



Women's Health & Safety in APMI Managed Single Room Occupancy Buildings

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INTRODUCTION

This report serves as an update to the 2013 report on *Women's Health and Safety in Single Room Occupancy (SRO) Hotels managed by Atira Property Management Inc. (APMI)*¹, authored by Sarah Ortiz Escalante. The purpose of this 2023 report is to provide a current assessment of the health and safety conditions for women in APMI-managed SROs, considering any changes that have occurred since the first report was published.

Single Room Occupancy (SRO) buildings are a form of low-cost housing for many marginalized citizens in Vancouver. There are approximately 7,000 SRO rooms in the city, mostly located in downtown Vancouver and predominantly, but not only, in the Downtown Eastside (DTES) neighbourhood. The rooms are small, the vast majority less than 11 square meters (120 square feet), and almost all are without washrooms and kitchens. Generally, one washroom is shared by 12-15 rooms and some but not all buildings have shared kitchen(s) and or laundry facilities.

According to various reports and studies, including a report by the City of Vancouver (2018) and a study by the Canadian Observatory on Homelessness (2016), SRO buildings have been described as, overcrowded, culturally inappropriate, and as providing tenants and residents with insecure tenure. Many argue they cannot be considered adequate housing. However, they are the only long-term shelter choice for single people and or people without children in their care, who rely on the maximum shelter allowance provided by disability or income assistance to pay rent, and or for those living in poverty. The median rent for a one-bedroom private market apartment in Vancouver is more than four times the maximum shelter allowance (just raised to \$500/month) for a single person.

In recent years, low-income tenants in SROs have faced interlocking crises that have been exacerbated by the COVID pandemic, including persistent poverty and loss of affordable housing choices, high and increasing rates of drug poisonings leading to constant fear of death, high rates of violence and crime, discrimination in and around SROs, high rates of social isolation and mental health crises, and lack of adequate investment in SROs, leading to a lack of basic amenities and services, such as cooking and laundry facilities, adequate storage space, shared social spaces, inadequate heat, and general deterioration of the buildings.

The challenges faced by low-income tenants in SROs are compounded by intersecting factors including gender, race, ethnicity and ability. Women who are racialized, transgender women, and or disabled women are at an even higher risk of experiencing gender and race/ethnic-based hate crimes and violence. The most recent City of Vancouver Street count conducted in 2020 noted that systemic racism and colonization are among the top reasons that lead people into homelessness. For instance, Indigenous individuals make up 2% of Vancouver's general population and 38% of Vancouver's homeless population (Mauboules, 2020). Similarly, Black, Arab, and Hispanic individuals are respectively 3.7, 1.7, and 1.4 times more likely to experience homelessness when compared to those who identify as white.

SRO buildings in the DTES are merely a symptom of a much larger societal problem.

¹ For the purposes of this document, the terms Atira Property Management "APMI" and Atira Women's Resource Society "AWRS" refer exclusively to the entities known as APMI and AWRS, respectively. The term "Atira" however, is used to refer to both entities collectively.

Atira Women's Resource Society (AWRS) is one of the largest supportive housing providers in BC, and owns and or manages more than 2,000 rooms in more than 35 buildings, mostly in Downtown Vancouver and the DTES. Management of all of its all-gender buildings is subcontracted to Atira Property Management Inc. (APMI). More than 4,000 people live in these buildings when including partners and or 'permanent guests.'

Through this report, Atira aims to investigate the current state of health and safety of women and women- or femme-identified individuals (collectively referred to as women in this report) in SROs, and to make recommendations aimed at improving support, where necessary, in an effort to better meet women's needs. This will be done while also acknowledging much larger structural issues that require interventions at the municipal, provincial, and federal levels of government. This report will emphasize how gender, race and ethnicity intersect to create a much higher risk of exposure to violence and safety concerns.

The main purpose of this report is to explore the current situation for women living in SROs managed by APMI. The secondary aim is to examine the current practices employed by Atira to ensure the health and safety of women SRO tenants, while the third and final goal will be to make recommendations, based on feedback from staff, managers, and SRO tenants; that Atira must either advocate for or, where in Atira's sphere of control, implement to mitigate the risk of violence against women tenants and guests, and to better ensure women's safety in APMI-managed SRO buildings.

BACKGROUND

Systematic issues such as poverty, addiction, homelessness, and mental illness are prevalent in Vancouver's Downtown Eastside.

Vancouver's DTES has long been known for its high concentration of poverty, addiction, homelessness, and mental illness. The neighbourhood, which spans just a few blocks, has been the focus of numerous studies and reports over the years, all of which point to the same conclusion: there are deep, systematic issues at play that contribute to the struggles faced by residents of this neighbourhood.

Poverty is arguably the most significant issue facing residents of the DTES. According to a report from the Vancouver Foundation, the neighbourhood has the highest level of poverty in all of Canada. This poverty is driven by several factors, including unemployment/lack of job opportunities, low wages, a lack of affordable housing, and the high cost of living. Many residents of the DTES rely on income or disability assistance payments, which often leave them with little to no disposable income. This, in turn, makes it difficult for them to afford necessities like food, clothing, and adequate shelter.

According to a report from the City of Vancouver, there are more than 2,200 homeless people in the city with a large proportion of them concentrated in the DTES. Homelessness is often linked to poverty and addiction, as people who are unable to afford housing or who have lost their homes due to addiction and or other factors end up living on the street. Homelessness exacerbates the effects of poverty and addiction, including increasing the risk of serious health issues, safety concerns, difficulty accessing basic services, increased risk of criminal activity and social stigma.

According to a report from the Vancouver Coastal Health Authority, as many as 90% of residents in the DTES struggle with mental wellness and or substance use. Mental wellness, which can include serious mental illness, can be both a cause and a consequence of poverty, addiction and homelessness.

People who are struggling with mental wellness may find it difficult to maintain employment, stay housed, or avoid addiction. At the same time, these issues can exacerbate mental health challenges, creating a cycle of poverty, addiction, and struggles with mental wellness. There are numerous community organizations, charities, and government agencies that work to provide support, services and resources to residents of the DTES however, despite these efforts, the issues facing the DTES remain iniquitous. Poverty, addiction, homelessness, and mental illness are complex and interconnected challenges that require ongoing attention, more resources and support, and or a fundamentally different approach.

In his book "In the Realm of Hungry Ghosts: Close Encounters with Addiction," Gabor Maté describes how addiction is often rooted in early life experiences of stress, trauma, and disconnection. He argues that traditional approaches to addiction treatment, such as punishment and shame, are not effective and can actually exacerbate the problem. Instead, Maté advocates for a holistic approach that addresses the underlying emotional and psychological issues that contribute to addiction and other mental health challenges. His approach also highlights the need for social and economic policies that address these underlying issues, rather than simply treating the symptoms of addiction and mental illness.

Systemic racism, colonization impacts, and structural inequity within the DTES

Systemic racism, colonization, and structural inequity place Indigenous women at increased risk of violence in SROs. Indigenous and First Nations people are overrepresented in the homeless and general population of the DTES. A recent study reported that 30% of all individuals who access shelters across Canada are Indigenous (Gaetz, DeJ & Redman, 2016). Structural inequities linked to colonization such as residential schools, systemic racism, and occupied Indigenous lands are major contributors to Indigenous homelessness. Recent research has brought to light that the loss of lands, culture, and community is experienced differently by Indigenous men and women. Both Indigenous men and women are negatively impacted by violence and intergenerational trauma and family disconnection however, Indigenous women in Canada bear a much larger burden of disease, homelessness, violence, and incarceration than Indigenous men (Allan, Smylie 2015). There have been more than 160 cases of missing Indigenous women in British Columbia, most of which remain unsolved, creating further trauma for families (Amnesty International, 2014). In fact, violence against Indigenous women has been identified as a national human rights crisis. When compared to the national population, Indigenous women are twice as likely to be victims of violence and three times more likely to experience sexual assault (Hotton et al., 2017).

Given the disproportionate representation of Indigenous people in Vancouver's DTES and the disproportionate experience of violence by Indigenous women, there is a significant concern for the health, physical and emotional safety of Indigenous women residing in SROs. CBC news reported that Indigenous women are three times more likely to be victims of violence or murder than non-Indigenous women (Ross, 2020).

Unfortunately, there is an absence of data on the experience of violence by Black individuals and Black women, as well as other racialized women in homelessness or supportive housing. However, we do know that Black individuals and racialized minorities are more likely to

experience homelessness in Vancouver as mentioned above. Hence, it is expected that race and gender intersect to create an increased risk of exposure to violence by Black and other racialized women living in SROs.

Deteriorating and diminishing SRO housing stock

Over time, SRO buildings have become what is now known as 'last resort housing' before homelessness. Single room occupancy, also referred to as single room accommodation (SRA), buildings have made headlines for safety concerns and poor living conditions. In fact, some residents of SROs prefer sleeping outdoors during the warmer weather months rather than returning to their SRO unit, reported Claire Fenton in the DailyHive (2023).

According to the most recent Vancouver Street count, 2,095 people identified as homeless. This slight decrease from 2019 is attributed to survey fatigue since only individuals who were approached and who provided consent are included in this figure. The true number of homeless individuals is assumed to be higher than numbers collected in the 2020 street count. The report indicated that 84% of homeless individuals surveyed had lived in Vancouver at some point before becoming homeless.

Recently BC Premier David Eby was quoted as saying "I haven't seen it worse" referring to Vancouver's DTES (Fenton, 2023). Premier Eby indicated that the BC government is committed to formulating a plan for replacing SROs, which he referred to as "not fit housing", with dignified housing for individuals residing in the DTES.

Many women residing in SROs have lived there long-term and some will live in SROs for the remainder of their lives. Therefore, and while the need for safe, affordable and adequate housing must be a top priority for the Province, ensuring SROs are safe for women now is critical as these rooms are clearly not currently serving as short-term or transitional housing.

Waitlists for affordable housing in Vancouver are sometimes up to eight years, making SROs the only housing option available for low-income individuals outside of shelters and transitional housing (Eby, 2007, Gurstein and Small, 2005). However, the dominant narrative continues to make homelessness a problem affecting certain types of individuals rather than acknowledging it as an economic problem directly related to housing affordability (Lazarus et al., 2011).

Women's health and safety concerns in SROs

Housing has been identified as a social determinant of Health by the World Health Organization, the Public Health Agency of Canada, as well as by the Commission on the Social Determinants of Health. Housing is affected by and affects structural determinants such as economic, public policy, politics, education, income and race and ethnicity. In the 2020 Homeless Count more than half of those surveyed reported two or more adverse health conditions. Improving the living conditions in SROs and ultimately replacing them entirely with adequate housing will directly improve the physical and mental wellness of DTES residents. In fact, the definition of homelessness has been reformed to describe a continuum that includes those unsheltered, sheltered, and individuals living in sub-standard accommodations such as DTES SROs (Lazarus, 2011).

The demographic distribution in the DTES poses a direct link to women's safety since the majority (up to 75%) of the DTES homeless population continues to identify as male (Mauboules, 2020). The prevailing male population creates a dominantly male street culture that

places women in powerless positions (Lazarus, 2011) that pose safety risks for women residing in the DTES. In homeless or sub-standard housing, biological sex and gender have been identified as the strongest predictors of poor health (Wenzel et al., 2004, Lazarus, 2011) yet there is still a gap in research on the risks of homelessness specific to women. We do know however that women in the DTES are at increased risk of participating in sex work in unsafe conditions, with research showing there is a much higher risk of unprotected sex with more men refusing to wear condoms. In Vancouver specifically, research (Shannon et al., 2009, Duff et al., 2011) reported much higher rates of violence and sexual violence for homeless or marginally housed women compared to securely housed women.

Women who use criminalized drugs and or alcohol constitute a unique group that increases risk of exposure to male violence. Women who struggle with substance use have an increased risk of male-perpetrated violence (Cunradi, Caetano & Schafer, 2002). In fact, it has been reported that approximately 32% to 45% of women in methadone treatment programs have experienced physical and sexual abuse occurring from strangers, acquaintances, or partners/ex-partners (Panchanadeswaran et al., 2008). Most studies focus on violence perpetrated by intimate partners however, evidence shows that violence against women in low-barrier housing or homelessness is often perpetrated by acquaintances and or sex work clients in addition to partners (Marshall et al., 2008). A study that examined the rates of violence against women who struggle with substance use who have a residence, and those who are homeless, reported that 83% of women with a residence and 91.1% of homeless women reported experiencing physical, psychological and or sexual violence from men in the last year (Beijer et al., 2018).

Later in this report, it becomes evident through interviews with APMI SRO managers, staff, health and safety workers, and tenants, that violence against women residing in SROs is mainly perpetrated by men. As well, it becomes clear that violence against women is often tied to criminalized drugs, the toxic drug crisis, and sex work. These issues are further exacerbated by the fact that many women living in SROs are reluctant to report the perpetrators of violence for fear of retaliation and or exclusion by the community, and therefore experience further violence and abuse. In the 2013 report prepared for Atira, Ortiz reported that the rates of violence against women residing in Vancouver's DTES are double those reported by women residing in other areas of Vancouver (Ortiz, 2013). This rate does not account for women who do not report violence, meaning actual rates of violence against women living in the DTES are likely more than double those experienced by women residing in other areas of Vancouver. This is supported by "Red Women Rising: Indigenous Women Survivors in Vancouver's Downtown Eastside" published by the Downtown Eastside Women's Centre in 2019, in which it is stated that Indigenous women and girls experience disproportionately high rates of violence and homicide in the Downtown Eastside, and actual rates of violence against women living in the DTES, are likely more than double those experienced by women residing in other areas of Vancouver.

Violence against women in SROs further perpetuates a cycle of abuse, and exposure to more traumatic events. The link between exposure to violence and detrimental mental health outcomes such as depression, anxiety, suicide, self-harm, and post-traumatic stress syndrome (PTSD) is well documented (Bourgeois et al., 2001). In 2020–2021, violence accounted for the highest number of critical incidents in APMI-managed SROs, even more than incidents of drug-poisoning, fires, and floods, with a quarter of all reported violent incidents involving male violence directed at women.

Based on a significant body of research and studies, we know there is a strong correlation between the experience of abuse/trauma and homelessness among women. For example, a

study published in the Journal of Interpersonal Violence found that a history of childhood physical or sexual abuse was strongly associated with homelessness among women. Similarly, a report by the National Center on Family Homelessness found that women who experience domestic violence are at a much higher risk of becoming homeless. Women who find themselves in last-resort housing and at risk of homelessness have experienced varying degrees of past abuse and traumatic events that have impacted their overall health and wellness. It would be inaccurate to treat mental well-being and mental health concerns as a separate crisis and ignore the linkages between mental health and other systematic and structural issues faced by women living in SROs and the DTES. Previous exposure to trauma, homelessness, racism, and discrimination often coexists with and or directly leads to the development of mental illness.

The bottom line, living in Vancouver's DTES almost always means exposure to violence, sex work, and in some cases sex trafficking for women. This places women in SROs at a much higher risk than women residing in other parts of Vancouver. Since SROs fall within the continuum of homelessness that includes substandard housing, the elevated risk of violence from partners/ex-partners, sex work clients, acquaintances and strangers is applicable to women residing in SROs. In a study that conducted interviews with women living in SROs in Vancouver, women reported physical and sexual violence within SRO buildings from partners or male tenants and from sex work clients (Lazarus, 2011). Women engaging in sex work and those with substance dependency are especially at risk of violence.

ATIRA CONTEXT

Atira Women's Resource Society (AWRS) is a non-profit organization committed to supporting women and children impacted by gendered violence by providing safe and supportive housing, as well as education and advocacy aimed at ending all forms of gender-based violence. Established in 1987 with a single transition house, AWRS now operates 31 housing programs with 838 beds/homes, comprising six single-room occupancy (SRO) buildings, modular housing, and emergency shelters and transition houses. Many of the homes have multiple bedrooms, providing shelter to 1,342 women (including trans women and femme-identified non-binary people) and 282 children, of which 47% are Indigenous, despite Indigenous people accounting for only 2.2% of the population in Vancouver. AWRS also runs non-residential programs such as childcare centers and overdose prevention sites, housing outreach programs, legal advocacy, counseling, and other related support programs. (Atira 2021: 1, 7).

AWRS owns Atira Property Management Inc (APMI), a social enterprise set up to support new social housing initiatives. APMI oversees 22 supportive housing programs, including two modular buildings and 20 SRO buildings, managing a total of 1,727 units, of which only 104 are self-contained micro-suites. All of the SROs operated by APMI are all-gender, with tenants who identify as male, female, transgender, queer/non-binary, and or two-spirit. The proportion of self-identified Indigenous tenants is lower than AWRS, at 29%. There are 2,168 tenants, which suggests significant overcrowding in these SROs as permanent guests are also allowed (ibid: 6). It is important to note that the proportion of self-identified Indigenous tenants in APMI-managed SROs was higher before the COVID-19 pandemic however, as a result of the welcome efforts of organizations like Lu'ma Native Housing Society, which acquired several supportive housing programs during the pandemic, Indigenous tenants are now often referred to these buildings.

Most AWRS and APMI programs are low-barrier housing, providing shelter regardless of substance use or behavior. At least 76% of women accessing AWRS services use substances and 50% struggle with mental and or spiritual wellness. At least 11% have a permanent physical disability, and at least 12% require mobility aids. Other types of disability are likely underreported. Regarding APMI properties, at least 81% of tenants use substances, 52% struggle with mental and or spiritual wellness, 25% experience chronic, debilitating health conditions, and 12% have a permanent physical disability and require a mobility aid (ibid: 6, 7).

APMI manages several privately-owned SRO hotels leased by the BC Government more than 10 years ago to temporarily house tenants displaced by renovations during the 2013-2017 SRO Renewal Initiative. Furthermore, APMI manages two (The Patricia and Luugat) of five hotels purchased during COVID to assist in providing immediate housing for people evicted from encampments. These properties have received minimal renovations and have continued to be tenanted by people displaced from other SRO buildings or who lived in encampments or were homeless.

RESEARCH METHODOLOGY

This project was completed in consultation with Hajar Masoud, Executive Director of Operational Excellence, and Samreen Hector, Manager, Strategic Health Initiatives at Atira Women's Resource Society. Assessing the current climate of women's health and safety in APMI-managed single-room occupancy buildings was identified as the main purpose of the project. The goals of this report are to identify current practices implemented by Atira that are successful, in addition to identifying areas where resources could be reallocated and or put in place to enhance the health and safety of women residing in SRO buildings.

To achieve the goals of the project three research tools were developed:

1. Desk-review process: in which the researcher read and analyzed some of the available literature including reports from Atira and other organizations working in the field.
2. Semi-structured interviews: with a series of 20 questions targeting APMI building managers, directors, and staff as well as the chief executive officer of Atira. A total of seven interviews were conducted. Thematic analysis was used to identify the main health and safety concerns/ themes specific to women residing in SRO buildings.
3. Survey: a questionnaire comprising 25 questions was completed by 100 women tenants living at APMI-managed SROs. Atira was interested in acquiring the direct voices of tenants and their perception of safety living in the SRO buildings.

Peer support workers administered the tenant survey, and participation was completely voluntary. The survey was anonymous and identifying information was not included in the data. The researcher and Atira staff were not involved in the administration of the survey instrument, to reduce bias. Descriptive quantitative analysis was performed to obtain frequencies and distributions of responses across response options. There were several questions that asked participants for further feedback or clarification. All responses were read by the researcher and the most common responses were identified and noted in the results section below.

RESULTS & FINDINGS: INTERVIEWS

Table 1 below shows the major themes that emerged during the structured interviews. Based on the results of the structured interviews current practices that are successful in preventing violence as well as areas in need of some changes are discussed below.

Table 1: Major themes that emerged during structured interviews with APMI managers, staff, and directors.

Major Themes concerning the health and safety of women residing in APMI-managed single-residence occupancy buildings	
Most violence against women is perpetrated by men. Most violence originates over possessions, substances and or sex.	Women-only floors do not minimize the risk of violence compared to women- only buildings.
Women involved in sex work in the DTES are at increased risk of violence.	Excessive clutter and lack of suitable space is a major hazard and risk to mental and physical health and wellbeing in SROs,
Lack of community feels present in SRO buildings. An 'every person for themselves' climate, especially since the onset of the Covid-19 pandemic, and its impact till today.	Type of locks for each individual SRO unit vary between buildings. Secure locks are important for women tenants' sense of safety.
The Women's Health & Safety Liaison team is the best resource currently available to both prevent violence, and support women in SRO buildings.	There is a need for a better system of communication with tenants.
Women residing in SROs need regular in-person care by health and wellness professionals.	Many women do not report violent crimes for fear of retaliation, which means perpetrators are not identified and so can have a continued presence in SRO buildings.

In order to better structure the analysis of themes emerging from the interviews, the researcher will explore these themes under two main areas:

- Area 1: Current practices implemented by APMI that are successful.
- Area 2: Concerns and areas for improvement.

Area 1: Current practices implemented by Atira that are successful

Critical Incident Reports system

Critical incidents are defined as serious or unusual events that affect tenants, guests, visitors, and or staff of APMI-managed buildings. In the event of a critical incident, Atira mandates specific protocols be followed by its staff and managers. Staff are obliged to officially record all critical incidents, including those that required outside intervention such as police or first responders, as well as those involving acts or threats of violence. Additionally, incidents involving drug-related poisoning or death are also documented as critical incidents. Atira

implemented a tracking system for critical incidents in 2020, which is a crucial practice that enables the organization to monitor trends over time and identify buildings and groups with higher risks that may require additional support or intervention. This system collects information not only about the incident, but also about those involved and affected by it, including their gender, race identity, age, and other factors. This facilitates a more comprehensive analysis with an equity, diversity and inclusion lens and so provides better support for women, Indigenous people, and other marginalized groups.

Security cameras in SRO buildings

SRO buildings are equipped with security cameras in some of the common areas. Anecdotally, some tenants have expressed a dislike for cameras in their buildings as it induces a sense of 'feeling monitored'. However, security cameras are in place for the safety of women and other vulnerable tenants in the buildings, as well as staff. Given the high rates of violence reported in SROs, the benefits of security cameras that shed light on violent incidents outweigh the dislike expressed by some. Due to the reluctance of some women to provide information about perpetrators that could further jeopardize their safety, cameras can aid in identifying what events took place. Additionally, analysis of the survey completed by tenants (full results in next section), indicated that many women in fact feel safer with cameras and requested more cameras to be installed to increase their sense of safety.

Women's Health & Safety Liaison team

All of the individuals interviewed on all levels of management agreed that AWRS's Women's Health & Safety Liaison team is an excellent resource for both the prevention and the aftercare of violence against women. The Women's Health & Safety Liaison team visits SROs regularly and provides an extensive list of services for the women residing in APMI-managed SROs. These services include but are not limited to conducting welfare checks on women tenants, accompanying women tenants to medical and other appointments, and arranging social events to build a sense of community amongst women in the buildings. Importantly the team also collaborates with victims of violence to create a safety plan while considering a harm reduction approach. For example, for a victim of violence, the team will arrange safe transitional housing as requested, and collaborate with women to discuss how and where they can access their used substances to avoid having to interact with dealers, debt collectors, and others in that circle who have or may cause them harm.

The Women's Health & Safety Liaison team is comprised of a total of eight (four full-time and four part-time) well-trained and trauma-informed women's support workers. One of the most pivotal roles these workers play is the building of trust with women residing in SROs. This is no small feat considering this vulnerable population of women who have been subjected to extreme life events and trauma. The team builds trust by spending time with the women and getting to know their major challenges. It was evident during the interview with members of the Women's Health & Safety Liaison team that they genuinely care about the women residing in SROs and want to see their living situations improved.

Signed Rental Agreements with women tenants

APMI enters into rental agreements with women in instances where a couple is residing in an APMI-managed SRO building. This policy gives women agency. In situations when a break in the relationship occurs, women as leaseholders can retain housing security and remain in the SRO room. This practice protects women at risk of violence from a partner as well as prevents homelessness and further risk of violence that may result from housing insecurity. Unsheltered

women are at an increased risk of violence from partners, strangers, and acquaintances. Those women who are engaged in sex work are also at an increased risk of violence from sex work clients especially when a woman is unhoused.

Hiring staff in APMI SROs with lived expertise

For 27 years, Atira has been hiring staff who reflect the people we serve. Atira is as remarkable and as diverse as the communities in which they work. While all AWRS staff who disclose their gender are women identified or gender-diverse, a little less than half the employees at APMI identify as women or gender-diverse. Forty percent identify as People of Colour, 19% identify as Black, and 29% identify as Indigenous. Fourteen percent identify as 2SLGBTQ. The majority (78%) have lived expertise of homelessness. Atira believes having a representative staff is the most important action they can take to make their services truly accessible and to authentically engage with tenants and the people who access their programs.

Stronger relationships can directly enhance women's health and safety by increasing the likelihood of reporting incidents of violence and or threats as well as asking for help accessing resources.

Area 2: Concerns and Areas for Improvement

Women-only floors do not appear to reduce the risk of violence

There was agreement among the interviewees that women-only floors do not minimize the risk of a woman experiencing violence. APMI has tried women-only floors in the past and did not observe a change in the levels of violence. The main reason cited was the inability to ensure that a floor remains a woman-only floor since guests and partners are able to enter the floors freely. Hence, women-only floors are not a successful strategy for increasing safety.

In-room washrooms are important for the safety of women in SROs

The previous report completed in 2013 by Sara Ortiz Escalante suggested BC Housing include more rooms equipped with washrooms and kitchens when renovating SRO buildings. Many of the interviewees agreed that women not needing to leave their units to use the washrooms does increase their safety.

There is no denying that in-room washrooms and self-contained suites are crucial for ensuring the health and safety of SRO tenants, particularly women tenants. However, some interviewees raised concerns about the feasibility of implementing such upgrades in existing SRO buildings, given the age of the buildings. Additionally, maintenance costs for in-room washrooms can be high and may pose a challenge for SRO operators. Despite these concerns, it is important to prioritize the creation of self-contained suites in any new programs and to ensure any renovation efforts consider these challenges.

One issue that needs to be addressed is the City of Vancouver's SRA/SRO bylaw, which currently prioritizes the number of rooms over the quality of housing. To truly improve the living conditions of SRO tenants, we must encourage the city to revise this bylaw and allow non-profits, BC Housing and or other levels of government to renovate SRO buildings without penalty, even if it means reducing the number of rooms. This will require political will, but is necessary if we are serious about improving the quality of life for the most vulnerable members of our community.

The Impact of the Covid 19 Pandemic Continues to Affect the Sense of Community Within SROs

During the interviews, women highlighted the absence of community or sense of belonging in SRO buildings. It is worth noting that this sentiment applies to the entire DTES area as the pandemic has disrupted the availability and delivery of existing services. Prior to the pandemic, interviewees observed that certain groups of individuals showed loyalty and support to one another however, women reported that these community bonds and loyalties have weakened, and an individualistic culture has emerged in the DTES. This is concerning because loyalty and community provide a means for women to support each other. Engaging with others can offer women experiencing violence additional support, as they may feel comfortable reporting the violence to their trusted community, thereby increasing their chances of receiving help. AWRS's Women's Health & Safety Liaison team is working to address this issue and provide support to women who are feeling isolated or struggling, connecting them with available and relevant resources. However, there is still a significant amount of work to be done to mitigate the impact of the Pandemic. AWRS's Women's Health & Safety Liaison team can also work to re-build community by supporting women to re-connect with each other. This could mean offering more social activities, engaging women in the development and implementation of community-building activities and social events (e.g. breakfast programs, Bingo and beauty nights). This can help to ensure that activities and events are tailored to the specific needs and interests of the women being served.

Most violent acts against women are perpetrated by men, mostly over possessions, sex, and or criminalized drugs

The DTES is known for high levels of violence, particularly against women. The majority of violent acts committed against women are perpetrated by men, with possessions, sex, or criminalized drugs being common motives. Women in the DTES often face a range of challenges, including poverty, homelessness, addiction, and mental health issues, which can leave them vulnerable to violence. Additionally, many women in the DTES engage in sex work to support themselves, which further increases their risk of experiencing violence. The situation is compounded by a lack of resources and support for women in the area, which can make it challenging for them to access the help they need to escape violent situations. Efforts to address violence against women in the DTES require a multifaceted approach that considers the complex social and economic factors that contribute to the problem. This includes addressing the root causes of violence, such as poverty and addiction, and providing resources and support to women who are at risk. It also involves holding perpetrators accountable for their actions and providing education and awareness-raising initiatives to prevent violence from occurring in the first place.

Despite rising concerns of women-perpetrated violence against other women, interviewees indicated that most violent acts against women residing in SRO buildings are perpetrated by men. As noted in the literature review above, violence is perpetrated by partners and ex-partners, acquaintances, and strangers. When violent acts transpire between women, interviewees indicated that in many cases the perpetrator was influenced or coerced by a male acquaintance, friend, or dealer to perpetrate a violent act against another woman.

In fact, it was unanimously reported that many violent acts originated over possessions, including money or material objects. Many altercations resulted from one tenant reporting that another tenant had stolen from them. These could be material possessions and or money, and

is often tied to the supply of substances. Not surprisingly, many altercations and violent acts are due to the supply of substances. This may be due to individuals directly stealing or threatening others for their supply, and often tied to criminalized drug suppliers who perpetrate violent acts themselves, or force another individual to commit violence.

There is an underreporting of violent crimes by women in SROs

Due to concerns about retaliation, exclusion, or a risk to their drug supply, many women are hesitant to report violent crimes. The problem with not reporting violent acts is that victims are at greater risk of future violence. This means women are not receiving necessary care and concern following an attack. This lack of reporting allows perpetrators to continue committing violent acts with impunity, perpetuating a cycle of violence. Women must not be faulted for their fear of reporting violent crimes as their concerns about retaliation and exclusion pose a real threat. It is necessary to find alternative ways of holding perpetrators accountable, without placing women in vulnerable positions when they report. To facilitate reporting, practical and effective safety plans must be available that consider women's access to community programs and ensure an alternative supply of substances for victims. AWRS's Women's Health & Safety Liaison team is actively involved in developing safety plans with tenants that will become more comprehensive with the increased availability of safe supply programs.

There is a need for a better communication system with and between tenants and guests

The lack of reliable communication with tenants living in SROs is a pressing issue that requires immediate attention. Many tenants do not have access to mobile phones or other reliable modes of communication, making it difficult to alert them, or for them to alert staff, in case of emergencies such as fires or other hazards, including acts of violence. The inadequacy of communication systems can put tenants' lives at risk and jeopardize women's safety. Atira must work with BC Housing and other housing/service providers to explore viable options for the installation of emergency communication devices such as intercoms and panic buttons, which may serve as a means for women to report violence as it is happening, and to call for help. It is important to ensure that any technological solutions implemented are accessible to all tenants, including those who may not have access to mobile phones or other personal devices.

During interviews and while not directly related to violence against women, enough interviewees raised concern over the lack of effectiveness of fire alarms in notifying tenants of a fire that we felt it important to include this information in this report. Concerns raised were mainly about the high number of false alarms, the condition of SRO buildings, and the high number of emergency calls to SROs. Vancouver Fire Rescue Services reported that 11% of their services were utilized to respond to SRO buildings. The concern over the lack of effectiveness of fire alarms in SRO buildings highlights the urgent need for better building structures and safety measures. This is a responsibility that falls on all stakeholders, including building owners, operators, and the Government/BC Housing. Advocating for better building structures and safety measures can help ensure the safety of tenants and prevent potential tragedies.

Atira has been exploring methods to improve communication including ongoing planning for a pilot project that will examine the use of Brave technology and LifeGuard technology within four Atira programs. Both technologies can be used to alert staff in case of a drug poisoning and emergencies, while LifeGuard also detects increased temperatures so can provide an early alert in cases of fires. This pilot is still waiting for BC Housing approval so it can move forward.

Women residing in SROs need regular in-person care with healthcare professionals

The COVID-19 pandemic has highlighted the importance of in-person care for the health and safety of tenants and guests, especially women living in SRO buildings. According to one interviewee, an outbreak of lice during the pandemic underscored the need for in-person care, which would have alerted women to seek treatment. Women living in SROs require care for various reasons but often lack consistent access to health care services. Despite attempts to invite healthcare professionals to visit SRO buildings, this model has proven unfeasible due to provider reluctance to visit SROs, staff shortages at DTES health clinics, and low tenant attendance as clinics may not be held at convenient times or in convenient locations. Many interviewees suggested that women living in SROs may require reminders and or accompaniment to appointments.

Atira has been working on establishing partnerships with health-focused organizations and clinics to support regular clinics and physician visits to programs however, this should be a priority for health authorities to consider and not for Atira and other non-profit organizations to figure out on their own.

Secure locks on women's SRO rooms

Several interviewees raised concerns about the locks on room doors in SRO buildings. The security of these locks is of utmost importance, to provide women with a sense of safety and security in their homes.

One issue raised is the potential loss of keys, which could result in the need to replace the entire room lock system. Additionally, some women expressed concerns about their ex-partners potentially having a copy of their room key, which could put them in danger. As buildings have been modernized, they have switched to using key fobs, which are thought to be more secure than traditional keys.

Secure locks on room entry doors are crucial to providing women living in SROs with a sense of safety and security. Without proper locks, women report feeling vulnerable and at risk of harm, which can have significant negative impacts on their mental health and well-being. It is important for housing providers to ensure all buildings have secure locking systems and to respond promptly to any issues that arise with these systems to ensure the safety of tenants.

Excessive clutter due to lack of space

SRO rooms are significantly smaller than standard North American single room or studio apartments. A typical SRO room is typically 100-120 square feet in size, which is smaller than a standard parking space in Canada. As a result, SRO tenants must fit all their belongings into a space equivalent to the size of a small parking space or a single bedroom, which can have a negative impact on their mental health. Clutter in rooms can exacerbate already considerable stress. Clutter also poses a significant hazard during emergencies such as fires and medical crises, making it challenging for first responders to provide care.

To address this issue, Atira must continue to advocate for safe, affordable and adequate long-term housing for tenants and in the interim, to advocate for storage lockers for all SRO tenants who require same. It is also essential for staff to provide hands-on, practical support services such as decluttering and organizing support for those tenants who request same.

RESULTS & FINDINGS: SURVEY

Results from data collected from 100 women surveyed as part of this research is included in this section. To start, table 2 below includes the demographic characteristics of the survey participants. The majority (72%) of the survey participants are 30 to 49 years old and all identified as women. The disproportionate representation of Indigenous people in Vancouver's DTES is reflected in the survey results with 50% of the women surveyed identifying as Indigenous, which also reflects the Indigenous women's representation within Atira programs. The second largest ethnic category were women who identified as white, representing 40% of the total surveyed women. More than half of the women surveyed have resided in their SRO room for one to five years and 19% have lived in the SRO for more than five years, while almost a third have been there for less than one year.

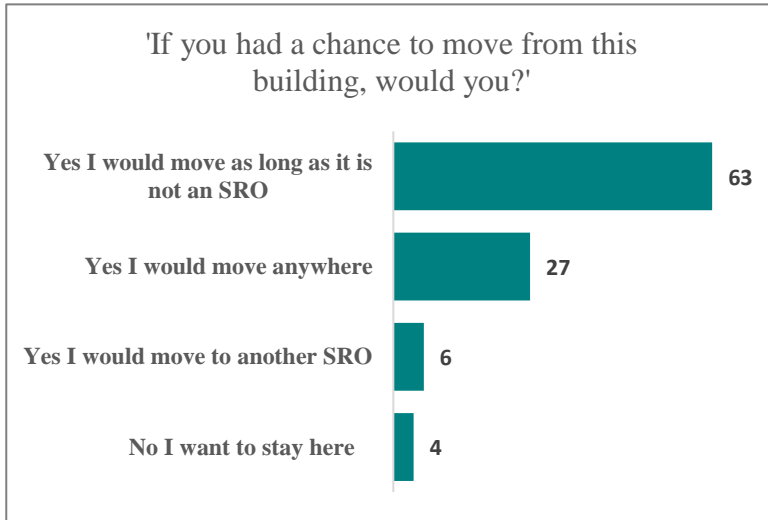
Table 2. Demographic characteristics of participants

Category	Percentage
Age	
20-29	9
30-39	40
40-49	32
50-59	15
60 and above	4
Gender	
Woman	100
Race/Ethnicity	
Indigenous (First Nation, Métis, Inuit)	50
White	40
Mixed Race Black	4
Portuguese	2
Mexican	2
Mix of Indigenous and White	2
Length of Residency	
Less than a year	28
1-5 years	53
5-10 years	12
More than 10 years	7

Overall experience living in SRO buildings

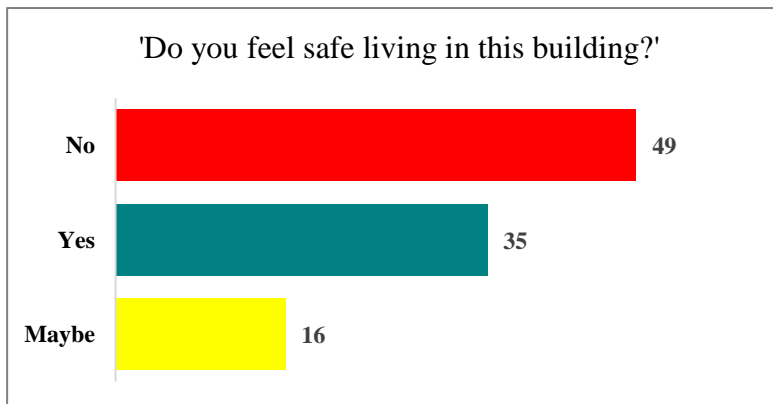
Participants were asked, 'how would you rate your overall experience living in this building?' Two-thirds of women rated their experience as follows: fair (55%), good (8%), or excellent (3%). The remaining 34% rated their overall experience as poor (32%) or very poor (2%). Participants were then asked to indicate if they would move from the building, more than half (63%) would move if not to another SRO, 27% would move anywhere, and 6% would move to another SRO.

Only 4% of women want to stay in their SRO building.



Sense of safety in SRO buildings

Participants were asked 'how would you rate your health and safety living in this building?' nearly half of the participants rated their health and safety as not safe. However, despite 35% indicating they feel safe living in SROs, many women indicated the feeling can be temporary because things change very quickly.



“Now, it’s good, I try not to connect with others because it’s better this way. I wish it stays this way. A while ago, (name) used to threaten me every time he sees me, but they banned him from the building”

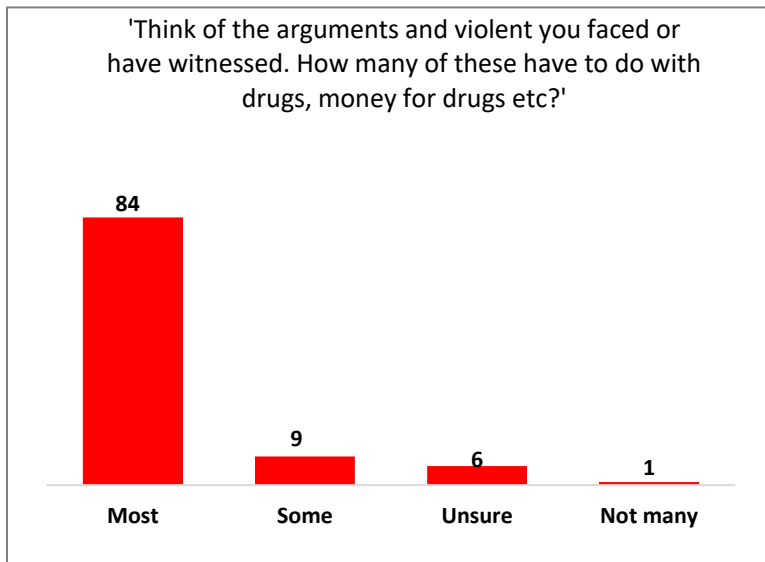
Mixed Race/ Black, 45-year-old woman

Women who responded they felt safe in the SRO building were asked to list the main reasons for the sense of safety. The top three most cited reasons were:

1. Presence of friends in the building,
2. Atira staff in the building, and location.
3. Services provided in the building.

Those who indicated they do not feel safe living in their building were asked if they struggle with concerns related to their gender, race or ethnicity, sexual orientation, age as well as other identifiers. Participants could choose as many options as applicable. More than 30% cited 'other tenants' or 'guests in the building' as the top safety concern while 19% indicated that they feel targeted by tenants and guests because of their race or ethnicity, as well as gender and sexual orientation. 13% indicated that the location of their building in DTES makes it unsafe for women.

Participants were then asked how many of the violent altercations they faced in SRO buildings are drug-related. The majority (84%) of women indicated that most arguments or violent incidents they were involved in resulted over criminalized substances.



“It gets very scary sometimes, some people are very dangerous, you would see them outside waiting if the staff did not let them in. you always have to be careful. It’s a F-- mafia and they will hurt us if we did not pay or were late or whatever”

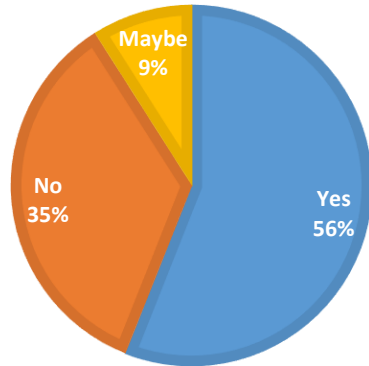
Indigenous, 51 years old- woman

Participants were asked to further elaborate on what can be done to help them feel safer. 69% of women indicated that 'more support' would be helpful and 74% indicated having their own washrooms is very important to them. 54% of women surveyed indicated they want to have their own place to be able to feel safe, reflecting the dire need for more adequate housing in Vancouver. There were several variations of concerns about the room entry doors as well as the locks on those doors. Several responses specifically asked for a 'padlock or deadbolt on doors', and some women noted that 'doors don't lock properly, and people break in.' Another theme noted in the responses was the desire for better control over guests allowed to enter the building, with women noting that guests can be 'violent', or 'try to sell me drugs.'

Safety and Support from the Women's Health and Safety Team

Figure 4 shows that more than half of women (56%) shared safety concerns with staff when an incident happens, while 35% of women indicated they did not share their safety concerns with staff. When they were asked to indicate the reason, most left a blank response. One woman indicated 'I didn't think it mattered if I told them or not'.

'IF YOU FELT UNSAFE FOR ANY REASON, DID YOU SHARE YOUR CONCERNS WITH THE STAFF?'



“Long time ago I struggled with one staff but all good now. I think I will let the staff now if something happens.”

Indigenous, 49 years old- woman

“I like the day shift staff; Afsana is very helpful and nice”

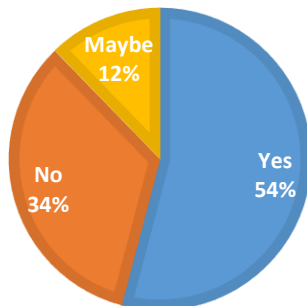
white, 38 years old- woman

Women who shared concerns with staff were asked if they've 'been connected with the Women's Health & Safety Liaison team?' 65% indicated they have been connected while 30% were not connected. The remaining answered maybe (3%), and 2% were left blank. The women were asked to list what support they have received, and the top three services were:

1. Listen and support to solve an issue (62%)
2. Find a new place and/or help move to a new building (58%)
3. Find resources and accompaniments (41%)

Then women were asked to evaluate the support they have received from the Women's Health & Safety Liaison team.

WAS SUPPORT FROM THE HEALTH AND SAFETY TEAM HELPFUL TO YOU?



“I met them once but never came back. I was assaulted by my partner, and I wanted to have my own space away from here, but they did not help me”

white, 35 years old- woman

“I met them a couples of times, Carolyn, I think, and she helped me. she helped me move here.”

Indigenous, 49 years old- woman

Top reasons noted by women who didn't find support from AWRS's Women's Health & Safety Liaison team meaningful included: 'they didn't solve my problem', 'my issue was too complicated', and 'I want my own place' These answers indicate that women residing in SROs have complex needs that may require more frequent visits, more involved support by the Women's Health & Safety Liaison team, and most importantly, more resources.

The Women's Health & Safety Liaison team's limited resources can make it challenging to meet the complex needs of women living in SROs. The team indicates it is stretched thin and unable to provide as frequent visits at times convenient for women and or as may be needed/desired by women; or the level of support needed to address each woman's unique situation. Increasing resources for the Women's Health & Safety Liaison team, including increasing the number of team members, could help ensure they have the capacity to provide more frequent visits, more in-depth support, and additional resources to meet the complex needs of women living in SROs.

The final section of the survey included questions to brainstorm possible solutions to support and enhance women's health and safety in SROs. Women were asked several questions to assess which services may enhance a sense of health and safety in their building. When asked if the presence of more women's health and safety support workers and more staff in the building would make them feel safer, 91% of women answered "Yes" compared to only 9% who said "No".

The majority of respondents (98%) indicated that peer support workers would very likely (81%) and likely (17%) help reduce violence in the buildings and make them feel more supported and safer. It should be noted that AWRS is re-starting the SheROes program, which was closed down at the beginning of the Pandemic. AWRS launched the SheROes program in February 2016 as a peer-led outreach program engaging women living SROs, and most recently in camps, providing practical and social support and connecting women with community resources. It began as a response to the many women living in privately-owned SROs who were isolated and whose needs were not being met. The peer support workers provide social connection, distribute sandwiches and snacks and other helpful items, and support women in the navigation of health and social services.

Women were asked to indicate if they would attend a weekly clinic if healthcare staff attended their SRO building. Most women indicated they are very likely (70%) and likely (20%) to attend. Less than 10% indicated they are not likely to attend however, women also indicated that health care workers need to be more supportive, and many referred to incidents in which they felt discriminated against and or unsupported by the health authorities Finally, more than half of women (62%) indicated they would prefer a key to lock their entry door. Options with less uptake included code lock systems (22%) and key card (11%). Key fobs were the least desired option.

“They do not listen. I hate going to the hospital, it's like we, it's like that, they do not care. I had my COVID shot here in the building and would never go out to take it. It's good they had a clinic here.”

Indigenous, 55 years old- woman

CONCLUSION

This report was initiated by Atira to investigate the health and safety status of women residing in APMI-managed SRO buildings. The report aims to identify areas that require additional support and make recommendations to enhance the health and safety of women tenants and guests in their SROs. The results from structured interviews and self-reported surveys revealed that many women feel unsafe in SRO buildings, and more needs to be done to support them.

The findings indicate that the lack of in-room washrooms, better entry doors and locking systems, support services for physical and mental health, and a safe supply of substances, including a safe way to acquire substances, are some of the areas that require attention. The tenants and interviewees reported that many violent incidents are due to personal possessions being stolen, and criminalized substances. There were also concerns raised by women about guests entering SRO buildings and posing a threat to the safety of women tenants.

The opioid crisis is also a significant contributing factor to violence against women and the exploitation of women. Unfortunately, many women are reluctant to report violent incidents for fear of further victimization and retaliation, and fear of losing access to their supply. While Atira cannot solve the wider drug crisis, it can play a crucial role in providing harm reduction interventions to improve the health and safety of women SRO tenants and guests, and advocate for better services and support.

In conclusion, the report recommends interventions that Atira must advocate for and or implement to enhance the health and safety of women SRO tenants and guests, until more adequate housing can be provided by the Government. These recommendations are informed by a harm reduction approach including enhancing security measures, increasing access to mental and physical health services, and developing targeted programs to address violence and harm caused by criminalized drugs.

RECOMMENDATIONS

Recommendation #1

APMI must continue to vigorously advocate for appropriate, affordable SRO replacements that provide safe, affordable, self-contained suites for women, and their families, in cities, towns and neighborhoods where women want to live, including the DTES.

At present, the City of Vancouver's SRA Bylaw prioritizes quantity of rooms over quality of housing, which has clearly contributed to women's lack of safety in SROs. Atira must work with the Province, the City, other nonprofit housing providers and women's organizations, staff and tenants to ensure that moving forward, quality of housing is equally as important as quantity. This may include allowing Government and or nonprofits to renovate SRO buildings, reducing the number of rooms, but providing self-contained suites, so long as they remain affordable and accessible to people who currently live in SROs.

Recommendation #2

Advocate for safe drug dispensing programs in the DTES to support women's safe access to drugs and reduce the risk of violence and exploitation, and increase supervised using spaces within buildings, including the possibility of women-only supervised using spaces.

Atira is encouraged to continue to advocate for an increase in safe drug dispensing programs including the expansion of the existing MySafe vending machine program. Women residing in SROs are often placed in precarious high-risk situations to obtain criminalized substances. Increasing the supply of safe drugs will decrease health and safety risks that arise as a result of a criminalized and unregulated drug supply, as well as decrease adverse reactions to toxic drugs. Women living in SROs will face less violence from suppliers and their debt collectors, and less exploitation from dealers and or neighbours and acquaintances who force them into sex work in exchange for criminalized substances. A safe supply may also indirectly increase the likelihood of women reporting crimes in instances where women are currently choosing not to report for fear of losing their source of supply. Increasing supervised using spaces within APMI-managed SROs for women to stay after using will also decrease the chance of an overdose or adverse drug reaction going unnoticed. Atira staff must continue to encourage women tenants and women guests not to use alone, and to utilize supervised spaces in the buildings. Atira should also explore the possibility and usefulness of creating women-only shared using spaces within its buildings.

Recommendation #3

Atira is encouraged to work with BC Housing, other nonprofits, and those with specific expertise, to review current entry door locks and systems, with a goal to ensure the best available entry locks for SRO buildings are being used, to ensure not only women's safety, but also their feeling of safety.

Staff and SRO tenants alike indicated that safe and secure locks on room entry doors are necessary for women's sense of safety and security within SRO buildings. In the surveys, women clearly indicated their desire for more secure doors and locking mechanisms. The majority of women said they prefer key-operated locks and indicated that the locks to their rooms are not secure. This may be more a feeling of safety and security as opposed to real or actual safety and security. A formal review and recommendations from those with specific expertise may help increase women's feeling of safety. Installing independent deadbolts (independent from those already part of electric locks) on room entry doors may also provide a much-needed sense of security for women in their rooms, but may prevent staff and other first responders from accessing their rooms in cases of life and death situations (e.g. drug poisoning or violent attack). Installing in-door viewers can allow women to see who is outside their room and give them better control access to the inside of their room.

Recommendation #4

Atira is encouraged work with BC Housing, other nonprofits and the community to explore options for installing an intercom system to communicate with women tenants in emergency situations, including acts of violence, fire, flood or other emergencies.

It was clear during the preparation of this report that an effective mode of communication with tenants and guests is critically needed, especially in incidents of violence, fire or other emergencies. This need was indicated by staff as it was noted that many tenants fail to respond to fire alarms due to the number of false alarms. Atira is encouraged to work with BC Housing, other nonprofits, other funders and building owners to explore options for installing an intercom or panic alarm system within its SRO buildings that can be used to communicate with tenants and guests and that can be used by women to report incidents of violence to front desk staff, who can then respond as requested/necessary.

Recommendation #5

Increase the presence of the Women's Health & Safety Liaison Team within SRO buildings.

There was unanimous indication from women SRO tenants and staff that AWRS's Women's Health & Safety Liaison team is, to date, the best resource for providing direct care to women-identified tenants and guests, connecting women with community resources, and performing many tasks including accompanying women to appointments. The Women's Health & Safety Liaison team responds following any report of violence against women and or women guests, and connects directly with victims. When requested, the Women's Health & Safety Liaison team can support women to develop a safety plan and or a move as needed. Additional presence by this team will enhance the mental and physical health of all women tenants and guests.

Recommendation #6

Enhance the capacity of the peer support model and ensure they work hand in hand with the Women's Health & Safety Liaison team to amplify their support for women and women guests living and staying in SROs.

AWRS is encouraged to revive its SheROes program to increase the number and presence of women and women-identified peer support in SROs. Peers with lived expertise, especially Indigenous peers, are more likely to gain the trust of women SRO tenants and to develop relationships with women. It is through these relationships that peers can help women access much-needed health and well-being resources, and act as advocates for women in any health or emergency situation. Peers can also support the daily needs of women and can provide help in maintaining women's rooms, and decreasing clutter to enhance well-being. Peers can expand the impact of the Women's Health & Safety Liaison team by offering more time and presence in SRO buildings. The Women's Health & Safety Liaison team can provide services to more women with the support the SheROes peer support program.

Recommendation #7

Continue to provide all APMI SRO staff with trauma-informed, as well as cultural competency training, promoting a decolonial, Indigenous and trauma-informed support approach that encourages purpose, influence and belonging among SRO tenants and in this case, among women SRO tenants and guests.

Trauma-informed practice training is a framework that is grounded in the understanding of and responding to the impact of trauma. An Indigenous trauma-informed approach recognizes the social and historical impacts that have disrupted Indigenous communities. Given the high proportion of women with trauma exposure and the disproportionate presence of Indigenous

women in SROs, trauma-informed and cultural competency training is necessary for all staff working in SRO buildings. This training can strengthen staff and tenant relationships and equip staff to respond appropriately in critical incidents.

For the past year, AWRS has offered a land-based healing program aimed at providing women with opportunities to connect with the land, as well as cultural and traditional practices that promote healing. As part of this program, there are plans to establish a land-based healing committee that will coordinate various activities such as group counseling, education sessions for staff and program participants, regular staff debriefing sessions, and update staff on issues and concerns raised by women tenants. The land-based healing program will also facilitate the permit and licensing of healing camps and advocate for services that support individual wellness plans. These activities will contribute to the revitalization of cultural practices and traditions that promote healing and provide women tenants with much-needed support in their healing journeys. Atira is committed to providing a culturally competent support and approach, and to promoting an Indigenous trauma-informed approach to all its building staff. In addition to the land-based healing program, Atira is encouraged to explore and support more programs that ensure culturally competent support for women living in its buildings, recognizing the importance of promoting cultural practices and traditions that contribute to healing and well-being.

Recommendation #8

Increase communication between AWRS's Women's Health & Safety Liaison Team and APMI SRO building staff to facilitate the creation of safety plans for women living in SROs

Atira is encouraged to create a robust communication protocol for building staff, so all staff are up to date and aware of current circumstances as they relate to women's safety. When safety plans are created between a woman and the Women's Health & Safety Liaison team, building staff must be made aware of the existence of the safety plan, and any required/agreed upon courses of action. Clear communication will reduce the risk of women experiencing more violence while a safety plan is being implemented and or after it is in place.

Recommendation #9

Implement a secure guest sign-in system to minimize risk of guest violence and threat to women living in SROs , and work with women tenants to identify guests who pose a risk.

Many women surveyed indicated that a significant amount of violence can be traced to guests entering SRO buildings. Interviews with staff also indicated that guests can pose a significant safety concern, and indicated that the presence of guests negated the potential benefits of women-only floors. Women tenants also expressed that their sense of safety is threatened by the presence of certain guests in their buildings. APMI must work with women tenants to develop a system to identify guests who post a risk to women, including a secure sign-in procedure can help reduce violence by providing a higher degree of accountability. A secure sign-in procedure can help reduce violence by providing a higher degree of accountability. Additionally, in instances of violence, logs can be reviewed in an effort to identify perpetrators. It should be noted that Atira already has a sign-in system in place however, this system needs to be evaluated to assess how it can be strengthened, especially in light of restrictions placed by the Residential Tenancy Act and the identified risk to women's safety and security.

Recommendation #10

Atira is encouraged to explore partnerships and or implement a transformative justice or, where necessary, a rehabilitation program for tenants who are perpetrators or have a history of perpetrating violence.

Atira provides housing and support for people who face multiple systemic intergenerational traumas and injustices, applying a non-judgmental emotional and practical support approach. While this approach empowers equity and inclusion and prevents homelessness, it has limitations. For example, referrals are made through a coordinated access system, which means Atira typically has little, if any, accurate information about histories of eviction, violence, health, or mental health concerns. While this information must never be used to deny a person housing, lack of it prevents Atira (and other housing providers) from adequately preparing for and supporting all tenants, and in particular poses a risk to women tenants. Both the Luugat and Patricia buildings, for example, were tenanted entirely from homeless encampments from Oppenheimer and Strathcona Parks respectively, where the focus was on appeasing the communities negatively affected by the encampments rather than on housing that best served the campers. Luugat and The Patricia are also two of the three buildings that experience the highest number of fires and floods, and the highest number of critical incidents overall (they are also both large buildings with 110 and 198 rooms respectively). As tenants spend more time in the building, staff are able to get to know tenants and, in many cases, learn about them as trusting relationships are built. They are also able to observe/witness patterns of problematic behaviour, including violent and or predatory behaviour. Atira must be able to connect these tenants to adequate and appropriate support services, including restorative justice and or rehabilitation programs, so they don't end up back on the street or in encampments, but they are also not a risk to women and other vulnerable tenants in the building, or to staff.

Recommendation #11

APMI must find ways to increase social activities in SROs, with a particular focus on women, to foster a greater sense of community and belonging.

During the interviews, women highlighted the absence of community or sense of belonging in SRO buildings, attributing this in part to the effects of the Pandemic. They noted that prior to the Pandemic, certain groups of individuals showed loyalty and support to one another, loyalty and support that has all but disappeared. APMI must prioritize organizing regular events such as game nights, craft sessions, movie screenings, or other activities based on tenants' interests. APMI must also establish and support tenant-led committees to plan and coordinate social events, providing opportunities for tenant leadership and community engagement. These initiatives could not only enhance social connections and alleviate isolation, but also promote a sense of ownership and pride in tenants' living environments, ultimately leading to greater overall well-being and quality of life for SRO tenants. Increasing social activities in SROs, especially activities that are women-specific, can have a positive impact on tenants' mental health and sense of belonging, and can create opportunities for tenants to connect with one another and form supportive relationships, reducing feelings of isolation and loneliness. Women may benefit from gender-specific activities, as they may feel more comfortable and safer in a space where they can share their experiences and concerns with other women. APMI could also explore partnerships with community organizations to provide a variety of social activities, such as beauty nights, art classes, support groups, or cultural events and celebrations.

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