WOMEN’S PERSPECTIVES OF SAFETY IN SUPPORTIVE HOUSING ON VANCOUVER’S DOWNTOWN EASTSIDE AND DOWNTOWN CORE: “THIS IS HIGH EMOTION HERE. YOU’RE DEALING WITH LIFE HERE”

by

FERMA RAVN

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF

MASTER OF SOCIAL WORK

in

THE FACULTY OF GRADUATE AND POSTDOCTORAL STUDIES

THE UNIVERSITY OF BRITISH COLUMBIA

(Vancouver)

August 2015

© Ferma Ravn, 2015
ABSTRACT

This qualitative research project sought to explore women’s perspectives of safety in supportive housing within Vancouver’s Downtown Eastside (DTES) and Downtown Core (DC). Feminist participatory action research and intersectionality theory were utilized as a research framework. Ten participants, most of who were Aboriginal, were recruited for this project and focus groups and interviews were used for data collection. Five themes were identified using open coding. The first theme focuses on how intersecting stigmas impacted participants’ experiences and perspectives of safety within supportive housing. The second centers on how experiences of trauma informed some women’s housing decisions. The third theme portrays how the location of supportive housing was key to participants’ feelings of safety in their housing and surrounding neighborhoods. The fourth shows that participants viewed safety largely as security measures that were respectful of tenants’ rights to privacy and independence. The fifth theme reveals that pervasive problems in supportive housing put participants at everyday risk. These pervasive problems were identified by participants as being bedbug infestations, dangers associated with sharing bathrooms, social conflict, and negligence from staff and management. The findings of this research project suggest that women’s perspectives of safety were informed by their interlocking social locations, as well as their unique life experiences. This resulted in women having a range of views on what created safety in supportive housing. The findings also indicate that a significant portion of supportive housing stock is substandard in the DTES and DC, especially those that are single room occupancy (SRO) hotels, putting women at risk on an ongoing basis.
PREFACE

This thesis is an original, unpublished work by F. Ravn-Greenway. The University of British Columbia’s Behavioral Research and Ethics Board approved this research, providing an ethics certificate with the number H13-03257.
TABLE OF CONTENTS

ABSTRACT ................................................................................................................................. ii
PREFACE ................................................................................................................................... iii
TABLE OF CONTENTS ............................................................................................................... iv
LIST OF TABLES ....................................................................................................................... viii
LIST OF FIGURES ................................................................................................................... ix
LIST OF ABBREVIATIONS ....................................................................................................... x
ACKNOWLEDGMENTS ........................................................................................................... xi
DEDICATION ............................................................................................................................... xii

CHAPTER ONE: INTRODUCTION ................................................................. 1
  1.1 Defining Housing Safety for the Purpose of this Project .............................................. 3
  1.2 Supportive Housing Definition and Context in BC ....................................................... 5
  1.3 DTES Definition and Context ..................................................................................... 6
  1.4 Research Design and Summary of Findings ................................................................. 7

CHAPTER TWO: LITERATURE REVIEW ........................................... 12
  2.1 Current Understandings of Housing Safety ................................................................. 12
     2.1.1 Housing Safety as a Human Right ................................................................. 13
     2.1.2 Housing Safety: Unrealistic Ideal or Instinctual Need? ................................. 14
     2.1.3 Housing Safety as a Health Issue .................................................................... 17
     2.1.4 Perceptions of Safety: Community Connection, the Dangers of Social
          Interactions, and Importance of Security ............................................................ 20
  2.2 Supportive Housing as Social Control ....................................................................... 25
  2.3 Vancouver’s Downtown Eastside: Community Stigmatization, Resistance and
      Housing Inequity ............................................................................................................. 32
     2.3.1 Community Stigmatization and Resistance .................................................... 32
     2.3.2 Housing Inequity ............................................................................................. 40
  2.4 Conclusion ....................................................................................................................... 45

CHAPTER THREE: METHODOLOGY .................................................. 47
  3.1 Research Objectives ....................................................................................................... 47
  3.2 Social Location of Researcher ...................................................................................... 48
  3.3 Design ............................................................................................................................. 49
  3.4 Setting ............................................................................................................................. 55
3.5 Recruitment Criteria
3.6 Sample Size
3.7 Recruitment Strategy
3.8 Sampling Strategy
3.8.1 Methods Used
3.8.2 Limitations of Sampling Strategy
3.9 Participant Profiles
3.10 Data Collection
3.10.1 Methods Used and Justification
3.10.2 Application of Data Collection Methods
3.11 Data Analysis
3.12 Action Phase
3.13 Ethics
3.13.1 Conducting Research in a Marginalized and Research-Exploited Community
3.13.2 Consent
3.13.3 Research Risks and Benefits
3.14 Validity
3.15 Limitations

CHAPTER FOUR: RESEARCH FINDINGS

4.1 Intersecting Stigmas Impact Housing Safety: “I think Native women are more expendable, you know?”
4.2 Housing Decisions can be Informed by Experiences of Trauma: “And so even to this day I sleep with this huge machete under my bed.”
4.3 The Location of Supportive Housing is Key to Safety
4.3.1 It’s Not Safe for Some Women to Live in the DTES: “It’s too Close, It’s too much Doped, It’s too much Everything”
4.3.2 Residency in the DTES Provides Safety through “Camaraderie” and Solidarity
4.4 Safety is Security that is Respectful of Tenants’ Privacy and Independence
4.4.1 Safety is Security: “Security is Number One”
4.4.2 Security Measures Must Be Balanced with Tenants’ Rights to Privacy and Autonomy: “Some of the Places Down Here, They Go Crazy”
APPENDIX I ........................................................................................................173
APPENDIX J ........................................................................................................176
APPENDIX K ........................................................................................................178
LIST OF TABLES

Table 1: Finding the Best Fit: Options that should be Available to Potential Supportive Housing Tenants to Meet their Safety Needs .................................................................145
LIST OF FIGURES

Figure 1. Dynamics of Housing Safety ................................................................. 10
Figure 2: Map of the DTES of Vancouver ............................................................. 11
# LIST OF ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired immunodeficiency syndrome</td>
</tr>
<tr>
<td>BC</td>
<td>British Columbia</td>
</tr>
<tr>
<td>BRI</td>
<td>Building related illness</td>
</tr>
<tr>
<td>CCAP</td>
<td>Carnegie Community Action Project</td>
</tr>
<tr>
<td>DC</td>
<td>Downtown Core</td>
</tr>
<tr>
<td>DTES</td>
<td>Downtown Eastside</td>
</tr>
<tr>
<td>FPAR</td>
<td>Feminist participatory action research</td>
</tr>
<tr>
<td>HIV</td>
<td>Human immunodeficiency virus</td>
</tr>
<tr>
<td>HCV</td>
<td>Hepatitis C virus</td>
</tr>
<tr>
<td>ID</td>
<td>Identification</td>
</tr>
<tr>
<td>LGTB</td>
<td>Lesbian, gay, transgendered, bisexual</td>
</tr>
<tr>
<td>OHCHR</td>
<td>United Nations’ Office of the High Commissioner of Human Rights</td>
</tr>
<tr>
<td>PAR</td>
<td>Participatory action research</td>
</tr>
<tr>
<td>SBS</td>
<td>Sick building syndrome</td>
</tr>
<tr>
<td>SRO</td>
<td>Single room occupancy</td>
</tr>
</tbody>
</table>
ACKNOWLEDGMENTS

A huge loving thank you to my husband, Chad, for his constant emotional, intellectual, spiritual, artistic, and financial support throughout my schooling. Chad, I love you. To my little son Max, thank you for being my constant companion while I wrote this thesis. You kept me joyful, thankful, and grounded throughout this process. Sarah, thank you for teaching me how to write and for your constant friendship, intellectual mind, and sisterhood. Pilar, thank you a thousand times for your support and supervision of this thesis project. Your thoughtful guidance and ongoing support enabled me to finish this thesis while working a new job, being pregnant, and being a new mom. Your commitment to respectful, reflexive community-based research is truly inspiring. Natalie, thank you so very much for challenging me to look deeper at my analysis of this research. Rob, thank you so very much for helping me ground the theoretical aspects of this research into practical applications. Marg, thank you so much for bringing your expertise and warmth to this project. Lastly, a massive heartfelt thank you to all the women who participated in this project. I am so honored to have been able to get to know you. Your constant displays of resourcefulness, honesty, and generosity of spirit will inspire me forever.
DEDICATION

This project is dedicated to the many women and men who have lost their lives, as a result of living in marginal housing on the Downtown Eastside of Vancouver. It is dedicated to the memory of my Uncle Knud Dons Ravn who was murdered in a DTES single room occupancy hotel in 2001. It is also dedicated to Leila\(^1\) whose intelligence, incisiveness, and commitment to justice informed this project greatly.

\(^1\) Name has been changed to ensure confidentiality.
CHAPTER ONE: INTRODUCTION

In February 2013 the Vancouver municipal government launched its online rental standards database, showing fire code and standards of maintenance violations for 2500 rental buildings in the city (Jackson, 2013). Fire code and standards of maintenance bylaws focus on ensuring that a property is safe for inhabitants and flag housing conditions that put residents at risk. With the publication of this database, the media was quick to highlight that the buildings with the most infractions in Vancouver were single room occupancy (SROs) hotels located in the Downtown Eastside (DTES) (Jackson, 2013; Lee, 2013). However, what was not published by most media outlets was the fact that two of the top five buildings with the most unresolved violations in the city were provincially owned and funded supportive housing sites (The Marble Arch Hotel at number one on the list with 141 infractions and The Gastown Hotel at number four with 122 infractions) (Jackson, 2013; Lee, 2013). Likewise, the reality that number five on this list, the Lion Hotel with 106 violations, had provided 35 units as non-profit run supportive housing from 2010 to mid-2012 was rarely discussed (Jackson, 2013; The Lookout Housing Society, 2012).

Today, the legacy of deteriorating housing conditions in Vancouver’s provincial supportive housing continues with two of these properties still ranked as two of the top five buildings with the most fire code and standards of maintenance violations in the city (City of Vancouver, May 3, 2015). In total, provincial supportive housing in the DTES currently is in violation of 227 safety standards (City of Vancouver, May 3, 2015). The existence of such poor conditions in these government funded supportive housing sites, which house those who are unable to live independently due to mental health and/or
substance use challenges, highlights the unequal access this specific population have to healthy and safe housing in our society. Likewise, the lack of attention given to the deplorable conditions in some of these housing sites serves as a reminder of the apathy our society has in regards to holding the government responsible for the housing it provides to these often disenfranchised community members.

In lieu of the troubling context of supportive housing conditions in Vancouver, my research has sought to provide insight into women’s perspectives of safety within government and non-profit funded supportive housing in Vancouver’s DTES and Downtown Core (DC). The decision to focus this research on the thoughts and experiences of women living in supportive housing was based on studies showing that women living in marginal housing in the DTES, usually SRO housing, face unique risks as tenants (Lazarus, Chettiar, Deering, Nabess, & Shannon, 2011; Robertson, 2007). For instance, research has shown that women are often outnumbered by men in SROs and have to adjust to physical and social building environments that were originally constructed solely to accommodate men (Lazarus et al., 2011; Robertson, 2007). Furthermore, research has revealed that women can face sexual harassment and sexual assaults in DTES SROs, as well as discrimination from building management on the basis of their gender (Lazarus et al., 2011; Robertson, 2007). Subsequently, this research project was designed to provide women with a forum to voice their perspectives on safety within supportive housing in the DTES and DC of Vancouver. This research is vital as there is currently a dearth of research outlining women’s safety needs in supportive housing (a definition of safety as it pertains to this research is provided further below). Additionally, no published research at this time has documented the safety needs of
tenants living specifically in supportive housing within the DTES and DC aside from important research focused on the safety needs of sex workers in supportive housing (Krüsi, Chettiar, Ridgway, Abbott, Strathdee & Shannon, 2012; Lazarus et al., 2011).

In order to best outline how this research project fills a current void in academic literature the next chapter (Chapter 2) provides a literature review summarizing key themes related to this research topic. Chapter 3 gives the reader a detailed account of the methodology used for this project. Chapter 4 provides the findings of this research and Chapter 5 summarizes how these findings compliment and enhance former research on the topics of safety and housing. Also included in Chapter 5 is a discussion of the implications of this research for policymakers, housing providers, and social work practitioners, as well as future research needs. Before moving onto Chapter 2, the following paragraphs will briefly provide definitions for safety in the context of this research, supportive housing, and the DTES. A short summary will also be given explaining this project’s research design, as well as the findings of this study.

1.1 Defining Housing Safety for the Purpose of this Project

As further detailed in the literature review (Chapter 2) of this thesis, housing safety has namely been defined in relation to tenant health (Bonnefoy, 2007; Evans, 2003; Matte & Jacobs, 2000). Similarly, within BC (British Columbia) Housing’s literature for supportive housing providers, housing safety is defined largely as the physical protection of tenants from physical harms posed by fires, earthquakes, and/or security breaches. This thesis, however, is premised on the notion that the definition of housing safety extends far beyond the physical impacts housing can have on health. Instead, it regards housing safety as a complex range of micro to macro factors that can impact the many facets of a
tenant’s wellbeing including not only their physical health, but also their psychological, spiritual, cultural, sexual, mental, social, and environmental wellness. This broader understanding is supported by housing researcher Xavier Bonnefoy (2007) who posited that adequate shelter supports the psychological, physical, social and developmental needs of its residents (p. 213).

The definition of housing safety used in this research recognizes that many factors impact an individual’s sense of safety in housing, which include but are not limited to equitable access to housing, security of tenure, privacy, choice, community participation, vital resources being available and accessible in the surrounding community, affordability, cultural relevancy of housing, freedom to express and engage in one’s culture and traditions, freedom from discrimination on the basis race, culture, gender, sexual orientation, class, and/or disability, and freedom from violence in all its forms (United Nations’ Office of the High Commissioner of Human Rights (OHCHR), 2009). Furthermore, within this research the elements associated with housing safety are believed to be experienced by tenants in varying degrees as a result of the intersection of systemic inequalities, such as sexism, racism, colonialism, and heteronormativity. This dynamic has been evidenced by environmental justice research, which has shown that communities of color disproportionately experience more safety issues in their housing due to limited access to safer accommodations (Masuda & Crabtree, 2005).

Subsequently, this thesis’ definition of safety is founded on the viewpoint that housing safety is multi-faceted and complex, encompassing macro, mezzo, and micro factors (see Figure 1 on pg. 10 for diagram of housing safety dynamics).

It should also be stated at this point that the term cultural safety in this thesis refers
to the following:

... cultural safety moves beyond cultural sensitivity and cultural competence (e.g. having knowledge about the culture of the ‘other’) in that it analyzes power imbalances in society, as well as political ideals of self-determination and de-colonization” (Anishnawbe Health Toronto, 2011, Cultural Safety section, para. 1).

Consequently, in the context of housing cultural safety means that housing providers actively work towards creating safer housing environments by learning about and actively challenging systems of power within and outside of their housing community, such as white privilege. It also means that tenants whose cultures and values are not reflected within dominant society are meaningfully and continuously consulted in regards to creating culturally safe(r) housing policies and programs and that they are able to guide the development and maintenance of policies and programs to meet their needs.

1.2 Supportive Housing Definition and Context in BC

In British Columbia (BC), supportive housing is provided to individuals and families who are unable to live independently as a result of struggles with substance use, mental health challenges, and/or other barriers causing difficulties with maintaining permanent housing (Government of British Columbia, 2013). The BC Government designates social housing as being supportive if it offers tenants onsite services, such as front desk support, although supports vary from building to building with some locations providing 24 hour support to tenants and others having support workers available for a few hours each day (Government of British Columbia, 2013). In Vancouver the majority of government-funded supportive housing sites (64%) are located in DTES SROs, which
are buildings with 10x10 foot rooms for tenants’ living quarters with shared bathrooms on each floor (Lazarus et al., 2011; BC Housing, 2014a). The remaining 36% of supportive housing sites have predominantly been constructed within the past 5 years and are dispersed throughout the city, providing tenants with self-contained units with private bathrooms and cooking facilities (BC Housing, 2014a). Additional supportive housing buildings are funded and managed by non-profits, such as Atira Women’s Resource Society and Raincity Housing and Support Society (Atira Women’s Resource Society, 2011; Raincity Housing and Support Society, 2014). Similar to government-supportive housing sites, a large number of these buildings are DTES SROs (Atira Women’s Resource Society, 2011; Raincity Housing and Support Society, 2014).

1.3 DTES Definition and Context²

The DTES geographically runs north from the industrial ports on the Burrard Inlet to Prior Street, Malkin Avenue, and Venables Street to the south (City of Vancouver, 2014a). Coming from the west, the DTES begins at Richards Street and ends at Clark Drive to the east (please refer to Figure 2 on pg. 11 for a map of the community) (City of Vancouver, 2014a). Like the rest of Vancouver, the DTES is located on un-ceded Coast Salish territory, and was stripped from the Tslielwaututh (Burrard), Skwxwú7mesh (Squamish), and Xwméthkwyiem (Musqueum) peoples when European settlers began to colonize the land along the Burrard Inlet to create what would eventually become the City of Vancouver and surrounding municipalities (Masuda & Crabtree, 2005).

²The DTES of Vancouver requires an introduction in this thesis due to being a marginalized space that is often misrepresented by the media (Woolford, 2001). This necessitates that readers are provided with a brief description of the DTES that challenges the media’s often inaccurate portrayals of the neighborhood. As the DC of Vancouver is not affected by this misrepresentation it has not been defined or contextualized within this introduction.
Throughout the past 100 years to the present, the DTES area has been home to a number of communities of people facing stigmatization from larger society, as a result of racism, colonization, poverty, ableism, and/or substance use (please see Chapter 2 for a further discussion of the history of the DTES community) (Masuda & Crabtree, 2005). As a result, the DTES has often been represented in the media as a place that is disparate from the rest of Vancouver due to poverty, crime, and public disorder (Woolford, 2001). However, this uncritical analysis does not take into account the systemic and structural barriers many community members face or the caring solidarity between community members that is evident throughout the neighborhood (Culhane, 2004).

The high concentration of DTES residents living in poverty with substance use and/or mental health challenges, as well as physical disabilities such as the human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS) has caused the community to receive unwanted attention from both the media and researchers (Lazarus et al., 2011). There has been a trend in the neighborhood of researchers ‘parachuting’ into the community to study what they perceive to be social or medical phenomenon only to leave the DTES without giving anything back to the community, even simply communicating the findings of their research to interested participants (Boyd & Naomi Patients Association, 2013). This has caused some community members to be understandably and justifiably wary of academic research (Boyd & Naomi Patients Association, 2013).

1.4 Research Design and Summary of Findings

In lieu of this dynamic, the methodology used for this research has been guided by feminist participatory action research (FPAR) and intersectionality theory. FPAR seeks to
have every stage of the research process informed by participants’ (also called co-researchers in FPAR) perspectives and has the ultimate goal of working with participants to create needed changes related to the topic of research that they have identified as being important to their community (Hesse-Biber & Leavy, 2011). Intersectionality theory is premised on the view that no form of discrimination is experienced on its own, but rather is interlocked with other forms of oppression (Dhamon & Hankivsky, 2011). In this sense sexism may be experienced within an intersecting context of racism, colonization, classism, and other forms of discrimination depending on an individual’s social locations (Dhamon & Hankivsky, 2011). In total, ten women were recruited for this project using convenience sampling, maximum variation sampling, and snowball sampling. Guidance from the women during the initial stages of this research process was used to choose in depth interviewing and focus groups as the methods for data collection. All ten women were interviewed and six of these women also attended focus groups. Data analysis was carried out using open coding in order to ensure that emerging themes came directly from interview and focus group content rather than my preconceived ideas of the safety issues that women may face in supportive housing. After emerging themes were identified a meeting was held to communicate the findings to the participants and obtain their feedback. Themes were then adjusted to reflect the women’s responses.

The findings of this project show the diverse range of perspectives women have in regards to their experiences within similar settings. Five key themes emerged during data analysis. The first theme focuses on how intersecting stigmas impact supportive housing safety. The second is centered on how experiences of trauma informed some women’s housing decisions. It is important to note before moving further that this thesis defines
trauma as an event that “produces feelings of helplessness and lack of control, and thoughts that one’s survival may possibly be in danger” (Council on Social Work Education (CSWE), 2012, p.1). This thesis strictly focuses on trauma as an event given its limited capacity to explore the psychological manifestations of trauma. The third theme shows how the location of supportive housing was key to participants’ feelings of safety in their housing and surrounding neighborhoods. The fourth theme shows that participants viewed safety largely as security measures that were respectful of tenants’ rights to privacy and independence. The fifth theme reveals that pervasive problems in supportive housing put participants at everyday risk. These pervasive problems were identified by participants as being bedbug infestations, dangers associated with sharing bathrooms, social conflict, and negligence from staff and management.

Five women in this project (although all were invited) were involved in the action phase of this research. The women chose to focus their efforts on bringing awareness to women’s safety issues in supportive housing by sharing their stories and the research findings of this project with a local DTES magazine called the Megaphone.

This research project’s findings will likely be useful for Vancouver’s housing policymakers, housing providers, and supportive housing activists in the DTES. It is the hope of this research projects’ participants, as well as myself, that this project can be used to support the work of DTES community organizations and resident associations to hold supportive housing providers, such as BC Housing, accountable for providing safe, dignified supportive housing to residents.
Figure 1. Dynamics of Housing Safety. A representation of the micro, mezzo, and macro factors that define housing safety
Figure 2: Map of the DTES of Vancouver. The darker red area represents the DTES neighborhood.
CHAPTER TWO: LITERATURE REVIEW

Supportive housing should ultimately provide tenants with homes that foster a sense of safety, security, privacy, and comfort. However, as stated in the introduction several studies indicate that a significant number of supportive housing locations in Vancouver’s Downtown Eastside (DTES) and Downtown Core (DC) may put tenants’ mental and emotional health at risk as a result of deteriorating building conditions, infestations, and chaotic social conditions (Lazarus et al., 2011; Mass, Fairburn, Kerr, Lai, Montaner, & Wood, 2007; Robertson, 2007). This section provides a review of literature related to four themes that are central to the topic of supportive housing safety within the DTES and DC beginning with an overview of current understanding of housing safety in literature. Following this, an assessment of literature will be provided focusing on the relationship between supportive housing and social control. Lastly, a summary of research will be presented on the stigmatization of the DTES and its residents, community resistance to these stereotypes, as well as housing inequity in the neighborhood.

2.1 Current Understandings of Housing Safety

The following discussion will outline current understandings of housing safety. First, a brief review of literature conveying that housing safety is a human right will be presented. Second, a summary of philosophical views on housing safety will be given. Third, a review of research framing housing safety as a health-related issue will be provided. Fourth and last, there will be a summary of research focusing on residents’ perspectives of housing safety.
2.1.1 Housing Safety as a Human Right

Both the World Health Organization (WHO) and United Nations (UN) have asserted that safety is a fundamental human right (WHO, 1998). The WHO (1998) has defined safety as:

A state in which hazards and conditions leading to physical, psychological or material harm are controlled in order to preserve the health and well-being of individuals and the community. It is an essential resource for everyday life, needed by individuals and communities to realize their aspirations. (p. 1)

However, globally there is unequal access to safety, which is exemplified by the high numbers of people who are unable to obtain adequate, safe housing (WHO, 1998). Since 2001 the WHO has worked on understanding the correlation between quality, safe housing and human health due to research that has demonstrated that those living in substandard housing have poorer physical and mental health (Bonnefoy, 2007). In 2008 the WHO highlighted housing as a social determinant of health and emphasized the disparity in housing conditions occupied by the rich and poor in urban settings (Commission on the Social Determinants of Health, 2008). This unequal access to safe housing remains as a significant challenge in the world today due to social dynamics such as increasing urbanization and the deterioration of social policies focused on protecting the wellbeing of citizens.

Important work in the area of housing safety has been done by environmental justice researchers who regard equitable access to resources, such as safe, adequate housing, as a basic human right. For example, environmental justice research has documented how substandard housing conditions are disproportionately experienced by
people of color and low-income communities and has been used to urge housing providers to offer safe, dignified housing to all communities (Jacobs, 2011; Masuda & Crabtree, 2010). This has been demonstrated by research showing that bedbug infestations and deteriorating building conditions are often experienced more by marginalized communities, as well as environmental researchers’ subsequent efforts to raise awareness about these disparities to housing stakeholders (Eddy & Jones, 2007; Jacobs, 2011; Masuda & Crabtree, 2010).

Interestingly, environmental justice theory does not give a clear answer of what housing safety is and how it can be achieved. This likely is the result of its Foucauldian analysis of social discourse and power and its recognition that a standardized definition and operationalization of housing safety would likely reflect the needs of those in a place of privilege (e.g. scholars, policymakers, and politicians) and not the needs of those living on the margins (Masuda & Crabtree, 2010). For instance, environmental justice theorists assert that it is large government agencies along with influential non-profit institutions that namely inform policy development to ensure that the status quo is maintained, as these organizations do not want to lose their power by upsetting the system (Masuda & Crabtree, 2010). As such, researchers are encouraged to gain information, such as the meaning of safe housing, from underrepresented communities themselves, so that community members’ voices inform policies and practices to make their housing safe and secure (Masuda & Crabtree, 2010).

2.1.2 Housing Safety: Unrealistic Ideal or Instinctual Need?

Philosophy has also contributed to understandings of housing safety within academia. For instance, Gaston Bachelard (1994) who engaged in a phenomenological
study of how we inhabit domestic spaces and what these spaces mean to us in *The Poetics of Space* argued that ultimately one of the most important offerings of a home is its ability to provide protection to its inhabitants from the outside world, both tangibly and psychologically (1994). By studying the symbols we associate with domestic spaces, such as huts, nests, shells, and corners, he asserted that having a home fulfills our deep-seated need to have a place of refuge (Bachelard, 1994). He stated:

> I have simply wanted to show that whenever life seeks to shelter, protect, cover or hide itself, the imagination sympathizes with the being that inhabits the protected space. The imagination experiences protection in all its nuances of security, from life in the most material of shells, to the more subtle concealment through imitation of surfaces. (Bachelard, 1994, p. 132)

Subsequently, Bachelard argued that we, as humans, empathize with the bird carefully constructing a nest to conceal its eggs and the snail that retracts into its shell suddenly, as this reflects our own animal-instincts to have a space that offers this security and solace (Bachelard, 1994). As such, for Bachelard, the cultural ideal of a safe and secure home stems from our most primordial inner-selves (Bachelard, 1994).

However, the notion that ‘home’ should automatically be equated with safety and security has been challenged by scholar James Tuedio (2002) as an ideal that does not reflect the reality that dynamics such as war, poverty, domestic violence, and exile, make safety in housing unattainable and a luxury many people cannot experience.

Subsequently, he proposed that a new understanding of home should be embraced, specifically one that encompasses the often paradoxical and competing forces that are experienced within this setting (Tuedio, 2002). In “Thinking About Home: An Opening
for Discovery in Philosophical Practice,” he suggested that the home should be conceptualized as a setting where people are shaped by moment-to-moment expectations, experiences, perspectives, and relationships (Tuedio, 2002). He uses Iris Marion Young’s notion of the home as “the site of construction and reconstruction of the self” to summarize this idea (2002, p. 204). As such, the home, for Tuedio, is no longer a space that provide its inhabitants with stability, peace of mind, or security, rather it is a container for challenges, pressures, opportunities, and changes (2002). Thus Tuedio encouraged his readers to adjust their definition of home from being focused on what ‘should be’ to encompassing what housing actually ‘is’ (2002).

Likewise, feminist geographers, such as Duncan (1996), Meth (2003), Pain (1997) and Veronica (1989), have also challenged static notions of the home as places where safety, respite, and security are experienced. They contend that the home is not a neutral space and instead is a setting where violence and conflict born out of misogyny occur on a daily basis. This argument is illustrated by Pain (1997) who noted:

The vast majority of incidents of violence against women take place in the home or other private or semi-private spaces. An accurate map of urban rape would highlight far more bedrooms than alley-ways and parks (p. 233).

This assertion highlights the reality that the home is not a sanctuary from the outside world for many women, although the outside world is often represented as being risky and harmful to women (Pain, 1997). Instead, the home often poses more dangers to women from those who are well known to them, such as husbands and partners (Pain, 1997).
For Valentine (1989), the erroneous belief that women face more danger outside of the home is constructed out of our society’s patriarchal values, which deem that a woman’s place is within the domestic sphere. She stated that this narrative perpetuates the patriarchal agenda that women do not belong in the public arena (Valentine, 1989). Importantly, feminist geographers like Meth (2003) have also pointed out that the home can be a site of resistance for women who experience domestic violence and/or are expected to obediently follow patriarchal values. Subsequently, the home is a site of tension, negotiation, conflict, and opposition (Meth, 2003). This insight further troubles the ideal of home as a safe and secure setting demonstrating that the home is not a neutral space.

2.1.3 Housing Safety as a Health Issue

The importance of housing safety has been most vigorously examined from a health perspective in research. These studies have established that built environments, as well as the social milieus within them affect both residents’ physical and mental health (Evans, 2003; Matte & Jacobs, 2000). Issues such as infestations, mold, poor sanitation, insufficient water supply, neighborhood stressors, unregulated temperature, damaged amenities and building structures, environmental toxins and allergens, and inadequate airflow in housing have been linked to the compromised physical health of tenants (Matte & Jacobs, 2000). Researchers and physicians have identified two categories of illnesses to encompass health conditions that have been caused directly by housing conditions (Bonnefoy, 2007). First, Building Related Illness (BRI) accounts for diseases that are easily traced back to housing conditions, such as dust mite allergies and asbestos-related
mesothelioma\(^3\) (Bonnefoy, 2007). Second, Sick Building Syndrome (SBS) refers to clusters of symptoms, such as headaches, fatigue, and respiratory irritations that are suspected to be caused by exposure to particular building environments (Bonnefoy, 2007). This presentation of symptoms is known to emerge in environments where air quality and temperature regulation are substandard (Bonnefoy, 2007). Although SBS is difficult to diagnose, it usually becomes clear when a person with suspected SBS no longer has symptoms when they are not exposed to the contaminated environment (Bonnefoy, 2007). Importantly, housing and health researcher, Bonnefoy, has noted that more housing-related health conditions outside of BRI and SBS likely exist, as these two categories of illnesses do not include health effects related to building architecture, social milieus and emotional aspects of housing environments (Bonnefoy, 2007).

Like physical health, individuals’ mental wellness has also been shown to be correlated with a myriad of housing variables (Evans, 2003). For instance, mothers with young children living in the top floors of high rises rate themselves as experiencing more psychological distress than those living on lower floors (Evans, 2003). Additionally, housing quality, which Evans (2003) has defined as “structural quality, maintenance and upkeep, amenities (private bath, central heat), and physical hazards”, has been linked to tenant distress. This relationship has been hypothesized as being the result of stressors associated with landlord neglect of maintenance issues and related difficulties, such as landlord-tenant conflict (Evans, 2003). Evans (2003) also has outlined that there are three indirect relationships in regards to housing’s impact on tenants’ mental health. First,

\(^3\) A form of cancer caused by exposure to asbestos.
housing studies indicate that a tenant’s sense of personal control over their housing environment indirectly impacts their mental health (Evans, 2003). For instance, residents’ inability to control environmental hazards such as crowding and noise has been demonstrated as contributing to tenants’ experiencing learned helplessness (Evans, 2003). Likewise, tenants’ inabilitys to control their social interactions with neighbors and visitors due to building designs that force tenants to interact, such as dormitory style building environments, have been linked to learned helplessness (Evans, 2003).

Second, Evans (2003) has found that built environments play a large role in facilitating the development of social support, which has been demonstrated as being vital for good mental health. Building environments featuring social spaces that can easily be seen by tenants before deciding to commit to interactions with others, as well as the placement of furniture to encourage social interactions are examples of how housing design can foster social support (Evans, 2003). Conversely, crowding in buildings has been linked with social withdrawal (Evans, 2003).

Third, Evans (2003) stated that housing additionally impacts mental health indirectly as a result of its restorative value for tenants’ physical and mental health. For instance, exposure to natural elements such as grass, trees, and plants in housing environments have been shown to decrease stress and increase tenants’ feelings of comfort in their homes regardless of a household’s socioeconomic status (Evans, 2003).

Although a small number of causal relationships have been found regarding the effects building environments can have on the physical and mental health of tenants, most research findings are strictly correlational (Bonnefoy, 2007). This is due to the many variables in addition to housing, such as a person’s income, that contribute to tenant
health and wellness (Bonnefoy, 2007). Evans (2003) noted that poor housing conditions likely act in concert with other significant stressors, such as limited finances, to affect the health of residents and he subsequently urged researchers to create research designs that look at these relationships holistically rather than as separate, distinct phenomena. Additionally, Bonnefoy (2007) and Evans (2003) both have outlined the importance of recognizing that the consequences of poor housing conditions are experienced more by individuals and communities with low socioeconomic status due to having limited housing options. Subsequently, their work cites and compliments environmental justice research centered on housing safety.

2.1.4 Perceptions of Safety: Community Connection, the Dangers of Social Interactions, and Importance of Security

Unlike housing and health research, studies focused on residents’ experiences and perceptions of safety have yet to be adequately explored. This is likely the result of a dominant trend in housing and safety studies to be quantitative and objectively focused on cause and effect, rather than qualitative and focused on participants’ subjective understandings of their experiences. However, a small number of researchers have begun to examine this topic (Clampet-Lundquist, 2010; Krüsi et al., 2012; Kullberg, Nordqvist, Timpka & Linqvist, 2011; Owkzarzak, Dickson-Gomez, Convey & Weeks, 2013). In research based in Sweden, for example, residents of detached housing and apartment buildings have characterized safety as having social, physical and recreational supports that both enable individuals and families to be protected from potential harms and assist with the maintenance of a home base that provides respite from day-to-day stresses (Kullberg et al., 2011). Additionally, research by Clampet-Lundquist (2010) found that
community connection was an important indicator of safety for social housing residents who were being relocated from the Dubois Towers in Philadelphia to new social housing sites in other areas of the city. This research revealed that although this housing project was known to be one of the most dangerous communities in the city, a large number of relocated participants expressed feeling more unsafe in their new ostensibly safer home environments as a result of not being aware of emerging threats, such as upcoming gang wars in the neighborhood due to social isolation (Clampet-Lundquist, 2010). Clampet-Lunquist (2010) concluded that the compounding dynamics of participants’ relocations, subsequent isolation, and associated safety concerns within their new home environments, served to further dislocate them from their new communities.

An additional study of particular interest to the research at hand was conducted by Owkzarzak et al. (2013) in Connecticut and sought to understand what support meant to supportive housing residents who were diagnosed with HIV or AIDS. The researchers found that participants described threats to their housing safety as largely being the result of inter-relational factors (Owkzarzak et al., 2013). They also expressed reluctance to build relationships with co-tenants and neighbors living in their broader communities, as they feared this could lead to conflict, invasion of their personal space, gossip, and/or draw them back to old habits, such as substance use (Owkzarzak et al., 2013). Participants discussed having to weigh the benefits of having social support in their housing communities with the reality that developing relationships with other supportive housing tenants who often faced similar life challenges could result in a relapse or compromise their ongoing mental health recoveries (Owkzarzak et al., 2013). They shared that they worried that these risks could ultimately lead to the loss of their housing
if they were unable to set clear social boundaries with others (Owkwzarzak et al., 2013). As such, participants discussed how they chose to be distant from their neighbors in order to protect themselves from risky social interactions (Owkwzarzak et al., 2013).

Krüsi et al. (2012) conducted an additional study exploring how women negotiated safety with their dates within two Vancouver supportive housing sites serving as “unsanctioned safer indoor sex work environments” (p.1156). The study found that residents felt their safety was significantly enhanced by being able to do sex work within a supportive housing environment (Krüsi et al., 2012). First, formalized security mechanisms, such as bad date reports, cameras, front desk assistance, and identification (ID) checks were viewed by participants as needed tools to both assist with the identification of bad dates and to facilitate a quick safety response when dates started to go bad (Krüsi et al., 2012). Second, informal safety mechanisms like having neighbors close by to respond to cries for help were identified by women as providing an important safety net for their work (Krüsi et al., 2012). Third, women stated that being able to conduct their work at home allowed them to have more control over work related risks when having a date (Krüsi et al., 2012). For instance, they relayed that they were able to ensure that payments were given for their services, as their dates knew that others would likely intervene in the building if they refused to pay (Krüsi et al., 2012).

A small number of women noted that there were problems working and living in these housing environments (Krüsi et al., 2012). Some women reported that co-tenants purposely set their prices lower than their neighbors in order to steal their customers (Krüsi et al., 2012). Additionally, others remarked that building policies like ID checks
scared dates off and thus negatively impacted their ability to make a steady income (Krüsi et al., 2012).

Collectively, these studies demonstrate how important dynamics related to community connection, social interaction, and security mechanisms are to residents’ perceptions of safety. Clampet-Lundquist (2010) and Owkzarzak et al.’s (2013) studies are pertinent to this research project as they portray both the risks and benefits of being connected to others in a community. These factors are vital for supportive housing providers to consider, as moving supportive housing tenants from one community to another (e.g. DTES) may cause tenants to feel unsafe both as a result of isolation and not knowing what to expect in their new neighborhoods. Additionally, this research shows that supportive housing programs that encourage or force tenant interactions in hopes of fostering social networks may inadvertently put residents’ safety and wellness at risk.

Krüsi et al.’s (2012) research highlights the importance of governmental support of supportive housing providers in the DTES who are assisting sex workers to have safer work environments in their homes. Currently, one of the barriers supportive housing providers face in allowing sex workers to bring dates home is the criminalization of the purchase and sale of sex, which leaves housing providers vulnerable to being held legally culpable for aiding sex work if supports are in place to assist women in having

---

4 The Protection of Communities and Exploited Persons Act or Bill-C-36 became federal law in 2014 and replaced former legislation that namely criminalized the sale of sex work, as it was found to be unconstitutional by the Supreme Court of Canada in 2013 (PACE, 2014). There has been strong opposition to Bill C-36 as it criminalizes the purchase of sex work and continues to criminalize the sale of sex in certain environments, specifically in areas where youth 18 and under may be present (PACE, 2014). It also makes it illegal to advertise sex work and communicate sex work services in public settings (PACE, 2014). Critics have pointed out that as this Act now restricts indoor sex workers from advertising their services as it pressures them to obtain customers on the streets where they have less control over dates (PACE, 2014). Likewise, they also have contended that this new Act forces sex workers to pick up dates in low-traffic, industrialized areas where they are unable to obtain assistance when in danger (PACE, 2014).
safe dates at home (Krüsi et al.’s 2012). This forces women to meet their dates outside of their homes where they must conduct their work in low-traffic, industrialized areas that offer little control over work-related risks or help from others if an emergency occurs (Krüsi et al., 2012). This reality for sex workers remains in Canada despite research showing that street sex work is far more dangerous than indoor sex work (O’Doherty, 2011). For instance, a study by Cler-Cunningham & Christensen (2001) that surveyed 183 street sex workers in the Lower Mainland of British Columbia found that 70.5% of them had been threatened, 45.8% had been sexually assaulted, and 51.2% had been beaten while working. The fact that sex workers are still pushed to work on the streets, rather than within the safety of their homes or other indoor environments evidences the neglect and rejection women face when they do not comply with society’s views of how women should conduct themselves. As noted by feminist researcher Caroline Gatrell (2010), this discrimination originates from societal beliefs that women sex workers have dangerous bodies that need to be kept away from others. Subsequently, they are viewed as individuals without rights and are pushed to work in dangerous conditions that are literally and figuratively on the margins of society (Gatrell, 2010).

Overall, the lack of qualitative research on housing safety shows that there is a need for research to further explore residents’ perceptions of safety in supportive housing. Specifically, research needs to focus on learning about supportive housing tenants’ perspectives of safety at both a community level and more broadly across supportive housing sites provincially and nationally so that unique community needs can be met and multi-site data can be used to form best practices. Additionally, research is needed to
assess the impact of Canada’s new sex work legislation on women’s abilities to carry out sex work within supportive housing.

2.2 Supportive Housing as Social Control

An important dynamic to assess when examining tenant safety in supportive housing is how this housing may operate as a means to control specific populations in society and how this can affect tenant’s perceptions and experiences of safety in their homes. Throughout history various forms of housing have been used to manage populations deemed to be threatening to societies. For instance, as Foucault (1965) discussed in *Histoire de la Folie*, France’s Hôpital Général in the 17th century and England’s workhouses in the 16th century exemplify state tactics to manage and control citizens exhibiting behaviors that challenged social values and norms. The Hôpital Général consisted of a large central complex that housed people deemed to be criminals, insane, or disruptive due to poverty and/or unemployment (Foucault, 1965). The complex was created in hopes of ending begging, as well as unemployment in France (Foucault, 1965). England’s workhouses also were used during periods of deep recession to quell citizens’ dissatisfaction with the state and to discourage social uprisings (Foucault, 1965). Foucault (1965) described the social context in Europe that led to the use of workhouses and other forms of mass confinement for social control as the following:

Throughout Europe, confinement had the same meaning, at least if we consider its origin. It constituted one of the answers the seventeenth century gave to an economic crisis that affected the entire Western world: reduction of wages, unemployment … poverty [which] continued to spread… Each time a crisis occurred and the number of the poor sharply increased, the houses of confinement
regained, at least for a time, their initial economic significance… [I]n the periods of unemployment, reabsorption of the idle and social protection against agitation and uprising’. (p. 49–51)

Foucault’s (1965) analysis can be applied to the use of supportive housing to house or ‘confine’ populations in our own society. Supportive housing can be argued as providing the state with the means to control populations exhibiting behaviors and lifestyles that challenge social values and ideals, such as homelessness in a society that prides material wealth. Likewise, the breakdown of our national and provincial social welfare supports due to neo-liberal and conservative government agendas, rising dissatisfaction from citizens as a result of the widening gap between the rich and the poor, as well as governmental need to manage mass discontentment to maintain social control mirrors the economic context in which Europe’s strategy of population ‘confinement’ was born.

Evidence for supportive housing being used as a form of social control by those in power, such as the government, is clearly exemplified by housing providers using a Continuum of Care delivery model, which stipulates that residents’ must maintain their sobriety and psychiatric treatment in order to remain housed. This model is premised on societal views that both substance use and psychiatric challenges are individual pathologies that can lead to chronic homelessness and socially inappropriate behaviours, subsequently necessitating treatment for housing to be maintained (Tsemberis, Gulcur, & Nakae, 2004). Failure to comply with treatment and recovery policies after being housed often results in eviction, which is used to deter tenants from relapsing or refusing psychiatric supports (Tsemberis et al., 2004). Critics of the Continuum of Care model of supportive housing have noted that this model strips tenants of their right to self-
determination by forcing tenants to adopt socially normative lifestyles that they may not choose themselves (Tsemberis et al., 2004).

However, even supportive housing models ostensibly embracing tenant choice, such as Housing First, a housing model based on the premise that housing should be provided to tenants without stipulating that they are in mental health or substance use recovery, have been shown through research to encourage the adoption of socially acceptable behaviors (Gurstein & Small, 2005). For instance, research by Robbins, Callahan, & Monahan (2009) showed that although a sample of Housing First residents were more likely to identify that their housing tenure was not contingent on engaging in substance use and/or psychiatry treatment when compared with a sample of residents in Continuum of Care supportive housing, they were as likely to believe that they would lose their housing if they were to engage in substance use as those living in the Continuum of Care sample. The researchers concluded that this may be due to dynamics in Housing First where substance use was informally discouraged by management and staff despite this housing model being guided by policies espousing consumer choice (Robbins et al., 2009).

The day-to-day surveillance of tenants practiced in some supportive housing buildings, both within housing based on Housing First and Continuum of Care models, provide further evidence that supportive housing is used as a vehicle to monitor and control tenants’ behaviors. For instance, Owkzarzak et al.’s (2013) research revealed that some of their participants voiced feeling distressed as they felt their privacy was being violated by “nosey” staff, weekly visits by support workers, and apartment inspections which made them feel uncomfortable in their homes (p. 259). In a study by Lazarus et al.
(2011) exploring the housing needs of sex workers in the DTES, it was also found that SRO providers (a large number of SROs are used as supportive housing in the neighborhood) often used curfews, guest policies (e.g. not allowing guests in a building at all or only allowing visitors at certain times of the day), and front door ID checks to dissuade women from engaging in sex work at home. As already discussed, this dynamic is largely the result of the criminalization of the purchase and/or facilitation of sex work, which has led housing providers to discourage sex work within their building environments. This has resulted in women having to meet their dates in settings outside of their homes where they have less control over potential dangers associated with their work (Lazarus et al., 2011).

In Robertson’s (2007) ethnography on women’s understandings and experiences of space and home within the DTES, participants additionally spoke of their behaviors being restricted by curfews, guest policies, camera surveillance, and even security guards. Some women noted that these policies and methods of surveillance left them isolated, as they were unable to bring friends and family home (Robertson, 2007). These examples of day-to-day behavioral monitoring and control in supportive housing reflect the tension between the needs of tenants and goals of housing providers. Unfortunately, this can leave residents feeling insecure about their housing tenancy, upset about their lack of privacy, as well as forced to take risks they normally would not consider, such as having a date in an unknown setting (Owkzarzak et al., 2013; Lazarus et al., 2011).

Gurstein and Small (2005) noted that the discouragement of particular behaviors in supportive housing comes from the competing narratives of tenants and housing providers. They stated that supportive housing providers are beholden to narratives
focused on encouraging ‘stable’ tenant behaviors, collecting rents, and ultimately rehabilitating tenants towards being able to live independently in non-subsidized housing (Gurstein & Small, 2005). In this sense, staff and management’s behaviors, such as their responses to tenant challenges are driven by a motivation to reshape their residents into ‘normal’ tenants who can live in ‘normal’ housing (Gurstein & Small, 2005).

Conversely, Gurstein and Small (2005) posited that a different narrative guides tenants, which is to create a home for themselves. The authors stated:

Essentially the tenant is looking to construct a home, not a housing unit. They do not perceive the acquisition of a home as part of a rehabilitation process. Individuals who are homeless or who have had difficulty integrating into the housing units of conventional housing agencies view creating a home as part of a wider process of personal self-healing. Healing is a process that is self-authored. It is not an intervention that is done to tenants or clients by professionals.

(Gurstein & Small, 2005, p. 732).

The authors asserted that this dynamic of the housing provider’s intention to reform tenants versus the tenant’s desire to simply create a home ultimately conflict with one another, causing tenants to feel that their housing is unstable, as their behavior could be deemed to be unsuitable at any time and result in an eviction (Gurstein & Small, 2005).

Gurstein and Small’s (2005) analysis is important to understand how a supportive housing provider’s mandate may contribute to a tenant feeling unsafe due to strict tenant behavioral requirements within a housing environment. However, it is important to note that their analysis is also problematic as they assume that supportive housing tenants are generally searching for housing in order to “heal”, especially those who are chronically
homeless, which continues to place supportive housing residents in a disempowered role as people who require something to make them ‘better’ (Gurstein & Small, 2005, p. 732). This view is strongly attached to the housing provider’s narrative they present, which is focused on rehabilitation. This necessitates new explorations of tenant experiences and perspectives in supportive housing that are premised on critically examining the assumptions made about supportive housing tenants and those who are homeless in our society.

Another important analysis on social control comes from feminist scholar Catherine Fox (2007). Within her research, Fox (2007) has explored how institutional spaces created to be ‘safe’ for marginalized populations actually serve to perpetuate inequalities by maintaining the status quo. Her work challenges the idea of ‘safe spaces’ for LGTB youth in schools, asserting that designated ‘safe spaces’ for those who are marginalized often perpetuate systemic inequalities, as they normally do nothing to confront the larger context of inequalities that they exist in (Fox, 2007). This analysis highlights the importance of reflecting upon how supportive housing, like ‘safe spaces’ for LGTB youth, can serve as a mechanism to hide substance use and poverty allowing social inequities and their underlying causes to remain unchallenged (2007).

Additionally, Fox (2007) troubled the notion that any space can provide absolute safety for a particular group of peoples, as varying levels of power and privilege will still exist within the group itself. She has noted that a space can be made “safer”, but never can be unequivocally safe for everyone (Fox, 2007, p. 506). She stated that social inequities also need to be constantly challenged and shifted towards equality within groups and that this requires interactions that are regularly perceived to be unsafe, such as
conflict (Fox, 2007, p. 506). As such, within the supportive housing context, housing providers need to understand that tenant behaviors that are regularly perceived to be problematic or unsafe, like inter-tenant conflict or the expression of anger towards staff, may be necessary in order to create more equitable housing environments for tenants who are being oppressed within their housing. Subsequently, housing environments that discourage these behaviors may be encouraging inequalities to exist.

It should be stated, however, that not all supportive housing research shows that tenants perceive behavioral control measures, such as tenant surveillance and mandated substance use treatment, as negatively impacting their comfort within their homes (Lazarus et al., 2011). Lazarus et al. (2011) found that some tenants preferred to have these protocols in place as they experienced certain housing policies as aiding them in living the life they wanted. For example, one participant stated that she liked the no-guest policy in her housing, as she felt this restriction kept her secluded and away from what she perceived to be potentially risky social interactions (Lazarus et al., 2011). This highlights the importance of having a variety of types of supportive housing sites for tenants, ranging from highly structured and rule-bound to flexible and adaptive to tenant lifestyles, so that tenants can choose accommodation that is appropriate for their needs.

However, perhaps the differing residents’ views on the use of security measures also indicates that it is the housing provider’s motivation behind using these measures, as well the ways in which they are used, that sets the tone for these measures to be perceived as helpful or oppressive by residents. This underlines the need for housing providers to critically examine how they are using security measures in order to assess whether tenants’ rights to privacy are being respected. Likewise, housing providers need to use
tenants’ feedback to inform their use of security protocols, so that maintaining safety at supportive housing sites is a collaborative effort between building staff and residents, rather than a series of building protocols that are forced on tenants by buildings management.

2.3 Vancouver’s Downtown Eastside: Community Stigmatization, Resistance and Housing Inequity

2.3.1 Community Stigmatization and Resistance

The DTES has long been segregated from the rest of Vancouver as a result of its complex history as a stigmatized space. The area is part of Coast Salish territory along the Burrard Inlet, which was inhabited by the Tslielwaututh (Burrard), Skwxwú7mesh (Squamish), and Xwméthkwyiem (Musqueum) peoples before European settlers stripped them of their land and colonized their territories (Masuda & Crabtree, 2005). The Aboriginal communities once living on this land were forcibly relocated to small reservations that were a fraction of the space that would normally be used for daily living (Hunt, 2014). As discussed by Stó:lō scholar Lee Maracle (2013), these Aboriginal communities were banned from speaking their languages, forced to send their children to residential schools, and prohibited from engaging in their traditional ways of life. In her seminal work I am Woman, Maracle (1996) outlined how colonial ideologies, such as patriarchy and Eurocentrism, profoundly changed the status of Aboriginal women within and outside of their communities:

The dictates of patriarchy demand that beneath the Native male comes the Native female. The dictates of racism are that Native men are beneath white women and Native females are not fit as to be referred to as women (p.17-18).
The imposition of these ideologies as well as unfamiliar ways of living were devastating to Aboriginal communities in BC, as well as the rest of Canada (Maracle, 2013). However, despite the generational traumas these communities have faced as a result of colonization she highlights that it is important to remember that Aboriginal men and women continue to resist and confront colonization and embrace their cultures (2013). This resistance is brought to the forefront of Maracle’s (2013) thoughts on colonization in her poem “Blind Justice” where she has stated:

We have lived for 11,000 years on the coastline
This is not the first massive death we have endured…
We are builders,
We are singers,
We are dancers
We are speakers
And we are still singing.
(p. 135)

The resistance she speaks of in this poem is routinely evidenced within the DTES where Aboriginal community members have been leaders in drawing awareness to social inequities, which is a topic that is discussed further below.

By the mid-1800s, Vancouver was namely comprised of the land now known as the Downtown Eastside and had become a busy residential neighborhood attracting fishermen, loggers, and miners who worked nearby (Newnham, 2005). The area’s hotels attracted migrant seasonal workers, which contributed to the growth of bars and other amenities in the neighborhood (Newnham, 2005).
Japantown and Chinatown were formed in the late 1800s just outside of the boundaries of Vancouver (Campbell, Boyd, & Culbert, 2009). Japantown was situated on Powell Street and Chinatown on Carrall and Pender (Campbell et al., 2009). As Japanese and Chinese immigrants moved into these neighborhoods racial anxiety grew, leading to anti-Asian Riots and the eventual internment and displacement of Japanese-Canadians living in Japantown during World War II (WW2) (Masuda & Crabtree, 2010). When WW2 ended, the properties owned by Japanese-Canadians were not returned and instead were sold to new landlords who rented out the properties to low-income workers and immigrants who were unable to afford housing elsewhere (Masuda & Crabtree, 2010). Japanese-Canadians who returned to the DTES after being interned often were taken advantage of by landlords and were told they could only rent out properties they once owned (Masuda & Crabtree, 2010).

By the mid-1900s, the development of residential neighborhoods and a new Downtown Core outside of the DTES, as well as the termination of the streetcar system in Vancouver, led the DTES to become a working class neighborhood marked by poverty (Newnham, 2005). A neighborhood profile in 1965 by City Hall found that the majority of the 5300 residents in the DTES were single, uneducated males (Campbell et al., 2009). 30% of the residents had a British background, 37% were of Asian descent, and a small percentage were Aboriginal (Campbell et al., 2009). Many residents were noted as being disabled, pensioners, and/or migrant workers seeking employment (Campbell et al., 2009). Five hundred residents were said to be unemployable with 25% of these individuals being designated as ‘severe alcoholics’ (Campbell et al., 2009).
It is now believed that unregulated liquor laws taken advantage of by bar managers located directly below SRO hotels contributed to a significant number of residents becoming dependent on alcohol (Campbell et al., 2009). When heroin and cocaine became easily accessible and cheaper to purchase than alcohol in the DTES in the 80s and 90s, drug use in the neighborhood also surged (Campbell et al., 2009). Substance use and drug dealing were especially exacerbated by the City’s efforts to ‘clean-up’ the Downtown Core before Expo 86, which re-located many drug operations to the DTES (Campbell et al., 2009).

The 1980s also saw the deinstitutionalization of thousands of patients from psychiatric institutions, such as Riverview, which were located near Vancouver (Wilson-Bates, 2008). Staggeringly, by 1993 Riverview’s population was just 800, although in 1955 it was home to 5500 patients (Campbell et al., 2009). For many, little transitional support was offered once they were de-institutionalized and many moved to the DTES due to its housing affordability and the availability of services in the area (Wilson-Bates, 2008). It has been posited that many former patients sought to self-medicate by using street drugs, as other supports were not provided by their former institutions to ease their transition back into community living (Wilson-Bates, 2008). This dynamic is thought to have exacerbated homelessness and drug use in the neighborhood (Wilson-Bates, 2008).

By the 1990s, 37% to 40% of community members were Aboriginal (Campbell et al., 2009). Both the historical and ongoing forces of colonialism and disenfranchisement of Aboriginals in Canada caused many to relocate to the DTES (Maracle, 1996). As discussed by Schatz (2010), the frequent relocations of Aboriginals to impoverished urban areas, such as the DTES, portrays the displacement, poverty, and lack of access to
resources Aboriginals often experience due to the enduring effects of colonialism. Within cities, the marginalization of Aboriginal residents is often exacerbated as a result of being disconnected from their communities and cultures, as well as feeling alienated from non-Aboriginals (Schatz, 2010). Aboriginal women experience further marginalization due to the lasting effects of racist federal legislation and colonial ideologies that continue to seriously compromise their status within their communities and society at large (Schatz, 2010). Within the DTES, the high rates of substance use by Aboriginal residents can be connected to the intergenerational trauma that has resulted from the legacy of colonial efforts to destroy Aboriginal cultures (Jongbloed, 2012).

Despite these hardships, Aboriginal community members within the DTES have led residents in confronting misogyny, racism, and colonialism and are active participants within the neighborhood (Hunt, 2014). Many Aboriginal women, for instance, belong to more than one DTES agency, such as Vancouver Native Health Society and the Aboriginal Front Door Society, and bring their energy and insights to community-based initiatives (Schutz, 2010). They often are Elders, surrogate mothers, and other types of support figures to residents in the community (Culhane, 2004). They have also led the annual Valentine’s Day Women’s Memorial March in the DTES for the past 24 years. This march has now become a symbol of resistance in the City of Vancouver to protest against the systemic inequalities that have led to the murder and/or disappearances of over 60, mostly Aboriginal, sex workers in the DTES, as well as to commemorate their lives (Hunt, 2014). It has brought large scale awareness to the history of the Vancouver Police Department’s (VPD) apathy towards the missing women within the DTES, even though a significant number of missing person reports were filed by friends and family
who were trying to locate their loved ones during the 1980s and 1990s (Hunt, 2014). It is now known that a serial killer murdered at least 26 of the missing women in the 1990s and early 2000s, although he has been charged with only six counts of murder (Campbell et al., 2009; Hunt, 2014). The majority of the DTES missing women still have not been located. As noted by Hunt (2013), these women’s disappearances and murders reflect our society’s negligence in regards to Aboriginal women’s human rights, especially those that are sex workers. She has pointed out that the DTES missing women are among over 500 hundred Aboriginal women that have been murdered or are currently missing in Canada and that the majority of these cases remain unsolved (Hunt, 2013).

Today, the DTES is a community that remains segregated from other areas in Vancouver as a result of ongoing stigmatization. 18,000 residents currently reside in the DTES with 67% of the population living below the poverty line and at least 40% living on government assistance (Linden, Mar, Werker, Jang & Krausz, 2012). The percentage of Aboriginals living in the DTES continues to be 40% despite constituting just 5% of the total population of British Columbia (Robertson, 2007; Government of British Columbia, 2006). There is still a large population of Chinese-Canadians in the Strathcona neighborhood and Chinatown within the DTES (City of Vancouver, 2012). Approximately 8,000 women live and/or work in the DTES community (City of Vancouver, 2012). Incidents of violence against women, both physical and sexual, in the DTES are double the rates of the rest of the city (City of Vancouver, 2012). Sex work is visible within the community, as is drug dealing and substance use. An estimated 39% of community members were employed in 2005 according to census data (Statistics Canada in City of Vancouver, 2012).
The media and research have contributed to ongoing portrayals of the neighborhood as an area that is a threat to other neighborhoods in Vancouver. For instance, in a literature review of research on the DTES from 2001 to 2011, it was discovered that the three most common themes in research were substance use (29.3%), health care (19.2%), and infectious diseases (18.2%) (Linden et al., 2012). Although this research has led to some important findings, many studies have neglected to recognize the underlying structural causes of the high rates of disease transmission and addiction in the community, as well as the benefits of being a community member in the neighborhood. This has resulted in the community becoming further stigmatized (Culhane, 2004; Robertson, 2007). Likewise, in Andrew Woolford’s (2001) analysis of local newspaper headings focused on residents with HIV/AIDS on the DTES, it was found that the six most common themes were: Costs of the DTES to Vancouver; the DTES being a threat to the rest of Vancouver; “mean streets descriptions” (eg. “tough”, “violent”), the DTES as a place of “disorder” and “decay”; “war zone metaphors”; moral culpability of residents. Woolford (2001) suggested that these themes reflect society’s desire to distance itself from the DTES and paint it as an “other-world” full of dangers that only its residents are culpable for.

Feminist researchers, such as Dara Culhane (2004) and Leslie Robertson (2007), also challenge the monolithic view of the DTES being a place filled with danger and advocate for researchers to use a critical analysis validating residents’ perspectives and knowledge. Culhane (2004), for instance, highlights that the mostly exotic, sensational depictions of the DTES as an area filled with sex work, drugs, and crime in the media, conceal the realities of specific marginalized populations in the community, especially
Aboriginal women. She notes that the media often portrays poverty on the DTES as the result of drug use and sex work, rather than focusing on the fact that stressors associated with poverty can lead residents to begin using and become sex workers (Culhane, 2004).

Similarly, Leslie Robertson’s (2007) research, which examines how women with HIV/AIDS make sense of creating home in the commonly medicalized neighborhood of the DTES, shows that these women’s individual experiences and perspectives are often hidden as a result of being perceived monolithically as patients and social service clients. The women’s voices in her research reveal that the DTES represents more than a social service hub where residents are able to obtain resources and/or make an income (Robertson, 2007). Instead, it is a place where women find belonging, acceptance, community, and solidarity with others (Robertson, 2007). Both Culhane (2004) and Robertson (2007) aptly challenge current stereotypes of women living in the DTES, demonstrating that women’s residency in the neighborhood is the result of dynamics much deeper than simply substance use and/or sex work. Likewise, they show that socially constructed labels and judgments conceal the unique identities and experiences of women living in this community and subsequently further stigmatization (Culhane, 2004; Robertson, 2007).

The Carnegie Community Action Project has also done vital qualitative research that highlights community members’ perspectives on living in the DTES (Pedersen & Swanson, 2009). Within this research community members cited access to resources and services, opportunities to volunteer, green spaces, cultural connection, and sense of community as some of the benefits of living in the neighborhood (Pedersen & Swanson, 2009). A number of residents outlined how finding acceptance and belonging in the
neighborhood has enabled them to feel at ‘home’ (Pedersen & Swanson, 2009). For instance one participant stated, “I’ve only been here for a year, but it feels like home. No one judges you. The people who live here are welcoming” (Pedersen & Swanson, 2009, p. 10). Another explained, “This is a place where if you’re Native you don’t get pushed out” (Pedersen & Swanson, 2009, p. 10). When discussing safety issues in the neighborhood, some participants relayed that harassment from community outsiders, police violence, and drug dealers made them feel especially unsafe (Pedersen & Swanson, 2009). However, there were mixed views on the effects of police presence and drug dealing in the community, evidencing community members’ varied perspectives on community issues (Pedersen & Swanson, 2009).

2.3.2 Housing Inequity

Unsurprisingly, the marginalization of the DTES community has greatly impacted the quality of housing in the area for decades. In 1973, for instance, the Downtown Eastside Residents Association rallied for the construction of adequate social housing and the implementation of sprinkler systems in SRO housing when 13 residents died in deteriorating hotels as a result of fires (Campbell et al., 2009). In 1994, after an unprecedented number of overdose deaths the year before, a task force was put together to learn what was causing the sharp increase in drug-related deaths (Campbell et al., 2009). Victor Cain, the Chief Coroner of BC, implicated the DTES’ substandard housing as contributing to the deaths, stating in the task force’s final report that residents needed safe, adequate housing, “not an eight by ten hovel with a cot and a hot plate” (Cain as cited in Campbell et al., 2009, p.54). He furthered his point, stating:
If the general public were to witness and experience the hovels some addicts exist in, they would better understand why some of these people need alcohol and drugs to face the day. (Cain as cited in Campbell et al., 2009, p.54)

Similarly, a 2001 City of Vancouver report noted:

The social housing that has been built usually does not include funding for support services … Many of the hotel rooms are unstable and clearly unsuitable for long term accommodation … The health of SRO residents often deteriorates the longer they live under these conditions. (City of Vancouver as cited in Campbell et al., 2009, p. 242)

Despite decades of alarms being sounded over the substandard conditions of housing in the DTES, the problem has remained. Today, a large number of SROs in the DTES have been relabeled as supportive housing sites, but housing conditions continue to be problematic (BC Housing, 2014a).

The profile of tenants living in DTES SROs are those who are most marginalized in society, such as those impacted by interlocking racism, poverty, disability, substance use, and/or heterosexism (Lazarus et al., 2011; Lewis, Boyes, McClanghan, & Copas, 2008). For example, residents identifying as Aboriginal occupy 21% of SRO units in this neighborhood (BC Housing, 2013; Government of British Columbia, 2006). People who struggle with mental health challenges are also overrepresented in SROs (Vila-Rodriguez et al., 2013). A recent study following 292 SRO tenants on the DTES found that 74.4% of the participants surveyed struggled with at least one mental health challenge (Vila-Rodriguez et al., 2013). 47.4% of the tenants in the study met the criteria for psychosis and 95% had an addiction (Vila-Rodriguez et al., 2013). Research has additionally
evidenced that SRO tenants have high rates of physical health challenges, such as the human immunodeficiency virus (HIV), hepatitis C (HCV), and tuberculosis (TB) (Vila-Rodriguez et al., 2013; Lewis et al., 2008).

Research has not yet explicitly focused on the conditions of supportive housing in Vancouver. However, research on DTES SROs can be used to gain an understanding of what might be experienced in supportive housing sites that are SROs (Lazarus et al., 2011; Mass et al., 2007; Robertson, 2007). This is particularly the case for research projects that have recruited participants from SROs re-labeled as supportive housing sites, as the findings can be used to better understand tenant experiences in supportive housing (Lazarus et al., 2011; Vila-Rodriguez et al. 2013).

The majority of the SROs on the DTES were created in the 1960s and 1970s to house transient male migrant workers, which has caused the physical structures of these buildings to largely reflect the needs of male tenants to the detriment of women (Lazarus et al., 2011). For example, many SROs do not have washrooms or showers that are for women only, which can put women’s safety at risk. Most buildings, both privately owned and government funded are in varying states of physical disrepair as a result of being poorly financed (Lazarus et al., 2011). Limited cash flow from low monthly rents and/or insufficient government funding for building maintenance have been noted by researchers to further these buildings’ deteriorating conditions (Lazarus et al., 2011).

Sadly, research has shown that DTES SRO tenants often experience problems with infestations of rodents and insects, such as cockroaches and bedbugs (Lazarus et al., 2011). One woman who participated in a study exploring the DTES housing context for sex workers, encapsulated this reality stating:
I don’t know how these other places are doing it, but I mean the more they sprayed the more, the more bedbugs and his friends came. I’m serious. I caught two mice in two weeks under my door and the bedbugs kept multiplying, I swear to god… It’s just disgusting and I can’t live like that.

(as cited in Lazarus et al., 2011, p. 1602)

Infestations are compounded by the fact that many SRO residents are unable to afford treatments for infestations due to their low incomes and, resultantly, have to trust their landlords and building managers to take care of the problem. However, insects, especially bedbugs, are extremely difficult to get rid of and despite repeated fumigation attempts by landlords, they often return due to hiding in furniture, walls, as well as spreading from adjacent units (Eddy & Jones, 2011). As a result, unless a person is able to afford entirely new furniture and engage in regular bedbug prevention maintenance such as doing extensive laundry on a bi-weekly basis they are likely to have ongoing bedbug infestations.

Research has also shown that interpersonal violence is another ordeal DTES SRO tenants often experience in their housing (Lazarus et al., 2011). Research has demonstrated that tenants regularly face a myriad of interpersonal challenges due to having to share spaces, such as bathrooms and kitchens, with neighbors, as well as having to live in close proximity with strangers with varying day-to-day needs (Lazarus et al., 2011; Linden et al., 2012). As there are higher numbers of men than women in most SROs (79% vs. 21%), women are vulnerable to sexual violence and discrimination (BC Housing, 2013; Lazarus et al., 2011). For instance, in the few studies done on women’s experiences in DTES SROs there are consistent themes of both discrimination from
building managers who automatically assume women need the units for sex work, as well as sexual violence towards women from male co-residents (Lazarus et al., 2011). One woman summed up her experience living in a SRO saying, “I had problems with guys coming to my door, I had one guy try to rape me in my place like just never ending, y’know” (Lazarus et al., 2011, p. 1604).

As noted prior, building management and rules were also cited as causing challenges for women in SROs in Robertson’s (2007) research. For instance, one participant noted how upset she was that her 19 year-old son could not stay with her as a result of her building’s no-guest policy, as he was starting to use drugs and she was “keeping an eye on him” (Robertson, 2007, p. 543). This illustrates the further marginalization women can experience when SRO guest policies disconnect them from those they love. Conversely, other women within this study asserted that they preferred building rules that impose isolation, as being alone was seen as necessary for comfort, substance use recovery and/or improved health (Robertson, 2007).

The particular challenges women face in SROs point to the need for research to explore women’s perspectives of safety within supportive housing on the DTES and DC. Although some studies have briefly touched on the topic of safety for women in supportive housing, research has yet to be completed that is devoted entirely to women’s safety in supportive housing. It is of note as well that while researchers have begun to shed light on some of the safety concerns women have in supportive housing environments, research has yet to discuss women’s views on how these issues should be addressed.
2.4 Conclusion

Research focusing on residents’ perspectives of safety within housing is lacking overall. This void in literature has resulted in a limited understanding of what exactly safety means to tenants, as well as how housing providers and policymakers can create housing environments that support residents’ feelings of being safe and secure. Although the United Nations has declared that access to safe housing is a human right, environmental justice research has evidenced that there is a great disparity in housing conditions with communities of colour and low-income neighborhoods carrying the burden of substandard housing. This is alarming given that research framing housing safety from a health perspective has shown that substandard building conditions affect both tenants’ mental and physical health. Research focused on residents’ perspectives of housing safety has shown that housing offering respite, community connection, privacy, support, and security contribute to residents’ feeling safe in their housing. It also has shown that when supportive housing providers support women sex workers in doing their work at home, women report enhanced work safety as a result of the presence of formal and informal security mechanisms, as well as the ability to better control what occurs on a date (Krüsi et al., 2012).

When assessing the limited literature focused on tenant safety in supportive housing it is apparent that an important theme to consider is the historical and present use of specialized housing (ie. supportive housing, shelters, institutions, group homes, prisons) to isolate and control populations deemed to be a threat to social norms. Supportive housing researchers, for instance, have shown that rigid ‘security’ protocols in supportive housing are used to restrict behaviors deemed to be problematic by society,
such as sex work and substance use, with the goal of the housing provider being to ultimately ‘rehabilitate’ tenants (Robbins et al., 2009; Lazarus et al., 2011; Owkzarzak et al., 2013). They show that this can compromise tenants’ feelings of safety in their housing, due to facing constant scrutiny and the reality that they might lose their housing at any time if their behavior is deemed to be unacceptable (Robbins et al., 2009; Lazarus et al., 2011; Owkzarzak et al., 2013).

Housing research on the DTES of Vancouver has shown that there has been a long history of problematic housing conditions in the neighborhood. Supportive housing in the community is often offered in SROs, which have been evidenced as being in varying states of disrepair (Lazarus et al., 2011; Mass et al., 2007; Robertson, 2007). Infestations, social conflict, and restrictive building policies have been demonstrated as major safety hazards in this housing (Lazarus et al., 2011; Robertson, 2007). For women, sexual violence and discriminatory policies based on discouraging sex work within units have caused increased safety risks (Lazarus et al., 2011). These studies, which have only touched on women’s perspectives and experiences of safety in DTES housing, have indicated that further research is needed in order to voice women’s views on the safety threats they experience in their homes as well as how supportive housing can better meet their safety needs (Lazarus et al., 2011; Mass et al., 2007; Robertson, 2007). By highlighting women’s voices in supportive housing research, their perspectives and experiences of safety can be used for the planning, construction, and management of supportive housing in the neighborhood.
CHAPTER THREE: METHODOLOGY

As noted in previous chapters, research focusing on residents’ perspectives of housing safety are lacking. Aside from studies by Gurstein and Small (2005) and Krüsi et al. (2012) research has not yet focused specifically on the conditions of supportive housing in Vancouver or the experiences of residents living within these settings. Subsequently, this research project has been designed to learn about women’s perspectives of safety within supportive housing located in the DTES and DC. This chapter will outline, first, the objectives of this project, as well as my social location as a researcher within the context of this research. Second, it will provide a detailed description of the qualitative research design that was used for this project, which was informed by feminist participatory action research and intersectionality theory. Third, a thorough overview of the methods used for data analysis will be given and fourth, and lastly, a discussion of ethics will conclude the chapter.

3.1 Research Objectives

This research project has sought to answer the following research question: What are women’s perspectives of safety within supportive housing on Vancouver’s DTES and Downtown Core? Associated questions of interest are: How do women define safety in housing? What are their experiences of safety in this housing? The goal of this research has been to engage women in answering these questions using an approach informed by feminist participatory action research (FPAR) and intersectionality theory. FPAR was used as a framework for this research to ensure that the experiences of participants guided.

---

5 Note that this study did not classify their sample as supportive housing residents, although they recruited participants solely from the Portland Hotel Society, which is supportive housing provider.
the research process and that the process ultimately led to actions to promote housing equity. Intersectionality theory was used to ensure that participants’ experiences and perspectives were recognized within the unique context of each of their intersecting social locations.

3.2 Social Location of Researcher

As a feminist researcher, I believe it is vital to reflect upon one’s own social location and history in order to bring the personal into the political and clarify one’s own perspective so that the views of others can be recognized and validated (Hanisch, 1969). As such, I will briefly discuss my background and how I came to be interested in this research.

I identify as a white, invisibly disabled, middle class woman in a socially normative, heterosexual relationship. I face the barriers of having a number of mental health challenges and a childhood that was impacted by poverty and domestic violence. I am largely interested in the effects of various housing contexts on tenants’ physical and mental wellbeing due to my experiences of living in an unsafe home environment as a child. I am particularly focused on SRO housing for this research, as my paternal uncle was murdered in 2001 in one of these DTES buildings after living in this community on and off for three decades. Additionally, as a social worker for individuals with HIV, I have worked with many women who lived in SROs on the DTES and throughout my work was deeply disturbed by their accounts of the personal and structural violence they faced within their housing.

Although I have a strong connection to the DTES as a result of my uncle’s history in this neighborhood, I remain an outsider within this community and cannot
personally speak to how supportive housing residents may or may not relate to their housing. I have not experienced the solidarity and belonging that is evident in many women’s lives in this area. Also as a white woman, I have not encountered forces of racism, colonialism, and intergenerational trauma that restrict my housing options to a particular location where I might not want to live. I am no longer affected by daily poverty or violence and therefore I come from a place of power and unknowing when working with women who do face these struggles in their life. In lieu of these issues, I will utilize participatory action methods for this research in order to ensure that the participants are acknowledged as the experts and are able to guide the research process to ultimately reveal the safety issues that are important to them.

### 3.3 Design

This study required a qualitative design that would allow women to express their views on housing safety without being confined to the researcher’s understanding of what their perspectives might be. For instance, qualitative research enables participants to provide rich, detailed answers to questions posed in a study, rather than being limited to providing a standard response (eg. yes or no) to questions that are framed to confirm or disconfirm the researcher’s hypothesis. In this sense, qualitative research is a methodology that is used to explore the vast array of experiences and perspectives participants might have in regards to a certain issue. Qualitative research has the following purposes according to Maxwell:

Qualitative research is research that is intended to help you better understand (1) meanings and perspectives of the people you study- seeing the world from their point of view, rather than simply your own; (2) how these perspectives are shaped
by, and shape, their physical, social, and cultural contexts; and (3) the specific processes that are involved in maintaining or altering these phenomena and relationships. (2013, p. viii)

As qualitative research focuses specifically on exploring meanings and perspectives it provided the necessary tools for my research design. Using this approach enabled women to discuss issues that were important to them at length thus providing rich data in regards to their views and encounters within supportive housing.

Feminist participatory action research informed this research process. Feminist theory refutes positivistic notions that researchers can objectively study those being researched (Hesse-Biber & Leavy, 2011). It views all research as being subjective and influenced by researchers’ perspectives and cultural understandings of the world (Gattenby & Humphries, 2000). Additionally, feminist theorists have demonstrated that research has been used to exploit and marginalize disempowered populations who are ‘othered’, such as the DTES community, for the benefit of researchers who are in positions of power (Hesse-Biber & Leavy, 2011). Dynamics that oppress those who are ‘othered’ like exploitative research methodologies or sexual violence are seen as mechanisms to maintain social inequalities in society (Langan & Morgan, 2009).

Working from this critical feminist framework was necessary due to the historic and ongoing marginalization of women, especially Aboriginal women, living within the DTES, as evidenced by the legacy of the DTES’ missing women.⁶

---

⁶ Please refer to Chapter 2, page 38, for information on the DTES Missing Women.
Intersectionality theory was also used for this research to provide a framework for exploring how women’s intersecting identities (e.g. race, class, culture, family composition, sexual orientation, ability) influence their interactions and conceptions of safety within supportive housing. Eloquently stated by Rita Kaur Dhamon and Olena Hankivsky (2011), “intersectionality is concerned with simultaneous intersections between aspects of social difference and identity and forms of systemic oppression” (p. 16). This perspective thus sees women as encountering environments, such as their home settings, in their own unique way as a product of how they relate to their own complex identities and how these identities are related to by others and society at large. In this sense, the experiences and perspectives of women are not solely influenced by gender, but are also informed simultaneously by a myriad of other factors, such as culture, ethnicity, disability and so on (Dhamon & Hankivsky, 2011).

The concept of intersectionality has been strongly influenced by Indigenous scholars, such as Patricia Monture-Okanee (1992) who largely rejected feminist theory due to its tendency to assume that all women’s experiences with oppression are the same. She outlined the reality that Aboriginal women are not only ‘othered’ on the basis of their gender, but also jointly ‘othered’ as a result of their culture and race, as well as other identity traits. This reality has been echoed by Winona Stevenson (as cited in Dhruvarajan & Vickers, 2002) who stated:

I do not call myself a feminist. I believe in the power of Indigenous women and the power of all women. I believe that while feminists and Indigenous women have a lot in common, they are in separate movements. Feminism defines sexual oppression as the Big Ugly. The Indigenous Women's movement sees colonization
and racial oppression as the Big Uglies. Issues of sexual oppression are seldom articulated separately because they are part of the Bigger Uglies. Sexual oppression was, and is, one part of the colonization of Indigenous peoples. (p.30)

For the purpose of this thesis, intersectionality was used to underline the importance of rejecting generalized assumptions about women’s experiences with oppression in supportive housing on the DTES and DC, which was vital given that the majority of participants were impacted by multiple intersecting stigmas. Subsequently, it was vital for the research design of this project to embrace the fact that women’s perspectives and experiences would reflect much more than their gender and include many other facets of their complex identities.

In order to capture the unique viewpoints of each woman participating in this study, participatory action research (PAR) methodologies were used as PAR specifically recognizes and seeks to explore the multiple understandings and experiences of individuals that occur within the same setting (Kindon, Pain, & Kesby, 2007, p. 9). Participatory action research is a research methodology that seeks to collaborate with participants “in a process of research, education, and action explicitly oriented towards social transformation” (Kindon, Pain, & Kesby, 2007, p. 9). Within PAR, power imbalances and privilege are named and challenged throughout the research process in order to promote critical dialogue about social inequities and individuals’ unique experiences within their environment as a result of their social locations (Kindon, Pain, & Kesby, 2007, p. 9). PAR acknowledges that participants are experts of their own experiences and rejects research perspectives that view particular groups as a monolithic whole. It also seeks to have participants inform and guide each stage of the research
process so that research outcomes accurately reflect their needs (Kindon et al., 2007, p. 9). PAR methodologies are usually dialogical, reflexive, and the research process ultimately serves to challenge participant identified issues through collective actions (Gatenby & Humphries, 2000).

Using PAR was crucial to this research given that its goals and methodologies compliment those used in Indigenous research (Kindon et al., 2007; Weber-Pillwax, 2001). This was important given the high number of Aboriginal women participating in this research, as well as the large number of Aboriginal women living in the DTES community as a whole. It was crucial to reflect on Indigenous researchers’ critiques of western research, such as Linda Tuhiwai’s (1998) critiques, in order to hold me accountable for my privileged and potentially harmful social position as a white researcher. Subsequently, the use of PAR methodologies seemed to be a good way to do this, as it would allow participants to guide the research process using their knowledge and expertise, such as choosing how to share their perspectives and experiences in supportive housing. PAR also seemed to be an ideal choice as a methodology given that like Indigenous research it focuses both on community and action (Kindon et al., 2007; Weber-Pillwax, 2001). The importance of these two approaches to research is emphasized by Cora Weber-Pillwax (2001):

… I could make a value statement and say that whatever I do as an Indigenous researcher must be hooked on the ‘community’ or the Indigenous research has to benefit the community. (p. 168).

This approach aligns with PAR’s focus on basing research questions and topics on the self-expressed needs of a community, as well as its focus of using research findings to
create needed changes that have been identified as being required by the community (Kindon et al., 2007). As such, I decided to choose PAR methodologies, specifically FPAR, as this project’s research framework.

FPAR marries both feminist theory and participatory action research and creates the following framework according to Reid, Tom, and Frisby (2006):

We defined FPAR as a conceptual and methodological framework that enables a critical understanding of women’s multiple perspectives and works towards inclusion, participation, and action, while confronting the underlying assumptions researchers bring into the research process… FPAR blends participatory action research and critical feminist theory by advocating that women must be involved in all stages of the research process including identifying the problems to be explored, carrying out the research, and interpreting and acting upon the results (p. 316).

Using FPAR was vital to this project in order for participants to direct and inform the research process. As research has historically ‘parachuted’ scholars into the DTES with pre-determined agendas, little room for community input, and a lack of tangible benefits for residents, it was important for this research to be guided by participants (Robertson, 2007). Subsequently, all women, unless they had indicated that they no longer wanted to be part of the research process, were invited to participate in and guide the following stages of research: Data collection, data analysis, and action stage. The first stages of research including determining the research question and initial research design did not have participant input or guidance, as these stages needed to be completed before receiving ethical approval from the University of British Columbia’s Behavioral
Research Ethics Boards to start working with participants. Subsequently, participation in the project was only able to begin once the proposal was approved. Despite this, ensuring that participants guided the majority of the research stages provided a context in which I was held accountable for my actions as a researcher. For instance, having participants examine and provide feedback on my findings from my data analysis gave them the opportunity to confirm or disconfirm whether the results adequately reflected their perspectives, as well as add new information they perceived as being important to the findings. Additionally, having an action stage where research findings were used to challenge existing housing inequities provided a setting where tangible research benefits could be observed by the women.

3.4 Setting

This research took place in the DTES and DC communities to make all activities as accessible as possible for participants. All interviews took place at locations of participants’ choosing, such as their homes or a local coffee shop. Focus groups, as well as other group meetings, took place at locations that were agreed upon by participants, such as at Carnegie Community Center.

It was important to have direction from participants in regards to where meetings would take place in order to make participation in this project as accessible as possible. For instance, after holding a group meeting at Carnegie Community Center, two women explained that they needed future meeting to occur outside of the DTES, as they feared they would begin using again when in the neighborhood. As such, the group agreed to meet at a café outside of the DTES for the remaining meetings.
3.5 Recruitment Criteria

The recruitment criteria for this research were women 19 years of age or older who were living in supportive housing in the DTES or DC at the time of recruitment or had lived in supportive housing within the past five years in Vancouver’s DTES and/or DC. Supportive housing was defined as subsidized housing funded and/or managed by BC Housing and/or a non-profit organization that was mandated to house individuals and families deemed ‘hard to house’ and provide on-site support services to tenants. The age requirement for this research was chosen in order to ensure that participants were at an age where they could provide informed consent. Originally, I had planned to only recruit women who had recently lived or currently lived in supportive housing in the DTES for this project, as the majority of Vancouver’s supportive housing sites are located in the DTES (BC Housing, 2014a). However, in order to better understand women’s perceptions of safety in supportive housing environments, I decided to include housing settings in different neighborhoods and thus included women who had lived or did live in supportive housing in the Downtown Core in this sample. This allowed for me to compare women’s perceptions of safety within the DTES and DC.

3.6 Sample Size

Ten participants were selected for this research. As noted by Hesse-Biber and Leavy (2011), a small sample size is satisfactory and even useful for qualitative research as the focus is not on generalizability of research findings but rather “to look at a ‘process’ or the ‘meanings’ individuals attribute to their given social situation” (p. 45). As such, a large sample size was not necessary for this project, as the project was
centered on gaining further knowledge about how some women perceived safety in their housing.

Given that I was going to conduct all interviews and focus groups as well as transcribe them on my own, I had to balance the need to be realistic about the number of women I could work with and the need to enlist a diverse group of women. This was especially important as some participants asked to meet more than once for interviews. Subsequently, ten participants were recruited in order to maintain this balance.

### 3.7 Recruitment Strategy

To recruit participants, a project overview with recruitment information and a research poster were emailed or provided in person to key community contacts who were asked to let women know about the research opportunity (please refer to Appendix A for the research poster and Appendix B for the project overview). These contacts included but were not limited to DTES housing support workers and case managers from DTES and DC health organizations. A small number of posters were also put up on community boards and telephone poles within the DTES neighborhood. To maintain confidentiality, no information was provided to community contacts about the women they referred to the project.

Women in the community also were given posters (see Appendix A) to give to their friends and community contacts if they expressed interest in letting others know about the research opportunity. Any participant who had referred a woman to the project was not given any information about the referee.
3.8 Sampling Strategy

3.8.1 Methods Used

The overall sampling strategy for this project was convenience sampling. Convenience sampling is premised on recruiting participants into a study based on their availability and interest in the study (Hesse-Biber & Leavy, 2011). Although convenience sampling often is discussed as biasing research results, qualitative researchers such as Maxwell have shown that at times convenience sampling can be the only strategy available when research includes hard to reach communities and/or individuals (2013). Convenience sampling is also often used when there is a lack of data overall in regards to the characteristics of a certain population, which precludes the use of specialized sampling techniques (Maxwell, 2013). As there is currently no published data giving the proportion of women in supportive housing with specific traits such as age, cultural background, and income source in the DC and DTES, convenience sampling was used as it would have been impossible to recruit a group of women that represented the characteristics of women in this population.

While I used convenience sampling overall, I also employed two other sampling strategies. First, maximum variation sampling was used, which Maxwell states is:

… best done by defining the dimensions of variation in the population that are most relevant to your study and systematically selecting individuals or settings that represent the most important possible variations of these dimensions. (2013, p. 98).

Maximum variation sampling was used, as although data on the characteristics of supportive housing residents is not available, there is data on different building types that
are classified as supportive housing within the DC and DTES, namely SROs within the DTES, non-SROs in the DTES, SROs in the DC, and non-SROs in the DC. As such, I enlisted women into this project until I assessed that a variety of perspectives could be provided from residents living in each of these settings.

In order to locate participants for the study who lived or had lived in under-represented settings in the sample, snowball sampling was used. Snowball sampling is a word of mouth technique, which relies on asking individuals with particular characteristics needed for the research sample to pass on information about the project to others from their social circles with these same characteristics (Hesse-Biber & Leavy, 2011). In this project’s case, when I found that it had become difficult to recruit women living in the DTES into this project, I asked participants who I had already recruited to invite women they knew who were currently living or had recently lived in supportive housing in the DTES to be a part of the study. This resulted in having more diverse perspectives on supportive housing reflected in the group of women who were part of this project.

3.8.2 Limitations of Sampling Strategy

There are a number of limitations to the sampling strategies used. Convenience sampling only samples those who want to be sampled or those who have the means to contact the researcher before recruitment spots are filled. As such, convenience sampling does not provide researchers with the capacity to understand the views of people who are uninterested in the project or unable to call the researcher in time to be recruited. This leaves many views excluded from research results. Subsequently, the emerging themes
discussed in the following findings chapter should be read as an exploration of a select number of women’s perspectives on safety in supportive housing.

Likewise, although snowball sampling is useful, it is often not an effective technique to recruit participants who are isolated, as it relies on social ties to get information about the research opportunity out to potential participants. As a result, women who do not have regular access to social networks would not likely have been recruited through this technique into the study. This calls for future research to focus on learning more about the realities faced by women who are isolated in supportive housing, such as those with agoraphobia and/or severe mobility challenges (Vila-Rodriguez et al., 2013).

3.9 Participant Profiles

The following section will give a short summary of each participant’s housing history. Each participant’s involvement in the community, as well as other relevant details will be provided in order to give the reader an understanding of both the complex housing histories many of the participants had, as well as an understanding of their backgrounds. Please note that participants’ names and other identifying information have been changed to maintain confidentiality, unless a participant stated that she wanted her real name to be used.

Alexis: Alexis is a middle-aged woman who identifies as a being both Japanese and Caucasian. She moved into new supportive housing with a private kitchen and bathroom in the Downtown Core approximately one year and four months ago after being homeless for a year. Alexis initially became homeless due to a break-up with her long-term partner. After this break-up she moved to Vancouver from another city in BC hoping to find long-
term housing, but despite her efforts to obtain affordable housing she found herself homeless, as no adequate housing was available at a monthly rental rate she could afford. As a result, Alexis briefly stayed at an emergency shelter in the DTES before moving into a transition house for women. She also couch surfed for part of the year with friends. Alexis is a long-time activist and has done significant work to destigmatize HIV in Vancouver, as well as advocate for the legalization of marijuana.

**Bee:** Bee is an Aboriginal woman from a Coastal BC Nation. Bee was a SRO-based supportive housing resident in the DTES before moving to the Downtown Core to new supportive housing. Her current unit has a private kitchen and bathroom and she has lived in her new home for approximately a year. Bee has lived in SRO-based supportive housing in both the DTES and DC. The SRO-based supportive housing she lived in prior to moving into her current housing was originally for marginalized women who hoped to recover from substance use and had specialized programs available to support their recovery. Unfortunately, this housing site’s funding was terminated and Bee subsequently decided to move. Bee is a mother and has a strong network of family and friends in the DTES. She is also employed in the DTES community.

**Brianna:** Brianna is an Aboriginal woman and mother who is from a band in Alberta. She moved into new supportive housing with a private bathroom and kitchen in Vancouver’s Downtown Core approximately one year and three months ago. She states that having this new housing has changed her life significantly as before moving she lived in SRO supportive housing for four years where she felt her safety as a woman was compromised on a daily basis. She has also lived in a number of privately run DTES SROs. Brianna is very family centered and enjoys reading.
**Daisy:** Daisy is an Aboriginal woman who has lived at the same supportive housing site in the DTES for more than ten years. Her suite has its own private bathroom and kitchenette. Daisy works at a local non-profit agency as a peer support worker and is very engaged in activities that help women living in her neighborhood. She is the proud owner of a cat she loves dearly.

**Leila:** Leila was an Aboriginal woman who tragically passed away as a result of chronic health issues a few weeks after she attended a focus group. She had recently moved into a new social housing project in the DTES where she had her own bathroom and kitchen. Unfortunately, she deeply regretted her decision to move to this location as she felt that the lack of lighting both on her street and around her complex put her in danger when walking outside at night. Prior to this, she lived in SRO-based supportive housing for four years and had decided to move as a result of social conflict and systemic bedbug issues in this housing. Leila worked at a number of private SROs in the DTES and was very involved in a support group for women living in the neighborhood.

**Janie:** Janie identifies as a person who comes from numerous cultural backgrounds. Janie, her husband, and adult children became homeless after a fire destroyed their house which was located in the DTES. Janie and her husband decided to obtain separate housing due to their lifestyle differences after the fire. Janie found housing in DTES SRO-based supportive housing and her husband obtained housing in a private DTES SRO. Two and a half years later Janie moved with the rest of the tenants in her building to a new DTES supportive housing site due to renovations. Her new suite is self-contained with its own private bathroom and kitchenette. Janie works as a peer facilitator.
at a non-profit organization in the neighborhood. She is an active member of a neighborhood resident association.

**Karena:** Karena is an Aboriginal woman. Karena and her partner Sally were homeless for many months before obtaining housing in separate SRO-based supportive housing sites. Karena has lived in her SRO-based supportive housing for four years, although she states that she normally stays at her partner’s home due to convenience, as well as her fear of being alone and being afraid of the large dogs (owned by her neighbors) that roam her building’s hallways. Karena likes writing and is very involved in activities at a local non-profit organization.

**Sally:** Sally is an Aboriginal woman who works and lives in the DTES community. She and her partner, Karena, were homeless before she was able to find housing at a DTES SRO-based supportive housing site. She lived in this housing for approximately two years before a critical incident in her housing caused her to need a new home urgently. As a result of this emergency she was able to obtain an apartment in social housing located in the DTES. Sally is a photographer, has employment in the neighborhood, and is very involved DTES community events.

**Melanie:** Melanie is an Aboriginal woman and mother who has lived outside of the DTES neighborhood for approximately four and a half years. She currently lives in a small basement suite with her partner and a roommate. Prior to moving outside of the DTES Melanie lived for five years in DTES supportive housing for families with her partner and teenage daughter. Her unit consisted of a two-bedroom suite. However, despite being subsidized this housing’s rent became too expensive for her to afford when she and her partner separated briefly and subsequently she and her daughter moved into a
more affordable market rental outside of the DTES. Melanie is a strong advocate for the rights of residents in the DTES and very involved in a DTES women’s group that supports women living in the neighborhood. She frequently visits friends and other supports in the DTES community.

**Mary:** Mary is an Aboriginal woman, mother, and grandmother. She was homeless for two years staying namely at a shelter for women in the DTES before obtaining new supportive housing located in the Downtown Core. Mary’s goal was to find housing outside of the DTES when she was homeless and she worked with a large number of community advocates and housing support workers in order to obtain her unit at her current supportive housing site. She has lived in this housing for approximately one year and four months and has a self-contained suite with a private bathroom and kitchenette. For Mary finding a home that was located outside of the DTES gave her a fresh start to work on her recovery. Mary is an artist and published poet. She also does volunteer work at her current supportive housing site.

3.10 Data Collection

3.10.1 Methods Used and Justification

Focus groups and interviews were chosen for the purpose of this research. All meetings were recorded for later transcription. Focus groups were chosen as a method that can create a sense of “collective testimony” where experiences and thoughts can be discussed, compared, and analyzed with others sharing similar realities (Madriz, 1998, p.116). As Esther Madriz (1998) has outlined, focus groups can have a transformative power for communities and individuals who have been pushed to the margins of society. They can foster environments where participants’ experiences can be validated (e.g.
“Yes, I also know firsthand how hard rats are to deal with!”), de-stigmatized as a result of no longer being viewed as a personal failure (e.g. “Wow, so the rats aren’t my fault?”), and lead groups to create needed social change (e.g. How can we pressure landlords to take care of these pests?) (Madriz, 1998). In this sense, focus groups are particularly compatible with FPAR’s attention to inclusion, critique of social inequalities, and social action making this method optimal for this research project.

The transformative power of sharing experiences and perspectives in groups is also recognized in the process of storytelling, which is a vital medium to pass on knowledge within Indigenous communities, as well as an important Indigenous research methodology (Iseke, 2013). As noted by Indigenous researcher Judy Iseke (2013), within the context of storytelling both the listener(s) and the storyteller(s) are viewed as actively participating in an exchange of knowledge. Within this process the listener’s act of actively bearing witness to the storyteller’s experiences and insights can lead to healing for the storyteller when sharing painful memories from one’s life (Iseke, 2013). Dynamics like this illustrate how focus groups can be transformative.

In-depth interviews were also chosen as a method to collect data. In-depth interviews have been characterized by Biber-Hesse and Leavy (2011) as “issue oriented” and a method to obtain “thick descriptions” of experiences in participant’s lives (p. 95). An objective of in-depth interviews is to reduce the power disparity between the researcher and participant, which makes it an ideal approach to use when doing feminist participatory action research (Biber-Hesse & Leavy, 2011). For instance, in-depth interviews allow participants to discuss issues associated with the research topic that are important to them, rather than being structured by an agenda that seeks specific answers.
to research questions. In-depth interviews are also often flexible and guided by participant’s responses, so that participants have the ability to speak in detail about matters that are pertinent to them and not be rushed onto another question. In this sense, both the researcher and participants join in a dialogue that is driven by both parties.

Within this research, interviews were utilized to provide women with a private setting to share their experiences as some women indicated they would not feel comfortable meeting or sharing particular experiences in a group setting. In-depth interviews were also required in order to provide a setting where women were able to voice the details and nuances of their experiences and perspectives at their own pace.

3.10.2 Application of Data Collection Methods

The structure of focus groups and interviews were initially going to be based on a mapping exercise (see Appendix C for a summary of this exercise) and originally I had planned to have each participant attend either a focus group or interview where they would do this activity. However, due to participant feedback this plan was changed, as a number of women wanted to do both an interview and focus group, and some noted that they wanted to talk in interviews as this allowed them to discuss issues more freely. Consequently, these perspectives informed the structure of both the focus groups and interviews. All focus groups and interviews were digitally recorded, so that they could transcribed word for word.

All interviews were semi-structured with a flexible interview guide that was adapted from the mapping activity (see Appendix D for interview guide). This interview format allowed me to ask spontaneous questions to elicit information unique to participants’ experiences, as well as gave women the opportunity to talk in detail about
issues they determined were important. Each interview lasted 50 to 90 minutes, depending on the preference of the participant. In total, 10 women were interviewed and 12 interview sessions occurred, as one participant asked to meet three times in order to provide me with additional information about her ongoing safety experiences within her housing. Six of the women interviewed also were a part of focus groups, although all were invited to participate.

Focus groups took place after the majority of interviews occurred. During the first focus group, the attendees (four women: Mary, Alexis, Brianna, Bee) asked if the group could continue meeting for multiple sessions so that they had more time to work on their housing maps. Additionally, some women voiced that they felt uncomfortable drawing in a group and wanted to work on their housing maps alone after the meeting or simply engage in the focus group verbally. Listening to these women’s reflections on the mapping process was integral to the FPAR process in order to ensure that the focus group’s activities and goals were shaped according to the women’s needs. In lieu of this feedback, the women and I decided that art supplies could be taken home to work in a more private setting. Additionally, we agreed that the women who did not want to engage in the mapping exercise could answer questions verbally during the focus group.

As I had given the women an honorarium for the first focus group and was unable to afford providing compensation for subsequent meetings with the same group, I asked the women if they would be willing to attend future focus group sessions without an honorarium. The women stated that this was fine. We met once again and half of the women showed up (two of the original four). The attendees let me know that the women who were absent were too busy to come to additional meetings. In this session, we
worked on the mapping activity again and I asked new questions from a semi-structured group interview guide in order to accommodate women who felt more comfortable verbally expressing themselves (see Appendix E). A challenge emerged as one woman’s map had been ruined at home and thus had to begin creating her housing map again. Also, participants who were absent from this session had taken their maps home and thus I no longer had access to this visual data.

In lieu of this, I tried to bring the entire group together once more so that I could collect the maps and conclude the focus group process. However, at this point only one woman showed up. As such, it became clear that the housing maps were not going to be a viable method to collect data. However, the discussions that occurred within the focus groups provided ample information for data collection.

After piloting the mapping exercise with the first focus group I decided to just use the group interview guide (Appendix E) to structure a second focus group. This group met once and had two attendees (Melanie and Leila).

3.11 Data Analysis

After data collection was completed, I transcribed the contents of each focus group and interview word for word. All women were given their transcripts to approve and edit. Providing the transcripts to participants created the opportunity for them to reflect on the content of the interviews and focus groups and verify if their transcript accurately represented their perspectives. This helped to ensure that I was held accountable for correctly transcribing discussions in interviews and focus groups. Additionally, it was important to provide transcripts to participants, as this demonstrated that the transcripts were a “collective product owned by the group rather than as ‘data’ primarily belonging
to the researcher” (Chiu, 2003, p.178). Upon receiving the transcripts, no participants asked for corrections to be made. A number of participants noted that it was rare to receive any data or information from a research project after taking part in an interview or focus group and that obtaining the transcript made them feel like valued members of the research.

My analysis of the data began immediately after the first interview was completed. I began by writing memos detailing what I had observed and experienced in each meeting to ensure that I did not forget important statements and interactions, as well as to note recurring themes in conversations. I continued to write memos throughout data analysis to explore my understandings of themes that were emerging, as well as examining how my own biases could be affecting the data.

Open coding was used to categorize data. Open coding consists of having the data itself generate categories, rather than using pre-determined categories to organize data (Maxwell, 2013). This coding was used to support the generation of categories that would not be biased by my own notions of safety in supportive housing. Coding was initially completed by reading transcripts line-by-line and using highlighters to mark emerging categories within the content of each transcript. In order to further locate and organize categories, a qualitative data analysis software, MAXQDMA, was used. This allowed for categories to be grouped together as themes began to emerge and also enabled me to analyze the data within each category as a group. Once themes began to emerge each transcript was read at least twice again in order to ensure that I was not simply cutting up data and removing it from its context. This type of strategy to examine participants’ statements within the context of the ‘host’ discussion has been identified by Maxwell
(2013) as a “connecting strategy” (p.112).

Once emerging themes were identified, I presented my findings to the participants for feedback at an all-participant meeting. Five women attended this meeting although all participants were invited. Having this meeting allowed for the women to let me know if the themes accurately represented their perspectives of safety in supportive housing and tangibly held me accountable as a researcher for my analysis. During this meeting, the women agreed that the themes accurately captured their perspectives and provided additional information about each of the themes identified. For instance, when I first noted an emerging theme, women often noted, “That’s what I said!” or “That’s what I think!” This provided me with valuable information that I was adequately identifying emerging themes in my data analysis. Moreover, after I had shared each emerging theme the participants spontaneously elaborated on experiences and thoughts associated with the theme. For example, immediately after introducing the sub-theme Shared Bathrooms are Dangerous, a number of women began describing their own experiences using shared bathrooms, such as walking in on people having sex, as well as being exposed to specific biohazards. This allowed me to verify that I had accurately identified this theme. This meeting was not recorded, but extensive notes were taken by the researcher to ensure that their feedback was integrated into the themes. After the women’s feedback was added to the themes I wrote the finding’s chapter of my thesis. A copy of this chapter was provided to each of the women to ensure that it satisfactorily communicated their perspectives. The women did not provide any feedback in regards to this findings chapter.

I sent drafts of my initial emerging themes, as well as my subsequent findings chapter to my supervisor, Pilar Riaño-Alcala, so that I could also receive academic
feedback in regards to my analysis. With her guidance throughout the data analysis stage I was able to strengthen the themes I had identified, as well as discover new emerging themes.

3.12 Action Phase

A portion of the all-participant meeting was designated for brainstorming ways the findings might be used to promote safer supportive housing for women. A large number of interventions were discussed by the women, such as creating an information booklet for women living in supportive housing detailing safety tips, writing letters to housing providers and politicians, presenting the research findings to Vancouver Co-op Radio, and getting the media to cover the issue of housing safety in supportive housing. The women decided to focus their attention first on writing articles on safety in supportive housing for the Megaphone, a local magazine that raises awareness about DTES issues. They also asked me to write a letter to a local member of parliament, Libby Davies, summarizing the findings of the study and requesting support to better supportive housing conditions. Participants and I met at local coffee shops to begin the Megaphone articles and so I could read them a draft of the letter I had written to Libby Davies. Once they had approved the letter to Libby Davies, it was sent to her constituency office (Appendix F). Likewise, once their articles had been completed for the Megaphone, they were emailed to the editor of the magazine (Appendix G).

Reflexivity was key to me as a researcher at this stage of the project, as it is all too easy for researchers to project their hopes for specific action-related objectives to be met during this phase of PAR, such as garnering media attention to challenge the issue at hand, as discussed by Reid et al. (2009). Likewise, it can often be forgotten that the
action phase of PAR can pose benefits and risks for participants, like making their participation in the research visible to outsiders (Reid et al., 2009). Reid et al. also pointed out that individual actions routinely go unnoticed by researchers, such as when a participant helps another tenant move to a safer building (2009).

With these considerations in mind, it was vital for me to ‘take a backseat’ during this process and allow participants to organically decide what actions they wanted to take and what they wanted to convey. I mindfully had to set my interests aside at each meeting (eg. “Wow, I hope that I can be in the press to discuss this research”) and support the participants in achieving their self-identified action goals. Additionally, as a researcher I learned it was important to celebrate actions, both those that were individual-based and group-based, in order to ensure that the range of actions during this phase were recognized.

Although we did not hear back from Libby Davies’ constituency office, the editor of the Megaphone let us know that she not only wanted to print the articles written by the women, but also wondered if the women would like to share their experiences and perspectives with a reporter who would publish a further article on safety in supportive housing within the magazine. I was also asked to speak about my late uncle’s death in a DTES SRO, as well as the research’s conclusions on safety and supportive housing. The women and I discussed this opportunity at length and it was decided that we would take part in interviews for this article. In total, three participants were open to being interviewed, as well as myself. As some women had concerns about confidentiality it was agreed that no women’s real names would be used unless they verbally requested that the reporter use their real name. In order to protect women from potential backlash from
housing providers it was also agreed that no building or housing agencies’ names would be used unless it was provided in the context of positive feedback (e.g. “I loved Building X because the staff were quick to respond to tenant concerns”). These requirements were communicated to the reporter in order to ensure that the names of interviewees and buildings were not mistakenly published. The article was published in February 2015 (Appendix J).

It is important when discussing action to clearly state that most of the women involved in this project were committed to community activism long before participating in this research. As pointed out by Reid et al. (2009), action research can, at times, give the erroneous impression that participants’ lifelong engagement in activism began when a researcher endowed them with the knowledge and skills to challenge structural inequities. This, however, is far from the truth for many marginalized communities, as exemplified by the history of activism done by women living in the DTES to bring attention to the neighborhood’s missing women (Culhane, 2004). Women within this research project also talked about being part of many initiatives to better their communities. For instance, some participants met in a weekly women’s solidarity group to support one another and examine challenges experienced by women within and outside of the neighborhood. Another woman was a peer support worker and helped fellow community members with day-to-day needs. Yet another was highly involved in the movement to decriminalize marijuana. For most participants in this project activism was a regular activity and this research provided an additional forum to express their perspectives on housing and social inequalities.
3.13 Ethics

3.13.1 Conducting Research in a Marginalized and Research-Exploited Community

A research proposal for this project was approved by the University of British Columbia’s Behavioral Research Ethics Board after receiving a full board review. Key ethical matters are discussed below.

Although women living on the DTES face complex intersecting barriers, such as health challenges, addiction, poverty, and marginalization due to racism and sexism, it appeared crucial to me that they be invited to speak about their safety needs within supportive housing. Scholars Dara Culhane (2004) and Leslie Robertson (2007) have underlined the importance of providing a forum for women living within the DTES to voice their needs and experiences through community-based research initiatives and have shown that many female residents are active participants in social justice movements and vocal, articulate members of their communities. Informed by this perspective and seeking to challenge the popular representation of women on the DTES as being voiceless and victimized, a key guiding ethical principle used throughout this research was to utilize research methods that would recognize the expertise and skills of the research participants. Subsequently, FPAR was chosen as this project’s guiding methodology.

In order to compensate the women involved in the study for their time and expertise an honorarium was given for interviews ($40), focus groups ($40), all-participant meetings ($20), and action meetings ($20). It was my intention initially to provide an honorarium just for interviews and focus groups due to my limited finances, but some women voiced that they should receive honorariums for all meetings (I originally had not given honorariums to the women for the all-participant meeting, but
upon receiving this feedback, I gave each woman $20 to retroactively compensate them for their time and efforts at this meeting. I also let them know I would provide $20 to compensate them for their knowledge and time at action meetings.

Compensation for involvement in research is an established research protocol in the DTES community. This has been illustrated by numerous studies such as Bungay, Johnson, Varcoe & Boyd's (2010) research on women's use of crack cocaine within the DTES which provided participants with financial honorariums, as this "acknowledged participants as topic experts and compensated for potential loss of income incurred by engaging in this research" (p. 322). Likewise, Duff, Deering, Gibson, Tyndall and Shannon's (2011) research on DTES homelessness and sex work had participants received a $25 honorarium. Boyd’s (2008) research on power disparities within community-based research in the DTES provided participants with $30 compensation. Culhane’s (in Boyd, 2008) Health and Home Project employed women living in the DTES as Community-Based Researchers, paying them $100 per month for their work. For the purpose of the research project at hand, providing an honorarium was regarded as an important protocol to show respect for the women’s time and expertise.

3.13.2 Consent

When potential participants initially contacted me I outlined the purpose of the study and if they expressed interest in becoming a participant I invited them to meet with me at a location that was convenient for them. This initial meeting provided the time for me to explain the format of the study, risks and benefits of the study, and the need for informed consent. Each participant was given at least 24 hours after this meeting to decide if she wanted to be part of this project. Participants were provided with my contact
information to let me know how they wanted to proceed. This protocol was used during recruitment for both focus groups and interviews.

Once a participant was recruited, the date, time, and location for the focus group or interview were determined. Consent forms were signed before interviews and focus groups began (see the consent forms in Appendix H and I). Re-evaluation of consent took place if the following scenarios occurred:

- The participant suddenly asked me what the study was for or why certain questions were being asked after she signed the consent form. In this case, I reviewed consent with the participant to ensure that she understood the purpose of the research, her rights, and the risks and benefits of participation.

- If a participant became upset during a meeting, focus group, or any other time during the research process I reviewed consent to make sure she knew that her participation was voluntary and to determine whether she still wanted to be a part of the research process.

The renewal of consent took place immediately after there was an indication that the intervention was necessary. If the need to review consent occurred in a focus group I casually initiated a break from the meeting and quietly met with the participant to review consent.

3.13.3 Research Risks and Benefits

It was important to detail the risks that were involved in this study to the women before they decided to participate in this study. For instance, interview and focus group discussions about safety and housing could have triggered upsetting information to be recalled causing emotional distress. Natural focus group processes like being interrupted
or having an idea disregarded by another participant could have also caused women to feel alienated or unhappy during and after the research process. I attempted to mitigate these risks through careful planning, briefly described below.

All participants had to provide informed consent in writing before participating in this research. All risks were thoroughly outlined verbally and in writing to ensure that potential participants knew of the risks involved. As stated, informed consent from participants was evaluated on a continuous basis throughout focus groups and interviews in order to ensure that if a participant changed her mind she could readily withdraw from the study. Small focus groups of 2-4 participants were used in order to ensure that I could attend to changes in the participants’ demeanors that may signal that consent needs to be re-evaluated with an individual.

It is important to note that this research also had potential benefits for women, such as having a forum to voice their views on safety and housing, as well as having their perspectives taken seriously within the research process. They may also have benefited from the relationships built with other group participants, as well as felt they had meaningfully contributed to an effort to help supportive housing become safer for women.

3.14 Validity

In order to establish research rigor, this study was carefully designed to include strategies to enhance its validity. Validity has been defined by Maxwell (2013) as “the correctness or credibility of a description, conclusion, explanation, interpretation, or other sort of account” (p.122). Threats to validity include researcher biases, which occur when researchers’ personal beliefs and desires bias research outcomes (Maxwell, 2013). They
also include participant reactivity, which happens when participants do not provide data reflecting their true experiences and perceptions as a result of research dynamics, such as when a participant wants to please a researcher by censoring their answers to research questions (Maxwell, 2013).

Within this research I carefully employed a number of methods to limit the impact of my biases on the study’s outcomes. This was vital, as my own experiences working with residents in supportive housing, as well as having a family tragedy occur in a DTES SRO, have caused me to have strong preconceived ideas about the safety of residents in supportive housing. Subsequently, I used a number of strategies to monitor and correct the effects of my researcher biases. Firstly, I used respondent validation to receive input on my initial analysis of the data collected from interviews and focus groups at an all-participant meeting. I also provided a written report on my findings to participants so that they could let me know if I had accurately recorded and analyzed what they had conveyed to me in our discussions. I then incorporated all participant feedback into the documentation of my findings, so that their perspectives were accurately represented. Secondly, I sought to find data that conflicted with themes I began to identify when reading through the transcripts. This led to themes further encompassing the diverse perspectives and experiences of women. Thirdly, data comparison was used by comparing my research results to studies that have already documented the views of residents living in supportive housing and/or the DTES. By doing this, I was able to assess whether my findings varied widely from results in other studies, which would have indicated that perhaps my views were biasing my results. Fourthly, I wrote memos throughout the research process to ‘unpack’ my thoughts in regards to themes I was
observing. This gave me time to consider whether these observations were resulting from my biases or emerging directly from the data. Lastly, I sent drafts of my emerging themes and supporting data to my supervisor, Pilar Riaño-Alcala, for critical feedback to make sure that I was accurately examining the data.

In order to limit the impact of participant reactivity on the findings of this research, I used a number of strategies. I obtained ongoing reviews of my research questions from my master of social work peers who were also engaged in research to ensure that they would not lead participants to provide specific answers I hoped to receive. Prolonged involvement was additionally used within the research process, as I met and spoke with participants over a period of 9 months on multiple occasions, such as recruitment meetings, interviews, focus groups, and action groups. On average I met with each participant 5.3 times in person for more than an hour during each of these sessions. This allowed me to build trust with the participants and more clearly understand their perspectives. As well, in order to create trust and openness between focus group members and myself, a portion of each focus group was dedicated to creating group guidelines to enhance the comfort level of participants. Focus groups and interviews were also used to ensure that participants had the opportunity to express themselves in different settings, providing an opportunity for me to note if themes remained consistent across these two settings. When themes remained consistent this provided an extra measure of certainty that the participants were voicing what they felt.

The strategies outlined above collectively enhanced the trustworthiness of this study, which was the most important validity criterion for this project. Overall, the aim of this research was to take every step possible to ensure that the study outcomes accurately
reflected participants’ perspectives and experiences. This was done by following an iterative process of feedback at each stage of the research process, as well as discussing the findings with participants so that they could verify if they were true. Using FPAR was vital as a guiding philosophy to maximize the participants’ inclusion in and influence on the research process.

3.15 Limitations

As already noted, the sampling strategies used (e.g. convenience sampling) limit this study’s ability to convey the full range of women’s perspectives of safety in supportive housing, particularly the views of women who are isolated from social networks. Subsequently, this research project is meant to communicate the perspectives of some women living within this setting and is not meant to reflect the general views and experiences of women living in supportive housing in the DTES and DC.

Additionally, not all of the participants were able to provide feedback in regards to whether their transcripts and/or research findings were satisfactory after being given these documents. Tragically, one participant passed away shortly after attending a focus group and subsequently was unable to verify whether her perspectives were adequately represented in the research. Three participants were solely interested in attending the focus groups and interviews and did not provide any feedback after receiving transcripts and other written materials. Likewise, half of the participants did not attend the all-participant meeting and thus were not able to provide input into the initial findings. Subsequently, respondent verification applied only to five out of ten women in total. However, four of the women who were unable to provide respondent verification
attended both an interview and focus group, and thus themes that emerged from their discussions were cross-checked between these two settings.
CHAPTER FOUR: RESEARCH FINDINGS

Five emerging themes were found through the process of data analysis and are presented below. Sub-themes were used to organize data within themes that had a large range of perspectives and/or topics. This chapter will provide the reader with these findings. The first theme focuses on how intersecting stigmas impacted women’s housing safety. This is followed by the second theme, which is centered on how trauma often informed women’s housing decisions in regards to where they chose to live and the decisions they made within their housing. The third theme focuses on participants’ views of how the location of supportive housing affects perceptions and experiences of housing safety. The fourth theme outlines participants’ thoughts on the meaning of safety and the fifth theme reveals their experiences of pervasive, everyday safety risks in supportive housing.

4.1 Intersecting Stigmas Impact Housing Safety: “I think Native women are more expendable, you know?”

When speaking about safety, women’s discussions portrayed how they were impacted by the intersection of sexism, racism, classism, and ableism. Some women voiced that they felt at risk in their housing as a result of women being viewed in society as less important than men, which placed them in a marginalized position within their homes. For instance, Leila noted, “Women have always been lower on the totem pole,” when discussing why she thought women faced unique safety threats in their housing. Melanie stated she believed women faced more dangers in their housing as a result of being “expendable” when compared to men. She also explained that she thought women were “more vulnerable to rape or being attacked” due to their gender. However, Melanie
and Leila who are both Aboriginal additionally talked about how Aboriginal women faced heightened risks within supportive housing and the surrounding DTES and DC neighborhoods as a result of being both a woman and Aboriginal. Melanie, for example, stated:

I think that Native women are more expendable you know what I’m saying?
Because people think that there’s no one out there that cares for them. Well there is. There’s somebody’s mother, there’s somebody’s sister, there’s somebody’s aunt. You know we all belong to somebody.

She pointed out that the Vancouver Police Department’s negligent response to the DTES’ missing women who were/are sex workers and largely Aboriginal evidenced the lack of regard our society generally has for Aboriginal women and how this has historically put them at increased risk.

This entrenched stigmatization was viewed by some women as creating a context in supportive housing where Aboriginal women’s safety needs were viewed as less important than others or discounted entirely. A number of Aboriginal women who participated in this project discussed how common it was to have experienced racism and hate speech in supportive housing both within the DTES and DC. They described how their Aboriginal ancestry was used as ammunition to demean and demoralize them, such as when non-Aboriginal neighbors used racially loaded slurs when talking to them. For instance, Mary recently had experienced being bullied by her non-Aboriginal male neighbor who had called her a “fucking Indian” on multiple occasions. Brianna, in her

---

7 Please refer to Chapter 2, page 38, for more information on DTES’ missing women.
previous supportive housing, had been singled out by a group of white women who harassed her and other Aboriginal tenants by stating things like, “You dirty whore, you fucking Native.” This highlights how an Aboriginal women can be subject to violence focusing both on her sexuality and ethnicity at once. Additionally, Brianna’s experience portrays the reality that power differentials and prejudices exist between women, such as the disparity of power between white women who are privileged in our society and Aboriginal women who experience the ongoing impacts of colonization and racism.

Both Mary and Brianna discussed how the responses to their experiences of racism from building management further impacted their ability to feel comfortable in their housing. Brianna’s building management supported her and other Aboriginal tenants’ complaints and made it clear to the offending women that they would be evicted if their racist behavior continued. Conversely, Mary’s building management stated that they required proof of some of the incidents of racism she talked about and subsequently her experiences of harassment remained unresolved. This caused her to feel unwelcome and unsafe in her housing.

It is important to note, however, that not all women felt that their gender or Aboriginal identity created or informed safety issues in their housing. Both Sally and Karena, who are Aboriginal, felt that they had never faced discrimination in supportive housing as a result of being Aboriginal women. This emphasizes the reality that each participant experienced the intersection of racism and sexism uniquely according to their individual life experiences.

A number of women spoke about experiences and perspectives that portrayed how classism intersected with the prejudices they faced and how this could affect their sense
of safety. This was made evident by Brianna’s experience of having passengers in cars throw pennies at her and yell obscenities associated with sex work while she walked through the DTES outside of her housing:

Yeah I’ve experienced a lot (of discrimination). Yeah I have. I’d be walking down the street and somebody would throw a bunch of pennies at me. And call me a whore. Saying this and that. Throw pennies at me. … Just walking down the street … I felt like crap man. (Brianna)

Other participants also talked about women being called “whores” by outsiders who were passing by foot or by car through the neighborhood. The fact that women were so often called derogatory names associated with sex work illustrates the low status sex workers have as a class in our society and the subsequent discrimination women working in this profession face. It is significant that these specific participants, all of whom happen to be Aboriginal, were automatically assumed to be sex workers (whether this assumption was correct or not) by outsiders and subsequently harassed for being part of this profession. This suggests that people may have concluded they were sex workers based on their biases against Aboriginal women. These experiences portray how these participants’ safety was at risk simply due to intersecting prejudices that outsiders projected onto them.

The stigma against sex workers on a macro level and its impact on women’s safety were also discussed by a number of participants. They specifically outlined how women who are sex workers are going to face increased safety risks as a result of the implementation of sex work legislation premised on the ‘Nordic Model’ in Canada. This legislation penalizes johns for buying sex, as well as pimps and brothel owners for providing sexual services, instead of charging sex workers for solicitation. Women in one
focus group viewed this new legislation as creating dangers for women both within and outside of supportive housing as it motivates johns to insist on dates being hidden, away from areas, such as housing, where they could be identified by police through security measures, such as cameras, and subsequently arrested. This was seen as pushing women to have dates on the streets in areas where they would likely have little control over their safety, which Leila described as “the back of the back of the doorways”.

Participant’s housing experiences showed how being women impacted by multiple integrated stigmas affected their access to clean, safe and affordable housing. For instance, a number of participants were forced to live in supportive housing, as a result of having disabilities and/or experiencing other barriers that precluded them from earning an income from employment. In lieu of this, some participants, as women living in poverty on provincial disability assistance\(^8\), decided that they would rather be homeless than live in unsafe supportive housing sites. Mary, for instance, remained homeless for approximately three years until she secured her current housing, as she viewed living in substandard supportive housing as far worse than living in a shelter. She noted that women who are homeless and living in poverty often are provided with housing that is inappropriate for their needs by support workers who gloss over building issues:

…they have the Lookout, Raincity or they have different organizations, but they’re there you know. But they don’t tell you about the buildings you’re moving into. They say “Oh trust us, it’s a secure building, believe me, there’s no drugs.”

And they say to girls, you know one girl said, “cause I’ve been clean for this

---

\(^8\) BC Provincial disability assistance provides eligible candidates with $906.42 per month (Ministry of Social Development and Social Innovation, 2007).
length of time.” “Oh believe me, we got you into a building where there’s no dope.” You know what … she walked in there and there was more dope smoking than she’d seen outside.

Alexis also had decided to remain homeless until she secured supportive housing that was adequate for her needs due to the terrible conditions of some supportive housing sites she had heard about from friends. Karena had moved into supportive housing after being homeless for a year, but found that the condition of the building was so poor that she lived mainly with her girlfriend in another setting. To Melanie the state of Vancouver’s supportive housing reflected the classist attitude of greater society towards those living in poverty. She summed up her view of this by stating, “Just because we’re poor doesn’t mean that we deserve substandard things.”

Seven participants, the majority of whom are Aboriginal, discussed having complex health issues and five of these women talked about how their health affected their housing safety. For instance, Alexis and Mary who are HIV positive talked about how their illness was still stigmatized by some supportive housing providers, which had made them feel like “outcasts” in the past. Mary added that HIV positive tenants in many supportive housing sites tended not to disclose their status, stating, “They’re scared to be shunned, they’re scared to be turned down”. Alexis noted that this could cause HIV positive tenants to “shut down” or self-isolate out of fear that their neighbors might learn about their health condition. Other women talked about how some supportive housing sites put their already compromised health at risk as a result of infestations, unsanitary conditions in public spaces, and inadequate built environments (e.g. shared bathrooms).

These participants’ discussions overall evidence how the intersection of sexism,
racism, classism, and ableism impacted their perspectives and experiences of safety in and out of supportive housing. As namely Aboriginal women, a significant number of participants were harassed for being sex workers, whether they were part of this profession or not, showing the interlocking prejudices that were projected onto them. Likewise, some women faced racial violence in their homes, with slurs that demeaned them for being Aboriginal women. As a result of living with disabilities some participants lived in poverty as they relied on provincial disability benefits, which forced them to choose between living in substandard supportive housing or remaining homeless. These dynamics portray some of the intersecting forces that shaped participants lives both within and outside of supportive housing.

4.2 Housing Decisions can be Informed by Experiences of Trauma: “And so even to this day I sleep with this huge machete under my bed.”

Participants’ discussions often centered on how experiences of trauma informed their housing decisions both in regard to where they chose to live and the decisions they made within their housing. For instance, Bee highlighted how experiences of violence against women led some participants to prefer to live in all-women’s housing:

Interviewer: Do you think that for safety, for women to feel safe, having programs specifically for women are important?

Bee: Yes, yes, yes, yes. Some women, most women I can say, prefer to live in all women buildings. Some people, a lot of women have been through just so much with men that they’re more comfortable with living in a place where it’s all women.
Women also talked about how previous traumatic experiences caused them to look for housing with specific building features that would support their sense of safety. This was the case for Janie who shared why she kept her windows closed and made sure to live on the top floors of her housing:

I was living on the third floor, he climbed up over the balcony onto the third floor… So that’s why I’ve always lived higher thinking, you know, no one’s going to get in. I’ve always thought I might get raped or something like that, which I’m not gonna, but you know how you think those crazy things… But then it happened to me before, right? So I’m thinking it can happen. Like a spiderman climbing up my wall or something.

Participants additionally spoke about experiencing new traumas in their supportive housing. Leila explained that women receive a lot of unwanted sexual attention in housing in the DTES, stating, “I’ve lived in a lot of the SROs down here and it’s crazy being a female when you’re down here if you don’t have a partner.” She gave the example of waking up one night to find a man standing above her bed. When she immediately began screaming her neighbor heard the commotion and chased the intruder out of her room with a baseball bat. Another example came from Melanie who recalled hearing her neighbor, a woman, being beaten in the hallway of her supportive housing by one or two men the first week she moved into her suite:

We heard something. I’m not sure what it was to be honest. If it was arguing we heard or a girl saying “f off” or some swearing. And of course we were just moved into the area and we were scared. We didn’t know anybody, we didn’t know our neighbors, so we just kept inside our apartment right. “Like don’t
go out there. What if they’re going to beat you up?” Or whatever right? Stay inside the apartment. Just because of being scared right?

Interviewer: Of course, of course. And you don’t know if the person has a weapon.

Melanie: Or a gun or whatever. But he didn’t need a weapon. He beat her to death with his fists.

Mary also talked about being fearful of a co-tenant who had threatened her with racial slurs and told her she should “watch (her) back”. She discussed how she was especially fearful of this resident as he was known to carry a knife.

In order to protect themselves from new traumas in their housing some women talked about taking extra steps to guard themselves and others from would-be attackers. For example, Leila kept a machete under her bed to defend herself. In her former SRO-supportive housing, Brianna pushed a heavy chair against the door every night before she went to sleep for added security. Melanie and her family restricted their activities outside of the apartment at night in order to protect themselves from possible violence.

It is important to note that some women preferred living in co-ed environments. For example, Karena stated, “And I’d rather be living in a co-ed place than a women only. Co-ed, co-ed’s better.” Sally detailed the reasons why she would rather live in co-ed supportive housing, saying:

Yeah, I think you need a mix because when I was living at (supportive housing site) I hated it. It was all women and it just drove me nuts. It was like living in a hen house (laughs). And my room, my room was, um, facing the courtyard so all the gossip I could tell you about. What everybody’s life was all about.
Ultimately, some women’s housing decisions within supportive housing were guided by particular experiences that were marked by trauma. This reality shows the need for housing providers to listen carefully to women’s housing requests, such as wanting to live on a certain floor, in order to ensure that they feel safe. It also shows the lengths some women feel they must take, such as keeping a weapon under the bed, to maintain their safety in supportive housing.

4.3 The Location of Supportive Housing is Key to Safety

Throughout interviews and focus groups with women, it became clear that the location of supportive housing sites strongly impacted women’s perceptions of safety. Women chose to live in specific neighborhoods as a result of their safety needs. Some women talked about moving into housing outside of the DTES as a result of needing a change of pace to protect their substance use recovery or as a result of feeling generally unsafe living in the community. Other women stated that they chose to live in the DTES due to the solidarity and camaraderie between community members, which bolstered their sense of safety. This dynamic was identified as “strength in numbers” by a focus group. Due to these findings, it is evident that adequate supportive housing must be available both within the DTES and other Vancouver neighborhoods, so that women can find housing in areas that meet their specific safety needs.

4.3.1 It’s Not Safe for Some Women to Live in the DTES: “It’s too Close, It’s too much Doped, It’s too much Everything”

A number of participants stated that they left the DTES in order to get away from the stresses they experienced within the community. Three women had moved to the Downtown Core. When asked how their moves had impacted their safety, they talked
about how their new housing was “so quiet” compared to where they had lived prior. Brianna expressed relief, as she no longer had to be around drugs and crime on a daily basis. Mary explained that she “never felt safe down there. Never Ever.” She viewed the notion that the DTES was a safe place for women as a “crap of baloney!” and made it clear that she planned to never return as a resident given the time it had taken her to finally secure a home outside of the neighborhood. Alexis had stayed briefly in a DTES shelter after becoming homeless, which she described as an experience that “scared the hell out of me”. Four days after first entering the shelter, she left in search of a place to stay outside of the neighborhood as she felt it was too dangerous. Later when a support worker at a local non-profit stated that they had found her a room in a private DTES SRO run by a well-known slumlord, her friends urged her not to take the housing due to safety concerns. Alexis took their advice and remained homeless for months until she was accepted into her current supportive housing in the Downtown Core.

Other women, such as Janie, had found that specific areas of the DTES were safe for residency while others were not. When explaining why she would not live in a particular area of the DTES she stated:

It's too close, it's too much doped, it's too much everything. I don't want to go past that every night to go home. You never know if people are going to jump you.

For some women who had been substance users in the past and were now in recovery it was important to move out of the DTES, as there was too much pressure to begin using again, as access to drugs was simply a few steps away. “The drug dealers love you, they hang out in front of the banks and know you’re so vulnerable,” Mary explained. This pressure was not limited to the DTES, however, and extended to
supportive housing sites outside of the neighborhood. One woman noted how simply seeing a dealer’s contact information written on a wall in her non-DTES housing had triggered some of her neighbors to use again despite their enormous struggles to remain in recovery. The reality that many women’s friends, family, and neighbors also engaged in substance use made abstaining from drugs more difficult. Subsequently, no matter where women in recovery lived their journeys necessitated daily efforts and commitments to reduce or abstain from substances. Nevertheless, women like Mary saw moving outside of the DTES to a new supportive housing location as a fresh start: “The pipe went, the dope went. I’m thankful. I changed things. If I didn’t change things then I might as well of stayed downtown.”

4.3.2 Residency in the DTES Provides Safety through “Camaraderie” and Solidarity

Both women living inside and outside of the neighborhood recognized that the DTES offered solidarity and support that was hard to find elsewhere. Melanie noted that unlike other places, there was “camaraderie” on the DTES where community members would help each other out if money was needed or if a person was ill. Leila said that the fact that people watched over each other in the community made her feel safer, which was identified in a focus group as being “safety in numbers”. She illustrated her point by talking about how people constantly watched out for each other in the neighborhood’s Oppenheimer Park.

…you just look at this community, like regardless if we fight with each other one day or you know we owe somebody for something we’re not going to be left in that park. If we’re not awake or we don’t look like we’re doing well somebody will always come to that rescue. So there is another safety, right? (Leila)
Leila’s statement evidences that one of the outcomes of living in the DTES is having interpersonal safety and comfort, as familiarity with community members provided a certain level of protection from physical and emotional harm. This appeared to be the result of informal protocols, based on mutuality and familiarity, in the community leading residents to watch out for one another. This notion was echoed by Melanie who stated that she had always felt safe in the DTES as a young woman because everybody knew her:

   Cause I know lots of people down here. Even before I moved down here my first husband used to work down here so I knew a lot of these people. I never had any problems down here. No one ever bothered me or tried to hurt me or nothing. And I used to walk around half tanked and everything- and nothing.

Similarly, Karena explained that she and Sally, her partner, had not experienced discrimination on the basis of their sexual orientation in the neighborhood, as everybody in the community knew they were a couple:

   Well everyone down here knows that we’re a couple so nobody, nobody bugs us about it, like being gay. Everybody knows us down here.

These women’s experiences indicate that the familiarity and mutuality between community members served as a protective measure for some participants who had lived or were living within the DTES both as a result of community members watching out for one another, as well as community members being familiar with and welcoming of each other’s backgrounds.

   Another positive outcome of being a resident in the DTES was portrayed just before a focus group meeting began when women spontaneously began to inform one
another about free clothing being given out in Oppenheimer Park later that day. One of the women explained to the focus group facilitator that such information exchanges were known as “the moccasin telegram” in the community, as important news traveled quickly by word of mouth between residents on the street, which allowed them to learn important information about events to obtain needed resources, as well as community concerns. This highlighted how being a part of the social network in the DTES enhanced safety, as residents were able to stay informed about what was happening in the neighborhood, such as emerging dangers. Furthermore, women in another focus group also discussed the importance of information sharing in more formalized networks, which utilizes the effectiveness of word of mouth communication in the neighborhood, alerting women to safety risks in the community. For instance, Leila stated:

We have community bulletin boards. We have red light alerts. We’ve got predator alerts. You know, we have all these alerts, which is so many more than many cities across Canada. They don’t even have that right? So in a lot of ways I think we’re very fortunate to have what we have. Plus the community outreach workers give us that as well right? Like when a violent predator is in a halfway house down here we hear about it immediately.

Many of these alerts, such as red light alerts, which list descriptions of dangerous dates, the make of their cars, as well their abusive behaviors, list information provided to organizations verbally by community members like sex workers in the DTES. These lists are then sent out to community partners and posted on community bulletin boards for residents and support workers to view and share with one another. As such, these alerts utilize the strong interpersonal networks within the community to receive and spread
critical information about safety to neighborhood residents. Subsequently, this serves as another protective factor to keep residents safe.

Residing in the DTES also meant that women had strong support networks. For instance, Janie demonstrated that she could see her main social supports through her window, pointing out organizations, friends, and family living within a two-block radius of her housing. She was especially thrilled that her daughter lived in the building directly beside her in a room with a window that faced her suite. She explained that this allowed her to “wave to her daughter everyday”, which was a highlight of her day.

Melanie talked about how she still visited the DTES after moving to another Vancouver neighborhood as she had a strong support network in the community. For example, she stated:

Like I still come by and see (name of woman) at the (housing site organization) because, well, just because. She’s such a nice lady and you know, she knew what I was going through and whatever. And she was like “come down. Have coffee anytime. It doesn’t matter where you are.” So I would. I’d feel lonely and my kid would be at work I’d hop on the train, the Canada line from downtown and hop on the bus and head down.

The benefits of residing in the DTES, specifically strong, caring social networks, appeared to bolster some women’s perceptions of safety and comfort, leading them to choose to live in the community. This dynamic points to the importance of having quality supportive housing located both within and outside of the DTES so that women can choose to live in a neighborhood that best supports their needs. For some women this may mean staying within the community given the solidarity and benefits of having a
social network in the neighborhood. For others needing a change, such as those finding that the pressure to use is too great, this may mean moving out of the community.

4.4 Safety is Security that is Respectful of Tenants’ Privacy and Independence

Within interviews and focus groups women stated that having security features and protocols in supportive housing, such as front door monitoring, improved their perceptions and experiences of safety. However, they also made it clear that when security measures were used to restrict tenants’ autonomy in their homes and monitor their activities this created unsafe, “institutional” atmospheres in supportive housing. As such, women talked about how tenants’ rights to independence and privacy must guide the implementation of security measures. These discussions highlighted the differing comfort levels women had in regards to specific types of security measures and the need for a range of supportive housing with varying levels of security to meet women’s needs.

4.4.1 Safety is Security: “Security is Number One”

Overwhelmingly, women stated that security enhanced their feelings of safety within supportive housing. For instance, when asked what created a safe environment in supportive housing for themselves or women in general, the majority of women stated that it was security:

   Interviewer: So what do you think are the top three things for you that make you feel safe?
   Janie: Security.
   Interviewer: What do you think are some of the big issues for women in supportive housing?
Melanie: Um, well depending on whether they have security or not safety might be an issue.

Interviewer: What do you feel creates the safety (in your housing)?

Alexis: Um, security.

Interviewer: In the buildings that you’ve lived in what would you say are the main safety needs of women? …


Security was viewed as protective measures that kept women and others safe from physical harm both within their housing and surrounding vicinities, as well as measures that maintained their privacy and comfort within their home environments. Cameras, fobs (electronic keys), front desk personnel, gates, 24 hour staffing, and lighting were often cited as needed precautions in and around housing.

Interviewer: What would be, say, security?

Leila: I would look at your home is secure, your way home is secure, you know um…

Melanie: Your windows lock, your doors lock…

Leila: Well, and there’s proper lighting on the street. And you’re not, you know what I mean? You’re not in fear that somebody is you know… (looks over her shoulder to illustrate how she might check to see if someone is following her)

Melanie: Because there is proper lighting. There is… yeah.

Leila: Just knowing that there is, you know, you don’t have to be home before 9, before it gets dark to lose that comfort zone. You know it’s okay to be out when it’s dark and it’s okay to be alone when you’re a woman.
Interviewer: So for you what would you say for housing safety, what is that made of for you? To feel safe in your house?

Bee: Safety in my house, like I like where it is right now because there’s always somebody at the front door. You know, that’s important. People can come up to the floor but they have to be let up by somebody at the front door. And that’s important because I don’t like the thought of just anybody being able to come up and knock at your door. … Security, safety. I can’t really think of anything else other than people just, nobody can just come up to our building.

I like it because we have a front desk. And that it’s secure. They have heavy duty security. And there’s cameras and you can’t go to any floor without permission. (Brianna)

Cameras are a big thing to me. There’s cameras where you can see everywhere in my hotel. There’s more cameras in her building than my building. They can see every move you make there on camera. So I feel safe with that. (Karena)

Women stated that their possessions also needed to be secure to feel safe. Some women emphasized the importance of having security for the safety of their pets. This point was sadly illustrated during the research project when a participant described how a number of tenants’ cats had died days before as a result of her housing’s poor regulation of temperature in tenants’ units. When a heat wave moved through the city, the tenants’ units became too hot and two tenants woke up to find that their pets had passed away as a result of the heat.

Women’s feelings of safety in their housing also pertained to the security of their family members who they lived with or who lived in other supportive housing sites. After
the aforementioned murder occurred in Melanie’s housing, she voiced that she began to
fear for her daughter’s safety when she left the apartment. She remembered being
“terrified for her (daughter) to be going out and about” and insisted on either personally
accompanying her or having her father walk her to the bus stop when she left home.
Likewise, Janie also spoke about being worried about her daughter who lived in a
neighboring supportive housing site, as front desk clerks were known to overlook dealers
entering her daughter’s building. She stated, “I don’t give a fuck what they do with drugs,
I really don’t fucking care, but when it starts flowing into my daughter’s room I fucking
care.” While staying at her daughter’s home one week, Janie also noticed the hallways
filled up with bike parts every night, which restricted tenants from moving about freely in
the hallways. Despite Fire Marshalls warning the building staff to keep the hallways
cleared so that residents could easily vacate their units if necessary, the problem
remained. This caused Janie to fear for her daughter’s safety if a fire were to start in the
building. She said, “If anybody, if there was a fire people would have to jump over those
bikes and probably end up falling down and they’d get burnt up in the fire.”

When physical and human resource security measures in housing were achieved
this was seen by some women as promoting emotional safety. When asked what
emotional safety consisted of in a focus group, Leila replied, “Emotional safety is I
believe expressing yourself, no matter where you are.” Melanie added, “Without fear of
retribution.” Emotional safety was also depicted as a sense of happiness, trust, and
comfort in the home environment. When security was not present, this was viewed as
impacting women’s emotional safety. Brianna, for instance, noted that when fights broke
out in the hallway outside of her former home she felt emotionally distraught. Perhaps the
emotional relief expressed by women who had moved from unsafe housing to safe(r) housing best illustrated the emotional aspects of safety. One participant, Sally, had moved recently within the DTES from a supportive site where she had felt unsafe to a suite in non-supportive housing. She described this change in housing: “I’m just happier. It has changed my life. I’m definitely happier, right? I don’t dread going home, right?”

Participants also connected their building management’s support and recognition of tenants’ cultural values to the meaning of housing safety. Brianna, for instance, discussed how she was able to process a traumatic experience in her former supportive housing when the management of her building brought in an elder to meet with her and other Aboriginal tenants to assist with their healing:

They had counselors, but I don’t know … they brought in an elder so we had the place smudged and everything. Everybody’s room and uh they smudged us and so for me being Native, for me that helped me … made me feel better.

Unsurprisingly, the response of building management to instances of racism was also linked to the establishment of cultural safety. For instance, as discussed in a prior section of this chapter, when Mary’s building management did not intervene meaningfully to stop a tenant from verbally attacking her as a result of her being an Aboriginal woman she no longer felt safe in her home. This portrays the necessity for housing providers to listen to and learn from tenants to understand how to create cultural safety within their housing environments, as well as to have a no-tolerance approach to racism.

For Mary the journey to find secure and safe housing was not solely premised on the condition of women’ housing. Rather she stated that it depended on how safe and secure women wanted to be. She talked about her own realization that it was ultimately
up to her to keep herself safe due to her observations that security and safety could be adequately provided in a home setting, but this did not mean that women would choose to maintain this safety inside or outside of their homes. She stated:

How safe do you want to be? How safe do you want to make that? You can go out and they can help you. But it’s you that has to learn not to pick a fight. You have to learn how to pick your friends too because if you have money you have lots of friends. And when you don’t have money you don’t have friends. It all depends on how you want to look at, how you want to be that focused on that word safety.

(Mary)

Subsequently, Mary felt it was important for women to take responsibility for their safety in their homes, as this put them in charge of their own wellbeing rather having to depend upon others.

4.4.2 Security Measures Must Be Balanced with Tenants’ Rights to Privacy and Autonomy: “Some of the Places Down Here, They Go Crazy”

Heightened security measures sometimes went beyond women’s comfort by creating an “institutional” atmosphere where tenants felt they were under surveillance and their behavior was unfairly restricted. For instance, Alexis noted that she felt uncomfortable in her building, stating, “It’s like being monitored. Everything that you do. They monitor everything that you do here.” Security features such as guest logs, ID checks, limited visiting hours, restricted entry to building floors, and curfews were noted by a number of women as creating environments like “prisons”. Women conveyed that these types of security measures ultimately infringed on their privacy and independence as tenants, which compromised their experiences of comfort and safety in their homes:
I don’t feel comfortable if I’m not safe. And privacy is a key issue. … Having a place to come home to that’s my space. It’s my area. I can do what I want. I can say what I want. I don’t have to answer to anybody. When I shut the door, the world goes out. (Alexis)

Some of them, some of the places down here they go crazy. They make everybody sign in and sign out and that’s a little much. You know what I mean? Like you have to tell them whose in your suite, what their name is, I mean come on! You need some privacy right? You know? But, uh, during the day it should be fine. People should be able to come and go as they please. (Melanie)

You got your key to your floor but you know if you try to go to the next floor you can’t get in, so I don’t like it that way. That’s sort of like prison. … You pay your rent why can’t you go to every other floor you know? $375 for that one thing, you can’t move around anywhere? (Janie)

As a result of these security measures, which some women believed were based more on tenant surveillance than the protection of residents and their belongings, a number of participants felt they could not act naturally in their housing as a result of staff actively monitoring tenants for ‘bad’ behavior. For instance, Alexis felt that she could not stand up to co-tenants who were rude or inappropriate in her current housing as she likely would be penalized by staff for causing a conflict. She stated that other tenants felt this way as well, explaining, “Everyone stays quiet. Because everyone is freaked out that somebody will act out. You get written up. It’s like being in an institute.”

Some residents, however, risked their good standing as tenants and spoke about breaking building rules in order to have family and friends visit their homes. Sally lent
her partner Karena her fob, so that she could come and go from her suite even though it was against building rules. Daisy said that she threw her fob from her window to friends waiting outside, as the front doors of the building were locked at 11pm and the intercom was programmed to not allow guests to enter the building after this time. Subsequently, she had nighttime guests call her to notify that they had arrived at her housing and then she threw her fob to them. When asked if she had received warnings for breaking the rules, Daisy replied, “Each one of those managers has served me a paper saying they’re going to evict me.” Despite this, Daisy continued to provide her friends with her fob after guest hours, as this allowed her to self-determine when and whom she socialized with.

These women’s experiences point to the importance of balancing security within supportive housing with the autonomy and privacy of tenants. It was evident when speaking with women that once tenants felt that security measures were being used to monitor and restrict their own behaviors, the perceived the benefits of having security as being greatly reduced. However, it is notable that women had differing comfort levels in terms of the types of security measures utilized, which demonstrates the need to have varied levels of security across supportive housing sites so that prospective tenants can receive housing that adequately matches their security needs.

4.5 Pervasive Problems in Supportive Housing put Women at Further Risk

Focus group and interview discussions revealed that women shared common day-to-day safety risks within numerous DTES and DC supportive housing sites, which highlighted that some safety challenges were pervasive throughout supportive housing. Women discussed how these risks affected their safety on a daily basis, which
compounded stress they already were experiencing from challenges such as poverty, racism, and/or violence against women. Four types of common everyday safety risks emerged in focus group and interview discussions, namely, infestations, hazards associated with shared bathrooms, precarious social environments, and management negligence. These shared risks suggest that supportive housing providers may require more proactive safety protocols to ameliorate tenant exposure to these risks, as well as an appropriate number of well-trained and caring staff at each housing site to provide immediate assistance to tenants when challenges occur.

4.5.1 Infestations are Unsafe: "I was on Drugs about Bugs"

Rats, mice, cockroaches, and bedbug infestations were commonly discussed in interviews as major health hazards in housing. Melanie characterized the pervasiveness of infestations in DTES housing stating, “If the cockroaches weren’t holding hands the building would fall apart”. More than half of the women interviewed talked about how infestations had affected their safety while living in supportive housing within the DTES and DC. Brianna, for instance, had previously lived in housing with a rat infestation and recalled how a rat had once knocked over a medium-sized lamp in her room. She remembered hearing the rat scuttling in her room at night while lying in bed and feeling anxious that it would bite her and “give her a disease of some sort”.

Bedbugs created the most anxiety for women when the topic of infestations was discussed. It was not unusual for women to voice feeling itchy and nervous when simply speaking about these pests. Six women had dealt with bedbug infestations in the DTES and DC and three detailed how these infestations had seriously compromised their health and safety. Bee spoke about how she felt she had to leave most of her belongings at a
former supportive housing site riddled with bedbugs, as she was scared of bringing the bugs with her. Subsequently, she lost all of her possessions, except for a small selection of items she brought with her in two backpacks. However, she noticed despite moving to new housing, as well as throwing out most of her belongings, she “grew a fear of lying down” in her new suite and began to sleep sitting up as she was scared to sleep in her bed due to the memories of being bitten at night. Recently she had moved once more into a newly constructed supportive housing site, but still found herself struggling with her past experience with bedbugs.

I still find myself sitting up at night. Even in my place that’s brand new, it’s clean. I know there’s no bugs there. Still sometimes I catch myself just sitting up. Not wanting to lie down. (Bee)

Daisy also spoke about the psychological impact of the bedbug infestations she experienced which were endemic to her building. The infestations became so severe that she moved out of her unit for two weeks, as she simply couldn’t deal with the bedbugs anymore. Her physician became concerned about the level of her distress as a result of the infestations and prescribed her anti-anxiety medication. She said:

Because I was freaking out about the bugs. I have a phobia. And I was needing medication from my doctor to get along… I was on drugs about bugs. (Daisy)

While she was away from her home, building management arranged for her suite to be fumigated, infested belongings were thrown away, and cracks in her room were sealed so that bedbugs could not re-enter her room from walls and neighboring units. A local non-profit assisted her with finding a shelter to stay at and providing her with other physical necessities. She notes that there was little support though for her emotional distress.
Yeah, it’s like how when I went out to (name of shelter) I couldn’t get anybody to, because the staff at (name of non-profit) were not available anymore to be at my, my emotional support. For financial pain, it’s here. They even give me clothes and everything to make me feel better. … But once you were, had clothing, I was on my own. That’s where (name of shelter) came in as a place to go if I wanted to be somewhere to sleep. (Daisy)

Like Daisy, Leila struggled with long-lasting emotional distress as the result of six infestations in her previous home. “I am psychotically clean,” she stated, “Well even I see my support worker, I have OCD because I am so freaked out because of the infestations I had there.” She talked about feeling helpless in her former home, as regardless of her own efforts to prevent re-infestations in her room, building policies did not adequately protect her from being re-infested from neighboring units. For instance, it was up to tenants to notify management if an infestation occurred and she explained some tenants were simply too embarrassed to do this or were struggling with other challenges that limited their abilities to cope with the infestations. Additionally, management only fumigated rooms that were identified as being infested and not neighboring units. As such, the cycle of re-infestations continued and this compromised her safety in the unit.

The experiences of these women demonstrate that infestations can jeopardize women’s immediate experiences of housing safety, as well as can have lasting impacts well after infestations have cleared. The fact that women with bedbug infestations sometimes had to throw out large portions of their possessions meant that items had to be replaced, such as beds and living room furniture, which they were unable to afford. This caused added stress for women. The psychological impact of bedbug infestations
continued for many women and affected their sense of safety even in new non-infested environments. As such, the effects of having bedbugs often had long-term consequences.

4.5.2 Shared Bathrooms are Dangerous: "It's like a health hazard…to have a bath"

For women who currently lived or had lived in SRO housing, shared bathrooms were brought up as a significant risk to women’s safety. Shared bathrooms either consisted of one or two rooms that were furnished with a toilet and sink or were dormitory style bathrooms with toilet stalls and sinks. Each floor usually had one additional room with a shower and/or a bath. Women spoke frequently about feeling unsafe as a result of biohazards they were exposed to when using the bathroom, such as used rigs and condoms discarded by others on the floors. Brianna noted that she had feared that she was going to step on a needle at night when she used the toilet in her former supportive housing. She said, “You’d find dirty needles on the linoleum. You’d never know if you stepped on one if you’re kind of waking up and going to the bathroom, right?” Likewise, Janie, Bee, and Leila spoke about finding feces, urine, used maxi pads and/or vomit on bathroom utilities and floors and felt responsible to clean up the messes themselves, so that elderly tenants did not have to deal with them. Most bathrooms were only cleaned by staff or janitors five times a week and this was insufficient to ensure that bathrooms were kept in sanitary conditions when multiple people were using them. Consequently, many women voiced that they risked their own safety by cleaning up other tenants’ messes themselves and/or simply making it part of their own routine to clean the bathroom on their floor on a regular basis.

Women also explained that as bathrooms were high traffic areas in their buildings this made it difficult to use them. Karena found that the shared single bathroom on her
floor was regularly in use as it was a popular place to get high. As such, she was unable to get into the bathroom sometimes when needed. Additionally, Sally talked about walking into shared bathrooms in the past and finding visitors and/or residents using the space for dates. She said, “Well you can’t relax and have a shower or a bath. Cause you never know who is going to come walking in. Or on the flip side you don’t know what you’re walking into.” Another woman stated that using a shared bathroom was an extra challenge as she had health issues that necessitated that she use the bathroom several times or more at night. Subsequently, having to change into ‘outside’ clothing, lock up her room, walk to the bathroom, and then wait if it was already in use multiple times each evening was exhausting. Women, such as Brianna, also talked about feeling unsafe when walking in the hallway at night to the bathroom. Although Brianna lived in an all-women’s building in the past, she recalled bumping into men in the hallways, which caused her to fear for her physical safety and avoid the bathrooms.

To deal with the risks and/or discomfort associated with using shared bathrooms some women resorted to urinating in pots in their rooms and then dumping the contents out in the toilet. They spoke about doing this mostly at night as discussed by one participant.

But even with my kidney issues you see I wake up every hour, so I just made my own chamber pot in my suite for at nighttime. But then, you know, even that is very uncomfortable. Do you know what I’m saying? (Participant)

Regardless of this discomfort, some women preferred using pots over bathrooms as using the bathrooms posed just too many challenges and/or risks to their safety.
4.5.3 Social Interactions can be Risky: "I don't get involved in no one's business no more"

The majority of women discussed feeling “on edge” in their housing environments as a result of social environments that could quickly spiral out of control and thus compromise their safety. Participants routinely brought up how fights between neighbors and/or building visitors directly impacted their personal sense of safety in their housing. The reality of suddenly getting caught in a fight between neighbors or angering the wrong person caused women to carefully navigate buildings’ milieus and participants often talked about having to regularly protect themselves from rising social tensions such as by isolating themselves in their rooms. For instance, Karena explained that fighting would repeatedly erupt outside her door in the hallway. When this occurred, she stayed in her room until the fighting died down, saying, “I stay until it’s over and then I don’t get involved in stuff like that. It might impact on me.” Brianna also stayed in her room when arguments took place in the hallway, which restricted her ability to use the bathroom or do activities outside of her unit. She said, “You felt like a little prisoner in your room. You didn’t want to get involved in the argument. I’m like, I’m not getting involved.” The decision to not get involved in others’ arguments was viewed not only as keeping oneself safe from immediate harm, but also preventing harm in the future as interventions could have long-term consequences given that tenants frequently saw each other. Sally contextualized this, saying, “Cause you’ve got to live with all these people and you see these people every day right? Just to leave the building you know you’re going to run into them.”

Some women felt pressure to intervene in social conflicts, such as Daisy, as staff
was not available to diffuse fights. At Daisy’s supportive housing site staff support was not available 24 hours a day and the options available to alert staff to issues when they were not present did not make sense when an immediate intervention was needed. For example, a phone number was given to tenants to reach management when staff members were not on-site, however, this number was frequently out of service. A form was also supplied to tenants to fill out in order to alert staff to building concerns, but this was ineffective when immediate support was needed. As such, she felt like it was her duty “to go answer to things in my building when there is nobody else. And then I get involved and I don’t want to be involved in those things.” Daisy pointed out that this put her physical and emotional safety at risk.

Some women decided to avoid their housing’s social events as they felt this was necessary to maintain their housing safety. Daisy found that she felt more comfortable skipping events, such as tenant barbeques, as tenants frequently gossiped about one another and she did not want to become the next conversation topic. She stated, “I find it very soap opera like? … I mean people are much too bored. And uh it just makes you exciting news (laughs).” She also found that when tenants regularly gathered together, tensions rose and relationships soured. She remembered when a community kitchen program started meeting on a weekly basis, tenants began to challenge one another saying, “I got here first!” or “No, I’m making the coffee!” These interactions created added stress to the housing’s social environment for Daisy.

Women also spoke about the risk of assisting neighbors with food and money as this could create safety issues. They identified that in most buildings tenants who were known to help others would be taken advantage of by neighbors who would start to
demand more assistance. Mary said that some tenants in her building were insisting that neighbors identified as easy targets give them their social assistance cheques, which they would then cash at a local ‘fast cash’ outlet like Money Mart. She said she was also routinely harassed for food and money by neighbors who would stop her in hallways and knock on her door, but laid down firm boundaries to protect what she had.

You come ask me for stupid crap, you know, if it’s related to drugs or money, don’t come. If you want me to feed you and you have no groceries, I will make you a plate but don’t ask me for money for food, because I won’t do it. – Mary

Despite putting down boundaries, however, the fact that women were still asked for money and food disturbed the privacy of their homes. At times, when they refused to help others out, this would cause them to be verbally abused. Additionally, the fact that people would knock on their doors disrupted their privacy. Also, if women felt responsible or pressured to supply neighbors with their own resources this affected their personal food and financial security. For example, Bee picked up groceries at a food bank when she lived in previous supportive housing and sometimes was bullied by neighbors to give them her entire bags of food. This would leave her with little food to eat. Consequently, in her new housing she was reticent to help anyone out when asked.

The collective experiences of the women above reveal some of the day-to-day social stressors that women encounter in supportive housing. Having to constantly navigate social milieus to protect oneself from harm, made women feel “on edge” and fundamentally affected their experience of safety in their housing.
4.5.4 Building Management and Staff can be Negligent: "Do You Mind Doing Your Job?"

Lastly, some women currently lived or had lived in buildings where management and staff were profoundly negligent of tenants’ safety needs. It was not uncommon for staff to ignore women’s requests for help when faced with a safety threat. One property management company hired by BC Housing to manage a number of provincial supportive housing sites was discussed by the women as being especially neglectful. Karena experienced this first hand when the only lock on the front door of her unit broke. She alerted staff to the fact that it needed to be fixed immediately, but instead a staff member put a sign for wet floors in front of her door explaining this would prevent tenants and visitors from walking into her unlocked room. As she was too scared to sleep in her room she decided to stay with her girlfriend until the lock was fixed. Three days later her lock was still not fixed despite numerous conversations with staff and subsequently she called the property management company’s headquarters. She stated that this finally resulted in someone fixing her lock, but noted, “I had to cry to have someone come down and fix it. Finally come down and fix it.”

Brianna had recently moved out of a building also managed by this same company and spoke about alarming incidents of neglect by housing’s staff and management. Staff members were not regularly available on-site and thus when problems occurred a building manager would have to travel from another location to assist tenants. However, when issues were brought to the attention of management there was a delayed response, which she illustrated by telling me about a neighbor’s death in her building.

Well when the, when I told you when they found that lady dead after 5 days?
Well yeah, we started smelling something really rotting in the building and then we started complaining about it and then they were telling us, like I think it was three days after she had passed that it was a rat that had died in the walls or something. And on the fifth day finally it got so bad they did come over and investigate and that's when they found her in her room. – Brianna

This event was discussed as being deeply distressing to Brianna. She expressed feeling very disturbed by the thought of her neighbor lying dead so close to her apartment. She became worried about the possibility of becoming ill in her suite and having no one check on her. This resulted in Brianna feeling that her safety was compromised in her home.

Janie’s daughter also lived in a building managed by this company. During the time of Janie’s interview the elevator had been broken in her daughter’s building for two weeks and she explained she was very worried for some residents on the top floors of the building as they were confined to wheelchairs and unable to use the stairs.

Right now they’ve had the fucking elevators out for like two weeks now? And that’s pretty bad because people, some people on the fourth floor, can’t get out.

There’s, there’s ones in like chairs that can’t walk. They need the chairs. – Janie

Janie noted that she was particularly concerned for the tenants in wheelchairs, as if a fire occurred they would be unable to leave their apartment unless they were carried outside. She said that the building did not have fire drills and subsequently it was unclear who was supposed to help those who were unable to walk down stairs.

For Sally who had also lived in a building managed by the same company, this type of negligence was normal and she believed the management company would likely only respond to issues meaningfully if something terrible occurred. She gave the example
of the property company only taking steps to significantly address a building’s security issues after two people were stabbed and one person was shot within a single night. She said, “So it seems that it takes something really bad to happen for them to give their head a shake”.

Some buildings run by other non-profits were identified as being neglectful of women’s safety needs as well. Daisy lived in a building where front desk staff would regularly allow strangers to follow residents into the building after they unlocked the front door.

They just sit there and I mean when I come to the front door and somebody is wandering in behind me you think I'm going to close the door on him? He's pulling against me and I'm not going to block him and get into some disagreement... And (the front desk person), he's there. And as I'm coming you can see he's in the window. I can see him now as I'm trying to force the door closed and I'm, "Do you mind doing your job?"

This left Daisy in a difficult position, as she did not want to have strangers wandering around her building as this made her feel unsafe, but she also did not want to put herself in harm’s way by telling others that they were not allowed to follow her through the front doors. She stated:

What are you going to do? Shove them out the door? Not in a heartbeat. Not in this neighborhood… Yeah, I don’t need a slash across my face on account of that, “I’ll show you bitch”.

As such, Daisy simply started to wait outside the building until people hoping to trail after her into the building got bored and walked away. She said that despite front desk
staff observing the problems she was having with people trying to follow her into the building they ignored the issue.

When building management and staff were attentive and responsive to women’s needs, participants noted that they felt happier and safer. For instance, Leila stated that the only place she felt safe was in her former supportive housing site, as staff took their roles seriously and monitored the security of the building carefully. She stated, “Like they weren’t just gabbing to somebody in the office and not watching the camera you know?” Melanie stated that the staff’s caring attitude towards her and other tenants in her former housing, such as having coffee ready every morning downstairs for residents and showing genuine interest in how tenants were doing each day, made her feel more secure. Both women shared that when staff showed they were serious about keeping tenants safe this helped women relax and trust that their safety needs would be taken care of in their housing.

Additionally, Alexis lived in a building that had been built for residents living with HIV/AIDS and talked about the building’s supports being “molded” around residents’ health needs, which made her feel safe. For example, there was always someone on staff who could be alerted if residents had a health related emergency. Likewise, staff was readily available to offer assistance to tenants whose health became seriously compromised.

There’s always someone at the desk every 24 hours. So if you’re not feeling good and you need to go to the hospital they’re there. And I like the thought that if I’m too sick to clean my place, I can always ask for help. Instead of me struggling. I don’t need to struggle anymore. There’s support there. -Alexis
Alexis stated that she planned to grow old in her housing due to the fact that she would receive caring support from staff if her health deteriorated. She said that she felt safe in her housing, as well, as a result of living in an environment where staff was knowledgeable about her health condition. Like Alexis, Brianna’s current housing had staff check on tenants who had not been seen for 48 hours and actively provided daily assistance to tenants who were ill if this was requested or required. This was especially important to Brianna given the experience of her neighbor dying in her former housing. Subsequently, she said she felt happier in her new housing as staff were “always there to make sure you’re okay.”

4.6 Conclusion

These findings speak to the intersection of some of the systems of oppression namely sexism, racism, classism, and ableism that shaped participant’s perspectives and experiences in supportive housing within Vancouver’s DTES and DC. The majority of participants were Aboriginal women, many of whom had experienced interlocking sexism, racism and classism. A significant number of participants faced having to live in supportive housing due to disabilities or barriers that caused them to live in poverty as a result of the limited disability assistance available from the provincial government.

Additionally, the findings suggest that experiences of trauma had informed some participants’ housing decisions. It is noteworthy that participants had varied responses to issues regarding housing safety, such as the location of their housing. Although some women lived in similar settings, their views on safety within their homes also often differed. This highlights the importance of having a range of supportive housing sites across Vancouver in respect to security levels, tenant population, substance use protocols,
and locations so that women can choose housing according to their needs. Additionally, the findings convey that there may be pervasive safety challenges in supportive housing in the DTES and DC, which compound women’s everyday stresses. Bedbug infestations, sharing bathrooms, precarious social environments, and management and staff negligence were each noted as common threats to women’s safety in supportive housing. This indicates that supportive housing sites may need to implement proactive and thorough safety protocols to improve their responses to safety challenges, as well as hire caring, well-trained, and experienced staff members who will promptly attend to the safety needs of tenants.
CHAPTER FIVE: DISCUSSION AND CONCLUSIONS

This research project has sought to answer the following research question: What are women’s perspectives of safety in supportive housing on the DTES and DC of Vancouver? Associated questions of interest were: How do women define safety in housing? What are their experiences of safety in this housing? This research fills a void in academic literature exploring tenants’ experiences and thoughts on safety in supportive housing and brings a needed understanding to some of the safety issues experienced by women in supportive housing in Vancouver. As mentioned in the preceding chapters, research concentrating on women’s perspectives of safety in DTES supportive housing is vital given studies that have revealed that women face unique safety challenges in housing, such as single room occupancy hotels, located in this neighborhood (Lazarus et al., 2011; Robertson, 2007). To date, no academic research has explicitly focused on residents’ experiences of and perspectives on safety within supportive housing in Vancouver except for research that has focused specifically on the experiences of sex workers. This lack of research remains despite evidence, such as the City of Vancouver’s online rental standards database listings, showing there are significant safety hazards at some supportive housing sites (City of Vancouver, 2014b).

The substandard conditions of supportive housing reported by participants in this study suggest that intersecting stigmas put women at risk in Vancouver’s supportive housing. Participants discussed their perspectives on the meaning of safety, how trauma was related to their housing decisions, and shared their views and experiences of the importance of location to housing safety, as well as pervasive issues they faced in supportive housing in the DTES and DC. The following discussion integrates this
study’s findings with prior literature focused on housing safety as discussed within the literature review of this thesis (Chapter 2), as well as provides recommendations based on participant’s perspectives in this project to enhance women’s safety within supportive housing located within the DTES and DC. The sections following this discussion outline the implications of this research for policymakers, housing providers, and practitioners, as well as future research needs.

5.1 Discussion

5.1.1 Safety and Intersecting Stigmas in Supportive Housing

Participants’ discussions showed how interlocking racism, ableism, sexism, and classism affected their perspectives and experiences of safety both within and outside of supportive housing in the DTES and DC. It is noteworthy that eight out of the ten women who participated in this research were Aboriginal women who had long histories of residency in the DTES. This number may represent the activism and community involvement of Aboriginal women in the DTES, which is exemplified by the Valentine’s Day Women’s Memorial March (Hunt, 2013). It also may be indicative of the reality that colonization and racism have led to the impoverishment of many Aboriginal communities, which has led to the overrepresentation of Aboriginal individuals in SRO housing despite only making up 2% of Vancouver’s population (BC Housing, 2013; Government of British Columbia, 2006; Milligan, 2010).

The experiences and perspectives shared by some participants point to how racism and sexism are interlinked within and outside of supportive housing and how this

---

9 Aboriginal individuals occupy 21% of Vancouver’s supportive housing stock (BC Housing, 2013; Government of British Columbia, 2006).
can affect women’s safety. This is shown by hate speech that was directed towards some Aboriginal participants within supportive housing that derogated their sexuality, and ethnicity all at once. This inseparability of racism and sexism aligns with discussions by Lee Maracle (1996) and Winona Stevenson (as cited in Dhuvarajan & Vickers, 2002) who discussed how colonization has forced western patriarchal agendas on Aboriginal communities where women are not traditionally inferior to men. This dynamic profoundly disrupted the status of Aboriginal women in their own communities (Maracle, 1996; Stevenson, 1993). As discussed by Leta Houle (2012) and Maracle (1996), colonization also inflicted its racist agenda on Aboriginal communities, propagating the view that white settlers were civilized whereas Aboriginals primitive and unrestrained. This has caused Aboriginal women to be highly sexualized and objectified within western culture (Houle, 2012; Maracle, 1996). This legacy continues, as shown by a number of the experiences the participants talked about in this research.

The intersection of classism with racism and sexism and its impact on women’s safety in supportive housing is also portrayed by some Aboriginal participants’ experiences of being harassed by community outsiders while walking in the DTES outside of their homes. Some Aboriginal participants were automatically assumed to be sex workers despite the fact that they were simply walking through the community showing the racial biases of their perpetrators. The fact that participants were routinely called disparaging names associated with sex workers when walking on DTES streets points to the discrimination street sex workers experience due to being perceived as a lower class in larger society. The dynamics resulting from these intersecting stigmas led
to deeply unsafe supportive housing environments for some Aboriginal women within this research.

This research also showed some participants’ concerns that changes to the Criminal Code of Canada (please refer to Chapter 2, page 24 for a further description of these changes) will push sex workers to work in more dangerous environments outside of their homes where they are less able to control events. This is concerning given Krüsi et al. (2012) and Lazarus et al.’s (2011) research which found that sex workers faced increased safety hazards when they were unable to bring dates home as a result of building policies, such as guest policies and curfews, due to being exposed to unpredictable settings. As such, the fact that women in this current study worried that dates may refuse to enter women’s buildings due to this new legislation suggests that sex workers may face further pressure to engage dates in unsafe settings. Subsequently, it appears that this legislation will perpetuate and perhaps worsen dynamics that force women to have dates in ‘hidden’ environments where they are less able to call for help or defend themselves if needed.

The impact of poverty additionally forced some participants to have to decide between living in inadequate supportive housing or remaining homeless. This research provides an important finding that some women will choose to remain homeless for significant periods of time, rather than live in substandard supportive housing sites due to safety risks. This speaks to the deplorable conditions of some supportive housing buildings, which have been documented in research findings by Lazarus et al. (2011), Robertson (2007), Mass et al. (2011), as well as this thesis project. The extent of disrepair and chaos shown through research in some supportive housing sites in Vancouver reveals
society’s disregard for populations that do not conform to its prescribed dominant, Eurocentric values. This disparity in access to quality housing for marginalized populations, such as impoverished communities of color, is echoed in research by environmental researchers, such as Jacobs (2011) and Masuda & Crabtree (2010).

The fact that a substantial number of participants were women with disabilities perhaps reflects the reality that provincial disability benefits do not provide recipients with enough income to afford adequate market housing. Long waitlists for non-supportive subsidized housing\(^{10}\), as well as safe supportive housing, necessitate that some people with disabilities living in Vancouver must live in supportive housing sites in deteriorating conditions, as was the case for a number of women participating in this research. It is notable that the majority of Aboriginal women who were a part of this research had chronic disabilities, given statistics that show Aboriginal individuals are twice as likely to live with disabilities than non-Aboriginals in Canada (Durst, South & Bluechardt, 2006). This illustrates how disability, poverty, and ethnicity are inextricably interlinked.

Despite experiencing these interlocking prejudices, participants actively resisted the interlocking stigmas they faced. This was symbolized by the participants’ dedication to supporting one another and their community. Aboriginal women’s resistance to societal oppression was especially evident by their use of the “moccasin telegram” to keep one another apprised of important community events and dangers, as well as their personal histories of activism and involvement within the community to address

\(^{10}\) In 2008 BC Housing had 13,400 applicants waiting for non-supportive subsidized housing (Klein & Copas, 2010)
challenges experienced by residents. Aboriginal women’s perspectives of safety in supportive housing spoke both to the great need for housing providers to listen and attend to Aboriginal women’s self-identified safety needs within their housing, as well as their capacity as a community of women to lead the neighborhood in rallying for safe, dignified housing.

5.1.2 Safety and Trauma

The trauma that women discussed within this research needs to be considered within the context of their intersecting social locations. For instance, the fact that some women experienced violence directly within their supportive housing should be recognized as a symptom of the interconnected stigmas, such as sexism and racism that these participants experienced. A novel finding of this thesis was that some women chose specific supportive housing units and buildings based on past experiences of trauma. This was shown by one participant’s refusals to live in ground floor units for fear of break-ins, as well as some participants’ decisions to live in women-only housing due to past experiences of violence perpetuated by males. This suggests that supportive housing providers should carefully listen to women’s housing requests, so that they are appropriately housed in units where they feel safe.

Another significant finding was that women experienced new traumas in DTES supportive housing, which was also found in research by Lazarus et al. (2011) and Robertson (2007). This finding is deeply concerning given the complex barriers already faced by supportive housing residents, as discussed within this research project as well as research by Lazarus et al.(2011), Lewis et al. (2008), Robertson (2011), and Vila-Rodriguez et al. (2013). As new stressors may trigger re-traumatization and/or exacerbate
mental health conditions, it is vital for supportive housing programs and staff to be proactive in preventing violence within their housing environments.

Participants also talked about using daily tactics, such as not using shared bathrooms at night and keeping a weapon by the bed when sleeping in order to bolster their sense of safety and avoid danger. These safety strategies are significant as they demonstrate the daily precautions some women feel they must take in order to escape violence in supportive housing, which has not been documented in research until now.

5.1.3 Safety and Location

As found in Pedersen and Swanson’s (2009) research, a number of participants engaged in this thesis project preferred to live in the DTES. Additionally, like Clampet-Lundquist’s (2010) finding that community connection was vital to participants’ perceptions of safety in their housing, this present project found that some women felt that their housing safety was bolstered within the DTES as a result of community members actively looking out for one another. Having this safety meant that some women felt that they were more secure in the DTES as they knew that community members would assist them financially or protect them from bodily harm if required. It is especially interesting that in both Clampet-Lundquist’s (2010) research and this present study having a strong social network in the community was viewed as an important safety measure as it allowed residents to stay on top of community events and issues, such as social dangers. These findings suggest that relocating residents from areas deemed to be ‘dangerous’ by outside stakeholders may in fact create more risks for residents transplanted to new ‘safer’ neighborhoods as a result of the breakdown of social networks and the inability to stay informed about present and/or emerging dangers in new
environments due to social isolation. Unfortunately, as pointed out by research carried out by the Carnegie Community Action Project (CCAP), government led housing policies focused on DTES housing are mainly focused on decreasing the high percentage of residents living in poverty in the neighborhood by moving a large number of social housing projects, such as supportive housing, outside of the community and developing new market housing projects within the community (Sutherland, Swanson & Herman, 2014). The results of these policies have had a large impact on the location of supportive housing developments with only 32% of the 1226 government funded and owned supportive housing units being built in the DTES since 2011 (BC Housing, 2014a). This unfortunately has meant that many former DTES residents have had to relocate to other neighborhoods in order to live in supportive housing (Sutherland, Swanson & Herman, 2014). Given the research findings of this present research, as well as those found by Clampet-Lundquist’s (2010) research, these relocations could have a detrimental effect on some residents’ perceptions of their housing safety given their displacement from important community connections.

However, it is important to highlight that not all women in this research project expressed feeling safe living within the DTES and cited a need to be away from everyday stresses in the neighborhood, such as the pressure to engage in substance use. It is of note that it was difficult for some of these women to obtain housing outside of the community, which prolonged their homelessness and/or left them living in a neighborhood where they felt they were at risk. This finding is not surprising given that the recent closures of supportive housing programs, such as Phase II of the Mental Health Commission’s Chez Soi program (160 units) and BC Housing’s Dunsmuir House (100 units), coupled with
the temporary closures of fourteen BC Housing supportive sites for renovations (340 units renovated in stages), have led to little to no vacancies at many supportive housing sites (Committee on City Finance and Services, 2014). This has meant that many individuals seeking to move into adequate supportive housing both within and outside of the DTES are unable to find appropriate housing, as these buildings are already full (Committee on City Finance and Services, 2014). As such, it is vital that both BC Housing and the City of Vancouver work towards increasing Vancouver’s supportive housing stock both within and outside of the DTES to ensure that potential tenants do not have to wait for extended periods of time to obtain supportive housing in the neighborhood they feel safest in.

5.1.4 The Importance of Security Measures and the Dangers of Tenant Surveillance

Significantly, the majority of women who participated in this research cited physical and human resource security measures as having the most impact on their personal sense of safety both within their housing and surrounding neighborhoods. This, perhaps, is not surprising given the concerning number of accounts women gave of experiencing and/or witnessing social conflicts, sexual harassment and/or violence, as well as the negligent responses from some buildings’ staff and management in regards to monitoring safety issues within supportive housing environments. Likewise, traumatic events in the DTES linked to racism, sexism, and colonization such as the legacy of the DTES missing women, also affected some women’s perceptions of their personal security. This ongoing dynamic may have contributed to the value some women gave to security measures within and outside of their homes.
The reality that participants experienced dangers within their homes aligns with feminist geographers’ assertions that the home is not a neutral space, but a place where women often experience violence and conflict (Duncan, 1996; Meth, 2003; Pain, 1997; Veronica, 1989). This challenges larger society’s ideals of the home as a setting characterized by security and safety for inhabitants and emphasizes the need for supportive housing providers to be aware of the high prevalence of violence towards women within home environments. Subsequently, security mechanisms and other supports, such as 24 hour on-site housing support workers, need to be in place accordingly.

Given the perspectives and experiences participants shared in this research, perhaps the definition of safe housing that most aligns with their views comes from the OHCHR (2009) which has stated the following:

The United Nations Committee on Economic, Social and Cultural Rights has underlined that the right to adequate housing should not be interpreted narrowly. Rather, it should be seen as the right to live somewhere in security, peace and dignity. …

- **The right to adequate housing contains freedoms.** These freedoms include:
  - Protection against forced evictions and the arbitrary destruction and demolition of one’s home;
  - The right to be free from arbitrary interference with one’s home, privacy and family; and
  - The right to choose one’s residence, to determine where to live and to freedom of movement.
• **The right to adequate housing contains entitlements.** These entitlements include:
  
  - Security of tenure;
  - Housing, land and property restitution;
  - Equal and non-discriminatory access to adequate housing;
  - Participation in housing-related decision-making at the national and community levels.

• **Adequate housing must provide more than four walls and a roof.** A number of conditions must be met before particular forms of shelter can be considered to constitute “adequate housing.” These elements are just as fundamental as the basic supply and availability of housing. For housing to be adequate, it must, at a minimum, meet the following criteria:
  
  - Security of tenure: housing is not adequate if its occupants do not have a degree of tenure security which guarantees legal protection against forced evictions, harassment and other threats.
  - Availability of services, materials, facilities and infrastructure: housing is not adequate if its occupants do not have safe drinking water, adequate sanitation, energy for cooking, heating, lighting, food storage or refuse disposal.
  - Affordability: housing is not adequate if its cost threatens or compromises the occupants’ enjoyment of other human rights.
  - Habitability: housing is not adequate if it does not guarantee physical safety or provide adequate space, as well as protection against the cold,
damp, heat, rain, wind, other threats to health and structural hazards.

- Accessibility: housing is not adequate if the specific needs of disadvantaged and marginalized groups are not taken into account.
- Location: housing is not adequate if it is cut off from employment opportunities, health-care services, schools, childcare centres and other social facilities, or if located in polluted or dangerous areas.
- Cultural adequacy: housing is not adequate if it does not respect and take into account the expression of cultural identity.

- **Protection against forced evictions.** Protection against forced evictions is a key element of the right to adequate housing and is closely linked to security of tenure. … (p. 3-4)

This definition’s focus on tenant safety and security within housing, such as protection from violations of privacy, physical harm, and security of tenure align closely with the participants’ perspectives on what is needed to create safe housing for women. Its focus on cultural adequacy and non-discrimination speaks to participants’ views that housing safety is comprised of access to culturally significant resources in supportive housing, as well as freedom from prejudice.

This definition, however, fails to speak to the emotional aspects of housing safety that the women talked about (OHCHR, 2009). It does not specifically discuss emotional safety other than mentioning the emotional impacts forced evictions can have on women, as well as homelessness on children (OHCHR, 2009). This points to the need for housing safety definitions, such as this one, to include an overview of the correlation between physical aspects of safety and the emotional health of residents, as well as address any
hindrances, such as noise, to the emotional health of residents.

Of course, the challenge for housing stakeholders not only lies in clearly defining what safe housing is comprised of and acknowledging particular social contexts restricting certain populations from accessing safe housing, but also ultimately putting these concepts into practice. However, disturbingly, both BC Housing and the government of BC provide little information on exactly what housing safety and security entails or how tenant safety should be operationalized to housing providers who are funded to provide supportive housing. For example, in the Government of BC’s (2013) Policy Statement on Class 3 Supportive Housing, which outlines the criteria needed for a housing site to be designated as supportive housing by the provincial government, tenant safety and security is not mentioned once in the policy. Additionally, in BC Housing’s publication on safety and security for housing providers, Security, Safety, & Emergency Preparedness Guide, safety is framed simply as crime and fire prevention, as well as emergency disaster preparedness (BC Housing, 2014b). There is no discussion of the specific safety needs of marginalized groups, such as Aboriginal women, and no directives outlining how to create safer home environments or approach crises like domestic violence (BC Housing, 2014b). The lack of expectations communicated to housing providers on these issues by BC Housing may partly account for the negligent response housing staff and management in BC Housing’s supportive housing sites have to women’s requests for assistance with safety issues.

These project findings on the importance of security are significant as they highlight the balance required in the implementation and use of security measures within supportive housing and tenants’ needs to experience privacy and autonomy in their
homes. A number of participants in this research voiced that there was a thin line between feeling protected by security measures or oppressed by them. It appeared that when tenants felt that security measures were being used in order to actively monitor their activities, as well as restrict their behaviors, the perceived protective value of having these measures was greatly reduced. It is important to note, however, that participants’ comfort levels with certain security features, such as ID checks, varied greatly, indicating the need for supportive housing sites to have a range of security levels, so that women can choose to live in housing that includes the security features they require to feel safe.

Furthermore, as discussed in research by Gurstein and Small (2005) and Owkzarzak et al. (2011), it is significant that some participants in this study felt like they were under constant surveillance within their supportive housing. The threat of being written-up for behavioral infractions caused some women to feel that they could not act naturally or risk getting into ‘trouble’ in their housing. It is significant that some women felt that they could not respond to inappropriate comments from co-tenants within their home environments for fear that they would be penalized by their building management. As noted by Fox (2007) this dynamic reflects the danger of discouraging interpersonal conflicts from occurring, as problematic behaviors, such as harassment, therefore can remain unchallenged within buildings’ social environments. Women also spoke about how some security mechanisms, such as curfews, ID checks, and restricted visiting hours created “institutional” building environments. This highlights how supportive housing providers can act as mechanisms of social control with intent to moderate tenant behaviors deemed to be abnormal by greater society, such as substance use and sex work. For instance, curfews and guest hours have been shown in DTES research to be used by
housing providers to discourage sex workers from bringing dates home (Lazarus et al., 2011). The act of monitoring tenants, many of whom are Aboriginal, is also concerning given the legacy of colonialism and ongoing neo-colonial efforts to assimilate Aboriginal individuals into ‘western’ culture in Canada. Subsequently, one must question whether the surveillance used in supportive housing reflects larger society’s need to control and subjugate Aboriginal peoples. This brings into question the ethics of attempting to force supportive housing tenants to ascribe to behavioral norms. As research has indicated that this dynamic affects tenants’ perceptions of safety within their homes, as well as contributes to the revolving door of evictions in supportive housing, this issue urgently needs to be critically examined by housing providers, as well as larger institutions, such as municipal and provincial governments (Gurstein & Small, 2005).

5.1.5 Pervasive Safety Challenges in Supportive Housing

An important finding within this research is the profound, long-term effects bedbug infestations had on some participants’ mental health. Women spoke about having insomnia, anxiety, and needing mental health treatment, such as counseling and pharmacotherapy due to bedbug infestations long after they occurred. They defined their experiences with bedbugs as a safety issue as bedbugs caused them to feel stressed and fearful of their homes. Research has started to highlight the relationship between mental health challenges and bedbug infestations, with findings indicating that infestations are positively associated with insomnia, anxiety, and depression (Hwang, Svoboda, De Jong, Kabasele, & Gogosis, 2005; Susser et al., 2012). For example, Susser et al., (2005) found that tenants with bedbug infestations living in two large Montreal housing developments were significantly more likely to score higher on scales measuring symptoms of anxiety.
and insomnia when compared to tenants who did not have bedbug infestations in the same housing complexes. Goddard and de Sazo (2012) also found in an analysis of 135 posts on blogs and Internet forums written for and by victims of bedbug infestations that 81% of the posts had content that described clusters of symptoms associated with posttraumatic stress disorder.

The findings of this thesis project suggest that more needs to be done to protect supportive housing residents from both bedbug infestations and the resulting physical and mental health sequelae that tenants can experience during and after infestations. Supportive housing sites may require more thorough bedbug treatments, such as fumigating rooms/suites adjacent to and above infestations, as well as implementing sound preventative measures like having heat saunas installed in buildings in order to kill bedbugs hiding in new tenants’ belongings before they move in. Similarly, supportive housing providers should be aware of the impact infestations can have on tenants’ mental and physical health and have programs and procedures in place to support tenants’ mental and physical health during and after infestations.

Likewise, these research findings also broaden outsider (e.g. academic) knowledge in regards to gaining more understanding of the safety risks involved in women having to use shared bathrooms within their housing. As in Robertson’s (2007) research, women talked about being exposed to biohazards, such as blood, excrement, and used rigs within this project, but also discussed other risks associated with using shared bathrooms. They noted feeling obligated to clean up biohazards left in bathrooms by others due to worrying about frail neighbors being exposed to them. Some women were unable to use the shared bathrooms at night, due to fears that they would be
assaulted or as a result of health conditions, which led some women to use makeshift commodes in their rooms. Other women feared stepping on used rigs when it was dark in hallways and bathrooms and this kept them from using the bathroom at night. These experiences point to the need for all supportive housing units to include private bathrooms. It is especially concerning that on average the shared bathrooms were only cleaned five times a week regardless of bathroom ‘accidents’ and other biohazards being present. Given data that shows SRO tenants are more likely to be immuno-compromised than others it is highly problematic that shared bathrooms are not regularly cleaned and sanitized throughout the day in order to protect residents’ health (Vila-Rodriguez et. al, 2013).

The danger of getting involved in the social environments of supportive housing was another issue discussed by participants in this research, which closely supports Owkzarzak et al.’s (2011) prior supportive housing research. In both studies, participants spoke about feeling that it was necessary to avoid social interactions with neighbors in order to maintain their safety as they feared becoming the subject of gossip or being caught in an escalating conflict. However, this thesis project also found that participants avoided social interactions out of fear that they would be taken advantage of by others (e.g. being harassed for money or food), which was not the case in Owkzarzak et al.’s (2011) research. These findings draw further attention to the risks tenants may experience when they are encouraged or required to attend activities within supportive housing alongside their neighbors. Likewise, they point to the importance of supporting tenants to draw firm boundaries with one another if needed.
This project specifically highlights the prevalence of management and staff negligence within supportive housing sites in Vancouver’s DTES and DC. Prior research has touched on management negligence, but the extent of this inattention to tenants’ needs had yet to be explored in detail. Within this present study it became clear that a particular management company contracted by BC Housing to manage its supportive housing portfolio had a clear pattern of tenant negligence as participants routinely referred to experiences of having their needs ignored within this housing. Women discussed having staff refuse to fix locks on their doors, attend to health crises, and respond to the needs of tenants with mobility issues who were stranded on the top floors of their building when the only elevator broke down. This suggests that issues such as inadequate staffing and training, lack of sufficient funding from BC Housing to supportive property managers, and/or a lack of accountability measures for staff and management may be affecting the successful delivery of safe, adequate supportive housing environments for tenants. Likewise, it appeared that a number of additional non-profit supportive housing providers had similar issues, as participants spoke about negligence within this housing as well.

This project’s finding of staff and management negligence is echoed by the City of Vancouver’s publication of problem rental buildings on their website where a significant number of government funded supportive housing sites are listed as currently being in violation of fire and/or building standards of maintenance bylaws (City of Vancouver, 2015). Many of the infractions noted are easily preventable and are due to smoke alarms, fire extinguishers, sprinklers, and emergency lighting not being adequately monitored and maintained (City of Vancouver, 2015). A number of these violations date
back to 2013 and 2014, suggesting that there are ongoing problems with the maintenance and management of these buildings (City of Vancouver, 2015). This information is significant provided that in 2013 the federal and BC government committed funding to renovate the most run-down supportive housing sites on the DTES over the following three years (Government of BC, 2013). Subsequently, it will be critical for them to also ensure that appropriate funding, management, and staffing are present in supportive housing programs in order to make meaningful and sustainable changes in regards to tenant safety within this housing.

5.2 Research Implications for Policymakers, Housing Providers, and Social Work Practitioners

The findings of this thesis can be used by policymakers, housing providers, and social work practitioners to understand some of the safety issues women face in supportive housing in Vancouver’s DTES and DC, as well as some women’s recommendations on how to make this housing safer for women. The following sections describe the implications of this research for professionals in each of these fields. It is important to highlight, however, that professionals seeking to create safer supportive housing environments should speak directly with residents in these buildings in order to learn how to provide solutions that are relevant to tenant communities’ safety need, as tenants are the experts on what they need to remain safe in their housing. To view a list of recommendations for making supportive housing safer on Vancouver’s DTES and DC made by this projects’ participants please refer to Appendix K.
5.2.1 Policymakers

This thesis highlights the lack of directives given to housing providers by policymakers focused on supportive housing, such as the provincial government. As noted in the discussion section of this chapter, there is no mention of the provision of tenant safety as being expected from supportive housing providers in the provincial government’s policy on the classification of supportive housing (Government of BC, 2013). Likewise, BC Housing’s guidebooks for housing providers provide no guidance or protocols on safety issues that are experienced by women facing multiple interlocking stigmas (BC Housing, 2014b). Subsequently, it appears that safety definitions, expectations, and protocols largely must be created by housing providers who may have little to no understanding of the safety needs of those who require supportive housing. As such, it is critical for supportive housing policymakers, such as BC Housing, to create a clear, detailed definition of safety that takes into account the needs of marginalized populations, such as women, and outline the expectations for housing providers to maintain this definition of safety within their policy that classifies supportive housing. Expectations need to be communicated in regards to health and safety standards, such as integrated bedbug management, cleanliness of shared facilities (e.g. bathrooms), and staff and management response time to tenants’ safety issues. Housing policies need to also focus on creating accountability measures for housing providers’ delivery of safe, healthy housing environments to tenants. For instance, it may be practical for supportive housing funders, such as BC Housing, to create positions at their agencies for professionals to carry out regular quality assessments and reviews of the supportive housing sites they
fund, in order to incentivize housing management companies and non-profit housing providers to maintain the health and safety of the tenants they serve.

Supportive housing policies also needs to take into account research findings indicating that community connection is critical to tenants’ experiences of safety in their housing. At minimum, supportive housing stock should be built in the DTES at the same rate that low-income housing in the community is destroyed, so that residents can choose to remain in the same community if this is what they desire. Additionally, quality supportive housing (e.g. suites with private bathrooms and cooking facilities) should be built with varying security levels, tenant compositions (co-ed vs. all-women), and substance use protocols so that tenants can choose to live in a building that supports their safety and lifestyle needs (please refer to Table 1 at the end of this chapter).

Policymakers also need to keep a close watch on how changes to the Criminal Code of Canada affect the safety of sex workers. Ongoing pressure should be put on the federal government to revise this legislation by those involved in policy development, as it appears that sex workers will be put at further risk due to being forced to see dates in unpredictable settings outside of their homes. Governmental support is also required for supportive housing sites that allow tenants to bring dates home.

The methodology used in this research exemplifies how both policymakers and housing providers can engage women in the development of safety policies and practices for supportive housing. As feminist participatory action research seeks to provide a forum for community members who face complex interlocking stigmas to voice issues that are most important to them, it is an ideal methodology to learn about safety issues in supportive housing that are experienced by women and other marginalized groups.
5.2.2 Housing Providers

This research sheds light on the precarious balance housing providers must maintain between creating a safe environment for tenants through security measures and respecting tenants’ rights to privacy and autonomy. The findings of this research suggest that obtaining this balance is likely necessary given that participants felt that their safety was compromised when they felt they were under surveillance in their housing. Perhaps the most important element in creating this balance is having housing providers review the assumptions they and their staff base their service delivery upon. For instance, if housing providers and staff believe that they need to monitor tenant behavior closely in order to restrict what they perceive as being ‘anti-social’ behavior in their housing this will likely create an atmosphere of anxiety and fear for tenants. As such, housing providers should solicit feedback regularly from tenants on the security measures they implement in order to identify whether they are inadvertently or advertently oppressing tenants. Security programs then should be adapted as needed to create safe and respectful environments for tenants.

This present research, as well as prior studies focused on women’s experiences of safety in DTES housing, indicate that housing providers need to have specific protocols in place to maintain women’s safety in supportive housing that encompass the intersecting stigmas they may face (Lazarus et al., 2011; Robertson, 2007). Explicit guidelines for creating safer environments for tenants that respond meaningfully to discrimination and violence should be clearly outlined to both staff members and tenants verbally and in writing. Staff members should receive thorough training in anti-oppressive service provision before they begin working at a housing site in order to
ensure that they deliver services based on the values of the housing provider. Accountability measures need to also be implemented to ensure that staff members consistently deliver responsive, caring, and respectful services to tenants.

Housing providers should ensure that they practice the most effective treatment and prevention protocols for bedbug infestations given that this present research, as well as prior studies, have shown that these infestations can create significant mental health challenges for tenants (Hwang, Svoboda, De Jong, Kabasele, & Gogosis, 2005; Susser et al., 2012). Additionally, as discussed by participants in this research project, shared bathrooms should be cleaned multiple times a day by trained staff or professional janitorial services in order to ensure that tenants are not exposed to biohazards.

5.2.3 Social Work Practitioners

This research project’s findings can be used by social workers and other professionals working with women who live in supportive housing to gain an understanding of some of the systemic issues women may face in their homes, such as discrimination. This knowledge can then be used to learn about resources that are relevant to this population, such as where to obtain free bedbug prevention tools and/or who to contact to issue a formal complaint about the state of their housing. Furthermore, social workers can use these research findings to assist clients in getting into appropriate housing. For instance, social workers may want to explain the differences in various types of supportive housing to clients who are searching for supportive housing, so that they are aware of the risks involved in sharing bathrooms with other tenants versus having their own bathroom in a self-contained suite.
The findings of this research are especially relevant to social workers focused on pressuring housing funders and housing providers to create and maintain dignified, safe supportive housing for women. Social workers can bring this research to social justice committees and groups they are a part of in order to use the information to rally for safer supportive housing in Vancouver and beyond.

### 5.3 Future Research

As residents’ perceptions’ of housing safety have only just started to be researched, further studies are greatly needed in order to advance theoretical understandings of what factors affect residents’ senses of safety within their homes. This research needs to study residents’ perceptions of housing safety within various housing environments (e.g. independent residences, supportive housing sites, apartment blocks), as well as across a wide range of locations and populations in order to gain deeper knowledge of the dynamics at play.

Future research is also required to gain a more thorough understanding of residents’ perspectives of safety in supportive housing. For instance, there is a significant need for research to document residents’ experiences and perspectives of safety using samples of tenants living in various types of supportive housing models (e.g. Continuum of Care, Housing First, Supported Independent Living\(^{11}\)) as this will lead to more insight into the environments that best support tenants’ safety needs.

Hard to reach populations of women living in these areas, such as those with severe mobility issues and/or mental health challenges precluding them from leaving their

---

\(^{11}\) Supported independent living refers to housing arrangements where a unit is rented for an individual in need of supportive housing from a market rental building and supports are put in place, such as daily visits from nurses and support workers, to assist the person with their daily living activities.
housing on a regular basis, need to be part of future research samples, as research up to this point has not indicated that these populations have been adequately sampled. Future research should also be conducted on the impacts of Canada’s new sex work legislation on sex workers’ safety within supportive housing.

5.4 Conclusion

The findings of this research project are closely aligned with prior findings from studies that have explored safety dynamics within DTES housing, as well as the few studies that have examined residents’ perspectives of safety within supportive housing and social housing. Some key complimentary findings are women’s varied perspectives in regards to similar safety issues, the importance of listening and highlighting Aboriginal women’s perspectives and experiences, the significance of community social networks as mechanisms that foster feelings and experiences of safety, as well as the substandard conditions of housing, namely SROs, on the DTES. Some important new findings this research has presented are the impacts interlocking stigmas had on participants’ safety in supportive housing, the poor conditions of supportive housing in the DTES and DC, the risks involved in sharing bathrooms, and the common practice of management and staff negligence in regards to tenants’ safety needs. Additional new findings centered on the strategies some participants have used to bolster their safety in supportive housing, as well as how their past experiences of trauma informed their choices to use these strategies.

This present research has implications for housing policymakers, housing providers, and social work practitioners. Perhaps, most importantly, this research emphasizes the need for the Government of BC to have a clear and detailed definition of
safety and the operationalization of safety outlined in its policy on the classification of supportive housing, as well as thorough protocols written in its housing providers’ guidebooks on how to create safe spaces for marginalized groups. Supportive housing tenants should be meaningfully engaged in the process to create definitions of safety, as well as mechanisms to ensure that these definitions are operationalized.

Future research needs to focus on comparing different models of supportive housing in order to understand which model(s) best supports tenants. Residents’ perceptions of safety across housing types, such as apartment blocks and individual houses, also need to be further explored in order to gain more of an understanding of the basic elements that assist residents to feel safe in their homes.

The purpose of this thesis has been to provide women who had recently lived or were currently living in supportive housing on the DTES and DC with a forum to voice their perspectives on safety within their homes. Many of the perspectives and experiences they discussed in this research echo housing activists and community organizers’ concerns about the state of supportive housing in Vancouver (Pedersen & Swanson, 2009). This research provides a unique lens on supportive housing, showing that women living in this housing face specific dangers related their intersecting social locations. It is the hope of the women who participated in this research, as well as myself, that this thesis can be used to promote safer supportive housing for women, as well as the DTES and DC community as a whole.
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Security Protocols</td>
<td>Flexible: Building security protocols are flexible and tailored to specific needs of tenant population (eg. All women’s housing for sex workers allowing male dates to visit throughout the day and night).</td>
<td>Moderate: Use of security mechanisms are balanced with tenants’ needs for autonomy and privacy. Security mechanisms are adjusted given input from tenant community. Standard security mechanisms used (eg. 24 hour front desk support and on-site housing staff, visitor logs, and cameras).</td>
<td>Rigid: Heightened security mechanisms are used such as curfews, limited visiting hours, and room checks alongside standard security mechanisms. Tenant feedback does not usually change security protocols.</td>
</tr>
<tr>
<td>Tenant Population</td>
<td>Women-Only</td>
<td>Co-ed</td>
<td>Men-Only</td>
</tr>
<tr>
<td>Location</td>
<td>DTES and Strathcona</td>
<td>DC and West End</td>
<td>Kitsilano</td>
</tr>
</tbody>
</table>

*Table 1: Finding the Best Fit: Options that should be Available to Potential Supportive Housing Tenants to Meet their Safety Needs*
REFERENCES


APPENDIX A

Recruitment Poster

HOW CAN LOW-INCOME HOUSING BE SAFE FOR WOMEN?

Research Participants Wanted!

I am looking to speak with:
- Women living in hotels or supportive housing on the Downtown Eastside of Vancouver (DTES)

Focus of this Research:
- To hear women’s perspectives on safety within their current or past housing within a hotel or supportive housing on the DTES
- For female tenants to meet together to share their thoughts and experiences on safety within their housing
- For female tenants to direct how this research should be used in their community

For more information please call Ferma Ravn at [redacted]

This research is for a graduate thesis at the School of Social Work at UBC, supervised by the Principle Investigator Pilar Riaño-Alcaya who can be reached at 604-827-5493
APPENDIX B

Recruitment Letter

THE UNIVERSITY OF BRITISH COLUMBIA

January 15, 2013

Attn: Community Service Provider

Re: Research Initiative to Highlight Female Tenants’ Perspectives on Safety within Supportive Housing on the DTES

To Whom It May Concern:

My name is Ferma Ravn-Greenway and I am a graduate student at the School of Social Work at UBC. I would like to share the following opportunity with you, as it may be of interest to some of the women you work with.

For the past few years I have worked with residents living on the Downtown Eastside of Vancouver (DTES) as an outreach worker and intensive case manager. While doing this work I became interested in female supportive housing residents’ perspectives on safety within their housing. I am currently recruiting participants for a participatory action research informed project that will seek to provide female supportive housing residents with a forum to share their perspectives on how supportive housing can be safe for women. This research is part of my graduate thesis at the School of Social Work at UBC.

I am specifically hoping to recruit women 19 years and older who live in supportive housing on the Downtown Eastside for this project. I am using a broad definition of supportive housing, namely buildings defined as supportive housing by BC Housing and/or any single room occupancy hotel in the Downtown Eastside that is subsidized by BC Housing and/or a non-profit organization(s).
Participants will be asked to attend either interviews or a small focus group comprised of 2-3 other participants, as well as myself. Within this 2.5 hour focus group session or 1.5 hour interview women will be able to discuss their views on safety and housing, and creatively illustrate what housing safety looks like to them using art materials. Participants will also have the opportunity to define and act upon how they collectively would like the knowledge generated within this research to be used for change. If required, translation services will be provided to participants who do not have English as their first language or those who require ASL or Braille translation. If a woman needs child care in order to participate in this research, child care costs will be reimbursed. Bus fare will also be provided to participants if needed to get to and from meetings. The participant will receive a $50 honorarium for her time and expertise.

Individuals who take part in this study will be exposed to potential risks and benefits. Focus group or interview discussions about safety and housing might cause upsetting conversation topics to be raised causing emotional distress. Women might feel fearful about sharing information about their housing with other participants present as what they state could be passed on to their current housing providers and put their tenancy at risk. Natural focus group processes like being interrupted or having an idea disregarded by another participant could cause women to feel alienated or unhappy during and after the research process. These risks will be fully disclosed to individuals before they agree to participate in this research in order to make sure that they are aware of these issues upon their consent.

Participants may benefit from the dissemination of knowledge collected from this research into their community. For instance, the findings of this research will likely be given to community stakeholders, such as BC Housing, in order to help promote better safety policies in supportive housing for women living in the DTES. This could make housing environments’ safer for both participants and other women in their community. Participants could also emotionally benefit from having a forum to express their views on and experiences within this housing to others. They may find that the research process builds solidarity between themselves and their peers in the group. The research experience may promote a sense of fulfillment for participants, as they might feel as though they have meaningfully contributed to an effort to help supportive housing become safer for women.

As a community service provider your support of this project will assist my hope and intention as a researcher to highlight female supportive housing residents’ perspectives on safety and housing so that their views may inform future research, as well as housing policies. At present, although numerous quantitative studies have been done on crime, substance use, and residents’ health issues within DTES housing, there is a void in research that brings tenants’ thoughts on safety and their housing into this discussion.

If you know any women you believe might be interested in this project please ask
them to call me at 604-837-9400 or email me at f.ravngreenway@alumni.ubc.ca. Please do not hesitate to contact me if you have further questions about this research.

In Solidarity,

Ferma Ravn-Greenway, BSW
Social Work Graduate Student | School of Social Work
University of British Columbia | Vancouver
Phone | Email: 

Pilar Riaño-Alcala, PhD
Principle Investigator
Associate Professor, School of Social Work
University of British Columbia | Vancouver
Phone 604 827 5493 (Social Work) | Email: pilar.riano@ubc.ca
APPENDIX C

Mapping Exercise for Focus Groups

The following focus group structure will be used:

1. Introductions: The facilitator (myself) and group members will introduce themselves and state what interests them in the topic of housing and safety. (10 minutes)

2. Creation of Group Guidelines: The participants will brainstorm guidelines to help create an environment of safety for the focus group. (5 minutes)

3. Brainstorm Session: Group will be asked to brainstorm the following questions:
   - What makes housing safe for women? (5 minutes)
   - Thinking back on the low-income housing you live in now or have lived in before, what made you feel safe? What made you feel unsafe? (10 minutes)

4. BREAK: 10 minutes

5. Mapping Exercise: Participants will choose either a poster-sized piece of paper that is blank or one that has an outline of both a building and a room (Appendix D) if more structure is needed. They will be asked to use art supplies (crayons, pens, felts, colored paper, fabric, glitter, and magazine clippings) to portray what safety looks like in their current housing. They will be told drawings, collages, writing, or any other illustration can be used in this activity. If a participant wants to make multiple maps this is fine. (30 minutes)

6. Group Sharing: Participants will share what they have illustrated on their maps to the rest of the group. (20 minutes)

7. BREAK: 10 minutes
8. Group Brainstorm: Group will be asked to brainstorm the following questions:
   ● What is working to create safety for women in your housing? (10 minutes)
   ● What should be done to make your housing safer for women? (10 minutes)

9. Group Analysis of Discussion and Themes: Participants will discuss what safety themes emerged within the mapping exercise and group discussions. The following questions will be used to evoke discussion during this part of the focus group if needed (20 minutes total):
   ● What safety themes were common in your discussions?
   ● What safety themes were common in your maps?
   ● Was anything said or presented by another participant that you have also experienced or thought?

10. Closing: Participants will each share what they found to be most interesting or helpful in the focus group. I will share information about the all-participant group meeting and any other important items during this time. (10 minutes)
APPENDIX D

Interview Guide

1. What does housing safety mean to you?

2. What supportive housing in the DTES and downtown core of Vancouver have you lived in? Where are you living now?

3. How has this supportive housing been safe? How has it been unsafe?

4. How did staff and management respond to concerns about safety at (supportive housing site’s name)?

5. What safety needs do you think women have in this supportive housing?

6. Have you experienced discrimination on the basis of race, gender, sexual orientation, and/or having a disability in supportive housing in the DTES or downtown core? If so, how?

7. What do you need to feel safe in supportive housing?
APPENDIX E

FOCUS GROUP INTERVIEW GUIDE: VERSION 2

1. What does the word safety mean to you? (If words like security, emotional safety, etc. emerge ask what those words or concepts mean to participants)

2. What do you think women need to be safe?

3. What do you think women need to be safe in supportive housing?

4. Do you think these needs are different than male tenants’ needs? If so, how?

5. How would you define the term housing safety?

6. What protocols or guidelines should supportive housing sites have in place to make supportive housing safe for women?
APPENDIX F

Letter to Libby Davie’s Constituency Office

Libby Davies Community Office
2412 Main Street,
Vancouver, BC V5T 3E2 Canada

July 24, 2014

Re: Women’s safety in supportive housing

Dear Libby Davies,

We would like to draw your attention to a community-based research project highlighting women’s experiences of safety in supportive housing in Vancouver’s Downtown Eastside and Downtown Core. We believe that the findings of this project underline significant safety concerns in supportive housing that need to be dealt with immediately and hope that by sending you this letter you will advocate for safer supportive housing conditions for tenants. Supportive housing, for the purpose of this project was defined as subsidized housing funded and/or managed by BC Housing and/or a non-profit organization that was mandated to house individuals and families deemed ‘hard to house’ and provide on-site support services to tenants. This research was done as a master’s thesis at UBC and received BREB approval.

This research project has found that women face particular safety challenges in supportive housing due to intersecting dynamics of sexism, colonization, racism, disability, and poverty. The history of the VPD’s dismissal of the DTES’ missing women, many of whom were/are Aboriginal, as well as the marginalization of sex workers and stigmatization of being a resident on the DTES have set the tone for unsafe supportive housing conditions for women.

Within this project women voiced experiencing the following issues within supportive housing:

- **Building management and staff negligence:** Many women spoke of experiencing profound negligence from management and staff in regards to their safety needs. Women routinely brought up having their needs ignored within some buildings. For instance, in one building with 5 floors, the only elevator remained broken for more than 2 weeks despite the fact that some residents on the top floors were unable to use the stairs as they were confined to wheelchairs. Another woman spoke about the only lock on her door breaking and waiting three days for a staff
member to fix her lock despite asking for assistance multiple times. Upon first telling a staff member about the door being broken, the worker’s solution was to put a wet floor sign in front of her door stating this would keep strangers from entering her room.

- **Violence against women and heterosexism:** Some women had witnessed horrifying acts of violence against women within their homes. A number of women had chosen to live in all-women housing, as a result of being survivors of male perpetuated violence. It is important to note, however, that some women preferred to live in co-ed housing, as a result of feeling unsafe or uncomfortable in all-women environments. Some women also reported seeing men who were gay being discriminated against by both men and women in their housing, underlining the need for safety of LGBTQ2S communities in supportive housing.

- **Importance of balancing security with privacy:** All women noted that it was important for buildings to have security measures, such as cameras in the building and front door personnel, but also emphasized that these measures needed to be balanced with their need for privacy. Women felt some security policies, such as guest ID checks, negatively affected their sense of privacy and autonomy. Some women felt that they were constantly being monitored in their buildings by management and staff to ensure rules were not broken.

- **Ongoing infestations:** Rats, mice, cockroaches, and bedbugs were found to be rampant in many supportive housing locations. Bedbug infestations were identified as causing long-term emotional disturbances for some women, causing chronic insomnia, anxiety, and an inability to sleep in a bed. Bedbug infestations also caused economic challenges, as often furniture and other belongings had to be thrown out and replaced.

- **Health risks due to shared bathrooms:** Women conveyed that they routinely came into contact with biohazards, such as blood, feces, urine, and used rigs, in shared bathrooms. Bathrooms were often occupied and locked causing women to not have access to bathroom facilities. Women also feared using shared bathrooms as these facilities were frequently used for dates and substance use. Some women found that using pots or buckets, as makeshift commodes in their rooms was safer than using shared bathrooms, especially at night.

- **Dangerous social environments:** The extent of conflict and other social dangers in some buildings caused women to isolate themselves in their rooms. Women described how when fights occurred in hallways they stayed in their rooms to avoid being caught in escalating conflicts. This sometimes meant women had to cancel outside plans and activities, as they felt unsafe leaving their rooms/apartments. Buildings that did not have 24 hour staffing left women without support when tenant and/or visitor conflicts occurred.

It is our hope that you can use these findings to advocate for safer supportive housing for women and all other residents in Vancouver. Please let us know what you might need in order to use this research to advocate for change. We hope that we can meet with you in the future in order to discuss how this research can effectively be used to create changes in supportive housing.
A meeting can be arranged by calling Ferma Ravn at 604-837-9400.

With sincere thanks,

(Participants’ signatures on actual copy, as well as my own)
APPENDIX G

Article Manuscripts for the Megaphone

We Are Not Alone

By: Melanie, Bee, and Mary

According to the United Nations access to adequate, safe housing is a human right. However, access to quality housing in our city is often impossible for those facing poverty, marginalization due to engaging in substance use and sex work, and/or the ongoing effects of colonization and racism. At times, when struggling to better poor housing conditions, such as infestations and experiences of violence, it is easy for supportive housing residents to blame themselves and forget that these housing problems are systemic and shared by many tenants in Vancouver’s supportive housing. Below are stories from three women who lived or are currently living in supportive housing about their experiences. It is our hope that by sharing these stories, supportive housing tenants will know that they are not alone when dealing with challenges.

Melanie’s Story

We were homeless in the Winter of 2006 with my 16 yr old daughter and partner. We couldn't find a place that would accept our cats and we were not giving them up for no one!! So we ended up homeless....

We had to move to Alberta with family for 6 months. We came back to Vancouver and found supportive housing through First United Church; Address was 370 Jackson Avenue.

We moved in June 1/2006 and approximately 4 to 5 days after we moved in a woman on our floor was beaten and dragged to the alley where they left her to die and
she perished. This incident left us fearful and uncertain. From then onward's we always walked our daughter to and from all bus stops etc in the Downtown East side. I now wish to be more proactive in helping all women feel safe and especially in the Downtown East side.

Bee’s Story

Living in Vancouver was a lonely life, living in rooms that felt unsafe, insecure, also very unclean. I have many memories of getting sick, living with cockroaches, mice and dirty bathrooms that were shared. I once saw a cockroach the size of a large BIC lighter in the shower windowsill. I was lucky when I got help from a woman from the MAT program. She came to check on me at the Brandiz Hotel (private SRO). She was unhappy with at what she saw. On how I was living.

She left and came back about an hour later with news she got me into a new building at 40 E. Hastings with a kitchenette and my very own bathroom. Only I left Vancouver 3 or 4 months later just to return a few years later.

I got into a room in supportive housing that was on Granville, but not much better than the DTES rooms. It was somewhat a bit more secure because there was a front desk and they checked on the residents on a daily basis. At this residence I first experienced bedbugs.

Then I went to the Rainier Hotel (when it was a supportive housing site) where I was for 2 and a-half years. And I was happy for a while because it was a harm reduction alcohol and drug treatment residence. We still had shared facilities, bathrooms and kitchen. We had cable, phone and no visitors, which was okay with me, but it got lonely.

I am now in pretty good housing. I can call it home. I find it secure, clean, and I
feel safe here, we have 24/7 front desk security and cameras on the floors and elevators.

Visitors only with proper IDs can come in. I do only have one unhappy situation. It is that I have only a shower staff and no bathtub.

Mary’s Story

Some might know who I am. But others don’t. I begin with my name, Mary. I’ve been involved in a focus group regarding women in safe housing.

I was homeless for 5 years, and I stayed in a shelter for women. Powell Place. There your stay was until you found housing or they helped you find one. They had me fill applications for housing. But one in all, (Name of housing site). The building wasn’t even built. But I stuck it out.

We have 110 units, mixed women, men, transgendered folk. We have our own suites. When I moved I had just a suitcase. But they had furnished the suite. They even gave us a move in bag of blankets, sheets, dishes. Some moved in with a lot. And some moved in with very little.

Our place has cameras on each floor. 24-7 staff. Some work hard. But other don’t care. The front door is always locked and there are also cameras. They give you a fob (key) to use on the door, elevator, apartment, and to the second floor (laundry room). They give you a buzzer number and you are responsible to give this to your friends and family. Because they don’t bring anyone to your suite for safety reasons. ID is mandatory. Don’t have that? They won’t allow you to enter the building. But you are responsible for your guests.

Lately, I’ve been targeted on my floor. One guy figures I’m going to feed him and give him money. But the staff help me with him. The staff are helpful that way.
There is a lot of drama. The safety of the women is crazy. But some of the women here put themselves in jeopardy by the men. Some get bullied. It revolves around drugs and alcohol or money. Don’t get me wrong. The women here don’t get hurt. The staff won’t let that happen. We have been having drama between the straight males and gay men. Some straight males bully the gay men. One gay male was wrongfully evicted for protecting himself from a bully. But the staff are not here to baby sit. This is an adult building.

But down to earth. I’ve made this my home. Our place is clean. Free of bugs. We have a guy come in once a month to spray for bedbugs/cockroaches. But the manager makes it a habit if someone gets bedbugs, everything is removed and put in the sauna. And they give you the money to launder your clothes and to take care of the problem.

I’ve come to realize that I’m not in a matter of being homeless anymore. I have my place and it is up to myself, how I want to keep my suite clean and safe. Free. My home is how I want to make it and I’m damn proud. I learned the hard way but sometimes that is what it takes. Took a long journey to be here today.

I’m not in it for anyone but for me, myself, and I. And the bottom line. No one will look after you but you. May the Great Spirit guide you all. All my relations.
APPENDIX H

Consent Form: Focus Groups

THE UNIVERSITY OF BRITISH COLUMBIA

School of Social Work
2080 West Mall
Vancouver BC V6T 1Z2
Tel: (604) 822-2255 Fax: (604) 822-8656
website: //http://www.socialwork.ubc.ca

Consent Form
(Focus Group Participants)

Female Supportive Housing Residents’ Perspectives on How Supportive Housing can be Safe for Women on the Downtown Eastside of Vancouver

Principal Supervising Investigator: Pilar Riaño Alcala, Ph.D. Associate Professor, School of Social Work, 2080 West Mall, Tel: 604 827 5493, Email Address: pilar.riano@ubc.ca

Co-researcher: Ferma Ravn-Greenway, graduate student and the School of Social Work at UBC, Tel:Email Address:

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what this research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

PURPOSE AND BACKGROUND

This study seeks to highlight female supportive housing residents’ perspectives on how supportive housing can be safe for women on the Downtown Eastside of Vancouver. This project is being supervised by Dr. Pilar Riaño-Alcala who is an associate professor at the University of British Columbia and Ferma Ravn-Greenway, RSW, who is a co-researcher doing this research as part of her graduate thesis.

You are invited to be a part of this research to share your perspectives on housing and safety. However, being a participant in this study is STRICTLY voluntary. You do not have to be a part of this study unless you want to be.

PROCEDURES

You have been asked to participate in this study as you have identified as a women over the age of 19 who lives in supportive housing on the DTES. If you agree to participate in this research study, you will take part in a focus group that is two and a half hours long (with breaks) to share your insights on how supportive housing can be safe for women. If necessary and with your consent, you may be contacted by the researcher to clarify information in a brief one-to-one meeting after focus group. You will also have the option to be a part of a one-hour meeting with all the research participants to plan how the knowledge generated from this research should be
used. The focus group and all-participant meeting will take place at a community centre in the neighbourhood. The focus group and meeting will be audio-taped.

As a participant, you will:
- Brainstorm in a focus group what women’s safety in supportive housing looks like.
- Create a housing map using art materials to illustrate what safe supportive housing for women looks like to you.
- Assess what has been discussed and illustrated in the focus group to find common themes.
- Meet with all the focus group participants to plan how you would like to use the knowledge gained from this research (optional).

RISKS
There are a few risks you need to be aware of before deciding to participate in this study. You may be concerned whether participation in this research could impact your current housing. There is a risk when participating in a focus group that a co-participant may disclose information you have stated to somebody outside of the group. In order to lessen these potential risks, your focus group will begin by setting group guidelines with other co-participants to keep the information you share with each other private and confidential. With these guidelines in place, however, the researchers cannot promise that other participants will not share information shared within the focus group outside of the group. If there is sensitive information you would like to share with the researcher, but you want to ensure it is kept confidential, please know that you can share this information with a researcher during break-time at a focus group or after the focus group.

The researcher at your focus group is bound by strict confidentiality and privacy rules. These rules state that:
- Your name and contact information will only exist on the signed informed consent materials and be stored in a locked cabinet at the University away from other materials.
- Your name will not be recorded in the transcriptions
- Any identified personal information will be removed from the transcriptions
- All data will be analyzed and presented as a group. Your identified personal information will not be reported in any presentation sessions or appear in any written material
- The researchers are not allowed to disclose any of your personal information or identifiers to any other individuals
- Data will be kept in the researcher’s office in a secured file cabinet
- Only the researchers will have access to the audio-data
- Data will be destroyed within five years of completion of this project (January 2020)

There is also a risk that sharing painful experiences inside of your housing and/or hearing about others difficult times in housing may bring up feelings of sadness, anger, and/or past traumas. If this occurs for you during or after the focus group please feel free to speak to the researcher in person at the focus group or by phone so the researcher can provide you with a list of counselling resources in the community. You can ask for a break at any time during the focus group.
APPENDIX H CONT.

THE UNIVERSITY OF BRITISH COLUMBIA

You need to know that you can choose to not answer questions or leave the focus group at any time. Please let the researcher know if there is any particular topic related to women’s safety and housing that you do not want to speak about.

DIRECT BENEFITS
You will be able to decide with other research participants how the knowledge generated in the research can be used for change.

COSTS
There will be no cost to you for participating in this research.

COMPENSATION
To recognize your contribution to this research, you will receive a small compensation. This compensation will be $50.

QUESTIONS
Please contact Ferma Ravn-Greenway if you have any questions about this project at [redacted]. You can also contact the principal investigator supervising this research, Pilar Riaño-Alcalá, at 604 827 5493.

If you have any further questions about the study and your rights as a study participant, or comments or complaints about the study, you may telephone the Research Subject Information Line in the UBC Research Office of the University of British Columbia at (604) 822 8598.

CONSENT

PARTICIPATION IN THIS RESEARCH IS VOLUNTARY. You may withdraw your participation and information from the study at any time prior to the drafting of a report and/or papers dealing with the results of the study. Your decision whether or not to participate in this research study will have no consequences to you.

I am fully aware of the nature and extent of my participation in this research project as stated above and the possible risks from it. I hereby agree to participate in the above study, to allow the researcher to audiotape the interview, and to use my information for publications that are related to this study. Any of the personal information to be disclosed will be reviewed by me and should have my approval. I acknowledge that I have received a copy of this consent statement.

 Participant’s Signature

 Date
APPENDIX I

Consent Form: Interviews

THE UNIVERSITY OF BRITISH COLUMBIA

Consent Form
(Interview Participants)

Female Supportive Housing Residents’ Perspectives on How Supportive Housing can be Safe for Women on the Downtown Eastside of Vancouver

Principal Supervising Investigator: Pilar Riaño Alcala, Ph.D. Associate Professor, School of Social Work, 2080 West Mall, Tel: 604 827 5493, Email Address: pilar.riano@ubc.ca

Co-researcher: Ferma Ravn-Greenway, graduate student and the School of Social Work at UBC, Tel: [Redacted], Email Address: [Redacted]

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what this research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

PURPOSE AND BACKGROUND
This study seeks to highlight female supportive housing residents’ perspectives on how supportive housing can be safe for women on the Downtown Eastside of Vancouver. This project is being supervised by Dr. Pilar Riaño-Alcala who is an associate professor at the University of British Columbia and Ferma Ravn-Greenway, BSW, who is a co-researcher doing this research as part of her graduate thesis.

You are invited to be a part of this research to share your perspectives on housing and safety. However, being a participant in this study is STRICTLY voluntary. You do not have to be a part of this study unless you want to be.

PROCEDURES
You have been asked to participate in this study as you have identified as a woman over the age of 19 who lives in supportive housing or a hotel on the DTES. If you agree to participate in this research study, you will take part in a 1.5 hour long interview (with breaks) to share your insights on how supportive housing can be safe for women. At the end of the interview the researcher will ask if you are willing be contacted by the researcher if she requires more information. If this additional information is needed, the researcher will ask to meet with you in person for no longer than 30 minutes. It is your right to say you do not want to have further contact and cannot meet with the researcher to give additional information. You will also have the option to be a part of a one-hour meeting with all of the research participants to plan how the knowledge generated from this research should be used. The interview and all-participant meeting will take place at a community location in the neighbourhood. The interview and all participant meeting will be audio-taped.

As a participant, you will:

Version 1: February 16, 2014

1 of 3
APPENDIX I CONT:

THE UNIVERSITY OF BRITISH COLUMBIA

- Answer questions about your experiences and perceptions of women’s safety in supportive housing.
- Create a housing map using art materials to illustrate what safe supportive housing for women looks like to you.
- Assess what has been discussed and/or illustrated within the interview and identify the main topics that emerged during the interview.
- Meet with other participants to plan how you would like to use the knowledge gained from this research (optional).

RISKS
There are a few risks you need to be aware of before deciding to participate in this study. You may be concerned whether participation in this research might impact your current housing. The researcher interviewing you is bound by strict confidentiality and privacy rules. These rules state that:

- Your name and contact information will only exist on the signed informed consent materials and be stored in a locked cabinet at the University away from other materials.
- Your name will not be recorded in the transcriptions
- Any identified personal information will be removed from the transcriptions
- All data will be analyzed and presented as a group. Your identified personal information will not be reported in any presentation sessions or appear in any written material
- The researchers are not allowed to disclose any of your personal information or identifiers to any other individuals
- Data will be kept in the researcher’s office in a secured file cabinet
- Only the researchers will have access to the audio-data
- Data will be destroyed within five years of completion of this project (January 2020)

There is also a risk that sharing painful experiences inside of your housing and/or hearing about others difficult times in housing may bring up feelings of sadness, anger, and/or past traumas. If this occurs for you during or after the interview please feel free to speak to the researcher in person or by phone so the researcher can provide you with a list of counselling resources in the community. You can ask for a break at any time during the interview.

You need to know that you can choose to not answer questions or leave the interview at any time. Please let the researcher know if there is any particular topic related to women’s safety and housing that you do not want to speak about.

DIRECT BENEFITS
You will be able to decide with other research participants how the knowledge generated in the research can be used for change.

COSTS
There will be no cost to you for participating in this research.

COMPENSATION
APPENDIX I CONT:

THE UNIVERSITY OF BRITISH COLUMBIA

To recognize your contribution to this research, you will receive a small compensation. This compensation will be $40.

QUESTIONS
Please contact Ferma Ravn-Greenway if you have any questions about this project at [redacted]. You can also contact the principal investigator supervising this research, Pilar Riaño-Alcalá, at 604 827 5493.

If you have any concerns or complaints about your rights as a research participant and/or your experiences while participating in this study, contact the Research Participant Complaint Line in the UBC Office of Research Services at 604-822-8598 or if long distance e-mail RSIL@ors.UBC.ca or call toll free 1-877-822-8598 (Toll Free: 1-877-822-8598").

CONSENT

PARTICIPATION IN THIS RESEARCH IS VOLUNTARY. You may withdraw your participation and information from the study at any time prior to the drafting of a report and/or papers dealing with the results of the study. Your decision whether or not to participate in this research study will have no consequences to you.

I am fully aware of the nature and extent of my participation in this research project as stated above and the possible risks from it. I hereby agree to participate in the above study, to allow the researcher to audiotape the interview, and to use my information for publications that are related to this study. Any of the personal information to be disclosed will be reviewed by me and should have my approval. I acknowledge that I have received a copy of this consent statement.

Participant’s Signature ___________________________ Date ___________________________

Researcher’s Signature ___________________________ Date ___________________________
APPENDIX J

Megaphone Article

No Safe Haven

Research finds women lack safety in supportive housing

Story by Yvonne Robertson

After a harrowing struggle with homelessness while they searched for lodgings that would accept their three cats, Maureen, her partner, and her 15-year-old daughter finally found a room in a downtown Vancouver supportive housing building.

Two weeks later, she heard screaming. A woman had been dragged out of her room and beaten to death.

"It was really frightening," Maureen, who now lives near the Metrotown shopping centre in Burnaby, recalls. "Police were knocking on the door. I didn't know what to do. It really changed my views around the safety in the building, especially the safety of my daughter. I was very suspicious."

Very sadly, stories like these are not extraordinary because they are so great in number. Social worker ferma Ravn-Greenway recalls a client telling her about a smell coming from the hallway of a supportive housing building. Tenants complained to management about the smell who, without visiting the site, insisted a rat had probably died in the walls. Over the course of a few days, the stench became unbearable. The situation was eventually investigated and a grim discovery was made: a tenant, left unchecked, had died alone in her room.

Horror stories like these prompted Ravn-Greenway to conduct research on women's perspectives of safety in supportive housing in Vancouver's Downtown Eastside.

The research formed the bulk of her Master of Social Work thesis. Ravn-Greenway found Downtown Eastside women felt very unsafe and fearful in their own homes. Her findings are echoed in a late 2014 report published by a coalition of 15 organizations serving women in the DTES, which Megaphone news editor Katie Hyslop reported on last month.

In the next few months, Ravn-Greenway plans to share the stories of her 10 research participants, available through the USC library, in an effort to raise awareness about the unsafe conditions and promote policy change. She will also be preparing a shorter manuscript for publication in a professional journal later this year.

"There's no reason for this negligence," Ravn-Greenway says. "It's so bizarre to me. It's not a lack of funding issue, I don't think. There's something else going on. The only reason that I can really think of for this type of behaviour is stigma and discrimination. That's the underlying issue."

Many who live in the Downtown Eastside have faced discrimination due to classism, sexism, and racism, she adds. "It's about funders not wanting to put up some money in order to give people decent housing," she says. "They feel like they can just get away with these types of housing conditions."

"No proper management, no support!"

When she first moved into her room, Maureen and her family couldn't get over its state.

"It was very unclean," she said. "We were absolutely horrified. We all were looking at each other, thinking, 'What the hell?' There was no proper management, no support there."

Bed bugs and filthy bathroom conditions emerged as primary complaints that had long-term consequences. After a particularly bad bed bug infestation, one woman participating in the study refused to use her bed. She slept sitting up and eventually had to receive counselling for the trauma.

Shared bathrooms, the research found, were not regularly cleaned. Among the fifth were feces and bloodstains. They also proved unsafe places at night with strangers wandering in due to a lack of security. To remedy this, some women had makeshift commodes in their rooms.

"Bathrooms are very intimate spaces and people should have their own," Ravn-Greenway says.

The living conditions many women put up with for years was, as she describes it, "unfair and demeaning," adding "Many tenants have multi-complex, physical disabilities and health issues such as kidney disorders, which require them to use the bathroom continually during the night."

Former DTES residents like Maureen agree that it doesn't have to be this way. "All women have the inherent right to live without violence or fear," she says, explaining her reasons for participating in the research.

Mary Joe (left), Maureen (center), and her (top right) live in supportive housing in Vancouver's Downtown Eastside. They participated in a recent study that found a widespread lack of safety for women in the city's supportive housing buildings. Photos: Jacky Wong.
Local News

Mary Joe stayed in a Vancouver homeless shelter for five years before finding supportive housing that was livable. "Staff at the shelter told me to wait for a good place," she says.

A lack of trust

Similar to Maureen, other study participants feared conflict and could not trust housing staff to protect them. That fear drove many to isolate in their rooms. Often times, staff members weren’t even around, leading to greater lack of security.

A provincial government housing policy stipulates that there needs to be at least some daily on-site support for residents. Ravan-Greenway says, this could be anywhere from an hour a day to round-the-clock support. "In a lot of buildings, there wouldn’t be front-desk monitoring, which is really important," she says. "It’s something the women brought up again and again as being needed."

Some housing came with constant surveillance and caring management. If homeless residents were lucky enough, they could be placed in one of these buildings. Bel, another research participant, was satisfied with the level of security and the kindness of management in her residence with the McLaren Housing Society in downtown Vancouver.

"I was very lucky," she says. "I hear stories of other places being unsafe. Here, there are cameras on every floor. It’s a good system. I like having baths, though, but there are no shower stalls. That’s my only flaw."

Like Bel, Mary Joe stumbled upon a good management at Powell Place in the Downtown Eastside. When she was bullied by men who wouldn’t leave her alone, for example, staff stepped in on her behalf.

"It never lasted long because the men were evicted and the manager had police escort them out of the building," Mary Joe says. "The manager wouldn’t take shit from nobody." She adds with a hearty laugh.

Between a rock and a hard place

Downtown Eastside social workers have been known to recommend that their clients stay in homeless shelters instead of taking units in supportive housing buildings with bad reputations.

Life in homeless shelters—notably unpleasant, unstable, and sometimes unsafe, especially for women—is said to be preferable to permanent housing in a derelict, unhygienic, and dangerous building.

No matter how bad the living situation, individuals who’ve managed to land spots in supportive housing are no longer the priority in the eyes of homeless outreach and support workers looking to find lodgings for homeless clients. When other supportive units become available, those who are homeless take precedence, leaving precariously housed tenants with little hope of improving their situation.

To remain homeless means having a better chance at adequate housing. Part of the problem, Ravan-Greenway suggests, lies in the fact that one-third of BC Housing’s supportive housing stock violates fire code and standard-of-maintenance bylaws, according to the City of Vancouver’s list of problem rental buildings.

"This suggests mismanagement of buildings or not enough funding given to buildings to properly ensure the safety of tenants," she says, "which will likely be a continuing problem."

Mary Joe is one of many people who chose to stay homeless instead of accept a spot in substandard housing. She stayed in a Vancouver homeless shelter for five years before finding supportive housing that was livable. "Staff at the shelter told me that I should wait for a good place," she says.

Ravan-Greenway wants her study to raise awareness through media and community attention, putting pressure on government. She would ideally like to see BC Housing and other large-scale funders hire professionals to carry out regular quality control assessments and use tenant feedback mechanisms to evaluate the quality of housing. If funding for supportive housing was based on passing these evaluations, it would ensure safety of the buildings and competency of management. She says.

The provincial government’s Policy Statement on Class 3 Supportive Housing could also be revised to include a definition of tenants’ safety and a discussion on how to maintain it. This would put pressure on supportive housing providers who must follow this policy in order to get classification.

Despite the strong network of community services working to improve things on the ground, frontline workers have limited time and ability to advocate for social change.

While Ravan-Greenway’s research focused on Vancouver's Downtown Eastside, supportive housing workers in Victoria echoed similar concerns about an overall lack of consistency in how supportive housing is operated and managed.

"You’re really focusing on supporting people," Ravan-Greenway says of frontline work. "A lot of non-profits don’t have enough money to be able to have enough staff to really advocate for social change."

Maureen feels women need to know where to go to find help and know their rights. Organizations such as the DTEC Women’s Centre, Carnegie Community Action Project, and Vancouver Native Health Society have provided invaluable support for vulnerable women. Several participants also listed the Vancouver in Need of Help Society as a place that helped them with their housing issues. More visible organizations like these would be effective. "We’re trying to empower women and educate the public with this project," Maureen says.

"You’re so stressed out with the day-to-day unsafe conditions, that it’s hard to find help or focus on anything else when you’re too busy surviving. 0
## APPENDIX K

### Participants’ Recommendations to Make DTES and DC Supportive Housing Safer

<table>
<thead>
<tr>
<th><strong>Staffing</strong></th>
<th>Have staff on-site 24 hours per day, 7 days a week</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Have a female staff member on-call when only male staff members are on-site</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Staff Duties</strong></th>
<th>Have staff monitor the entrance of a building from a front desk at all times</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Stop visitors from following tenants into the building when the front doors are unlocked</td>
</tr>
<tr>
<td></td>
<td>Formally introduce new staff to all tenants so they know who they are</td>
</tr>
<tr>
<td></td>
<td>Make sure that staff interact with tenants</td>
</tr>
<tr>
<td></td>
<td>Hold monthly staff and tenant meetings to resolve conflicts, discuss concerns, and build rapport</td>
</tr>
<tr>
<td></td>
<td>Post building rules on a bulletin board in a well trafficked area</td>
</tr>
<tr>
<td></td>
<td>Communicate new building rules to tenants in writing and verbally</td>
</tr>
<tr>
<td></td>
<td>In buildings where residents have chronic health problems, check on tenants who have not been seen by staff for 48 hours</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Operations</strong></th>
<th>Do not allow tenants to store their belongings in public spaces</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Professionally clean shared washrooms multiple times a day, 7 days a week</td>
</tr>
<tr>
<td></td>
<td>Professionally clean all public spaces in buildings multiples times per week</td>
</tr>
<tr>
<td></td>
<td>Arrange for doors to be fixed as soon as they are broken</td>
</tr>
<tr>
<td></td>
<td>Arrange for elevators to be fixed promptly when broken (have spare parts on hand to fix elevators quickly)</td>
</tr>
<tr>
<td></td>
<td>Carry out sporadic bedbug inspections of all units to prevent bedbug infestations</td>
</tr>
<tr>
<td></td>
<td>If a suite is infested with bedbugs provide bedbug treatments to the suites above and below the unit, as well as those adjacent to the unit to stop infestations from spreading</td>
</tr>
<tr>
<td></td>
<td>Use fobs instead of keys</td>
</tr>
<tr>
<td></td>
<td>Put hand sanitizer by main doors and elevators, in order to keep tenants from being exposed to germs.</td>
</tr>
<tr>
<td></td>
<td>Provide tenants with free basic cable for TV sets, as this helps to decrease loneliness</td>
</tr>
<tr>
<td></td>
<td>Make sure that tenants with serious mental health issues have additional mental health supports to assist in managing daily living activities, such as bathing and housework</td>
</tr>
<tr>
<td></td>
<td>Make sure that tenants have similar lifestyles within a building to lessen inter-tenant conflict and safety concerns</td>
</tr>
<tr>
<td></td>
<td>Allow tenants to have pets to decrease loneliness and assist with infestations (e.g. pet cats will kill rodents)</td>
</tr>
</tbody>
</table>

<p>| <strong>Employment of Staff</strong> | Only employ staff who actively show concern for the wellbeing of tenants |</p>
<table>
<thead>
<tr>
<th><strong>Staff Training</strong></th>
<th><strong>Physical Environment</strong></th>
<th><strong>Housing Support Worker Education</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide all staff members with mental health first aid training</td>
<td>Ensure that the area outside of supportive housing sites (e.g. the street where a supportive housing site is located) is well lit by street lamps</td>
<td>Educate housing advocates and support workers about the particular characteristics of each supportive housing site in Vancouver, so that they have a sense whether a client is a good fit for a particular building</td>
</tr>
<tr>
<td>Provide all staff members and tenants with Kidpower (self-defence) training</td>
<td>Ensure there is adequate lighting and working video cameras installed in all outdoor areas on supportive housing property including but not limited to walkways, staircases, driveways, garages, dumpsters, recycling areas, and fence perimeters</td>
<td></td>
</tr>
<tr>
<td>Provide all staff with non-violent crisis intervention training</td>
<td>Provide private bathrooms to supportive housing residents</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Have kitchens in each supportive housing unit</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Install cameras in public spaces within supportive housing sites, so that threats to resident safety can be quickly identified</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Make it mandatory for all supportive housing sites to fulfill current fire code standards, so that all units and public spaces in buildings have sprinklers, fire alarms, fire extinguishers, and proper signage</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ensure that there is a safety plan to assist tenants with mobility challenges on upper floors with obtaining necessities, such as food, when a building’s elevators are broken down and communicate these plans to other tenants so that they do not worry about their neighbors</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ensure that there is a safety plan in the case of a fire to help tenants with mobility challenges outside of the building and communicate this plan to other tenants so that they do not worry about their neighbors</td>
<td></td>
</tr>
</tbody>
</table>

Employ staff who are sensitive to the needs of women on the DTES

Do not employ people who are straight out of university or those who do not have former experience working with the DTES community

Staff Training

Provide all staff members with mental health first aid training

Provide all staff members and tenants with Kidpower (self-defence) training

Provide all staff with non-violent crisis intervention training

Physical Environment

Ensure that the area outside of supportive housing sites (e.g. the street where a supportive housing site is located) is well lit by street lamps

Ensure there is adequate lighting and working video cameras installed in all outdoor areas on supportive housing property including but not limited to walkways, staircases, driveways, garages, dumpsters, recycling areas, and fence perimeters

Provide private bathrooms to supportive housing residents

Have kitchens in each supportive housing unit

Install cameras in public spaces within supportive housing sites, so that threats to resident safety can be quickly identified

Make it mandatory for all supportive housing sites to fulfill current fire code standards, so that all units and public spaces in buildings have sprinklers, fire alarms, fire extinguishers, and proper signage

Ensure that there is a safety plan to assist tenants with mobility challenges on upper floors with obtaining necessities, such as food, when a building’s elevators are broken down and communicate these plans to other tenants so that they do not worry about their neighbors

Ensure that there is a safety plan in the case of a fire to help tenants with mobility challenges outside of the building and communicate this plan to other tenants so that they do not worry about their neighbors

Housing Support Worker Education

Educate housing advocates and support workers about the particular characteristics of each supportive housing site in Vancouver, so that they have a sense whether a client is a good fit for a particular building.