

Women Helping Women Heal from Addiction, Violence & Poverty



2017 – 18 AGM

27 June 2018



## Message from the Executive

In 1987, women in Vancouver who needed the safety of a woman's recovery house had virtually nowhere to go. Jane Davis and Joanne Leroux saw a dire need for women to be provided safety, supports and housing outside the DTES (where gendered violence was and remains widespread), and they decided to do something about it. In 1988 New Dawn's doors opened and it became Vancouver's first *women-only* residential recovery program. In 30 years a single home has evolved into a full continuum of care: New Dawn (1<sup>st</sup>-stage, post detox stabilization), New Day and New Way (2<sup>nd</sup>-stage transitional housing), and a Housing Subsidy program.

Our programs provide long-term safety; holistic health and life skills development, in combination with evidence-based models of addiction and mental health care; counselling, relapse prevention; housing and community. Poverty, stigma and marginalization often leave women with complex barriers and little in the way of situational choices. As a women's resource outside the DTES, Chrysalis gives opportunity for long-term safety, stabilization and success. Women can reside in each of our homes for 18+ months, and our housing subsidies can be used in any neighbourhood in Metro-Vancouver.

With BC Housing's support in 2017, we were able to purchase our third home, New Way. Ownership afforded us access to capital funding and this year, with support from Central City Foundation and the City of Vancouver, we were able to complete a major renovation at New Way. In the coming year we'll be moving forward with more capital initiatives to maximize the healing environments in all of our homes - trauma-informed care includes home-like and *non-institutional* environments.

Our core staff, our growing team of volunteers, and our Board of Directors work tirelessly to serve the women in our homes, the women on our waitlists, our Alumnae; and to advocate generally for women everywhere.

It takes as many if not more resources to effectively support women to actually refrain from self-medication as it does to revive them with naloxone when they don't. We continue challenging stigmatizing narratives about women who struggle with problematic drug use. Through provincial and municipal committee work we advocate for and promote evidence-based legislation that supports inclusion, safety, equality and human rights for *all* women. We want investment not just in crisis management initiatives, but in the social determinants of health that when supported would effectively prevent such crises in the first place.

When women heal and recover, so do their children, families, and community! It is our honour and privilege to serve and support women's journeys, and we thank everyone for the ongoing and invaluable support of Chrysalis' unique vision and work!



Shannon Skilton  
Executive Director



Aimee King  
Board Chair



# The People that Make Chrysalis

**Small but Fierce** ~ it's just 3 full-time (FT) and 1 contracted staff in Chrysalis' Head Office, 3 (FT) and 3 (PT) staff and 7 casual staff at New Dawn, and 1 (FT) staff for New Day and New Way... collectively, it's just 17 women who run and operate the entire breadth of Chrysalis' continuum of care while providing comprehensive inpatient care, supports, housing and advocacy to 25 of BC's most marginalized and multiply-barriered women at any given time. Each and every day, this small team of women exemplifies cohesion and joyful camaraderie with each other while empowering healing and recovery for the women and communities we serve.

**It's amazing  
what can be  
accomplished when  
it doesn't matter  
who gets the credit.**

**#Team**

**Dreamers who do  
and doers who dream  
getting together to  
make change happen.**

**#GivingBack**

**Grassroots** ~ this year we gave thanks to Neil Arao, Brenda Belak, Jordan Friesen and Virginia Griffiths for their time & service on our Board, and we bid them all a fond farewell as they each moved on to new adventures. We remain grateful for the ongoing dedication of each of our six volunteer Board Members – Aimee King, Allyson Muir, Alexa Norton, Reena Taank, Jodi Takhar, and Angela Woods – who continue to give their time, wisdom and service to provide the governance Chrysalis requires to remain in operation; to advocate for and promote the values, vision and mission that drives our work; and to exemplify our values and vision through positive community engagement. **Interested to join? [Contact us!](#)**

**Community** ~ supporting women to define and create their own individual recovery means honouring their unique selves and journeys. We honour women's personal right to publicly identify as Alumnae of Chrysalis – or not. We provide our Alumnae with a private, online group to remain connected with each other for ongoing community and support. Today, nearly 180 Alumnae are connected and supporting each other online.

**What was formerly the Alumnae Committee has now evolved to a Fundraising & Events Committee open to both Alumnae and others in recovery.** Interested to get involved? [Contact us!](#)

**Healthy connections  
between women  
are a healing & profoundly  
transformative force.**

**#Empowerment**



# Opioid and Fentanyl Epidemic

**Overdose Crisis** ~ the epidemic in BC and throughout Canada continues with no end in sight. As all levels of government increasingly consider decriminalization and legalization as means to ending the drug war and providing a safe, regulated drug supply, supervised consumption sites are opening in communities across Canada, with naloxone kits (and naloxone training) being made widely available to drug users and communities at large. In Vancouver's DTES, heroin assisted treatment is sanctioned and available to the 1% of opiate-dependent individuals for whom traditional addiction treatment is proven ineffective, with consistently positive outcomes.

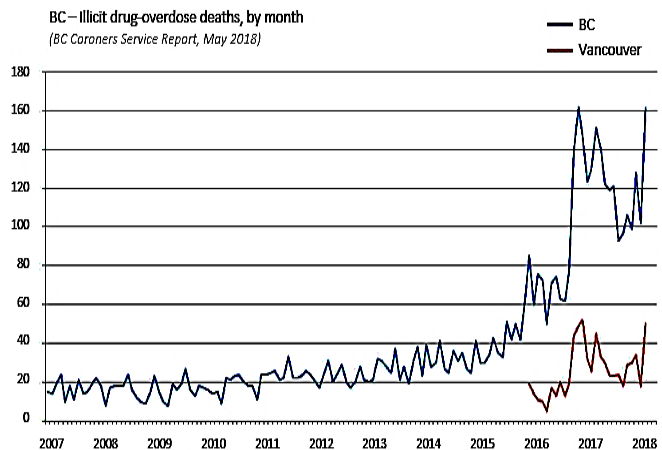
Public education about safe drug use and anti-stigma campaigns are prevalent in an effort to dispel myths about "the kinds of people" that are vulnerable to fatal overdose. Fentanyl is continually associated with over 80% of BC's fatal overdoses. In the context of criminalization and a national death epidemic that transcends class, ethnicity, gender and age, the horrifying reality has become clear for everyone: *anyone* who uses any drug of any kind, whether addicted or not, is at risk.

Harm-reduction initiatives are critical and well-evidenced, proven means to preventing deaths; however, we recognize the desperate need for adequate investment by all levels of government in treatment and other addiction-based resources (inpatient and outpatient), rent-control and other initiatives to provide affordable and sustainable social housing, increasing accessibility to effective mental health and medical care for the public tier in BC's 2-tiered health system, and all the many other critical social determinants

of health that, when unmet, cultivate situational and emotional vulnerability and risk for self-medication of pain and problematic drug use and/or dependence.

Without investing in the ongoing safety, health, wellness and meaningful opportunity for individual agency of *people* – and particularly vulnerable people in need – the most effective harm reduction initiatives are rendered mere band-aids, and naloxone administration no more than a traumatic cycle of repeated revivals, followed by the inevitable question, "now what?"

Chrysalis continues to advocate for increased operational investment by government in our specialized continuum of care, as well as for increased systemic opportunities for women and their children to access safety, housing and effective gender-responsive resources beyond the DTES core.



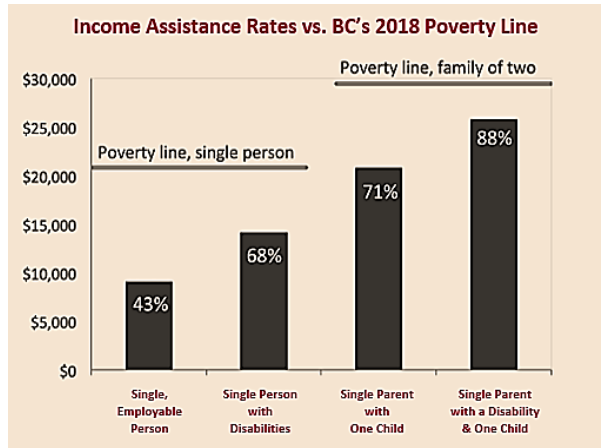


# Gender-Specific Contexts

**Women & Poverty** ~ BC has for decades boasted the second-highest poverty rates in Canada. Women are most likely to live and/or work in poverty, with access to generally low-wage work and earning 35% less than men overall. Indigenous women, women of colour, immigrant and refugee women, women with disabilities and single mothers are the most likely to live in deep poverty.

Current Income Assistance legislation in BC perpetuates economic insecurity and poverty for women by forcing financial dependence, at the risk of personal safety, on short-term partners or roommates. If, for instance, you've shared housing with someone for three months, your incomes are combined and your individual benefit rate is reduced. This legislation increases women's risks and vulnerability to violence, and the denial of individual income makes it that much more difficult for women in violent relationships to leave.

The provincial government's nominal increase of income assistance rates, and the steps it is taking to create a formal poverty reduction plan for BC are welcome. However, after a decade of stagnant rates, and the benefit increases are far from adequate. Within the contexts of staggering housing unaffordability in BC, and ongoing barriers to adequate addictions and mental health care, food security, legal aid, and the other core social determinants of health, it remains to be seen if government will continue to invest as needed in the safety, basic needs and human rights of women.



## 2017 CEDAW REPORT CARD

<b>WOMEN'S ACCESS TO JUSTICE</b> <b>D+</b> <small>PAGE 4</small>	<b>WOMEN AND CHILD CARE</b> <b>D</b> <small>PAGE 7</small>	<b>WOMEN'S EMPLOYMENT</b> <b>C+</b> <small>PAGE 10</small>
<b>WOMEN'S HEALTH</b> <b>C+</b> <small>PAGE 13</small>	<b>WOMEN AND HOUSING</b> <b>C</b> <small>PAGE 16</small>	<b>MISSING AND MURDERED INDIGENOUS WOMEN AND GIRLS</b> <b>D</b> <small>PAGE 19</small>
<b>WOMEN'S POVERTY</b> <b>C</b> <small>PAGE 22</small>	<b>WOMEN IN PRISON</b> <b>C-</b> <small>PAGE 25</small>	<b>VIOLENCE AGAINST WOMEN</b> <b>C</b> <small>PAGE 28</small>

**Women's Inequality** ~ Chrysalis specializes in working with women, trauma, and concurrent medical and mental health needs. Recovery is never "one size fits all", and working intersectionally, and in a "client-centered" way, compels us to contextualize women's experience of addiction (or, as Gabor Mate said, "ask not why the addiction, but why the *pain*?").

We continue advocating for better laws, policies and systems, from *all* levels of government, to effectively address the deep systemic and socioeconomic inequalities that perpetuate gender-specific barriers, hardships and harms for women – and particularly marginalized women - and their children and families.



## Private vs. Public

**Two-Tiered System** ~ even before BC's current overdose epidemic, the demand for "treatment" far exceeds availability, and particularly for those who cannot afford private rates.

For anyone seeking addiction treatment or addiction-based care, the "public system" has become synonymous with "the welfare system" and families of addicts are increasingly pressured to placing themselves in exorbitant financial strain to bypass lengthy waitlists in the public system to gain immediate access to a private bed for their loved one.

As there is no accepted single definition of "treatment," the reality is that beyond immediacy of access, there are no particular differences in the "effectiveness" of private vs. public programs. Women living with complex trauma, medical/mental health needs, and long-standing prescriptions for controversial medications are often deemed as ineligible for a private program as they are for the few public programs that are available to them, whether funds for private rates can be accessed or not.

Parents are more fearful than ever that their child will die while waiting for treatment, and those who can afford private rates are especially vulnerable to targeting by private or unregulated programs, or third-party practitioners who broker access to treatment through a related service (ie: intervention, etc.). Licensed treatment beds for clients receiving income assistance are funded by government at a rate of \$40/day. Private rates can be as high as \$200 to \$1000+/day, and it is common and often necessary for organizations to offset underfunding through the provision of private beds. For the larger, private sector, there is virtually no incentive to provide publicly-funded beds. Overall, there are still disproportionately fewer beds for women than there are for men, both in the public and private sectors.

**"Everyone should have fair access and fair opportunity. This is not equality of result – it is equality of opportunity. There's a fundamental difference."**

~ Robert Reich

Chrysalis does not engage in fast-tracking or otherwise prioritizing private-pay clients. We rely on fundraising and the support of our community, and we continue to advocate for increased operational funding from all levels of government, as means to protecting protect our homes and programs from closure, and ensuring marginalized women have equal and fair access to the housing, care and supports they need, and regardless of the complexity of their needs or their socioeconomic disadvantages.

**"4.4% of Canadians aged 15+ met the criteria for substance use disorder; only a fraction are accessing appropriate care in the form of evidence-informed treatment."**

~ Canadian Ctr. for Substance Abuse



## Gendered Realities

**More but Still Less** ~ in response to the housing and fentanyl crises, there has been a minor increase in the number of beds for women; however, the majority of residential beds are located within women-only spaces in the DTES, and are not necessarily addiction/mental-health focussed, but rather housing or shelter-based. It remains considerably more challenging for women to secure post-detox beds than men, and Chrysalis continues to provide the single remaining non-hospital-based inpatient residential programs to women in BC who require long-term (18+months) residential care and supports for problematic addiction *and* concurrent mental and/or medical health issues.

**“Mental health & addiction services continue to advance in the DTES, but rarely include an explicit focus on women’s particular needs; therefore, they often fail to meaningfully engage women.”**

~ Women’s Health & Safety in the DTES

**“Evidence shows that an unsuccessful attempt to access drug treatment on demand is empirically linked to three-fold increased risk of gendered violence.”**

~ Women’s Health & Safety in the DTES

**Violence** ~ gendered violence remains pervasive and endemic for women throughout BC. Particularly vulnerable are indigenous, trans and sex working women in the DTES. The leadership and advocacy of women-serving organizations in the DTES for the past decade, in combination with government’s need to respond to the housing and fentanyl crises gripping Vancouver, has led to long-overdue investment in safe, women-only spaces and critical front-line services for women. Chrysalis stands in solidarity with all our DTES allies while advocating for increased investment in resources outside the DTES, to increase access and the choice women can make for themselves and

their families regarding safety, housing, health care, community and the effective resources they need for medical, mental, spiritual and situational health, wellness and stability.

**Homelessness** ~ women face harassment and violence in shelters or on the street, and they are largely unrepresented in official homeless counts. Income insecurity and the fear of loss of custody of children often force women to remain in unsafe relationships. Sexist discrimination, prejudicial renting practice and inadequate welfare rates leave women susceptible to exploitation.

Vancouver’s lack of affordable housing means that even with our subsidy support, women in our programs can’t find housing. This means women on our waitlists are waiting longer, particularly for 2<sup>nd</sup>-stage housing. We support women to remain in our homes as long as they need to, and we provide to the women on our waitlists maximum pre-admission supports and advocacy while we continue to advocate for better violence prevention and affordable housing solutions by all levels of government.

**“The crisis I saw 10 years ago is worse on virtually every level: homelessness, poverty, the rental housing crisis and lack of low-income options. Every level of government is complicit.”**

~ Miloon Kothrati, former UN Reporter



# This year at Chrysalis

Government has responded to the ongoing fentanyl and overdose crises with increased investment in life-saving front-line harm-reduction initiatives (ie: naloxone and supervised injection facilities) and prescriptive treatment (ie: opioid replacement therapies: Suboxone, Methadone, Kadian, etc.). There has been virtually no investment in any resources for women outside the DTES despite decades of evidence-based reports and recommendations indicating the need for women to have resource options throughout Metro-Vancouver.

Chrysalis' specialized continuum is the single remaining gender-specific, holistic and long-term residential addictions and mental health care option for women in the Downtown East Side, and throughout BC. Subsequently, the 25 beds in our three programs remain in extremely high demand.

**This year, 306 women waitlisted for a bed in one of our three homes. 84 were able to secure an admission.**

**Waiting** ~ of the 84 women who were admitted this year:

- \* 77 (92%) were homeless at entry
- \* 79 (95 %) had complex medical needs at entry
- \* 81 (96 %) reported recent/current risks of violence prior to entry

**Violence in Childhood** ~ for women there are long-evidenced correlations between childhood experiences of sexual abuse and/or violence and multiple mental health disorders that co-occur in adulthood with problematic alcohol and/or drug-use, including PTSD, psychosis, self-harm, mood disorders, and disordered eating.

The vast majority of women accessing Chrysalis' programs (90+%) report past or very recent experiences of male-perpetrated assault and/or experience of injurious violence. An average of 60% report sexual abuse in childhood, and we know many women do not report at all.

**"Addiction shouldn't be called 'addiction' – it should be called 'ritualized compulsive comfort-seeking' and recognized as a normal response to adverse childhood experiences."**

**– Dr. Daniel Sumok**

**Two thirds of diagnosed mood disorders are reported by women, and women are 1.5 times more likely than men to be hospitalized as a result of mental health symptoms.**

**~ Statistics Canada**

**Complex Needs** ~ of the 84 women who were admitted this year:

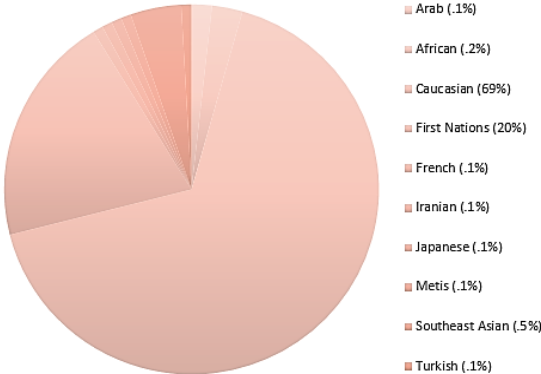
- \* 45 (54%) were prescribed an opioid replacement medication
- \* 30 (35%) arrived with 3-5 prescription medications
- \* 21 (25%) arrived with 6 – 10 prescription medications
- \* 10 (12%) arrived with 10+ prescription medications
- \* 82 (97%) arrived with significant mental health needs
- \* 30 (36%) had active disordered eating (Anorexia or Bulimia). Of these, only 16 (53%) had been formally diagnosed.
- \* 79 (95%) arrived with significant medical health needs (ie: HIV+, Hep-C, degenerative disc disease, gastrointestinal disorders, cirrhosis and liver disease, major dental problems, and head/acquired brain injury)





# More Metrics

## 2017 - 18 clients: ethnocultural identity



**Giving Time to Heal** ~ 45-90 day programs tend to dominate the addiction treatment/care sector, but Chrysalis gives the time and supports women need to heal, recover, and achieve the sustainable changes they want and need for their health, families and lives.

**Chrysalis provided 9014 days of safety, housing & inpatient care to 114 women this year.**

For 45 of these women, prescription ORT medications (Suboxone, Methadone or Methadose) are effective for relapse prevention while they stabilize and build foundations for sustainable health, wellness and recovery.

**Healing at Any Age** ~ recovery from addiction, violence & poverty is not a finish line. It is a lifelong journey, and it is never too late. Of the 114 women we served this year:

- \* the youngest was aged 19; the eldest was 62
- \* the most of any one age was 46 (9 women)
- \* the average age was 36.5
- \* the youngest transgender woman was 24; the eldest was 28
- \* the average age of all the transgender women we served (four total) was 26
- \* the youngest First Nations woman was 19, the eldest was 58
- \* the average age of the 23 First Nations women we served was 36.5

## Full Continuum of Care for 30 Women:

**TEN first-stage beds**

**New Dawn, post-detox stabilization**

**FIFTEEN second-stage transitional housing beds**

**New Day: 6 beds; New Way: 9 beds**

**FIVE Housing Subsidies**

**18 months of subsidized rent for eligible 2<sup>nd</sup>-stage graduates**

This year, 114 women were housed and provided with 24/7 safety; evidence-based models of addictions, medical and mental health care; holistic health and life skills education; intersectional case management; collaborative care and resourcing; personal care plans; group and individual counselling, comprehensive relapse prevention; and peer-based supports, mentorship and community.

**NEW DAWN:** 3479 days of inpatient care provided to 77 women

- \* 2098 days provided to 31 ORT clients
- \* program completes: 35; average length of stay: 86 days
- \* ORT client completes: 16; average length of stay: 68 days

**NEW DAY:** 1708 days of supported housing to 13 women

- \* 649 days provided to 4 ORT clients
- \* program completes: 4; average length of stay: 288 days
- \* ORT client completes: 4; average length of stay: 162 days

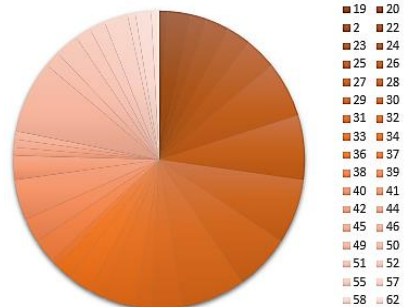
**NEW WAY:** 2446 days of supported housing to 17 women

- \* 1028 days provided to 8 ORT clients
- \* program completes: 9; average length of stay: 188 days
- \* ORT client completes: 3; average length of stay: 129 days

**HOUSING SUBSIDIES:** 2032 days of subsidized rent for 5 women

- \* one woman exited after 1215 days in residence

## 2017 - 18 clients: age range





# Cultivating Healing...

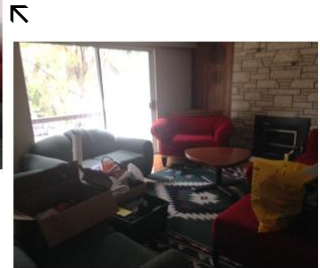
Our three homes inspire, teach, and contribute to women's healing journeys in ways unmatched by any other publicly-funded facilities in Vancouver. This year we are incredibly grateful to [BC Housing](#), [Central City Foundation](#) and the [City of Vancouver](#) for the funding support that made it possible for us to purchase, renovate and upgrade the third home on our continuum of care: New Way!



(left to right) Our Executive Director Shannon Skilton, Project Manager Valerie Nufer & Recovery Transitions Coordinator Emily Henry celebrate New Way's epic makeover.



As with our other 2<sup>nd</sup>-stage, semi-independent supportive housing program New Day, New Way is home to an average of 20 women per year. Women can remain in either home for up to 18 months, or longer as individual needs may warrant. For the duration of their residence, women are provided with ongoing psychosocial education and life skills development; group and individual counselling; and comprehensive, intersectional supports as they strengthen the foundations for reunification with their children, reconnection with community, and their own lasting healing, stability and wellness. Women have the time, support, and advocacy they need to achieve sustainable successes, for life.



By providing home-like, non-institutional homes we reduce the added and often extreme impacts of the multifaceted stigmas they live with and internalize. We increase core esteem, self-worth, and value: women learn through their lived experience of our homes that they deserve more than mere basic survival. They learn how to include nurturing self-care and comfort in their own lives, and for themselves. Women learn and discover their own extraordinary, individual worth, and all the ways and means for giving it value.



# ...through Healing Environments



Women with histories of systems- and/or street-entrenchment most often have lived experience with deep poverty, survival sex work, custodial loss of children to Ministry apprehension, psychiatric hospitalization, incarceration, noticeable medical/ dental needs and/or any number of other visible signs of marginalization. The harmful gender-biased social and cultural stigmas women live with are far-reaching, deeply rooted and palpably vilifying - particularly for indigenous women, trans-women, women of colour, immigrant women and other visible minorities, drug addicted sex workers, pregnant women, and/or mothers.



If you or your company are interested to give the gift of a home-like, healing space to women in need, [contact us today](#) and let's make it happen! Setting a room with inspiring décor and/or artwork, beautifying a yard, planting a garden, customizing a fence, or giving some TLC to any part of the indoor or outdoor environments at our homes – when it comes to nurturing home comfort, the sky's the limit!



# Community and Gratitude



**Publicly Funded** ~ prioritizing access for marginalized women living in poverty means we depend on government funding to meet the bulk of our operational costs. We gratefully acknowledge the ongoing support we receive from [Vancouver Coastal Health](#), the [Ministry of Social Development and Poverty Reduction](#), and [BC Gaming](#). This combined funding support allows us to continue providing housing, inpatient care, holistic supports and intersectional advocacy for women in BC who are most often overlooked because of financial poverty and/or the complexity of their situations or needs.

**An Historic Collaboration** ~ in December 2017, 600 students and 14 student groups worked with [BCIT's Marketing Association \(BCITMA\)](#) to create the school's first ever campus-wide, student-held charity event. Chrysalis' Executive Director Shannon Skilton and staff Andi Wiseman were extremely honoured to meet with BCITMA's VP of Events [Karl Chien](#) and BCIT's Student Association's Chair of Business [Christian Colquhoun](#) to accept the \$6000 the students raised together in an unprecedented student- fundraising success for BCIT! ♥



**#25BedsForWomen** ~ we raised \$10K for new beds & bedding for the 25 women in our 3 homes & we couldn't have done it without our community! We remain especially grateful to our good friends Lorelei ([Amo Tierra Botanicals](#)) and Dori ([Vancouver Dispensary Society](#)) for their extraordinary support & contributions. ♥

Through [RBC's Days of Service](#) program we were able to give the fence at New Dawn a fresh coat of paint.



Comfy, durable footwear is a real blessing for anyone living on a fixed income. We're so grateful for the ongoing support from our friends at [Ronson's Shoes](#) & the [Two Ten Footwear Foundation](#) – all the women in our homes love it whenever they come by & visit!



**Grassroots** ~ we're always grateful for the invaluable, year-round support we receive from businesses and individuals in our community! Our registered members help us maintain eligibility for the government funding our programs depend on remain in operation. Monthly contributions, in-kind supports and fundraising by friends and allies helps us give the women in our programs everything from bus tickets to custom-fit bras, outings to home start-up support, a beautiful back yard to a night out at the movies... the smallest gifts can and do change lives and give joy, hope and optimism to those needing them most. ♥



# Advocacy and Collaborations



**Streethome's** innovative new employment equity program connects people in recovery with safe, fair-wage jobs. An average of 30% of the women we serve in any given year identify employment as an individual goal. We are excited to partner with the [Work With Us](#) program and provide the women in our homes with safe and long-term means to equitable, fair-wage employment that will work for them in their recovery journeys.

The **BC Recovery Council** is a group of public and private addiction service providers that meets regularly to strategize ways for the recovery community to have a political voice when it comes to government healthcare policy, and to streamline working partnerships within the diverse, two-tiered system of care we all work in. We were thrilled to join the Council and we look forward to representing the women we serve.



At Chrysalis, we bear daily witness to the intersecting contexts in which women's struggles with problematic alcohol and drug use occur. **We continue to pioneer trauma-informed care, and we challenge dominant, stigmatizing narratives about drug use and the women we specialize in serving.**

**"There's really no such thing as the 'voiceless'. There's only the deliberately silenced or preferably unheard."**  
~ Arundhati Roy

**We give voice to the women we serve so that their truths can be heard.** We continue to advocate directly and whenever possible with all three levels of government for women's safety, equality and rights, and to reduce stigma, promote gender equity and humane, evidence-based policy.



The **BCCSU** develops, implements and evaluates evidence-based approaches to substance-use and addiction. We joined its [Underserved Populations Working Group](#), and we're grateful for the opportunities to advocate for improved gender-responsive policy, increased trauma-informed practice, and more women's programs overall.

Following the [2011's "Getting to the Roots" report](#), the [DTES Women's Coalition](#) reconvened in 2017 to develop new strategies and policy reform for reducing gendered violence in the DTES. We are honoured to join this coalition to advocate in solidarity with our DTES allies.



**WTC** promotes empowerment for women and girls through diverse community engagement, inclusive policies, and equitable government representation. WTC's [Women's Equity Strategy](#) was adopted by the City in 2017, and we are grateful to join WTC's working groups to forward the Strategies objectives.



We were honoured to contribute to and be included in **CFF's "On the Frontlines of the Opioid Crisis" report**, and to be recognized in solidarity as a frontline women's organization even though our programs are in operation outside the DTES.

We're excited to sit on the City's [Poverty Reduction Committee](#), and we're very grateful to Cllrs. [Adriane Carr](#) and [Andrea Reimer](#), as well as the [Social Planning Dept.](#) for all the extra support this year!



We are grateful to our [MP Don Davies](#), our [MLA Mable Elmore](#) and [MLA Melanie Mark](#) for their ongoing endorsement, support and advocacy for the ongoing government funding for our trauma-specialized continuum of care.





# *Moving Forward – Goals and Aspirations*

- \* equalize & streamline funding between our two 2<sup>nd</sup>-stage housing programs New Day & New Way
- \* strategic project funding as means to maintaining or expanding intersectional program components/supports
- \* increase & diversify core operational funding for our overall continuum of care

## **Organizational Capacity & Sustainability**

## **TLC for homes that heal**

- \* interior & exterior painting (New Dawn & New Day)
- \* new front & back yard fences (New Day & New Way)
- \* yard upgrades & landscaping design for all 3 homes
- \* new interior & exterior furniture & décor for all 3 homes
- \* eco sustainable upgrades (structural & appliances) for all 3 homes

- \* continued representation & advocacy for marginalized women via committee & coalition participation, and with all three levels of government
- \* ongoing strategies to engage more registered members, monthly donors, and grow our village of volunteers
- \* secure formal communications & fundraising support
- \* continued strengthening of connections & working relationships with partisan & non-partisan stakeholders in government & community

## **Community Connections & Engagement**

**Want to get involved?**

**Let's change the world together, one small action at a time!**

**Contact us by phone: 604-325-0576 / or email: [admin@chrysalissociety.com](mailto:admin@chrysalissociety.com)**



# Grassroots People Power

## Grassroots Support: Anytime, Anywhere ~

“We don’t have to engage in grand, heroic actions to participate in the process of change. Small actions by many transform the world.”

~ Howard Zinn



### ONLINE COMMUNITY

Repost, Reply, Retweet, Forward, Comment & Share... get involved! Start a conversation, ask questions & join us in connecting with women, families & allies - here, there & everywhere!



### MONTHLY GIVING

Each & every woman healing from addiction & violence brings boundless positive impacts to children, families & community. A monthly gift of \$30+ helps us continue to help women heal.



### MEMBERSHIP

Membership is free, helps us maintain our registered charitable status & our access to the government funding we need to operate, and strengthens Chrysalis’ grassroots community!

**Volunteer Inquiries** ~ there are [many ways you can get involved](#) and make a real difference in the lives of women who are healing, recovering and rebuilding their lives! Inquires can be sent to our [Head Office](#) - please introduce yourself to us and let us know what skill, knowledge and/or contribution you are specifically interested to offer, and what leads you to be interested to volunteer with Chrysalis.

**Folks of *all* genders, including men, are afforded equal opportunity for involvement with Chrysalis, and are welcome and encouraged to submit expressions of interest regarding any volunteer opportunities, up to and including Board participation and/or committee work – we look forward to hearing from you!**

## Being the Change We Want to See ~

Chrysalis’ three decades of successes could simply not have happened without the commitment and efforts of dedicated people. The positive impacts of the supports we provide to women – and the community we create in doing so - are truly immeasurable.

In helping others we help ourselves, and we make the world a better place. When women heal, so do their children, families & communities. Healing for one is healing for many – thank you all so much for supporting our unique vision and work! ♥





# Chrysalis Society



## *Chrysalis*

is the third  
of the four distinctive stages of a butterfly's life.  
The most fascinating, and the easiest to miss,  
it is the stage in which  
the caterpillar transforms into a butterfly.

**\* NEW DAWN \* NEW DAY \* NEW WAY \*  
\* SPECIALIZED RECOVERY HOMES FOR WOMEN \***

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