



Braiding in Trauma-informed Approaches to our Work with Women

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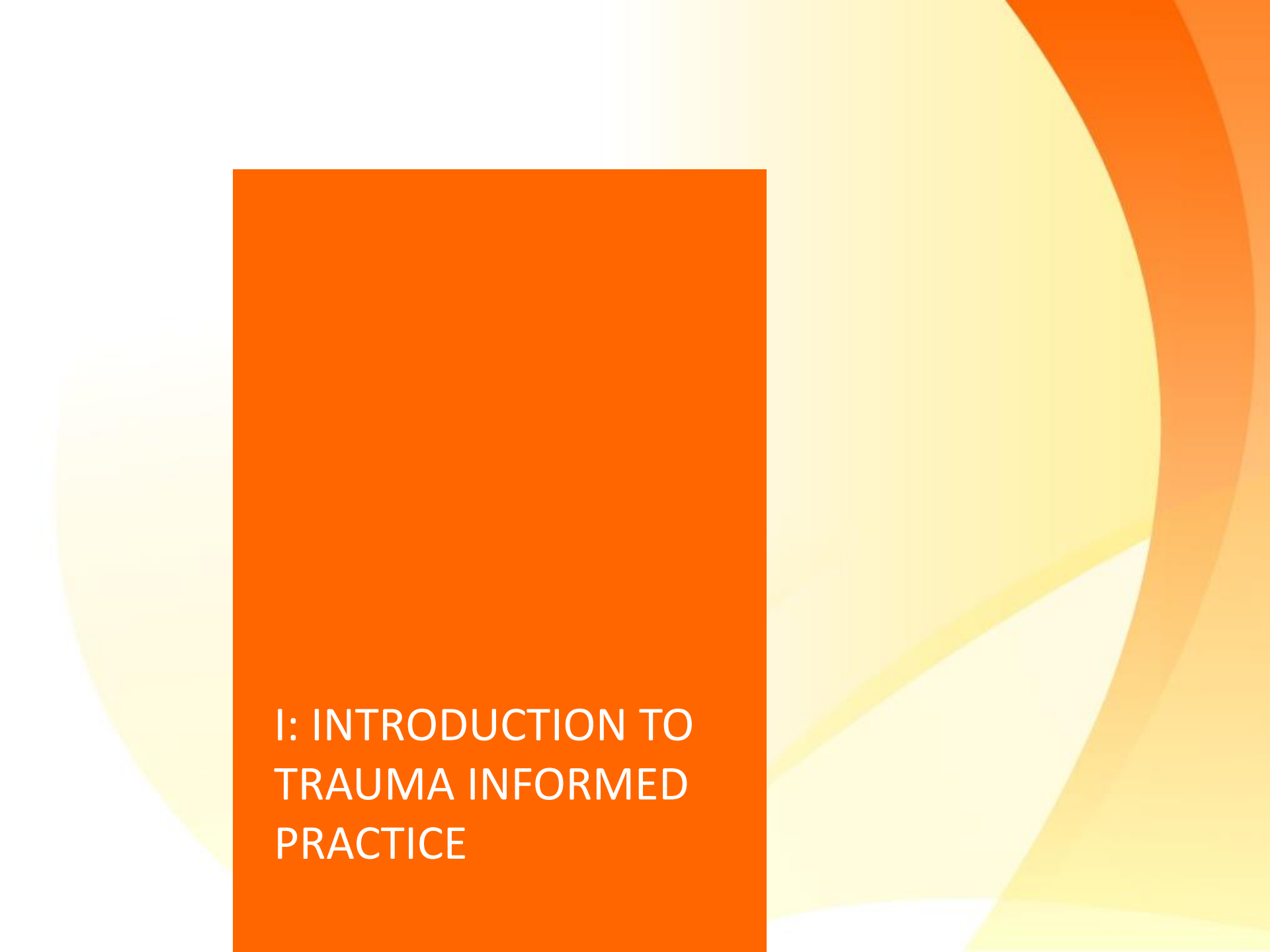
Director, BC Centre of Excellence for Women's Health

Best Start Resource Centre Annual Conference | Friday,
February 27, 2015 9:00am – 12:00pm

OUTLINE

1. Introduction to Trauma Informed Practice
2. Examples: Trauma Informed Practice with Women
3. Trauma Informed Practice 'In Action'
 - Activity #1 - Program Introductions
 - Activity #2 - Creating Safe Spaces
 - Activity #3 - Recognizing and Responding to a Trauma Response
4. Moving Towards Trauma Informed Organizations and Systems
5. Group Reflection/Wrap-Up





I: INTRODUCTION TO
TRAUMA INFORMED
PRACTICE

Movements towards 'trauma informed practice'

- Diverse movements towards 'trauma informed practice' in a range of settings
- Growing body of research supports the use of trauma-informed approaches to increase client engagement, retention and improve outcomes; does not necessarily cost more or require more time
- Trauma-informed approaches can include a range of health care practice, program and policy adaptations

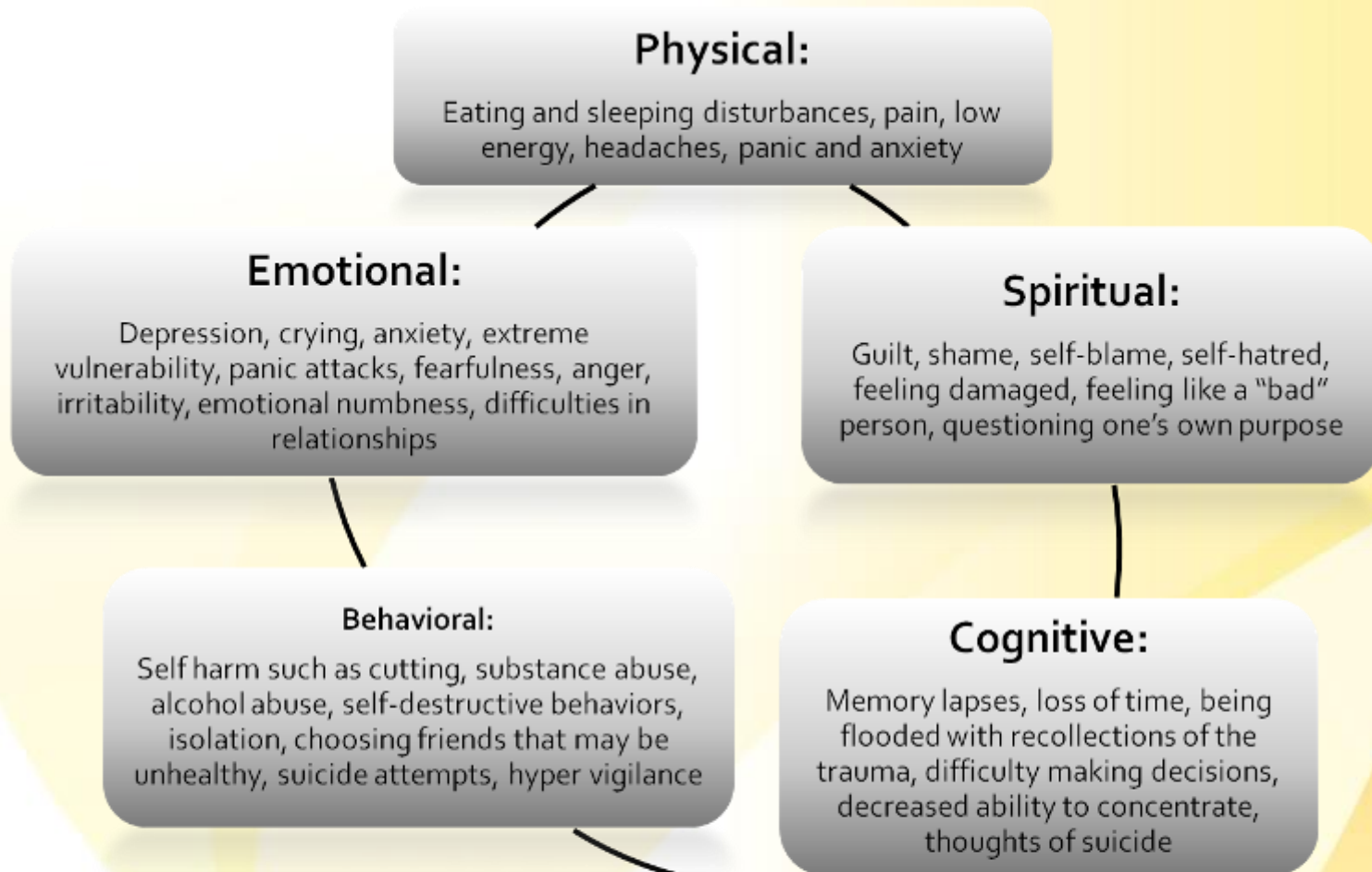


What is trauma?

Trauma can result from early experiences in life such as child abuse, neglect, and witnessing violence as well as later experiences such as violence, accidents, natural disaster, war, and sudden unexpected loss.

- Trauma results from experiences that overwhelm an individual's capacity to cope
- Trauma affects everyone differently.
- Post-Traumatic Stress Disorder (PTSD) is a diagnosis used to describe one type of mental health response that can result from trauma/violence.
- Depression or substance misuse are also common responses.

How is trauma expressed?



Trauma is common

In a representative Canadian sample, **76.1%** of Canadians had been exposed to *at least one traumatic event in their lifetime*, **9.2%** met the criteria for *PTSD* (Van Ameringen, Mancini, Patterson & Boyle, 2008)

❖ Trauma is common among women in addiction services

- For women in treatment for alcohol problems at 5 Canadian treatment centres: **90%** indicated *abuse-related trauma* as a child or adult, and **60%** indicated *other forms of trauma* (Brown, Petite, Haanstra & Stewart, 2009)

❖ Trauma is common among women in perinatal services

- Canadian Maternity Experiences Survey (2006-2007) (Daoud *et al*, 2012) - Prevalence of abuse before, during, and after pregnancy among a national population-based sample of Canadian new mothers
- **Prevalence of any abuse in the 2 years before the interviews was 10.9%**
 - 6% before pregnancy only
 - 1.4% during pregnancy only
 - 1% postpartum only
 - 2.5% in any combination of these times
- **Prevalence of any abuse was higher among low-income mothers (21.2%), lone mothers (35.3%), and Aboriginal mothers (30.6%)**

Making connections

- ❖ **Landmark study of birth mothers of 80 children with Fetal Alcohol Syndrome**
- ❖ ***Goal of study* – to generate a profile of birth mothers of children with FAS**
- ❖ **Of the 80 interviewed:**
 - 100% seriously sexually, physically or emotionally abused
 - 80% had a major unaddressed mental illness
 - 80% lived with men who did not want them to quit drinking

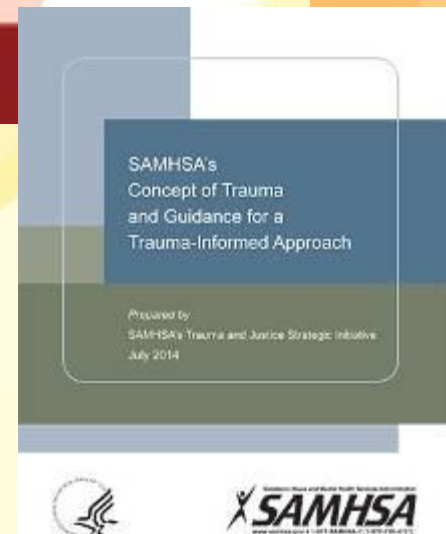
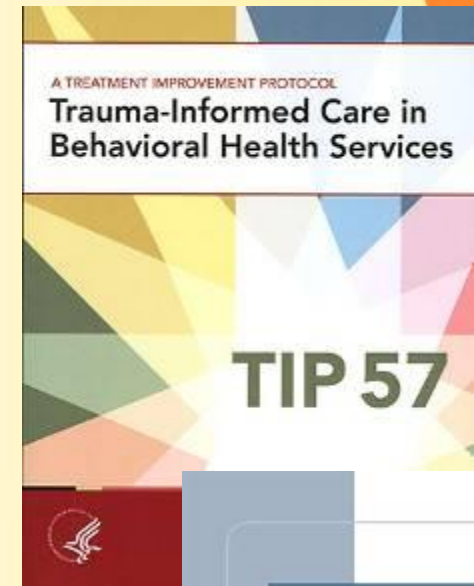
Astley, S. J., Bailey, D., Talbot, C., & Clarren, S. K. (2000). Fetal Alcohol Syndrome (FAS) Primary Prevention through FASD Diagnosis II: A comprehensive profile of 80 birth mothers of children with FAS. *Alcohol and Alcoholism*, 35(5), 509-519.

Trauma Informed Principles

Key Principles (SAMSHA, 2014)

1. Safety
2. Trustworthiness and Transparency
3. Collaboration and Mutuality
4. Empowerment, Voice and Choice

Grounded in Peer Support and addressing Cultural, Historical, and Gender Issues



Healing vs. Re-traumatization

- ❖ **All individuals in an organization from system planners to service providers to support staff can make a significant positive difference in client engagement, retention, and outcomes by making services emotionally and physically safe.**
- ❖ **A key aspect of trauma-informed services is to create an environment where clients do not experience further traumatization or re-traumatization (events that reflect earlier experiences of powerlessness and loss of control) and where they can make decisions about their treatment needs at a pace that feels safe to them.**

Example: Healing vs. Retraumatization

❖ **Metasynthesis of Maternity Care Needs of Women Who Were Sexually Abused in Childhood** (Montgomery, 2013)

- If women were able to **retain control and forge positive, trusting relationships with health care professionals**, they felt safe and might experience healing in the process.
- “Safety” required that women are not reminded of abusive situations
- **In the absence of control and trusting relationships, maternity care can be experienced as a reenactment of abuse** - possibility that engagement in services can make matters worse

What do trauma-informed services look like?

The Four 'R's (SAMSHA, 2014)

"A program, organization or system that is trauma informed:

1. **REALIZES** the widespread impact of trauma and understands potential paths for recovery;
2. **RECOGNIZES** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
3. **RESPONDS** by fully integrating knowledge about trauma into policies and procedures, and practices;
4. Seeks to actively **RESIST RE-TRAUMATIZATION.**"

What do trauma-informed services look like? (2)

- Trauma-informed services take into account **an understanding of trauma in all aspects of service delivery** and place priority on the individual's safety, choice, and control (Harris and FalLOT, 2001).
- Utilizing a trauma-informed approach **does not necessarily require disclosure of trauma**. Rather, services are provided in ways that recognize the need for physical and emotional safety, as well as choice and control in decisions affecting one's treatment.
- Trauma-informed practice is more about the overall **essence of the approach, or way of being in the relationship**, than a specific treatment strategy or method.
- In trauma-informed services, **safety and empowerment for the service user are central**, and are embedded in policies, practices, and staff relational approaches. Service providers cultivate safety in every interaction and avoid confrontational approaches.

Trauma-informed vs. Trauma-specific?

Trauma-informed services	Trauma-specific services
<p>Are informed about trauma, and work at the client, staff, agency and system levels from the core principles of trauma awareness, safety and trustworthiness, choice and collaboration, and building of strength and skills</p>	<p>Are offered in a trauma informed environment, and are focused on treating trauma through therapeutic interventions involving practitioners with specialist skills.</p>
<p>The connections between trauma and related health and relational concerns are discussed in the course of work with all clients, trauma adaptations are identified, and supports and strategies offered that increase safety and support connection to services.</p>	<p>Offer services to clients with trauma, mental health, and substance use concerns who seek and consent to integrated treatment, based on detailed assessment.</p>

Comparison of traditional and ti approaches

Traditional	Trauma-informed
Traumatic stress not seen as a primary defining event for people	Traumatic events are the central events impacting everything else
Problems and symptoms are discrete and separate	Problems and symptoms are inter-related responses to or coping mechanisms to deal with trauma
Hierarchical	Sharing power
People providing the service are the expert	Women are active experts and partners with people providing services
Primary goals are defined by service providers and focus on symptom reduction	Primary goals are defined by women and focus on recovery, self-efficacy and healing
Reactive	Proactive
Sees clients as broken, vulnerable, damaged and needing protection from themselves	Understands providing clients with the maximum level of choices, autonomy, self-determination, dignity and respect is central to healing

(Seng and Hassinger, 1998; Royal College of Nursing, 2008; Skinner, 2010)

Trauma Informed Approaches Can Be Applied Anywhere

“A trauma-informed approach can be implemented in any type of service setting or organization and is distinct from trauma-specific interventions or treatments that are designed specifically to address the consequences of trauma and to facilitate healing.” (SAMSHA)

How can we create a trauma-informed environment?

Some strategies:

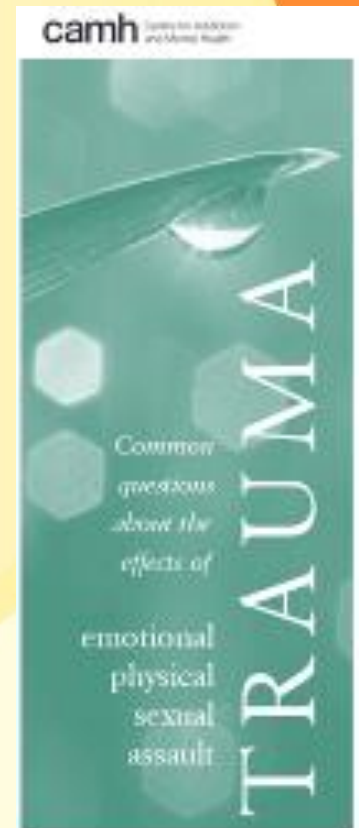
- Set a welcoming tone when women arrive – integrated response from all individuals in an organization from admin to direct care providers to management
- Establish a comforting and welcoming physical environment – emphasize physical and emotional safety
- Cultural competence
- Share control, ensure choice
- Provide opportunities for learning and building of coping skills
- Use strength-based, person-first language (change language away from “controlling, manipulative, uncooperative, attention seeking, drug seeking, bad mother,” etc)

Building Awareness

❖ Increase trauma awareness among staff and clients

- Co-learning by staff - about the effects of trauma, mindfulness and other resilience enhancing strategies
- Common Questions About Trauma Pamphlet. Pamphlet from the Centre for Addiction and Mental Health explains trauma and its effects in plain language.

http://www.camh.ca/en/education/about/camh_publications/Documents/Flat_PDFs/Trauma.pdf





EXAMPLES: TRAUMA
INFORMED PRACTICE
WITH WOMEN

1. JEAN TWEED CENTRE (TORONTO, CANADA)

The Jean Tweed Centre first opened in 1983 as a treatment program specifically for women with substance use concerns. Since then their programs have evolved to include both residential and day programming including programs for women and their children.

In the early 1990s, as part of their woman-specific focus they recognized the trauma experiences of the women they were supporting and began providing trauma-informed and trauma-specific services. They transformed their services in a four-stage process:

Identifying the issue, making the shift, building depth and capacity, continuing development

**Stabilization & Support
Day & Residential
Program**

**Wrap-around Services
(Family, Continuing Care,
Trauma Programs,
Individual counselling)**

**Outreach Services
(Pregnancy & Parenting,
Concurrent Disorders,
Justice)**

**Supportive Housing
Telemedicine**

The Jean Tweed Centre



For Women & Their Families

Making It Happen – Agency

- Trauma framework & workplan
 - Trauma informed practices across all services “universal practice”
 - Commitment to ongoing training & clinical supervision
 - Introduction of mindfulness**
- Trauma Services
 - Stage 1 (Seeking Safety/Building Resilience/ Parenting Through Trauma)
 - Stage 2 & 3 (Individual & Group Counselling)
 - Complimentary strategies, i.e. yoga

CREATING TRAUMA INFORMED CULTURE

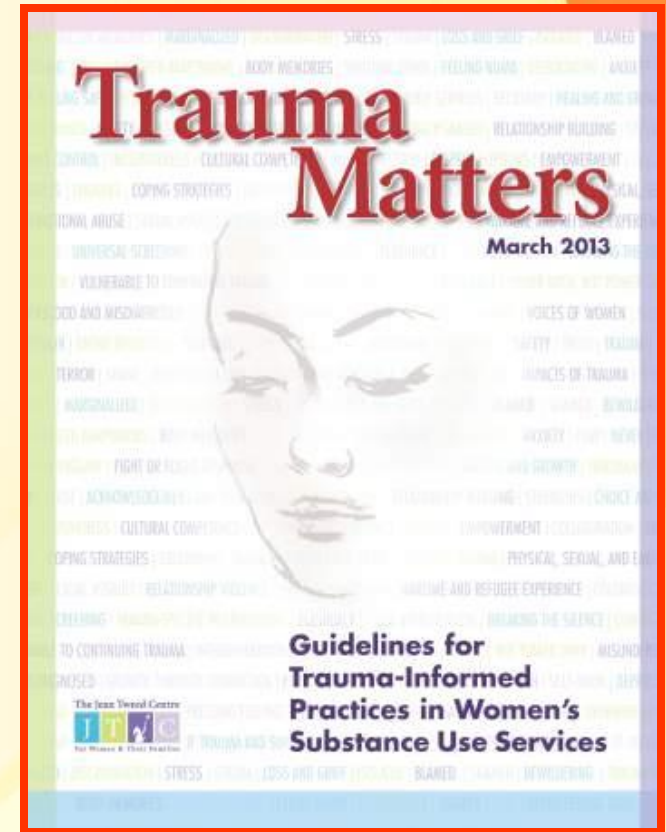
*Safety. Client Choice. Empowerment.
validation. Hope. Resilience .Healing*

KEY PRINCIPLES: Jean Tweed Centre

Four key principles shape the trauma-informed work at the Jean Tweed Centre:

1. Avoiding re-traumatisation
2. Empowering women
3. Working collaboratively with flexibility
4. Recognizing trauma symptoms as adaptations.

The Centre's trauma-informed work is based on the understanding that symptoms related to trauma are coping strategies developed to manage traumatic experiences.



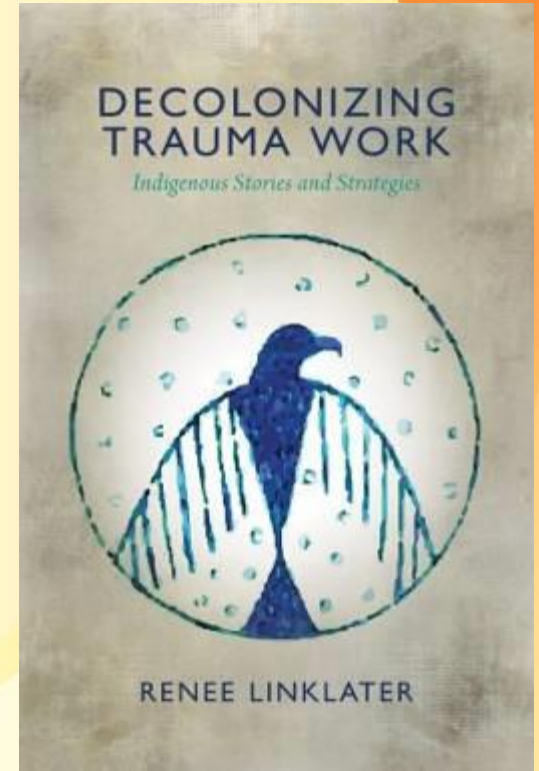
2. INDIGENOUS APPROACHES TO TIP

TIP as a “Port of Entry” – Trauma-informed practice provides a safe space with which to hold challenging conversations about colonization, oppression, intergenerational trauma, racism, etc.

- Informs general services about Indigenous-specific history
- Potential to broaden perspectives and strengthen relationships

TIP provides a common language and is driven by principles that are aligned with Indigenous values and beliefs – gaining huge momentum in Aboriginal communities.

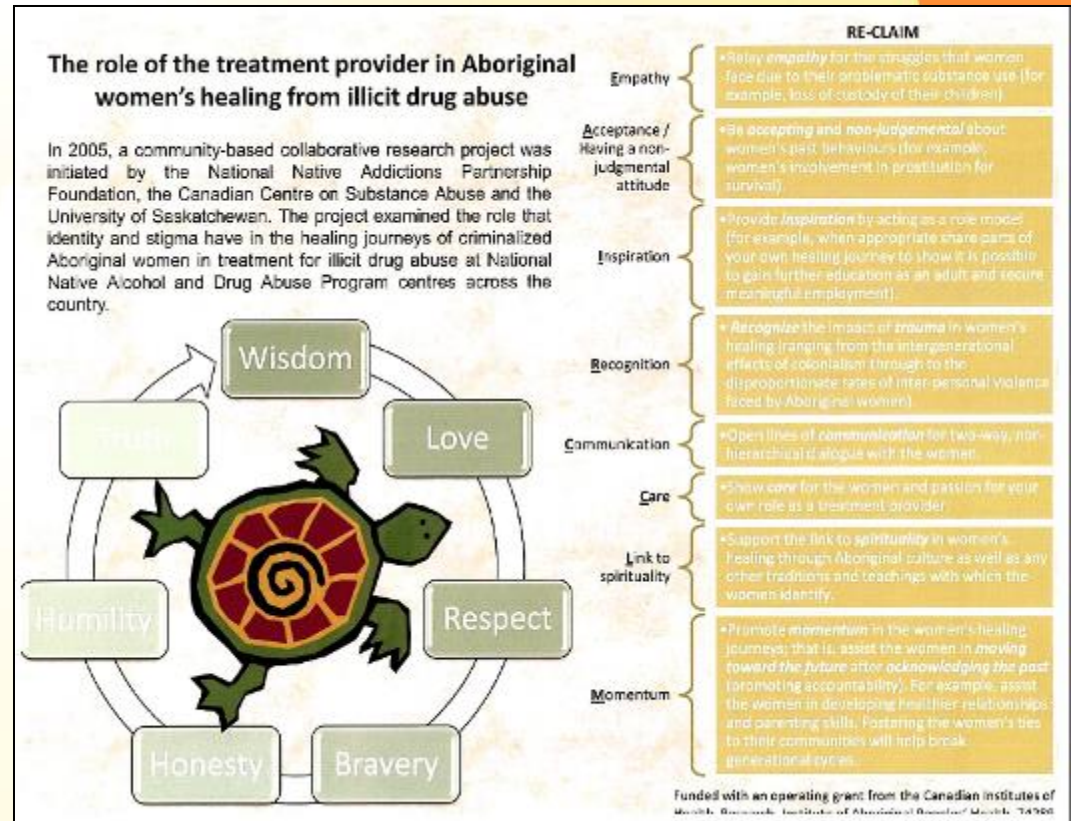
(Kat Hinter – Aboriginal Knowledge Exchange Lead, Interior Health, BC)



RECLAIM Principles: The Role of the Treatment Provider in Aboriginal Women's Healing from Illicit Drug Abuse Study

Aboriginal women participating in treatment at National Native Alcohol and Drug Abuse Program (NNADAP) treatment centres identified the RECLAIM principles as important for treatment providers to understand and apply when supporting Aboriginal women's healing from illicit drug abuse.

The "R" of RECLAIM stands for recognition of "the impact of trauma in women's healing" (ranging from the intergenerational effects of colonialism through to the disproportionate rates of inter-personal violence faced by Aboriginal women)



www.addictionresearchchair.ca/wp-content/uploads/2011/10/Turtle-Fact-Finding.pdf

Indigenous Culture as Intervention for healing from addictions



Download these resources from
<http://tinyurl.com/CultureAsIntervention>

TIP In Action in a Pregnancy Outreach Program for Aboriginal women - Manito Ikwe Kagiikwe: The Mothering Project, Winnipeg

- Peer Driven Program Development – Women’s Advisory Committee
- Drum Group and opportunities for healing related to the drum
- Low Threshold Intake process
- Valuing of Experiential Wisdom
- Oriented towards kindness
- TIP tools – Motivational Interviewing, building space with TIP in mind, gardening, food as medicine, yoga and mindfulness activities.
- Dedication to participant engagement and consent to share information.
- System navigation and interdisciplinary collaboration



3. INTEGRATED MATERNITY PROGRAMS FOR PREGNANT WOMEN AND NEW MOTHERS WHO USE SUBSTANCES

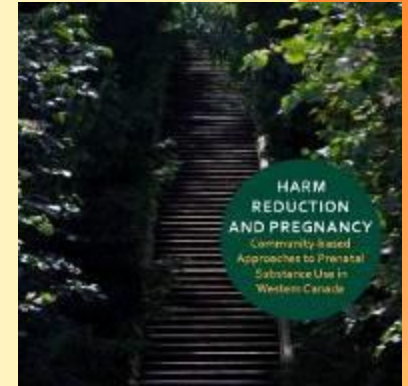
❖ "One-stop shop model" – Examples:

- Breaking the Cycle (Toronto)
- Sheway (Vancouver)
- HerWay Home (Victoria)
- H.E.R. Pregnancy Program, Streetworks (Edmonton)
- Manito likwe Kagiikwe (Winnipeg)



Examples of Trauma Informed Practice

- **Coping and substance use.** Recognition that substance use is very common amongst women with current or past experiences of violence and trauma
- **Harm reduction approach.** Abstinence is just one possible goal for women, and that care and support do not require women to address their substance use issues until they are ready (choice and collaboration)
- **Support and advocacy.** High rates of child removal for women with substance use issues - barrier to accessing care, past grief and loss
- **Valuing women's experiences.** Clients informing program delivery
- **Staff training and support.** Awareness and practical tools for addressing trauma - "universal precautions"; vicarious trauma



Harm reduction 'in action'.
Available in March 2015
from www.bccewh.bc.ca



TRAUMA INFORMED
PRACTICE 'IN ACTION'

Activity #1 - Program Introductions

Background

- Maxine Harris says that in a trauma-informed organization, “trust and safety, rather than being assumed from the beginning, must be earned and demonstrated over time.”
- Our routine initial interactions can support engagement with women and their families.

Activity – Part 1 – (groups of 2 or 3)

Introduce yourself and your program (approx 1 minute) just as you would to a woman you are meeting for the first time - this could be over the phone, during a home visit, at the beginning of a group, etc.

❖ Group Brainstorming: Reflect on your program introduction. How could your introduction be more 'trauma informed'?

Examples (can vary depending on your program)

- ❖ How can you be more welcoming? (E.g., offer a glass of water, info about rest rooms, thanking them for waiting patiently)
- ❖ Are you avoiding jargon and using 'person-first' language?
- ❖ Do you provide clear, practical information about what to expect in your program or in your meeting today?
- ❖ Can you present information that lets women know that they have choices about how and when they would like to participate in your program?
- ❖ Do you provide an opportunity to ask questions?
- ❖ Do you provide women with choices on how they would like to be contacted?
- ❖ Are you able to support and validate their current coping activities or ask about strengths?
- ❖ **Sample statements:**
 - 'What is most important for you that we should start with?'
 - 'It is important to have your feedback every step of the way.'
 - 'Please let me know at any time if you would like a break or if something feels uncomfortable for you. You can choose to pass on any question.'

Activity #1 – Part 2

❖ **Introduce yourself and your program again and try to incorporate one strategy based on trauma-informed principles.**



❖ **Group Reflection: how did that go? what other strategies for welcoming women could you use in your program?**

❖ **Additional resources – See TIP resource list (handout)**

- Trauma-informed Organizational Assessment for programs serving families experiencing homelessness, 2003
- Creating Cultures of Trauma-informed Care, 2009
- Trauma Matters, 2013 (Jean Tweed Centre)
- The Trauma Toolkit 2nd Edition 2013 (Klinic)

Activity #2 - Creating Safe Spaces

Background

- Creating a welcoming environment for individuals with current or past experiences of trauma and violence can be a simple but important strategy in 'becoming trauma-informed.'
- Making changes to the physical space in which your program or organization operates can reduce possible triggers for women, increase feelings of emotional and physical safety, and encourage the development of new and trustworthy relationships.



❖ Group brainstorming: What are some examples of how physical environments can be either trauma-informed or potentially triggering?

Examples of how physical environments can be either trauma-informed or potentially triggering

Examples:

- small plexi-glass windows in program reception areas
- long lists of rules that are posted in program areas
- how the needs of trans people has been taken into account in the way washrooms are made available
- alarms and security doors that may be a trigger to people who have been locked in rooms against their will or incarcerated
- Signage with welcoming messages, avoiding “do not” messages
- Waiting areas - comfortable and inviting
- Lighting in outside spaces
- Accessibility and safety of washrooms
- In counseling rooms – choice about whether door is open or closed

Activity #2

On your own or with individuals in the same organization as you: Using the handout as a guide, think about the program space you work in - are there changes that can be made to be more welcoming and to increase physical and emotional safety?

Tips for Creating a Welcoming and Safe Environment



Creating a welcoming environment for individuals with current or past experiences of trauma and violence can be a simple but important strategy in becoming trauma-informed. Making changes to the physical space in which your program or organization operates can reduce possible triggers for clients, increase feelings of emotional and physical safety, and encourage the development of new and trusting relationships. Below are some practical suggestions to get started.

1. Think about your clients' first contact with your program. Who is there to greet them and what are some of the things they might say? Provide an orientation to the physical space by showing people where they can sit or wait, offering or showing them where they might be able to get something to drink or eat, mentioning any activities happening in the building that might be contributing to noise, providing directions to the bathroom, and giving them an opportunity to ask questions.
2. If at all possible, organize your program space in such a way that recognizes that people might require different things to be comfortable and that staff might need to accommodate a wide range of behaviours. While waiting for an appointment or participating in a program, some individuals might prefer a quieter place or might need to move around more. Noisy or cluttered environments might be unsettling for some people. Providing choices about where people can wait and providing information about how long the wait might be can help people feel more in control.
3. There are many aspects of our physical environment that can be triggering and/or potentially re-traumatizing for people. While it's impossible to address all possible

triggers, it is possible to make many environments feel less "institutional." Plants, a box of toys, art or posters reflective of the community or population the program serves, and warm colours can make a difference. For individuals who have clearly stated their discomfort with a particular setting, it might be necessary to offer alternate ways of working together or help them to develop strategies to manage possible distress.

4. Physical and emotional safety for both clients and staff should be considered together. For example, what are your program's policies about lights and locks? What might be comfortable and safe for one person might feel restrictive or triggering for another. Take a walk through the waiting areas, the reception area, group spaces, and interview rooms at your organization. Do they increase feelings of safety for both clients and staff? Ask clients for their perspectives on your organization's physical space.
5. Make sure that your program has a policy on working with individuals who are intoxicated, acutely psychotic or suicidal. Is there a separate space for a client to de-escalate and calm down? Are staff able to support grounding activities or encourage a sense of safety? How can staff work to ensure the comfort and safety of other clients?



For practice tips, see *Trauma-Informed Practice Guide* available for download from www.bccwph.bc.ca



Activity #3 - Responding to a Trauma Response

Background

- Many women will experience a trauma response while in your program. It's important to recognize and respond to these trauma responses.
- How you respond will depend on your role in the program, your relationship with the woman, and experience and knowledge of addressing trauma, etc.

Possible Signs of a Trauma Response

Possible Signs of a Trauma Response

- Sweating
- Change in breathing (breathing quickly or holding breath)
- Muscle stiffness, difficulty relaxing
- Flood of strong emotions (e.g., anger, sadness, etc.)
- Rapid heart rate
- Startle response, flinching
- Shaking
- Staring into the distance
- Becoming disconnected from present conversation, losing focus
- Inability to concentrate or respond to instructions
- Inability to speak

Grounding Activities

- ❖ Trauma-informed services emphasize establishing safety and building capacity for self-care and containment (Najavits, L.M, 2002).
- ❖ Learning to manage emotions as a component of healing is important for not only adults, but it is noted as one of the most fundamental protective factors for the healthy development of children and youth (Hummer, V.L., et al., 2010; Bath, H., 2008).
- ❖ Grounding activities can help clients who are experiencing symptoms of trauma to stay present, remain calm, and re-connect to what is happening around them.

Activity #3

❖ Using the handout as a guide, try three of the grounding activities on your own or in a small group. Why ones worked better for you? Which ones might you try to use with clients?

Grounding Activities and Trauma-Informed Practice



Alison Harris says that in trauma-informed services, "trust and safety, rather than being assumed from the beginning, must be earned and demonstrated over time." Grounding and sensory activities can be important for staff and clients in trauma-informed organizations and systems.

For clients, they can help to manage a trauma response, increase feelings of safety, and support the development of the skills needed to begin healing. Grounding activities can increase awareness of trauma responses, help build therapeutic relationships, be included in safety plans and offer validation. For staff, grounding activities can help you remain present when working with clients and be included in your own self-care practices.

- 1. Butterfly Hug:** Try a butterfly hug by crossing your arms (as if giving yourself a hug) and alternately tapping your left and right upper arms. Breathe and gently tap for a minute or two.
- 2. Listen to your voice:** Say the words to an inspiring or comforting poem, try "SOB Rise" by Maya Angelou: "Just like me and like you, with the certainty of life, just like hopes springing high, SOB I rise." Feel the vibration in your throat and listen to the sound in the air around your face.
- 3. Ocean Waves:** Try breathing in and out like ocean waves. As you breathe out through your mouth, make a sound like the waves reaching land. Feel the rhythm of your breathing, like ocean waves rising in and out.
- 4. Be Kind to Yourself (Self-soothing):** Whisper gentle reminders to yourself: "I am safe here and now. I can get through this. I am strong. I am loved. I am a good person. I am kind."
- 5. Say Your Name:** Remind yourself of who you are now. Say your name. Say your age. Where are you now? What have you done today? What will you do next?

- 4. Comfort Object:** Carry a grounding object such as a stone or photo in your pocket. Touch it for comfort when you need it.
- 7. Beach Escape:** Imagine you are lying on a beach. Feel the sun on your face. Dig your feet in the sand. Notice the wind blowing your hair, the sound of the ocean and kids playing, and the smell of the salt air.
- 8. Tree Roots:** Dig your feet into the ground. Pretend you are a tree, strong yet flexible. Feel rooted and connected to the earth.
- 9. Ten Breaths:** Take ten breaths, focus your attention on each breath on the way in and on the way out. Say the number of each breath to yourself as you exhale. Gradually, allow your breath to expand and fill every corner of your body.
- 10. Clap Your Hands Together:** Clap strongly and feel the slight sting as your hands meet. Now clap softly and feel the movement of air between your hands. Put your full attention on this one simple act and see how many things you can notice about what your hands feel. Slowly rub your hands together vigorously until they generate some heat. Feel the heat in your palms and then bring your hands to rest over your eyes and take a few slow deep breaths.

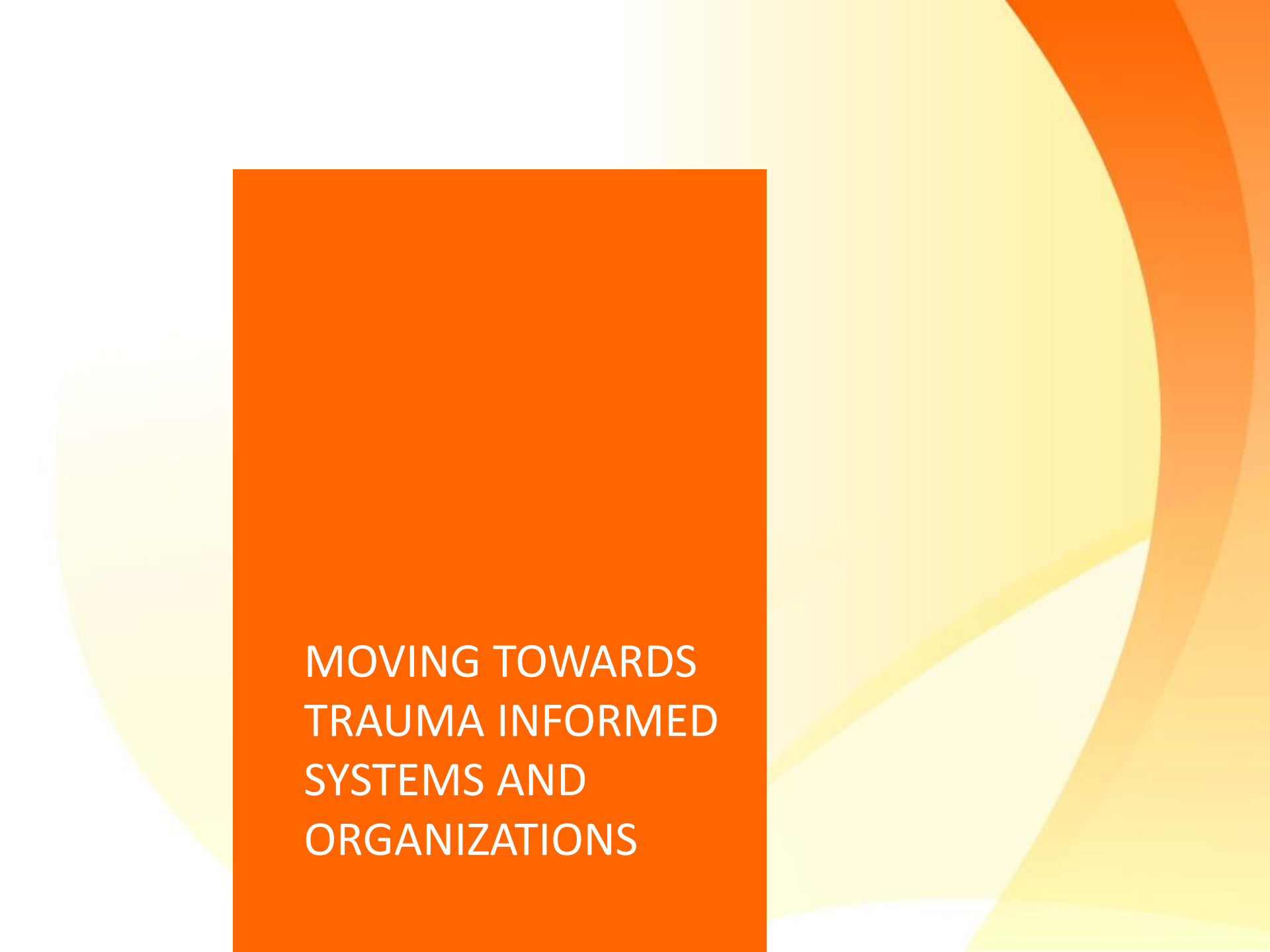


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Group Discussion

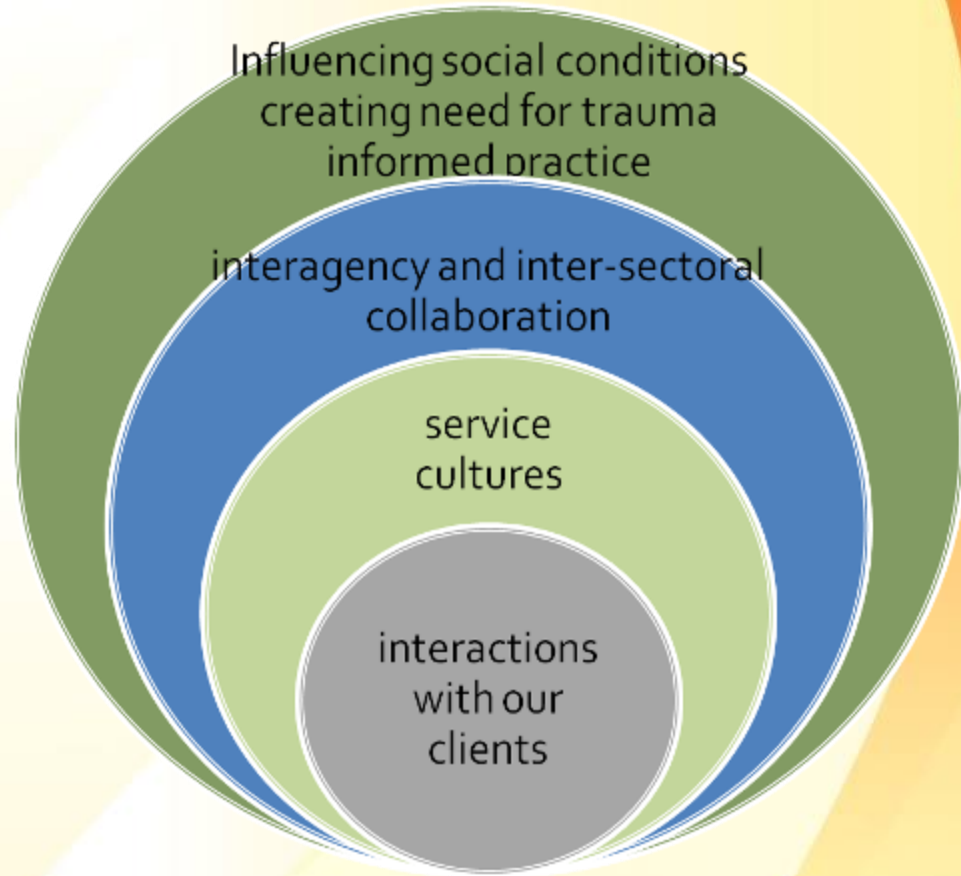
- ❖ Which ones were the most effective for you? (Consider physical vs. mental vs. self-soothing activities)
- ❖ Which ones might be useful with your client group?
- ❖ Other ideas for grounding activities?



MOVING TOWARDS
TRAUMA INFORMED
SYSTEMS AND
ORGANIZATIONS

From individual to organizational change

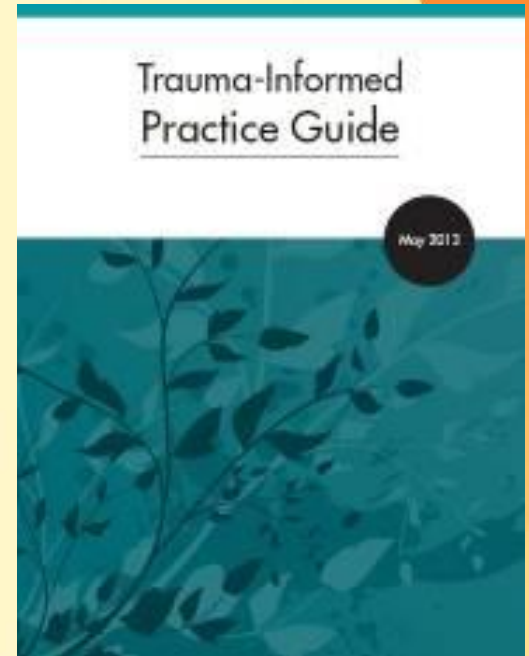
Trauma informed approaches are relevant at all these levels



Organizational Checklists/Assessment

❖ Example: BC Mental Health and Substance Use Services

1. Administration
2. Hiring Practices
3. Training for Staff
4. Support and Supervision of Staff
5. Assessment and Intake
6. Policies and Procedures
7. Monitoring and Evaluation
8. Overall Policy and Program Mandate



Available from
www.bccewh.bc.ca

Secondary Trauma - from individual to organizational responsibility

❖ Individual - ABCs of Vicarious Trauma

❖ *Awareness*

- Being attuned to one's needs, limits, emotions and resources
- Heed all levels of awareness and sources of information, cognitive, intuitive and somatic
- Practice mindfulness and acceptance

❖ *Balance*

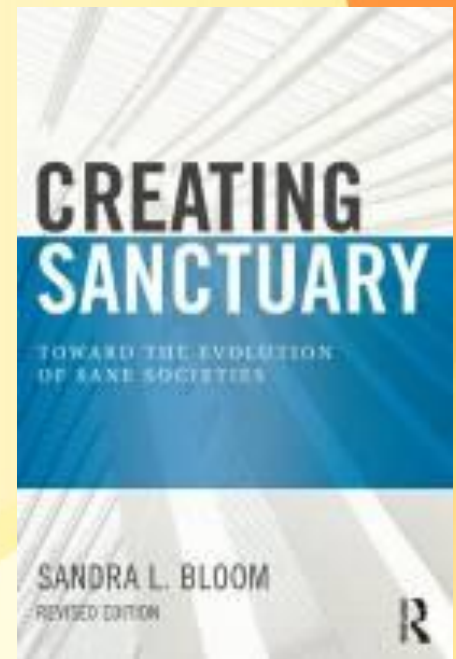
- Maintaining balance among activities, especially at work, play and rest
- Inner balance allows attention to all aspects of oneself

❖ *Connection*

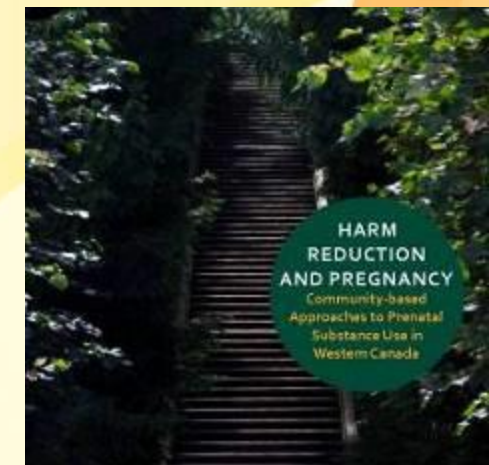
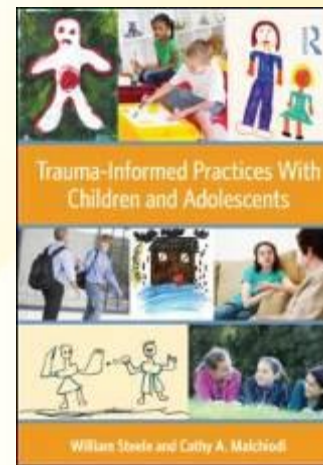
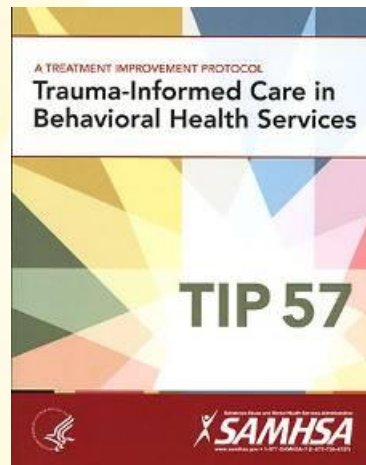
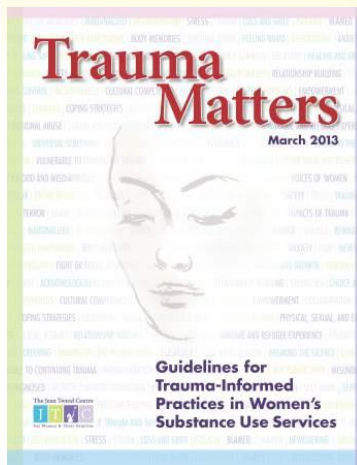
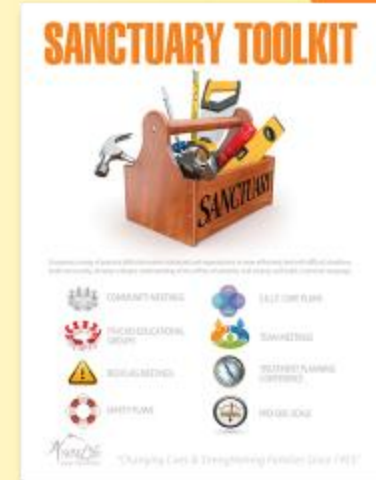
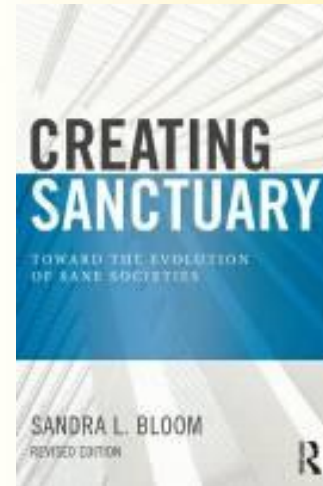
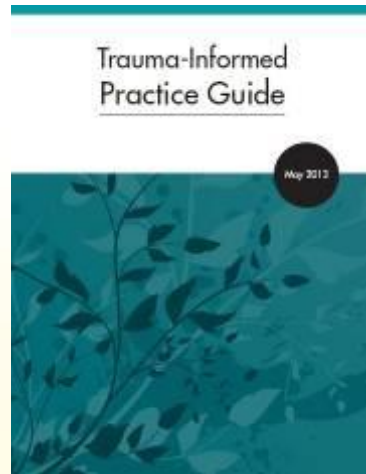
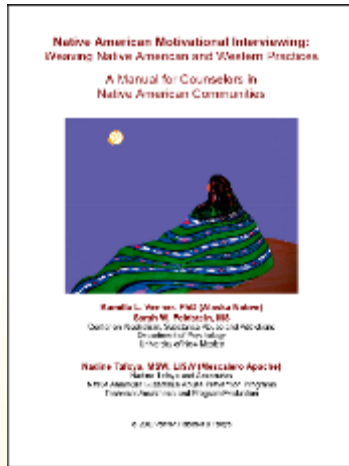
- Connecting with yourself, to others and to something larger
- Communication is part of connection and breaks the silence of unacknowledged pain
- Connections offset isolation an increase validation and hope

Organization - Protective Practices of a Trauma Informed Organization?

- ❖ Organizational TIP is “an approach to a whole culture that increases the emotional IQ of everyone and the organization as a whole”
- ❖ Blooms 7 qualities of TI Organizational culture
 1. Culture of non-violence
 2. Culture of emotional intelligence
 3. Culture of inquiry and social learning
 4. Culture of democracy
 5. Culture of open communication
 6. Culture of social responsibility
 7. Culture of growth and change

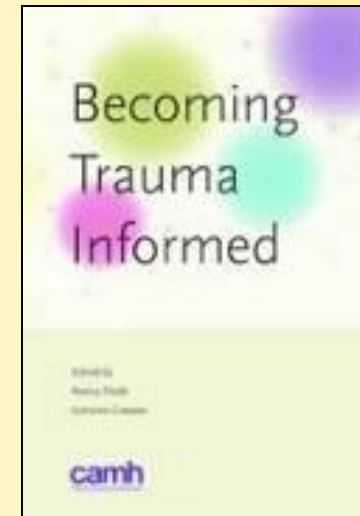


Resources on Trauma-Informed Practice (Handout)



DISCUSSION

❖ **What are two things that you can take away from today's session and apply to your work?**



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Websites:

**BC Centre of Excellence for Women's
Health**

www.bccewh.bc.ca

**Coalescing on Women and Substance
Use**

www.coalescing-vc.org

**Girls, Women, Alcohol and Pregnancy
(blog)**

<http://fasdprevention.wordpress.com>