violence is regulated by the state and is largely known through criminalization, this focus has often limited attention to survivors lived experiences, leaving vulnerable groups, particularly women, without adequate support. Experiences of IPV also demonstrates how instances of violence can impact the welfare state through the need of financial and housing support, with implications for the wider economy. However, the state does not always adequately intervene to prevent or address IPV, leaving survivors in vulnerable situations where violence may persist or recur (Walby, 2009).

While governments may aim to support survivors of IPV through criminalization, this approach does not account for how violence persists within social structures or how these conditions unevenly affect different groups. For example, Walby (2009) states that women must rely on their own resources to find protection. This leads to additional inequalities as women with sufficient economic resources may have the means to escape and leave these violence situations, whereas those who do not have economic resources can be seen to stay in these cycles

of vulnerability as their individual resources limit their ability to escape and get the help they need (Walby, 2009, Chapter 5).

Similarly to violent encounters, substance use has largely been framed through a deviant and criminalized lens, positioning it as an individual failure rather than a socially produced reality. From a feminist political economy perspective, this hides the role of the state in organizing and sustaining social reproduction. Rather than providing comprehensive supports, the state intervenes through the criminalization of substance use placing responsibility on the individuals. This reflects neoliberal thinking by shifting the management of harm into the private sphere, where women are disproportionately responsible for care work. This demonstrates how the state depends on unpaid or underpaid work, often done by women to take blame for the social and economic consequences of substance use. This central analysis through a feminist political economy lens, showcases how affaires at home are solely treated as private responsibilities, rather than showing how their realities can be tied to broader economic and social structures.

Structural and institutional stigma can be seen to shape state decisions. Stigma originates from Erving Goffman, rooted in symbolic interactionism and focused on the micro level of social life rather than the structural level. Embedded within institutions and broader social systems, stigma can produce harm and additional barriers to accessing services and support (Tam, 2019). Institutional stigma can transcend to stigma at the population level which is influenced and reproduced through societal values and norms influencing discriminatory and exclusive policies (Tam, 2019). This can then be seen to lead to re-occurring cycles of IPV and substance use within society as those navigating these situations have difficulties accessing programs and services that are intended to help them due to stigmatizing beliefs. Instead of adequately supporting the social reproductive work involved in preventing harm, the state's restrictive

funding for IPV and substance use organizations contributes to the ongoing reproduction of these realities.

A feminist political economy framework provides a lens to examine the potential service gaps within IPV, and substance use services in the Ottawa region. This approach highlights how economic and political structures are gendered, shaping how institutions are established, funded and maintained. It also draws attention to the ways in which the state shifts responsibility onto individual and social organizations, influencing policy and funding decisions that often fail to account for the needs of women and service providers. As a result, while certain programs are prioritized, others that address intersecting needs may be overlooked, limiting women's access to comprehensive support. This framework also enables the analysis of how IPV and substance use organization manage and coordinate care for women with intersecting needs. Understanding how political and economic realities shape organizations' capacity to provide care can inform recommendations for changes within social institutions.

METHODOLOGY

To examine how IPV and substance use organizations manage, coordinate and respond to women's intersecting needs, I conducted semi-structured interviews with executive directors from five IPV shelters, and one substance use agency in the Ottawa region. Executive Directors' perspectives remain underrepresented in the literature, despite their unique insight into how funding, policy, and organizational constraints shape service delivery. By centering their perspectives, this study helps address that gap and strengthens understanding of the systemic challenges organizations face. Interviews were analyzed through a feminist political economy lens using Esposito & Evans-Winters's (2022) critical intersectional and Braun & Clarke's (2006) thematic approaches to identify key themes from the interview transcripts. I also

examined key relevant government policies prior to the interviews to help inform both the interviews and my analysis of them. This approach allowed me to examine organizations' capacity to respond to clients' diverse and intersectional needs related to IPV and substance use, while also analyzing how funding structures and policy frameworks shape organizations' capacity to provide care.

Data & Sample

To understand the supports available to individuals experiencing IPV and substance use in Ontario, I examined provincial policies relevant to this population that were available on the Government of Ontario's website. Policy documents were selected purposively based on their relevance to the study. An initial review of the literature, particularly Burnett et al. (2015), identified key provincial policies related to IPV, substance use, income assistance, child-related supports, and social housing, all of which are central to this study. These policies were subsequently reviewed to contextualize the interviews. Centrally important to IPV service provision is The *Ministry of Children, Community and Social Services (MCCSS) Act, R.S.O* 1990, c. M. 20 which outlines the guidelines and mandates of IPV organizations and the recent provincial initiative, Ontario-STANDS, which seeks to prevent gender-based violence. Additionally, substance use organizations are guided by Ontario's Ministry of Health where they are regulated, funded and guided by the *Roadmap to Wellness* plan which was launched in 2020. This plan claims to provide a strategic guide to manage substance use in Ontario.

I conducted semi-structured interviews with the executive directors of five of the nine IPV shelters in Ottawa: Harmony House, Nelson House of Ottawa Carleton, Interval House, and two others that requested anonymity and will be referred to as Shelter 1 and Shelter 2, and Amethyst Women's Addiction Center, a substance use treatment centre that serves women in Ottawa. IPV

shelters were selected at random in Excel, by sorting all Ottawa based IPV shelters in random order and then selecting the first five to contact for interviews. Four of the five sampled agencies agreed to participate, and a fifth agency was included via invitation from one of the sampled executive directors. I purposively sampled Amethyst Women's Addiction Center given its particular focus on substance use treatment of only those who identify as women. Executive directors were recruited directly by email in September 2025, and interviews were scheduled in late September and October 2025. All interviews were conducted via video call lasting approximately one hour. Nelson House of Ottawa Carleton and Interval House were interviewed at the same time online and the remainder were conducted one-on-one. Given that interviews were conducted exclusively with executive directors, the findings likely reflect organizational perspective and are not intended to capture clients' experiences.

All organizations in this study provide support services to individuals who identify as women. While they share this common mandate, each organization offers distinct services and capacities. Nelson House of Ottawa Carleton, Interval house, and Shelters 1 & 2 are considered first stage shelters, offering emergency safe shelter and related supports for women fleeing IPV. Harmony House is Ottawa's only second-stage transitional housing shelter, supporting women and children as they transition out of emergency IPV environments and wait for affordable housing. One of the anonymous shelters serves the francophone population. The sizes of shelters range from 15 to 30-beds. Amethyst Women's Addiction Center is a non-residential day-program agency that supports self-identifying women with a variety of different addiction services including workshops, individual and group therapy programs, and health promotion.

As shown in Appendix A, the interview guide included a series of open-ended questions. The overarching themes of the questions were tailored to the directors' experiences working at

IPV and/or substance use organizations. For example, I asked them to explain their organization's philosophy of care, what they can and cannot offer as services. As well, I asked them about the different policies surrounding substance use and IPV and how they manage and address intersecting needs in relation to their approach to care and mandates. Furthermore, I asked them to explain the common realities they faced within the organization when it came to their funding structures and policy frameworks and how they may influence their ability to manage, address and coordinate care and services to clients.

Methods of Analysis

To better understand organizations' structural realities, I reviewed IPV, and substance use policies prior to conducting the interviews to identify the policy frameworks that may influence organizations' capacity to provide comprehensive care. Policy documents found on government websites and relevant articles journal articles were first read in full to understand their content and context. I then conducted a focused reading process in which I identified and teased out key themes related to IPV, and substance use guided by Braun & Clarke's (2006) theoretical thematic analysis framework. I focused on what the policies claim to address in relation to IPV, and substance use experiences along with how they can contribute, positively or negatively to access to care. Reading the policies more thoroughly allowed me to identify gaps in service capacities and assumptions about how policies could be modified to enhance services and support systems. This review allowed to engage critically with how these policies use language to signal inclusion and exclusion, as well as to the structural implications that influence service provision, such as, eligibility criteria and service mandates.

Interviews were analyzed using Braun & Clarke's (2006) theoretical thematic analysis framework. This approach is driven by the research question and researcher's analytical interests,

allowing for a more focused and in-depth analysis of specific aspects of the data rather than a broad descriptive overview. Coding in this way enables the researcher to identify patterns relevant to the research question. Following Braun & Clarke's (2006) approach, the analysis involved familiarization with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and then producing the final report.

With conducting interviews on Teams, it allowed me to transcribe the interviews in-real time, which I then went through and edited each one, making sure they were accurate. Interviews were then coded line-by-line in NVivo guided by the primary research question analyzing how Ottawa-based organizations navigate policy frameworks related to IPV, and substance use services, and how structural barriers shape their ability to deliver integrated and comprehensive care. Coding began with a liberal coding of any text that might capture potentially relevant themes, ideas or patterns. This stage of coding was followed by a process of examining the codes to decide whether some needed to be combined, modified, split, renamed or reorganized to allow for a more coherent coding structure. This process of examining the codes transitioned into the development of themes and patterns that recurred in the interviews, which formed the foundation of the theoretical analysis.

This research was conducted in accordance with the Office of Research Ethics and Integrity at the University of Ottawa. To protect participants and organizational anonymity, all identifying information was removed from the data of participants who wished to remain anonymous, and pseudonyms were used consistently across transcripts, notes, and all related documents. All data collected for this study were then securely stored on a password-protected laptop, with additional password protection applied to individual files. To further ensure

anonymity, not all eligible agencies in Ottawa were included in the study, thereby reducing the risk of indirect identification of organizations that prefer to be remain anonymous.

RESULTS

While examining how structural influences, such as policy frameworks and funding structures impact IPV and substance use organizations' ability to provide comprehensive and integrated care, three key themes emerged. Specifically, this section presents how organizations navigate policy frameworks, particularly around the capacity to provide care to intersecting needs, how precarious funding structures influence organizations' service delivery capabilities, and how organizations advocate for systemic changes to strengthen their capacity to provide comprehensive care to clients.

Navigating Policy Frameworks Around Substance Use in Service Provision

This theme highlights how Ottawa-based organizations navigate policy frameworks around serving the dual needs of those experiencing IPV and substance use. Across organizations, government policies provide guidance, however interview participants made clear that these frameworks need to be interpreted and adapted to the unique contexts and resources of each shelter. Governments, whether federal, provincial/territorial or municipal, have different ministries and departments that create policy frameworks that are intended to guide providers to ensure consistent service provision across the province (Ontario Association of Interval & Transition Houses, 2010, p.3). For IPV shelters that receive provincial funding, they must follow both the "Shelter Standards" and the "Violence Against Women (VAW) policy" framework written by the Ministry of Children, Community and Social Services (MCCSS) (Ontario

Association of Interval & Transition Houses, 2010). MCCSS makes clear in their policies that substance use is not a valid reason to deny services to potential clients.

Whereas government policy for treating IPV discuss substance use explicitly, there seems to be no equivalent policies for substance use agencies in how to manage instances of IPV. This lack of direction may constrain organizations' capacity to effectively support diverse clients with varying needs. However, as this study interviewed a director at only one substance use organization, this may not be the reality for other substance use organizations within Ottawa or more generally. Nonetheless, the interview analysis reinforces existing literature by illustrating how IPV and substance use organizations face challenges in coordinating services, securing adequate resources, and addressing women's intersecting needs, such as housing, financial support, trauma-informed care, IPV and substance use supports in the absence of clear policy guidance.

While Ministries and governments provide some guidelines and standards when it comes to providing support for IPV and substance use, interviewees stated that they often assess case by case. For instance, the executive director at Amethyst, a substance use organization stated "[i]t's hard to say like this is how we deal with it because I think it's just very dependent on…the client…It would really depend on…where they're at or what they are looking for" (Elise Harris, Amethyst Women's Addiction Center). Amethyst does not have specific policies guiding them in handling situations of IPV. While this can be seen to allow clients navigating both IPV and substance use to access the organization, Amethyst does not always have the staff or resource to manage IPV needs, which is why they refer women elsewhere if necessary. While this can work for some, others require immediate support for both needs leaving them in a position to decide which support to pursue.

Harm Reduction vs. Abstinence-Based Approaches

Although, government policies lay out general guidelines for the treatment and care of those experiencing IPV and substance use, organizations themselves write their own specific policies to account for their clients' needs and their capacities to meet them. Specifically, while MCCSS specifically states that IPV organizations cannot turn someone away because of substance use, they do not detail what this policy must look like. This means that IPV organizations can interpret the policy to mean that they can set abstinence only policies but refer potential clients with substance use problems to other agencies. Thus, they are not refusing services so much as coordinating care with agencies better equipped to meet the needs of clients.

Harm reduction approaches are known to provide strategies that reduce the harmful consequences associated with substance use and other risky behaviours. Rather than imposing the same structure on all residents such as an abstinence approach, some organizations are seen to include harm reduction approaches that meet each resident where they are at in their healing journey. Shelter 2 uses a harm reduction approach, where they do not limit access to those using substances, rather they want to ensure that they are not putting anyone in danger while engaging in such behaviours. If clients' behaviours start to impact others, Shelter 2 will give residents the opportunity to shift their behaviour all while providing care and support. For example, if they notice someone might be using substances, they will have a conservation around safe use and safety planning as well as provide them with naloxone kits and sharp containers. Similarly, Interval House also takes on a harm reduction approach. While they ask clients whether they use substances prior to entering the organization, they do so to enable an individualized safety plan. They walk them through what safe use may look like for them. Depending on the client, safety planning may look different as some may want to learn how to safely manage their substance use

while others are not ready to have a conversation. However, Interval House ensures each client understands that there are resources such as naloxone kits and sharp containers available throughout the shelter. Additionally, Nelson House also uses a harm reduction approach "providing compassionate support and resources without judgment" (Clarissa Arthur, Nelson House of Ottawa Carleton). They ensure they make all possible accommodations for clients by using a trauma-informed and harm reduction approach. Similarly to Shelter 2 and Interval House, Nelson House has continuous conversations with residents about safe use, safety planning and about whether their goals have changed and how support systems may need to shift to accommodate their new realities.

Harm reduction approaches recognize the importance of providing support to those who are using substances but also to those who may feel triggered by it.

> "That's something to take into consideration and then ensure that we're providing ongoing staff training as related to substance use, mental health connections, harm reduction principles and applying these within a shelter setting, addressing biases and assumptions, examining personal values…and experiences and then collaborate with community agencies like detox programs for broader support and then illegal substance possession" (Clarissa Arthur, Nelson House of Ottawa Carleton).

These organizations recognize the way clients' needs continuously change and shift which is why they believe that ongoing conversations with other organizations and sectors is essential to ensure they can manage, address, and coordinate care.

While harm reduction is feasible for some organizations, it is not for others, especially those who often house children and vulnerable populations. For instance, Harmony House is known to bring in more vulnerable populations such as children which can influence the way they manage and address clients' needs. They move away from a harm reduction approach towards a housing-first and abstinence approach as they believe that providing housing to clients is necessary for them to learn how to live independently. Additionally, Shelter 1 also works

within an abstinence approach. They have managed and addressed clients' needs through an abstinence approach for a long time and the current executive director stated, "the staff here would not be ready for harm reduction approaches because you have to…know how to approach this" (DG, Shelter 1). They also mentioned if staff were more informed and trained around the relationship between trauma and high-risk behaviours like substance use, then a harm reduction approach would be a way to manage and address clients' needs. With time, they disclosed moving towards a more harm reduction approach, however, to do so, they would need additional training, funding and infrastructure.

While some shelters allow clients using substances, policies vary depending on demographics, resources and safety considerations. Harmony House and Shelter 1 take more restrictive approaches due to children and infrastructure, whereas Nelson House and Shelter 2 adopt harm reduction approaches when feasible.

Shelters often navigate a tension between harm reduction and abstinence-based policy frameworks, balancing government standards with the realities of clients' needs. For instance, Shelter 2, Nelson House and Interval House assess behaviours and decide whether their behaviour is suitable for the organization and the safety of others. They assess and manage behaviours, whether that being substance use, interactions with others, living communally, and more. While their policies accept women using substances, these shelters ensure that residents' behaviours do not become problematic for themselves, staff or other residents. If they deem the use of substances to need support, they do have policies and standards that manage and support their needs. While "some people aren't able to manage [their substance use] …we do end up having to like ask them to…to leave," however, Shelter 2 tries their best to manage their behaviours and make it fit for them (ED, Shelter 2). The executive director at Interval House

spoke about an example where their last resort was to ask someone to leave due to safety reasons.

> "We tried very hard to work with people and to provide them the supports they need to make their stay successful. But this was a woman who was very deep into her use and she…didn't like having her bedroom door closed, but she would use in her room with her door open and all of her supplies all over her night table. Meanwhile, at the time we had like 4 toddlers whose parents weren't necessarily, like, supervising them as well as they could. And they would like, wander into this woman's room because her door was open. And so, we did the obvious things, like just do safety planning with her and talk to her about, 'OK, if you're gonna be using, maybe you could go to a friend's house or maybe you could just learn to live with the door closed' cause what's happening now isn't working, but she just couldn't. She couldn't. She couldn't figure that out and we couldn't. We don't have enough. We're single staffed like evenings and overnights and stuff like that. So, we just couldn't manage that behavior. So, we ended up moving her to…Cornerstone women shelter where…there's no children" (Keri Lewis, Interval House).

It is important to note that asking residents to move on is the organization's last resort. They try to help residents manage their substance use, but if residents do not cooperate nor are they willing to change, then these organizations must ensure everyone's safety by asking them to leave.

Some organizations such as "Nelson House welcomes all eligible residents, including those who use substances. Substance use alone is not grounds to deny access or termination of services. The focus is on accommodating behaviours within available resources and that Nelson House takes a harm reduction approach, providing compassionate support and resources without judgment…Starting at intake, regularly assess safety needs and community supports for residents using substances…the focus is really on the behaviour…and not necessarily the substance use itself" (Clarissa Arthur, Nelson House of Ottawa Carleton). However, other shelters still have abstinence-based policies in place that work better within their structural capabilities. For example, some shelters, assess their realities and demographics and decide to implement abstinence-based policies. For instance, "there are a few shelters that are…more Muslim led, and

for them they keep that because it makes sense in their context…[s]o they are able to say…this makes sense in our context" (ED, Shelter 2). Additionally, Harmony House, a second stage transitional house (SSTH) does not want residents using substances on the property because of the high presence of children.

While Harmony House does not have a concrete no substance use policy, they do screen residents when they apply. Within the screening process, if Harmony House deems the substance use to be out of their realm or capacity to serve, they will refer them to Cornerstone, an organization that has experience with substance use. They assess each case and decide whether the resident should receive support for substance use prior to accessing the SSTH because "sometimes they're not even ready to live independently," a main goal of SSTH (Marily Matheson, Harmony House). Similarly to Harmony House, Shelter 1 states that they do not see much substance use at their shelter which is mainly due to the demography of their population. While some may use substances, they have an abstinence-based policy, not tolerating any substance use in the home, whether that is alcohol, legal or illegal substances. If a resident has medical purposed substances, they must show proof. With accepted medical substance use, residents must still use outside the home. This abstinence-base policy has been in place prior to the current executive director's arrival, however, they do state that the staff, infrastructure and residents would not be ready for a harm reduction approach because of the training, knowledge, infrastructure and emotions tied to substance use.

Coordinated and Integrated Care Capacity

While collaboration between organizations and sectors may seem like an important factor to ensure continuous support, collaboration can be seen to be limited by systemic and structural barriers. Many social organizations collaborate through a case management role, as they do not

have many formal partnerships with other organizations. However, if they believe that their clients require external support, they will find a related organization with proper resources. For example, Amethyst collaborates through a case management role, which is seen to help clients attend the services and programs associated to their needs. Similarly, Shelter 2 also takes on a case management role, where they may provide clients with a phone number to an organization, make the call for them or provide guidance and support throughout the process of finding an organization that better fits their needs. Shelter 2 works closely with other IPV shelters such as Nelson House and Interval House, which allows them to provide comprehensive services to their clients by having other organizations to rely on if needed. Additionally, if residents are using substances and want help with managing their use, Shelter 2 will hold their space the time they go to detox. However, if they go to treatment, they cannot hold their space as they would be gone much longer. They do tell the resident to call them near the end of their treatment as they will give them the next available spot. Not only do they support women navigating substance use and offer them help and opportunities to discuss safety planning, but these shelters also want to ensure they attend the needs of residents who may feel triggered by substance use. In all situations, if shelter workers deem not having the expertise or resources to help women, they will try to collaborate with external organizations, such as detox programs for help. While Harmony House is a SSTH they work with emergency shelters as this allows for a smooth transition between the two if clients move to a SSTH.

Harmony House has joined other emergency shelters to apply for funds for the Crossroads Children Mental Health center. Crossroads Children's Mental Health Center is Ottawa's community leader in delivering a variety of individualized mental health services to children and families. Harmony House and other organizations recognize that children's needs differ from

adults which is why they believe it is important to collaborate with organizations that are specialized in these situations. They also collaborate with Cornerstone in cases where women may need substance use services. Since Cornerstone has the experience and expertise around substance use and harm reduction, they call on them for services and support when women need it. Nelson House also partners with Crossroads Children's Mental Health center. Their partnership entails having a staff member from Crossroads come in twice a week to work with children and youth as well as with women to provide them with support around parenting relationships. While these organizations provide services to their clients, they note needing additional resources to be able to provide integrated and comprehensive support within their organization. This is why many organizations are seen to rely on external resources and organizations to bridge the gap between women's needs and services. For example, Shelter 1 is seen to collaborate with external agencies when clients' needs require support that lie beyond their capacity to serve. They have certain contacts in the community they link women with when their needs cannot be fulfilled internally. Similarly to all, Interval House has created partnerships within the community, such as a new partnership with Andrew Fleck Child Care Services that allows them to have an on-site licenced daycare from Monday to Friday, running six hours a day. If clients require services that lie beyond the organization's capabilities, they will try and find the required services externally.

While some organizations have the capacity to collaborate between one another, this is seen to place additionally pressure on external resources due to growing waitlists, limited resources and qualified staff. It makes it hard for organizations to transfer or collaborate with other services due to their limited ability to provide services to their own clients. Since waitlists are continuously growing, it makes it hard for some women to access organizations. Amethyst's

executive director noted that they have very long waitlists for their individual counselling programs as this program is known to provide long-term support which is hard to find. This program gained momentum during the Covid-19 pandemic, however, while Amethyst had to provide both individual and group counselling programs due to specific targets, they had to try and find innovative ways to create services that provide a fair amount of support without accessing individual counselling. Similarly, both Nelson House and Interval House state how their clients come in for IPV services but oftentimes, they identify other needs that the organization tries to find services for. However, due to long waitlists, they have a hard time finding support in a timely manner. Additionally, Harmony House has 16 units with a waitlist of at least 80 families. While emergency and SSTH may face waitlists differently, they are both at capacity with long waitlists due to social services being fully booked due to the lack of affordable and suitable housing. The housing crisis has led to these organizations keeping clients past their limit which hinders their ability to provide help to more individuals in need.

Tension Between Targets and Capacity to Support

Many organizations face certain barriers in relation to their capacity to serve clients with intersecting needs. More specifically, the tension between meeting institutional targets and providing support to their clients was seen within interviewees. For example, the executive director at Amethyst explained how they would like to keep clients past the maximum timeline, however, they must be mindful of the targets they have to meet in terms of new admissions. This makes it hard for the organization to balance whether to let someone go after a certain amount of time even if they are not completely ready due to the organization needing to meet specific targets of new admissions. By balancing these situations, organizations protect their funding, however it also places them in a situation where they must choose between protecting their

funding or providing continuous care to their clients. Shelter 1 spoke about similar barriers when it comes to providing comprehensive care to their clients. Specifically, the executive director at Shelter 1 stated:

> "[T]here's a bit of a clash between what we need and what the government mandates it for. So, the government mandates us for emergency housing, to move women on to their own independence. And if women were staying a couple of weeks to a couple of months max, like families a couple of months and there was housing opportunities for them…I would say that the funding…would be almost appropriate because you're not going to be heavy front end loading on services when a woman is only there for a few weeks…So, sometimes in the past that would have appeared to be adequate. But that's not our reality. Our reality is that women stay here for a long time. [T]heir needs are changed. They're looking for something else…" (DG, Shelter 1).

The incongruence between shelters' mandates and women's need showcase how balancing specific targets can cause additional pressures on organizations. Limited funding can also be seen to influence organizations' inability to provide comprehensive services due to funding gaps within the system.

Precarious Funding and its Impact on Service Delivery

Organizations' funding structures are largely similar across IPV, and substance use sectors, where they receive funding from a combination of federal, provincial/territorial and municipal sources, as well as external and private sources such as grants and fundraisers. Specifically, IPV organizations are primarily funded through MCCSS, while substance use organizations are mainly supported by the Ministry of Health. However, in both cases, core government funding is insufficient to cover the full scope of organizational budgets. For shelters and transitional housing programs to secure land for construction, they must work with municipal governments to receive such funds. Despite opportunities from a variety of sources, it is important to note that funding is often fragmented and can vary depending on the type of

shelter and its geographic location. Not only does this increase organizations' challenges regarding meeting clients' needs, but it also limits their ability to expand their services.

This fragmented funding structure constrains organizations' ability to deliver comprehensive and integrated care. Organizations, then, rely on donations, fundraising events, project grants and foundation grants to complement their core funding. Limited and short-term funding not only limits organizations' ability to provide comprehensive and wraparound care as they do not have sufficient funds, but it also requires significant time and effort to secure and find additional funding opportunities. This is seen to shift their attention away from direct service provision and client support. Consequently, unstable and limited funding has led to the forced cut of many essential programs as well as the inability to expand programs and services that are known to benefit clients. Moreover, unstable funding also has implications for staffing capacity and expertise. With limited funding, organizations may have more difficulty in recruiting and retaining qualified staff members, thus limiting their capacity to provide clients with the quality services and programs required to break their cycles of vulnerability. In turn, this challenges organizations' ability to effectively respond to intersecting needs.

Limited funding is known to hinder organizations' capacity to provide comprehensive support to their clients. For instance, funding has not increased to match the cost of living increases throughout the years. Shelter 1 stated how there has not been increases in base funding in the IPV sector in almost 10 years. This has led to budget cuts, especially in the availability of programs, services and staffing. Similarly, Interval House has noted that the amount they fundraise increases every year due to cost-of-living increases and their willingness to increase staff's pay. With the few costs of living increases provided by the ministries, it has indirectly affected the expansion of programming affecting staff salaries and program provision. "[T]he

qualification that we need to hire people for have risen, but the salary has gone way down" (Elise Harris, Amethyst Women's Addiction Center). While organizations still believe to provide quality services, their ability to provide comprehensive services has diminished.

Even though substance use funding aims to help organizations expand, realities say otherwise. Many organizations have stated not being able to expand their programs or shift their programming to better meet the ever changing and evolving needs of their residents. For example, the executive director at Amethyst started seeing a shift towards individual counselling sessions rather than peer support groups, however, due to their mandates and limited funding, they have not been able to expand the individual counselling session, a program many women turn to for comprehensive support and resources. This program is oversaturated, where those reaching out in crisis needing counselling and immediate help cannot access it because of the organizations limited resources. Additionally, although Amethyst has a strong relationship with United Way, its funding has been unstable, particularly over the past decade, following a $50,000 reduction that negatively impacted its health promotion programming. This specific funding was used to pay two staff members who had partnerships with other organizations within the community and were used to bridge the gap between Amethyst and external organizations. However, this unpredictable funding cut has led to the retreating of certain core programs that were seen to help women navigate and manage their substance use and/or IPV. Similarly, Harmony House has had an after-school program for years which was known to help end the cycle of abuse, however, they have not been able to fund this program for some years now, leaving children with limited support and education needed to break the cycles they have grown up in.

Overall, both IPV and substance use organizations operate within fragmented and short-term funding models that do not account for the complexity of needs clients carry with them. While certain funding structures can be seen to relieve immediate pressures, they do not address the structural and systemic barriers that prevent agencies from offering long-term comprehensive support. More sustainable funding structures are needed to ensure organizations can respond effectively to individuals navigating both IPV and substance use. The executive director at Shelter 1stated how they take on all the roles at the shelter because they do not have the funding to hire staff for different roles (e.g., finance, HR, management, etc.). For example, "fundrais[ing] takes a lot of attention and focus away from delivering programs that might be useful, and it also takes away from being able to better coordinate and collaborate with community partners" (DG, Shelter 1).This makes it hard for them to complete their original tasks and provide well-rounded care due to the overload of tasks they must complete to ensure the functioning of the organization.

All organizations interviewed stated relying on fundraising to support their budget. These funds usually help pay for staff members and the upkeep of programs and services. However, by relying on foundation grants and fundraising, planning these types of events year-round as well as other campaigns is a lot of work and time spent on those events rather than with the residents. For example, Harmony House is known to organize fundraising events such as March 5th Affinity Center Breakfast, however, the planning for such events must commence a year in advance. With limited staff, focusing on events like the Affinity Center Breakfast was stated to limit staff's encounters with residents, though engaging in these events are crucial for raising funds to ensure the organization has adequate funds for programs and services as well as qualified staff. The executive director states how they work 62 hours a week because they must

continuously search, plan and execute these types of funding opportunities through grants, fundraising events and donations. While fundraising events can generate large sums of money, their operating budget is much larger. "[W]e are planning [our signature event] as a breakfast next year because it's a 40th year as a fundraiser and hopefully…[we] raise $60,000…[but] our budget is over a million" (Marilyn Matheson, Harmony House). Taking on many roles, especially relating to fundraising, is not unique to one organization. Nelson House engages in many fundraising events, though they struggle because they do not have anyone in the philanthropy position. These tasks are then executed by members of the management team who already have pressing tasks to complete.

Oftentimes, clients cannot access organizations because these same shelters do not have sufficient funds to have the necessary staff members to assist the organization. Most of the organizations' funding is geared towards their staff, however, when their budget is above their funding amount, they must cut staff members which in turn cuts their ability to provide well-rounded care to their residents. For instance, Shelter 2 has lost a Food in House Care Positions as they do not have the funds to cover for wages.

> "[I]f we had someone who's substance use and we're not necessarily worried about them overdosing…but we're single staffed, we can't do checks on them because…if someone else comes in crisis and that worker's in the counselling room providing support…they can't be checking on someone. [I]t comes down to our capacity to serve. Our capacity is limited by what staff we have here, which is limited by what we can pay them" (ED, Shelter 2).

Not only is organizations' capacity to serve limited, but their capacity to bring in more clients is also limited. One shelter manager from Burnett et al.'s (2015) study explained "…well you're six weeks stay shelter, you need to be pushing these women forward, you need to be moving them on. But we can't move them on because the system is not letting us… we're all full and over capacity, so it's quite difficult to find them space somewhere else. So, you're stuck. That also

increases the stress level with the women because they're anxious and they're saying, "How come it's not happening?", and you're trying to soothe all that because it's a new life, they don't know what's going on" (Burnett et al., 2015, p.10). This limits women's access to shelter and financial support needed to break IPV cycles. The lack of funding geared towards staff influences the level of qualifications required. The expertise staff once had to have is no longer as strict because organizations are currently struggling to attract candidates for a variety of positions due to non-competitive salaries. For instance, Interval House has stated that limited funding restricts their ability to pay their staff what they deserve, but also to hire staff with the qualification and expertise needed for this kind of work.

While Ontario provides funding to help agencies and organization expand, current realities showcase organizations' limited resources to operate at maximum capacity and at times they work below capacity due to limited resources. For example, Shelter 2 is funded for 25 beds, but they often have over 30 people staying at the shelter. While they receive funding from MCCSS, it is not enough nor is it sustainable to serve all clients. Similarly, some organizations operate below capacity due to limited resources. Shelter 1 is funded for 30 beds, but have 35 available, they are just not funded for them, limiting their ability to open space for more women in need.

> "[W]e're not funded for a heck of a lot of programmes. We really aren't. I mean, we have our…designated things that we have to offer as services, but it's really bare bones basics…We get little pockets, and I mean little pockets of money that come from…Canada…Women's Shelters Canada, which is federal and is funnelled through our provincial government, but they're not …sustained funding… So, I think when you ask me about…do we have enough funding? Absolutely not. And I think it's exacerbated by the fact that the needs of the women and children that are here… have evolved because of the fact that they're staying so much longer" (DG, Shelter 1).

Relatedly, Nelson house was originally built for 20 beds, however, due to the lack of funding, they can only operate at 15 beds. This means they approximately refuse over 800 women a year

because they do not have the funds to open these spaces. The executive director stated "[I]t can get pretty scary when we're trying to think about where's this money is coming from and the last thing we want to do is start pulling on our investments and other reserves to be able to sustain ourselves for day-to-day functioning" (Clarissa Arthur, Nelson House of Ottawa Carleton).

Organizations stated that these systemic funding limitations have been present for a long time, which limits organizations' ability to build a better system for those in need. Additionally, the executive director at Nelson House also explained how the lack of funding has meant that weekends and overnights are single staffed which creates a significant gap as far as what can get done at the shelter as well as what kinds of programs and support systems can be provided to the residents. By having the funds to hire multiple staff members for weekends and overnights can allow staff members to have more leeway when it comes to residents' behaviours and what can be tolerated, thus supporting more people in need. Stakeholders and those who have a say in funding structures have important roles in understanding the complexities that come with IPV, and substance use organizations, as this can then help them create funding models and policies that support the growth of agencies and society.

Although IPV and substance use organizations have distinct programs and services tailored to their clients' needs, they face similar systemic barriers and gaps when it comes to being able to provide comprehensive care. All executive directors expressed a need for flexibility when attending to concurrent or shifting needs of clients that lie beyond the scope of their organization's current offerings. In some cases, flexibility involves adapting organizational programming to evolving circumstances, which can support the management of intersecting needs through more integrated and comprehensive services.

For example, as previously stated, Amethyst is funded to meet specific targets related to the delivery of support groups, workshops, and individual counselling sessions. However, they have observed a decreased demand for group services and an increased demand for individual sessions. To expand individual counselling sessions, the organization indicated that it would require additional full-time staff members to significantly reduce waitlist and provide more comprehensive support. Because of limited funding, group sessions are often used as a temporary form of support while clients wait for individual services. While group sessions still provide essential support during this waiting period, individual counselling offers more tailored safety planning and more specific programming that aligns with clients' realities.

Advocacy and Call for Systemic Change

Working with people who experience IPV, substance use, and mental health is challenging because these experiences lie within a continuum. People are at different stages, and it can be hard to have everyone in the same space with the same services. Some people may be triggered, while others may require abstinence while others require support systems to manage their use. This is why organizations stated the need of collaborating with other organizations that have the expertise and tools to handle such situations to ensure all clients feel safe and understood. By keeping the conversation going and working closely with other organizations, this allows clients to access a wide range of support systems needed to close the gap between their past and their new selves.

Greater programming versatility would enable organizations to adapt their services more effectively to attend to clients' needs, especially as clients' needs shift and evolve. Being able to hire more staff, especially more trained and qualified staff would allow organizations to provide comprehensive care to their clients to try and close the gap between trauma and healing.

Increased funding allows organizations to provide essential services and programs. While more funding can be seen to increase organizations' capacity to provide comprehensive services, this can also be done through more formal partnerships and collaboration between agencies and sectors. This would allow each organization to focus on specific matters all while allowing their clients to access other agencies in a timely manner. However, having the same resources at all organizations is seen to be a waste of resources, which is why some organizations ask for the ability to share resources between one another. This could mean having mental health, substance use, or trauma informed specialists go to all organizations across Ottawa and occasionally provide their services, which would allow organizations to save on staff and program costs. This can be seen to allow organizations to work together and build a stronger and more unified support system. IPV and substance use organizations are calling for systemic and structural changes within the system, which would allow them to receive the necessary resources and funds to provide comprehensive care to their clients all while having the ability to coordinate or collaborate with other agencies to ensure clients receive the support they need to break their cycles of vulnerability

Most organizations reported relying on resource sharing between shelters to address gaps created by limited funding and the demand for more comprehensive and integrated services. For example, many IPV shelters in Ottawa collaborate with the Crossroads program, which allows two full-time staff members to rotate between shelters and provide specialized services. A similar model was described in relation to substance use services, where collaboration was viewed as efficient given that clients use substances at different levels requiring different support systems. For example, the executive director at Interval House explained how shared positions between organizations could be beneficial for all. She stated how it would not be the best use of resources

if all shelters had their own staff for mental health, substance use and IPV needs. Rather, having a mental health and/or substance use practitioner shared between IPV shelters would allow organizations to use their resources in an efficient way all while providing essential support to IPV shelters across Ottawa. Similarly, Shelter 2 also suggested sharing specialized staff members across organizations. This would help sustain funding needs and allow each agency to invest in other key areas, such as implementing double staff on weeknights and weekends.

To support this suggestion, the executive director at Interval House talked about a 2018 study that was conducted in an Ottawa-based shelters around mental health needs. "[T]hat study showed that in shelters in Ottawa about 94% of residents had met the diagnosis for depression, anxiety or PTSD…substance use is tied into that, it wasn't necessarily a factor that was counted, but…let's say that 25-30% of our clients experience substances to cope with what they've been through" (Keri Lewis, Interval House). She suggested a tailored systemic structure to share positions between IPV shelters. Like Interval House, Shelter 2 mentioned how it would not be the best use of resources if each shelter had their own substance use program and staff. Therefore, these organizations stated requiring shared positions around substance use or planning around substance use which would allow clients to decipher what their needs are and what they require as services. If the substance use worker deems that they require additional support, then they could refer out.

While organizations believe sharing resources could be beneficial to ensure comprehensive care to clients with diverse needs, they also suggest the need for more formal partnerships between organizations and sectors. For instance, Amethyst stated that having more formal partnerships would be helpful because a lot of their clients have gaps in their support systems due to their intersecting needs which include IPV, mental health, overall health, substance use,

navigating the health system and more. They state that with more formal partnerships, case management and service navigation would reduce the gaps between the variety of services organizations can provide. By having more formal partnerships, organizations can help clients navigate their realities all while getting them the right support.

Similarly, Shelter 1 stated the importance of formal partnerships between organizations but also with community partners to help clients learn important life skills that will help them gain independence and break their cycles of vulnerability. For instance, partnerships with community services that teach residents how to conduct employment searchers, resume writing, retaining employment, etc., was stated as being beneficial for the organization but also for the clients. Providing women with skills that allow them to bridge the gap between their past experiences, and their future is important to break the cycles of trauma and vulnerability. Nelson House also spoke about the importance of partnerships between organizations. For example, the executive director talked about learning from Cornerstone, Ottawa's 150-bed emergency shelter for women.

Overall, organizations described the need for policy and structural changes. More specifically, participants highlighted how time limits for clients in emergency and SSTH programs create additional pressures, as many clients remain in services longer than anticipated. The ongoing housing crisis was identified as a key factor extending clients' stays, with participants noting increasing difficulty in securing suitable and affordable housing. Organizations also reported that many clients lack the resources to access private services, resulting in continued reliance on already overextended supports. Participants emphasized that clients often present with intersecting needs require longer-term, comprehensive, support, which is difficult to provide within existing time and capacity constraints. Interviewees noted that

funding structures significantly shape service delivery, as resources are typically allocated to specific programs and staffing, limiting flexibility in responding to evolving and intersecting client needs.

DISCUSSION

Feminist political economy, particularly its focus on social reproduction, offers us a useful framework for interpreting patterns of economic and policy structures and the ways it can shape women's lived experiences. More specifically, this framework helps us recognize the patterns in reduced funding and how it can be seen to be linked to neoliberal policy shifts. It helps showcase how economic and political systems are not gender-neutral and are rather structured towards who receives care and what services are deemed to be a priority. Social reproduction is a critical lens to understand the factors that shape organization's ability to manage clients' needs. Broadly, social reproduction refers to the process in which people and their power are maintained and reproduced over time (Luxton & Bezanson, 2006). This can be done through the way institutions such as the state, market, family household and third sectors balance power by playing a role in distributing resources and shaping access to care. Here, social reproduction can help explain how and why the state may limit funding to social organizations to shift the burden of care onto social organizations, who are already limited in resources.

Neoliberal policy shifts can be seen to decrease the state's responsibility of care onto social organizations. Feminist political economy highlights how these shifts disproportionately influence women-centred organizations. This is then seen to lead organizations to face increased financial instability, while being mandated to provide complete care to those with intersecting needs. With understanding how the state displaces responsibility of care onto organizations with limited capacities and resources, feminist political economy can demonstrate how gendered

inequities are reinforced by neoliberal policy shifts. In this context, rather than addressing the structural conditions that may influence IPV and substance use, such as poverty, housing instability and gender inequality, Doug Ford has put forward policies that highlight individualized framing of these realities. Here, gender is essential when building funding structures and policy frameworks because women have different needs compared to men which can include childcare, safety, financial security, education, employment, IPV and substance use management. This is not to say that men do not have these same needs, rather, women may experience them in different ways. With current funding structures, organizations try to manage clients' needs by working with them directly, however, oftentimes, clients' needs may lie beyond organizations' scope, capacity, and mandates which requires them to refer women elsewhere. Most, if not all, organizations are at full capacity, limiting client's ability to receive support in a timely manner. Shifting funding and policy structures towards women's needs can be seen to help agencies coordinate care more efficiently and allow organizations to bridge the gap in social services. For instance, Shelter 1 highlighted how its status as a women's organization contribute to consistent underfunding. Specifically, the executive director explained how "we're underfunded…partly because we are a female dominated place, in a female dominated profession. Who's our biggest clients? It's women and children…and yet when we see women succeed here, you see them…out in the world. They're contributing…[T]hese are women who have a lot to give to society if they were allowed and given the opportunity to" (DG, Shelter 1).

While social organizations and their clients are often disadvantaged by these neoliberal policy shifts, the state and other stakeholders maintain control and power over who benefits from social funding and resources and how these funds can be allocated. More specifically, we can understand why social organizations are limited in how they manage clients' needs by

considering the current provincial government's neoliberal views. Given that neoliberal approaches promote "free" markets and emphasize individual responsibility for social reproduction (Luxton and Bezanson 2006), understanding the Ontario's provincial government's alignment with neoliberal populism helps contextualize why social services, including IPV and substance use organizations continue to face limited funding and capacity to respond to clients' intersecting needs. For example, women accessing IPV or substance use organizations rarely have only one need to address. Oftentimes they have intersecting needs that require comprehensive care to ensure they receive the support needed to bridge the gap in their support systems. While women's diverse needs require specific services targeting their realities which ensures constant support, the current funding structure does not account for diversity or comprehensive care. Yet, women's different needs require organizations to have the capacity and resources to provide comprehensive support.

According to Luccisano & Maurutto (2023), in 2018, Doug Ford won a majority government in Ontario on a platform promising to "open Ontario for business" (Thomas, 2020, as cited in Luccisano & Maurutto, 2023, p.413). While Ford presents himself as a leader representative of all Ontarians, his policy decisions often contradict this image by reducing essential supports that disproportionately impact marginalized populations. For instance, funding cuts and social organizations' limited ability to provide comprehensive care demonstrates how Ford's policies continue to uphold the interests of the elite. Ford positioned himself as a "normal guy" present to embody those who are struggling in current economic situations, however, some of his actions undermine democratic systems such as limiting public input and concentrating power in narrow hands.

From a feminist political economy perspective, Ford's actions reflect a broader neoliberal philosophy that prioritizes limiting public funding for social support systems that address substance use, education, healthcare, and more. Funding cuts across sectors have reported to hit 30 percent which has led to consequences for community-based organizations and the individuals they serve. These reductions have limited marginalized individuals from obtaining the supports they require in a timely and efficient manner. Policies such as the removal of rent control during an ongoing housing crisis further demonstrates how economic strategies can create further inequalities, limiting an already marginalized group from receiving the support they need to break their cycles of vulnerability. These neoliberal realities help explain the structural conditions in which IPV and substance use organization operate, reinforcing their limited ability to provide comprehensive care (Luccisano & Maurutto, 2023). Ford has also reduced funding to harm reduction programs within Ontario, leaving already marginalized citizens with even fewer supports and less space to manage their needs. During the Covid-19 pandemic, Ford saw the opportunity to implement neoliberal policies that went unseen by the public due to its limited appearance in the press (Luccisano & Maurutto, 2023). The pandemic was an outlet for Ford to introduce more extensive cuts to social supports. Ford's government has been slowly leaning towards the privatization of public services all while diminishing public systems (Luccisano & Maurutto, 2023). By underfunding social services that help Ontarians better themselves, Ford's government has reduced organizations' ability to manage, serve and provide services effectively, leaving individuals without the support systems required to break their cycles. This aligns neatly with neoliberal thinking as it emphasizes individual responsibility over state conditions.

These realities are further entrenched by the structural stigma embedded within social and political institutions. Individuals navigating IPV and/or substance use are often marginalized through public policies and funding decision since their intersecting needs are rarely considered and not understood. The stigma associated with substance use is widespread, often due to its perceived link to criminal behaviour and undesirable traits. However, the stigma surrounding IPV is often more complex (Meyer, 2016). While many studies examined stigma in relation to broader social and structural factors, less attention is given to the lived experiences of those who face it (Meyer, 2016). Research on victim-blaming attitudes shows that individuals experiencing IPV who also engage in stigmatizing behaviours, such as substance use, are judged more harshly (Meyer, 2016). As some women use substances as a coping mechanism for the trauma associated with IPV, they become further stigmatized by a society that fails to recognize their intersecting realities. Without this understanding, policymakers may overlook women's needs, instead attributing blame and justifying reduced investment to support systems. Consequently, inadequate funding for IPV and substance use services limits access to care for those who need it most. Unless these challenges are recognized as broader structural problems, women will continue to face systemic and structural barriers when seeking support.

Blaming the woman and placing full responsibility on individuals fails to account for the complex, intersecting realities that can constrain women's ability to leave situations of IPV and/or substance use. This aligns with Doug Ford's neoliberal populist perspective, which emphasizes individual choice and responsibility while minimizing the structural conditions that shape individual's lives. Such an approach overlooks factors including housing instability, financial dependence, limited access to services, and systemic inequalities that significantly restrict women's access to support systems. From a social reproduction perspective, these

realities highlight how institutional decisions, such as limited funding can influence the scarce availability of social supports, thereby reinforcing cycles of harm. Although this perspective may be interpreted to suggest that funding IPV and/or substance use organizations reinforced these realities, it is the absence of adequate funding and policy structures that perpetuates these challenges. This demonstrates how limited funding and support in social services not only delays access to care, but it also reinforces structural conditions that reproduce marginalization and inequality. These findings contribute to the growing literature on IPV, substance, social policy and funding structures.

This study contributes to research on IPV, and substance use by providing an up-to-date, Ontario-specific analysis of the policy frameworks and funding structures that shape women's access to shelter and support services. While previous research has examined structural responses to IPV and substance use, provincial policies, funding structures and service delivery models continue to evolve, making contemporary analysis necessary. Additionally, this study contributes a unique perspective by interviewing Executive Directors whose experiences provide insight into the realities of implementing policy frameworks and funding structures, which demonstrates how provincial policy and funding structures can produce gendered and unintended consequences. This research also offers a current account of Ontario's policy and funding structures and provides a foundation for future research examining policy and funding changes over time and across jurisdictions.

CONCLUSION

Organizations' capacity to serve is restricted by limited resources, time and expertise to adequately support clients navigating IPV and substance use. While collaboration exists between agencies and sectors, structural and systemic barriers often limit timely referrals and access to

comprehensive supports. Growing waitlists and unstable funding structures leave staff and organizations vulnerable, constraining their ability to help women manage and address their complex and diverse needs. Many agencies lack programs or services due to scarce funding, staff and resources, forcing them to rely on external collaborations and referrals which places additional pressure and stress on all organizations.

Executive directors from this study emphasized the need for a shift in current systemic structures to allow for greater flexibility in how services can be offered. This would enable organizations to align their services more closely with clients' needs and hire qualified staff capable of delivering informed and specialized support. Increased staffing capacity would allow staff members to focus on their primary roles, reducing service backlogs and improving client flow. Shared resources across agencies could further alleviate workloads and strengthen service delivery, allowing clients to access comprehensive support all while providing organizations with the ability to manage, coordinate and address clients' needs in a timely and efficient manner.

IPV and substance use impacts individuals, but it can also have repercussions on society. These consequences can include health issues, trauma, mental health, unemployment, homelessness, poverty and more. This can have larger societal impacts if not taken into care. This demonstrates that IPV and substance use can influence the welfare state through the need of financial, housing, healthcare and community supports which affects the overall economy due to the strains on the system. This is why ensuring women with IPV, substance use, housing, economic and other needs can access services easily and in a timely manner. However, this can only be done if organizations have the funds and resources to provide comprehensive and integrated care. Without structural and economic reform, women's organizations will remain systematically constrained, limiting their capacity to provide comprehensive, wraparound care

necessary to address the intersecting and complex needs associated with IPV, substance use, and related challenges.

While this study highlights the challenges within Ottawa-based IPV and substance use organizations, future research should explore whether similar realities exist in other jurisdictions. Understanding why governments maintain specific funding and systemic structures through interviewing policymakers and stakeholders could clarify how and why current structures exist. Obtaining insight from both service providers and policymakers would allow for a more nuanced understanding of systemic realities and how they could be altered to better meet marginalized women's intersecting needs.

With shifting and adjusting policy frameworks and funding structures, this could allow social organizations to deliver more integrated and comprehensive supports for women navigating IPV and substance use. With adequate resources, women can develop the skills and independence required to rebuild their lives and re-engage in society. Without such changes, limited funding, growing waitlists, tensions between targets and care and limited qualified staff will continue to limit social organization's ability to provide women with comprehensive services. This leaves social organizations and clients in similar cycles of vulnerability, preventing them from making meaningful change and recovery.

This study highlights several key implications for policymakers. Findings suggest a need to increase and stabilize funding to reflect rising costs of living, allowing organizations to hire qualified staff and deliver comprehensive support for clients with intersecting needs. This would allow organizations to have the funds to hire qualified staff that can support complex and intersecting matters that require specific attention. Increased funding stability would reduce the administrative burden associated with continuously securing funding, allowing organizations to

focus on service delivery. While increased funding may be perceived as a financial strain, it should be understood as a long-term investment. This can allow those accessing social services to contribute to society and its economy, by acquiring the resources, means and abilities to work. Increasing funding may be challenging given economic conditions, however, by improving clients' access to timely and effective support, individuals are better positioned to manage their needs. By achieving stability, individuals can acquire the skills and resources to participate in societal activities such as the workforce and contribute to broader economic and social wellbeing. Viewing it as a long-term benefit might outweigh the initial financial strain.

Like all studies, this research has limitations that should be acknowledged. First, the sample was limited to six agencies within the Ottawa region, which restricts the transferability of the findings to other contexts. Because all participating organizations were in the same urban area, the results may not reflect the experiences of organizations in rural or other geographic settings. Additionally, only one substance use organization was included, making it difficult to draw broad conclusions about the perspectives of such agencies. Finally, as this was my first experience conducting interviews and developing an interview guide, it is possible that some probing questions were missed, which may have limited the depth of the data collected. Nonetheless, these findings demonstrate how reduced and limited funding, strongly shaped and influenced by broader neoliberal policies, undermine organizational capacity, limiting IPV and substance use organizations to address clients' intersecting needs in a comprehensive and effective way.

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APPENDIX A - INTERVIEW GUIDES

Intimate Partner Violence Shelters

Hi, I wanted to thank you for taking the time to meet with me today. I'm interested in understanding the services available to people needing intimate partner violence and substance use services within the Ottawa region, particularly when addressing these issues concurrently.

Background & General Facts on the Participant/Agency

Would you be able to tell me a little bit about yourself and your role here at the shelter?

Would you be able to tell me about [__name of agency__]. Is there anything that makes your agency unique relative to other agencies?

Possible follow-up if not mentioned: What programs do you offer? What programs are the most utilized?

Intimate Partner Violence & Substance Use

I am curious whether your organization has experiences with clients navigating both intimate partner violence and substance use.

Is it common at your organization?

If this does occur, how does your organization typically respond? Do you ever collaborate with other sectors in these situations?

Policy Framework

Do you have specific policies on how to handle instances where clients are coming for intimate partner violence support but who are also experiencing substance use? (e.g., referrals, coordination between sectors – *if they mention this*, ask how this works) (MCSS funded organizations MUST support clients using substances).

To what extent do policy guidelines exist around these matters?

Do you believe that there are policies that provide organizations with specific guidelines on how to navigate these instances? Or are you kind of left on your own?

Funding Structure

What is your agency's funding structure? How does this shape your ability to provide services and meet clients' needs. (e.g., patchwork funding may make them search for funding rather than concentrate on clients and services, or depending on the government in power it influences what the organization can put their funds towards).

If not mentioned: Would funding sources or resources ever influence your ability to address client needs for both intimate partner violence and substance use?

From your perspective, how do current policy frameworks and funding structures affect your agency's ability to provide services (e.g., staffing, programs, maintenance, etc.)?

Imagining a Better Future

If you got to set the budget and had unlimited funds, how would you address the needs of clients facing both substance use and intimate partner violence? How would things be different? How would they be the same?

Are there particular models or approaches that you think could be helpful?

If not mentioned: What are your thoughts on holistic or harm reduction models?

Is there anything we haven't touched on that you would like to discuss? The floor is yours!

Substance Use Organizations

Hi, I wanted to thank you for taking the time to meet with me today.

I'm interested in understanding the services available to people needing intimate partner violence and substance use services within the Ottawa region, particularly when addressing these issues concurrently.

Background & General Facts on the Participant/Agency

Would you be able to tell me a little bit about yourself and your role here at the shelter?

Would you be able to tell me about [___name of agency___]. Is there anything that makes your agency unique relative to other agencies?

Possible follow-up if not mentioned: What programs do you offer? What programs are the most utilized?

Intimate Partner Violence & Substance Use

I am curious whether your organization has experiences with clients navigating both intimate partner violence and substance use. Is it common at your organization?

If this does occur, how does your organization typically respond? Do you ever collaborate with other sectors in these situations?

Policy Framework

Do you have specific policies on how to handle instances where clients are coming for substance use support but who are also experiencing intimate partner violence and need safe shelter? (e.g., referrals, coordination between sectors – if they mention this, ask how this works)

To what extent do policy guidelines exist around these matters?

Funding Structure

What is your agency's funding structure? How does this shape your ability to provide services and meet clients' needs. (e.g., patchwork funding may make them search for funding rather than concentrate on clients and services, or depending on the government in power it influences what the organization can put their fund towards).

If not mentioned: Would funding sources or resources ever influence your ability to address client needs for both intimate partner violence and substance use?

From your perspective, how do current policy frameworks and funding structures affect your agency's ability to provide services (e.g., staffing, programs, maintenance, etc.)?

Imagining a Better Future

If you got to set the policies and had unlimited funds, how would you address the needs of clients facing both substance use and intimate partner violence? How would things be different? How would they be the same?

Are there particular models or approaches, that you think could be helpful?

If not mentioned: What are your thoughts on holistic or harm reduction models?

Is there anything we haven't touched on that you would like to discuss? The floor is yours!

APPENDIX B – CONSENT FORM

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CONSENT FORM

Title of the study: Breaking the Cycle: Bridging the Gap Between Intimate Partner Violence and Substance Use Treatment for Women

Researcher:
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Supervisor:
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Invitation to Participate: I am invited to participate in the abovementioned research study conducted by Sarah Hepworth as part of a master's thesis under the supervision of Dr. Phyllis Rippey. This project is funded by the CGS-Master's Tri-Council Agency.

Purpose of the Study: The purpose of the study is to understand the funding structures and policies surrounding IPV and substance use services within the Ottawa region, particularly when addressing these issues concurrently.

Participation: My participation will consist of participating in one interview. During this interview, I will be asked questions about the organization's funding structure, the agency's policies and procedures around substance use and IPV, and my experience with clients facing substance use and intimate partner violence. This interview should take approximately one hour and will be conducted online, which will be audio and video-recorded, however, I will be asked to turn my camera off.

Risks: My participation in this study entails minimal risks and would have more to do with unintentionally disclosing confidential information than any emotional risk**.** I have received assurance from the researchers that every effort will be made to minimize these risks, such as the option to refuse to answer, the option to withdraw at any point, as well as the option for my identity to remain anonymous.

Benefits: My participation in this study will help reveal the agencies' current realities regarding funding structures and policies related to IPV, and substance use. My participation will contribute to an opportunity to share my experiences and contribute to research that could bring attention to the needs of organizations to open different treatment options for clients.

Confidentiality and Privacy: I have received assurance from the researchers that the information I will share will remain strictly confidential. I understand that the contents will be used solely for the purpose of the researcher's master's thesis project, which may eventually be published in an academic journal or book chapter. All efforts will be made to protect the identities of my agency and me by masking names or any other identifying information.

Please indicate whether you wish to use your real name and agency, or whether you wish to keep both your name and agency anonymous which will be done through the creation of pseudonyms and codes. Indicate which applies to you:

- ☐ I want to use my real name and agency
- ☐ I want my name and agency to remain anonymous

Conservation of Data: The data collected, including the audio recordings, as well as the transcripts, researchers' notes, and consent forms will be kept in a secure manner, using password protected files on the researcher's password protected laptop. Solely, the researcher and her supervisor will have access to the data collected from each participant. The data collected will be conserved for a minimum of five years and will be securely destroyed after the data retention period.

Voluntary Participation: I am under no obligation to participate and if I choose to participate, I can withdraw from the study at any time and/or refuse to answer any questions, without suffering any negative consequences. If I choose to withdraw, all data gathered until the time of withdrawal will be removed from the dataset and not used in the study.

If I have any questions about the study, I may contact the researcher or her supervisor. If I have any questions regarding the ethical conduct of this study, I may contact the Office of Research Ethics and Integrity via email (ethics@uottawa.ca) or telephone (613-562-5800 ext. 5387).

It is recommended that I (keep/print/save) a copy of this consent form for my records.

Acceptance: By signing my name below, I agree to participate in this research study.

Participant's name: _____ Date: _____

Participant's signature: _____ Date: _____

Researcher's signature: _____ Date: _____