

# **EXPERIENCES OF WOMEN IN MIDLIFE AND OLDER LIVING IN ATIRA PERMANENT HOUSING**

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## Executive Summary

**Introduction and Purpose:** While women continue to experience intimate partner violence across the life course, compared to services for younger women, there are few interventions that exist to support women in midlife and older who have experienced intimate partner violence. There is also little research on this population, especially in a Canadian context.

The purpose of this research is to learn about the experiences of women in midlife and older who utilize permanent housing provided by Atira and to identify the strengths and challenges of their current housing. This research is guided by a variety of perspectives, including a strengths perspective that focuses on assets, competencies, resources, and capacity development and paying attention to the intersections of multiple factors that affect the experiences of the study participants.

**Methods:** After obtaining ethical approval from Dalhousie's Research Ethics Board, we worked closely with Atira management and staff to recruit women in midlife and older. A total of 23 women living in three Atira buildings were interviewed in November and December 2022. The women lived in Margaret's Housing for women aged 55 and older in Burnaby (n=9) and in two buildings in the Downtown Eastside, Sísele for women aged 45 and older (n=9), and Secord housing for adult women (n=5). Each woman interviewed received a \$25 gift card to Tim Hortons. The interviews ranged from 10 to 51 minutes (mean= 27 minutes), and they were recorded and transcribed.

**Results:** The women lived in their current home for an average of 5 years (8 months-11 years). Almost 40% of the women identified as white and were born in Canada. Four were born in another country and immigrated to Canada. Over a third identified as Indigenous or part-Indigenous. While a few were aged 45-54, most were aged 55-64 (65%) or 65-74 (26%). While almost half of the participants did not complete high school, almost 40% participated in higher education. All but one participant identified have physical health about 60% identified as having current mental health problems and/or addictions problems.

Prior to living in their current home, the women discussed various and often intersecting issues contributing to their prior precarious housing situation including interpersonal issues, issues related to employment, poverty, the lack of affordable and safe housing, physical and mental health challenges including addictions, and experiences in the criminal justice system. About half of the women had lived in a short-term shelter, such as a women's shelter, and other forms of short-term housing prior to living in their current home.

Almost all the women identified other Atira services that they used, either before or after coming to their current home. Fifteen of the women noted living in a variety of other forms of Atira housing and shelters. The main challenges with these services were that most were identified as temporary and a lack of privacy. Many of the women had little knowledge of other Atira services available to them, did not know how to access them, or did not feel that they were in need to additional services.

A wide variety of people played a key role in facilitating access to their current housing including shelter workers, outreach workers, parole officers, social workers in a hospital setting, and advocates, and some advocated for themselves in finding appropriate housing. In most cases, the women talked about accessing their current housing going quite smoothly, both in terms of process and time.

The women discussed many strengths of their current home including that it is permanent, they feel safe and in control of their lives, they have a private room, and their housing and housing-related costs are affordable, and food is either provided or efforts are made to reduce food costs. A key strength identified was that Atira supports empowerment of women through encouraging the women to support each other, contribute in an unpaid capacity to the operation of the home (e.g., cooking for others, gardening), or the women were receiving training or paid positions within Atira (e.g., peer support, cleaning).

Many strengths and challenges were identified related to food. Overall, meals were appreciated by residents and an important service to maintain, although further customization of meals to meet individual preferences and needs would be appreciated. There were some differences in feedback about meals as food service is organized differently between the homes. At Maggie's some meals are provided but these have been reduced over time. Many women did not have kitchens and cook in a communal kitchen, and some preferred to have their own kitchen. At Sisele and the Secord, all meals are provided, and this is appreciated by the women. At the Secord, some women enjoy taking turns cooking for everyone.

A few of the women who identified as Indigenous shared their experiences of racism and discrimination. Primarily these instances occurred between the residents themselves, with only one participant explicitly noting that there was a lack of cultural competence and safety with staff members.

Almost all of the women talked about how they had positive relationships with at least some of the women that lived in their building. The relatively small number of units and the design of common spaces helped to foster relationships between the women. Not feeling alone was very important to several of the women. That many of the women shared similar experiences of violence in their lives, this appeared to help support positive relationships.

Some of the women identified that interpersonal conflict and abuse between the women existed, and this appeared to be more pervasive at Maggie's than in the other two homes. Several women recognized that mental health issues contributed to this negative behaviour. The women adapted by trying to be supportive of other women who displayed abusive behaviour, disengaging from certain people, using common spaces less or not at all, and spending a lot of time in their own suite or outside the building. Several women indicated that they agreed with the harm reduction philosophy in place, but there were several challenges identified that resulted from living with people who use abuse drugs with many not wanting to be around people who were drunk or high.

Many of the women noted that they have positive relationships from staff and administration in general. They appreciated that staff supporting their physical and mental health, provided social support, and helped them access information and other services. There were some concerns identified by the women related to relationships with staff such as some staff were not caring and limited in the support they would provide, staff who lack specific skills (e.g., cooking). Some women were frustrated that staff were not allowed to share information if other women were ill and seeking medical treatment.

While the COVID-19 pandemic continued to have an impact, the women clearly identified that they wanted to have more programming and activities. About half of the women identified the need for more mental health/addictions and counselling supports. Other common requests were for arts and crafts, esthetics, entertainment, and outings.

While a few of the women preferred to live in a home with women of all ages, many provided reasons why it is a strength to include only women who are in midlife and older. These included the commonalities shared because of age and a preference for a quiet and calm environment. Having women only contributed to feelings of safety.

**Conclusions and Recommendations:** In general, the women were very appreciative to have safe and affordable housing at this stage in their lives. Many of the women experienced great instability in their housing situation earlier in life and having a permanent home is a something that the women value highly. It is clear that these services contributed greatly to the physical and mental health of the women. The following recommendations were developed to further enhance the services provided by Atira to women in midlife and older.

- Ensure that women are made aware of other Atria services that are available to them.
- Additional mental health/addictions/counselling supports are needed, preferably on-site. This could include holding Alcoholics Anonymous, Narcotics Anonymous) on-site.
- Any interpersonal conflict between residents needs to be addressed quickly and effectively so the women feel safe living in their homes.
- Increase opportunities for the women to contribute to the operation of their home or other Atira services in a paid or unpaid capacity (e.g., expand opportunities for the women to cook food for other residents).
- Offer cooking classes to both staff and residents, including content on food sanitation.
- Work toward making meals provided more varied and customized to dietary needs and preferences.
- Provide training to staff about working with people who are indigenous.
- Offer educational sessions to residents about Indigenous issues in Canada.
- Provide educational sessions to residents in supporting people with mental health issues.
- Ensure that appropriate interventions are implemented when abuse between residents is identified.
- Explore ways to limit contact between those abusing drugs and those not abusing drugs.
- Have a designated space available for people to use drugs safely.
- Have an emergency response system available (e.g., call bells)
- Explore how to increase the number of hours that staff are present each day at Maggie's.
- Allow staff to provide basic information about the other women living in the building, such as if a woman is away getting medical treatment.
- Try to recruit more diverse staff, including staff who are Indigenous.
- Provide regular opportunities for the women to provide feedback during house meetings.
- Have Atira Management have a greater in-person presence in each of the buildings.
- Provide more opportunities for activities in the buildings such as opportunities to eat together, arts and crafts, esthetics, entertainment, and outings.
- Implement environmentally friendly practices in maintaining the grounds at Maggie's.
- Expand the number of units available that are designated for women in midlife and older.

# 1. Introduction

While our knowledge is far less complete on intimate partner violence among older versus younger women, a mistaken assumption is that it ceases with age (Hightower et al., 2006). Prevalence studies have shown that between 15% and 30% of older women report intimate partner violence some time over their life (Bonomi et al., 2007; Montero et al., 2013; Stöckl & Penhale, 2015). In a study of coroners' files of homicide by individuals aged 65 or older, 89% of homicide victims were female, and of these, 93% were current or former spouses of male perpetrators (Bourget et al., 2010). It is generally recognized that, like other types or forms of abuse, intimate partner violence among women in midlife and older (approximately age 50 and older) is under-estimated.

Compared to services for younger women, there are few interventions that exist to support women in midlife and older who have experienced intimate partner violence (Crockett et al., 2015). Existing services can be grouped into four types: 1) individual in-person counselling and support; 2) individual help over the phone, crisis lines, and help lines; 3) educational and/or therapeutic support provided in a group setting; and 4) short and longer-term shelters and housing (Weeks et al., 2021). Very little is known in Canada about permanent housing that is available for or women in midlife and older. Atira is one of the few organizations in Canada that provides permanent housing to women in midlife and older who have experienced gendered violence.

The purpose of this research is to learn about the experiences of women in midlife and older who utilize permanent housing provided by Atira and to identify the strengths and challenges of their current housing. This research will provide important insights about the specific needs of women in midlife and older in Canada who have experienced violence in relationships and to identify the strengths and challenges of their current housing. The results will contribute important knowledge to Atira, the scientific community, and other service providers and inform the further development of initiatives for women in midlife and older who experience violence in relationships.

## 2. Methods

### 2.1 Theoretical Perspectives

In this qualitative study, we were guided by a critical gerontological perspective (Agger, 2013; Fay, 1987) that sees society as being composed of social structures that shape the lives of older adults, causing inequalities and stratification within the society. This perspective helps to examine how services are organized and provided for vulnerable people and how they support the empowerment of older adults. We were also guided by a strengths perspective that focuses on assets, competencies, resources, and capacity development in individuals, families, and communities (DeFrain & Asay, 2007; Saleebey, 2006). While a feminist lens is often used in research and interventions focused on the abuse of women and girls, this lens is often neglected by scholars and practitioners working with or for abused older adults. Thus, in this research, we use an intersectional lens through paying attention to multiple factors that affect the experiences of the study participants (e.g., age, sex, socioeconomic status, health status, ethnicity).

### 2.2 Ethical Considerations

This research received approval from the Research Ethics Board at Dalhousie University (approval # 2022-6291). All data collected was stored securely in password protected systems. Team members shared research data through the secure OneDrive system to ensure the protection of the data. Participants were assured that they would remain anonymous in any reports of the results, but the name of the Atira services utilized would be identified. A participant number is used to refer to quotes along with the name of the building they lived in.

### 2.3 Participant Recruitment

Criteria for inclusion in this study included women (i.e., any person who identifies as a woman, including transgender women) in midlife and older (approximately aged 50 and older) who currently live in permanent housing provided by Atira in the greater Vancouver area. All of the women lived at one of the following three Atira housing programs. Each of these programs provide safe and affordable housing, but there are some differences between the homes.

- Margaret's Housing for Older Women is a 25-bed independent-living residential program for women aged 55 and older in Burnaby. Each suite has a private bathroom, some meals are provided, and the women use common cooking facilities for some meals. This home does not have staff present overnight.
- Sísele is a 32-bed residential supportive housing program for women aged 45 and older in the Downtown Eastside area of Vancouver. Each suite has a private bathroom and kitchenette, and all meals are provided. This home has staff present at all times.
- Secord Housing for Women is a 28-bed residential supportive housing program for adult women. This home has shared bathroom facilities and common kitchens are available, but all meals are provided. This home has staff present at all times.

Information about the study was shared electronically by an Atira administrator to the manager of each of the homes. The administrator communicated with the first author about an



appropriate time and date to arrive at each home to conduct interviews. The manager arranged for a private place to conduct the interviews within each home. On the appointed days, staff at each home shared information about the study to potential participants and staff assisted in scheduling interviews for women who were interested. Prior to each interview beginning, the participants were given a hard copy of the informed consent form, were provided with a verbal overview of the contents, were given time to review the contents, and were given an opportunity to ask any questions. Informed consent was obtained verbally and documented on the digital recording. All participants who expressed an interest in being interviewed consented to being interviewed. One participant began the interview but was not able to finish it due to health reasons. Each person who participated in an interview received a \$25 gift card to Tim Hortons, including the woman who did not complete the interview.

## 2.4 Data Collection

Questions asked included demographic characteristics of the participants, questions about Atira services or programs utilized, other programs and services utilized, any issues they experienced in accessing and utilizing services or programs, and recommendations about how to better meet the needs of diverse women in midlife and older. The full interview guide is in Section 5 of this report.

A total of 23 participants completed an interview from the three Atira housing programs (Margaret's n=9, Sísele n=9, Secord n=5) in November and December 2022. Interviewing continued until it was clear that no new key themes were emerging, and we were able to create rich, thick descriptions and meaningful data (Fusch & Ness, 2015; Guest et al., 2006). All interviews were conducted in-person by the first author, and the interviews ranged from 10 to 51 minutes (mean= 27 minutes). The interviews were digitally recorded, and a verbatim transcript was created. Transcription was facilitated by using Otter.ai to create a draft transcript which was then finalized by a team member who listened to each recording and edited the transcript.

## 2.5 Data Analysis

We used an inductive thematic analysis approach for analyzing the interview data. Thematic analysis is a form of pattern recognition for inductive coding (Fereday & Muir-Cochrane, 2006) useful for understanding influences and motivations related to how people respond to events (Luborsky, 1994). Data analysis involved generating initial codes, searching for themes, reviewing themes, and defining and naming themes that represent responses within the data set (Braun & Clarke, 2006; Fereday & Muir-Cochrane, 2006).

Draft codes were identified by the first author and discussed by the research team. Further refinements were made until the codes were finalized (see Section 6). At least two team members coded 9 (39%) transcripts independently and came to consensus on the final coding through discussion. The remainder of the transcripts were coded by one team member. Data analysis was facilitated by using QSR International's NVivo12 software that aids in organizing and analyzing qualitative data.

### 3. Results

#### 3.1 Characteristics of the Participants

The table below includes a summary of the characteristics of the women interviewed. To assure anonymity of the participants, this information is not reported separately for the 3 homes, and only non-identifying information is included in this report.

Characteristic	n=23	%
Length of time in current home		
2 years or less	7	30.4
3-7 years	10	43.5
8-11 years	6	26.1
Ethnicity, place of birth		
White and born in Canada	9	39.1
Indigenous or part Indigenous	8	34.8
Immigrant to Canada	4	17.4
Other	2	8.7
Age		
45-54	2	8.7
55-64	15	65.2
65-74	6	26.1
Education		
Less than high school	11	47.8
Finished high school	3	13.1
Training beyond high school	9	39.1
Marital Status		
Divorced or separated	10	43.5
Single	9	39.1
Widowed	3	13.1
Currently has a partner	1	4.3

The average length of time that the women lived in their current home was almost 5 years, and this ranged from 8 months to 11 years.

Almost 40% of the women identified as white and were born in Canada. Four were born in another country and immigrated to Canada. Over a third identified as Indigenous or part-Indigenous. Most were either in the 55-64 (65%) or 65-74 (26%) age groups. While almost half of the participants did not complete high school, almost 40% participated in higher education.

Most identified as either divorced or separated (44%) or single (39%) and only one participant currently had a romantic partner. While we did not specifically ask about experience of intimate partner violence or other forms of violence experienced over the lives, many of the women shared these experiences during the interview process.

“And there was always violence around me. So I don't like violence” (21 Second).

“I got pregnant at 15 just to get out of the house” (21 Second).

“The reason why I'm single. I cannot follow the dysfunction of my own family back home” (12 Sisele)

“I came home to an empty house one day, from him getting out of jail and coming in and taking everything we owned” (3 Maggie's)

“My childhood wasn't easy... I was brought home to an SRO. My father left my mum when she told him she was pregnant with me. And she married my father. So because of the Indian Act law, she was pushed out of her reserve. My father was Scottish. So she, she was what they called disenfranchised” (17 Maggie's).

All but one participant identified having physical health problems and these included challenges related to the cardiovascular and circulatory system (e.g., heart problems, stroke, high blood pressure) digestive or excretory system and renal system, respiratory system, musculoskeletal system (e.g., arthritis, osteoporosis, mobility challenges). Many participants also identified having issues related to their dental health, vision, and complications from prior injuries.

While just over 40% of the participants did not identify having current mental health problems, the remainder did identify issues including depression, bipolar disorder, anxiety, post-traumatic stress disorder, challenges related to dealing with various forms of loss, and addictions. While we did not specifically ask about addictions, some participants (n=5) described themselves as a former or current drug user.

### 3.2 Prior Housing Experiences

The women discussed various types of housing arrangements prior to moving to their current home including living with partners or other relatives, couch surfing, or being in hospital. Several mentioned living in subsidized housing (e.g., BC Housing) in the past. It was a challenge for some women to qualify for BC housing as an eligibility criterion was living in the same place for 2 years. One woman mentioned that even subsidized apartments start at \$1100/month. This often necessitated having to have at least one roommate, and this could lead to interpersonal challenges and damage or loss of their own property (e.g., furniture).

Some of the women had lived in various other forms of housing, such as apartments and SROs. Some concerns raised were abuse by landlords as renters are at their mercy, difficulties getting damage deposits back, not enough staff supervision for these buildings, and little privacy. In many cases, men also lived in these places, and some participants felt unsafe living there.

“I moved into the \_\_\_ Hotel (a SRO). And I lived in there, but it was way too rough for me living there...Because it was men and women. And I had a guy break into my room, and try to break into the shower when I was taking a shower. I couldn't live like that. And they were selling drugs everywhere. And just too much. I can't live in an unsecure, you know where everything is happening and you can't control your own room, your own life because people are doing things...Two years. I can't handle it when I'm nervous all the time and having to carry all my money in my bra or in my shoe” (21, Secord)

“From \_\_\_, I was there just a few months and they came and showed me here, and after being in the Empress Rooms, this was heaven....shared bathrooms, shared

kitchen, you just had a little room, the room I was in had no window. It was just a terrible place” (11 Sisele).

The women discussed various and often intersecting issues contributing to their prior precarious housing situation including issues related to employment, poverty, the lack of affordable and safe housing, physical and mental health challenges including addictions, and experiences in the criminal justice system.

“And poverty brought me here and illness. So you know, basically, when you're on a fixed income in a market, in Vancouver just now, it's astronomical, I was in the same place for 17 years, until our landlord decided to triple the rent” (16 Maggie's).

“Sometimes I was evicted three times in a year. I got evicted 14 times before I moved in here” (12 Sisele)

“I don't know how many times I've moved. But I found myself on the street, not because of alcohol or drugs, it was because there was nowhere to go. And the job that I had. I experienced a lot of violence, employers, so I had to leave that.” (5 Maggie's).

The prior housing situation for several women was disrupted due to interpersonal issues. This could include something that happened to a roommate or family members who were sharing the cost of a home, such as the breakdown of a relationship with a partner, illness, or death. Some of the women spent time in correctional facilities.

“And when she [her mother] passed away, my brother was with us, and I said, now it's my turn to live my life. And so I moved and he is still in the apartment we had” (21, Secord).

After my son passed away... him and I were homeless together. And we found a place, we got a place for January 1. And he died December 31. So I was homeless after we just paid our damage deposit and everything” (3 Maggie's).

“I'm here because I have to be. The parole board put me here... I lived in Burnaby in a house in a basement suite. That was really nice. ... But my partner died. And the two of us were paying, you know, our money into it. And I couldn't have stayed there. And when she died I went into shock. I've been with her 28 years” (11 Sisele).

About half of the women had lived in a short-term shelter, such as a women's shelter, and other forms of short-term housing. Various concerns were identified including a lack of privacy, concerns for personal safety, having personal property stolen, they were very busy places with people coming and going all the time, a great deal of noise, having difficulty sleeping, and issues related to others using drugs (e.g., overdoses, death). One woman emphasized that having a limited time allowed to stay (e.g., 1 month) contributes to women going back to an abusive partner.

“It's just such bad karma there. And it's really heavy. And the girls use, like, really harsh. You know, all anybody gives a shit about is dope there. And there's 13 women that died of overdoses there” (23, Secord).

“And the manager at the time, who was here also said she was going to talk to somebody about that one month is not enough time, and to be put out after a month. That's the thing that ends up having women be reoccurring. I know that they don't have the finances to

allow people for more than one more month, but honestly, I think that's the pitfall right there. And when you don't have anywhere to go, and you're going to be on the street, luckily for me, I came here. But if I didn't, where would I go? Back home? Where are you going to go" (1, Maggie's).

"A homeless shelter, I had my own room. Yeah. That was nice. But still in the midst of drugs, addicts, death, overdoses. I wanted to get out of there so bad. For three years I tried to get out. I finally made my escape, so I came here. I'm still here" (19, Maggie's).

### **3.3. Utilization of Other Services**

#### **3.3.1 Atira Housing Services**

Almost all the women identified other Atira services that they used, either before or after coming to their current home. This included short and longer-term housing and various other services provided by Atira. Fifteen of the women noted living in a variety of other forms of Atira housing and shelters. While not all the women identified the specific name of the form of housing, the ones in the following table were identified. The main challenges with these services were that most were identified as temporary (e.g., 6 months, 2 years) and a lack of privacy. If the women noted any additional strengths or challenges associated with a specific service, these are noted in the table below.

ATIRA Housing Services Utilized	Strengths	Challenges
Empress Rooms	- liked this place	- Did not have a good experience, said Sisele's was heaven compared to it; shared bathrooms, shared kitchen; just had a little room with no window
Housing above Waves Café on Cordoba		
Mar Hotel	- received a starter kit for her room: sheets, pillows and "brand new" towels	- didn't feel like home
Sereenas		- a terrible, scary place to live - not enough staff that cared - was beaten by another resident
The Sisters	- the staff was fine, - some ladies were nice	- "the baddest worst shelter," it was terrible - location, downtown Eastside - all bunk beds - drug addicts, - noise, couldn't sleep - computer got stolen
Rice Block		
Hotel program during COVID	- was lucky, it was great, stayed in a nice hotel, kept her protected from COVID, got counselling after moved in	
The Gas Town on Water Street	- was really good	- had both men and women
Sorella		- downtown location, did not feel safe
Container housing		- better off in a tent, wouldn't recommend them at all - high amount of drug addiction, alcoholism - women don't feel safe, men worked there, men lived there, stories of rape, violence - some staff are addicts, not able to deal with the issues of tenants - lack of security, keys get stolen - experienced a fire, lost all of her belongings - shared kitchen and bathroom, small - people bring their garbage with them, the paces are filled with garbage, cockroaches - a lot of deaths

### 3.3.2 Other Atira Services

In addition to housing and shelter services provided by Atira, some women also identified that they utilized the Atira services in the table below before or after coming to their current housing.

Other Atira Services Utilized	Strengths	Challenges
Counselling	- really good, she gave very good counsel, was excellent, helped to empower me - bereavement counselling was helpful	- only available for a short time - one was a student who had not finished her training
Legal assistance		- there was a privacy breach, her file was accidentally sent to another client - could not help her as it was not a family-related issue
Bette's Boutique	- helpful to be able to get free clothes	- they change the rules all the time (e.g., how many items they can have)
Enterprising Women Making Art	- really helpful, got my mind into a whole other area of art, creating, other women to talk to	

### 3.3.3 Factors Affecting not Utilizing other Atira Services

It was difficult for many of the women to identify what Atira services they didn't use and why. A frequent response was indicating that they were not aware of what other Atira services are available to them.

"You know what, to be really honest, I don't even know how many programs they have. Because I don't look into it" (05 Maggie's).

"They might have lots but I don't know about it" (11 Sisele).

"I don't know, I hadn't really thought about it, actually" (23 Secord)

Other participants identified that they were not currently in need of additional services not provided in their building (e.g., needle exchanges). Interestingly one woman perceived that others were in greater need, and she didn't want to take resources away from others, such as free clothing offered at Bette's Boutique.

"I have a really simple life. If I can't do it on my own, if I can't figure it out on my own, I'll ask... Everything I could possible need is here" (21 Secord)

"Like the Bette's Boutique and stuff like that. I don't go there... I don't really need it. It's for women that don't have much" (22, Secord)

Some of the women identified services they would like to have access to that did not feel were currently available or they did not know how to get help. This could include access to a person who would help them get an ID, helping women with filling out forms online, and obtaining travel documents. A few participants mentioned wanting to have access to mental health services.

One woman felt that while some Atira mental health services may be advertised, there was a perception that it was not currently available or there were long wait times. In addition, one woman felt that there was a stigma around using some services, such as mental health supports. The potential cost was a concern to some.

“But I did, you know, do out-of-house counseling, because as much as the numbers are posted here, and the services are posted here, it seems the accessibility is not as accessible as it seems.” “ (16 Maggie’s)

“Well, nobody wants to admit they need help” (9 Sisele).

“I am not resourceful enough to find [help with travel documents], like my problem is how will I afford, I am still on income assistance” (24 Secord).

### 3.3.4 Non-Atira Services Used

The participants identified using some additional forms services provided by other organizations. Strengths and challenges associated with these services are included in the table below.

Non-Atira Services Utilized	Strengths	Challenges
counselling	- helped with anxiety, depression	- more detrimental than anything
Women Against Violence Against Women (WAVAW)	- learned a lot about gender, impacts of abuse	
Information & referral: Women’s Centre (e.g., East Side Women’s Centre), navigators, Carnegie Centre	- helpful staff, referrals to other services including current housing - free services - help with online services	
Healthcare: primary care, access to dentures and glasses		- do not have a family physician - nervous and scared going to doctors - have to wait for appointments

### 3.4 Experiences Accessing Current Housing

Although about 25% of the women lived in their current home for 8 years or more, they were able to articulate their experiences in accessing their current housing. The women identified various people who provided them with information about their current home and who played a key role in facilitating their move. These included both people who worked for Atira and other organizations (e.g., Carnegie Centre, Women’s Centre) including shelter workers, outreach workers, parole officers, social workers in a hospital setting, and advocates.

“Yeah, I was looking for something permanent... And my worker, Atira worker came, and she would come every week and drop off gift cards for us. And so she came in, she's like, you know, you got to find a place. I'm like, I'm trying, I'm trying. And she says, Well because you're sick. I've got a place that you could possibly be interested in. So without even seeing it. I said, sure. Like, I'll take it.” (3, Maggie’s)



“Well, you know, I think, you know, mostly of the shelters are actually you know, they're all connecting amongst themselves. So since I was already staying three months in, you must be out of the shelter. But, you know, they see me my character, they see me so they call, you know, one of the Atira workers to interview me. So when they interview me, they show me this one, the outreach worker, they show me this one. And then they said, they're gonna show me another Atira building. When I saw this one, I said, this is it” (12, Sisele).

“I went to Burrard, to a shelter. And then I came here. I was in the hospital for just almost five months ... he worked at the shelter that I was at. And he's one that had found me and helped me get to the hospital ... and then he got me in here” (20, Secord).

Many of the women also advocated for themselves to find appropriate housing.

“I thought I can find a place on my own, but like I said, I finally asked for help. And I got in. I got in pretty quick....I was staying in a shelter. And then I asked them in the shelter. I said is there any way? Is there any places, can you guys help me so you can get a place? Because usually, people just try to find their own place. Or they just stay in the shelters and do the shelter thing. I was tired of it.” (8 Sisele).

In most cases, the women talked about accessing their current housing going quite smoothly, both in terms of process and time. Several women mentioned being able to move in quite quickly, often within a few months. However, even a month was challenging for some of the women, depending on their circumstances. One woman had to stay living in a shelter for a month prior to moving said: “It was too long. Because I've seen deaths. I've seen two people overdose in that time” (19 Maggie's).

For other women, it took much longer to access their current housing, such as up to a few years. One woman put her name on the waiting list for Maggie's, but she was able to stay at a friend's apartment for a year and a half before she could move. If a woman was in dire need, there seemed to be mechanisms for a move to occur rapidly. “I just lucked out. The manager transferred me after a beating, I took a beating from this girl, in the common coffee room” (15 Sisele). One woman did not appreciate having to move very quickly from where she was living, but the move was precipitated by the COVID pandemic.

“And then when COVID hit they had no staff there... And so they gave us three days notice to move. So we all actually had to be out of there in three days. And they only let us take three bags. And we had lived there for like three years. It was just impossible. So I moved here” (23, Secord).

## **3.5 Current Housing Strengths and Challenges**

### **3.5.1 Permanent Housing**

In contrast to various other forms of housing the women experienced, they could live in their current home permanently if they wished to do so and their needs could continue to be met. While some of the women indicated wanting to move to a different type of housing (e.g., a larger apartment), most of the women interviewed expressed gratefulness to Atira for their current home where they can live permanently.

“And when you don't have anywhere to go, and you're going to be on the street, luckily for me, I came here. But if I didn't, where would I go? Back home? Where are you going to go?.... Having a place has been the biggest, biggest thing for me just your own place that you have that shelter in” (1 Maggie's).

“So yeah, it was difficult. And then I came here... this is permanent in the sense that I'm so happy here...I don't believe how thankful I am for having this place. (2 Maggie's).

“I'm very thankful for Atira and all they've done for me. They've been very good. Like they've never closed the door on me...It gives women the time to just slow down, stop, and then get their self worth back because they have stability. In their life, it's really important to be stable. If you're not in a stable place, you're not going to get better” (3 Maggie's).

“I'm lucky I got in her when I was young. I was 45” (7 Sisele).

“It was nice because I knew it was permanent” (9 Sisele).

“Yeah. I wasn't left homeless, no, thank goodness... and I'm grateful to have a place. I guess I should say I'm grateful to Atira” (13 Sisele).

“They treat me good, I work for them, you know. I have housing from them. What else can I ask” (19, Maggie's)?

“I like everything about here. If I have a problem with them, if I have a problem with staff or anything, they tell us there is an office on Columbia and Cordova, and we can go and talk to Atira there...there's not too much about Atira I don't like...they work really hard” (21 Secord).

### **3.5.2 Feeling Safe and in Control of One's Life**

Many women identified that they felt safe living in their home, and this helped them feel in control of their lives. It was clear that many of the women did not always have these things in their lives. There were many factors that contributed to this including that only women were allowed to live in their current building, the women were older (in Maggie's and The Secord), and that the buildings were secure. Even though two of the buildings were located in Vancouver's Downtown Eastside, the women felt safe living in their building.

“They provide us housing, roof on your head. That is the most wonderful thing. Safe place to live” (2, Maggie's).

“This is a safe place for women” (8 Sisele).

“I like living here, safe for me now. I have been here for a long time. I'd be hard to get rid of” (10 Sisele).

“I'm very grateful to have somewhere I'm safe. I know. I'm safe. You know, and for getting older and that it is an excellent place for an older woman to be you know that you're safe” (11 Sisele).

“I do feel safe here. That's one thing. Make a note” (13 Sisele).

“I find that as older women, whereas we get aged, we want more sedentary in our lives. That’s the only way, without loud music and, and what not ...it makes it feel more of a safer environment” (16 Maggie’s).

“I never felt safer. It’s a secure building. You can’t just walk in the door. So even though it’s not in a great neighbourhood, you feel comfortable here” (20 Secord).

“I like that it is safe. Nobody comes in here that isn’t accounted for” (21 Secord).

### **3.5.3 Privacy Matters**

In each of the three buildings, the women all had a private room, and it was clear that the women appreciated having privacy as this was something not always available in prior housing arrangements. For those living at Maggie’s and Sisele, they appreciated having a private bathroom with a shower and/or tub. Having access to a TV in their room was also appreciated.

“We’ve got our own room and everything, a bathroom and everything... It’s better than where we used to be. So we had to share, we had to share the bathroom.. plus our own TV, we can watch any shows we want. You don’t have to share” (7 Sisele).

“Very nice to know that I didn’t have to share a bathroom. Because we had to here, like school or something” (9 Sisele).

“Yes, that is the main thing. I got my privacy, because in the former places that I either even though I got privacy, or they’ll just open the door, the landlord, just open the door. Yeah, you can lock my door and nobody’s going to bother you. That is one thing that I like” (12 Sisele).

### **3.5.4 Anyone Can Afford to Live Here**

The women expressed a great deal of satisfaction with the amount that they paid for their housing. Many of the women reported paying \$375/month, except for a few suites with full kitchens at Maggie’s that were more expensive but were capped at a certain amount under market value. The women were quite aware of the high cost of housing in the Vancouver area, especially how the cost of renting housing in the open market has escalated in recent years.

“There’s a housing crisis happening in BC. Vancouverites are being priced out of the housing market. Where do you go to find housing? So that’s how I ended up here” (17, Maggie’s).

“Sure, I would like to have one bedroom (apartment), you know, apart from that I can’t afford it now... its so expensive everywhere” (18 Maggie’s).

“It’s like, it’s \$375 a month here. That’s a flat rate for people that are on social assistance or disability. So that’s a flat rate. So if I work start working part time, then my rate will go up a little bit, but not much” (3 Maggie’s).

“I couldn’t do anything else. Because when you’ve got \$375 for rent, where can you rent...I don’t think I’d find accommodation for what I have as nice as this” (11 Sisele).

In addition to having highly subsidized housing, the women also appreciated having few additional costs associated with housing. Some of the women identified expenses included in their rent, such as cable TV and internet. While not all the women had a computer in their suites, this was available in the building, such as in a common room. At Sisele's and The Secord, all the costs of food were included. At Maggie's, the women were expected to purchase groceries and do their own cooking, but some meals were provided (e.g., breakfast). There were several strategies utilized to reduce the costs of food for the women living at Maggie's including making use of a food bank and other food donations.

"Right now we're on a program, I think it's called sunshine, Ryan Sunshine Food Bank. So we get bags every Thursday... but we can buy our own groceries when we have the funds for it" (5, Maggie's).

The women did mention that they were responsible for paying for items such as clothes, access to additional TV channels or entertainment packages they wished to have (e.g. Crave TV), a bigger fridge with a better freezer, or a car.

"I have to buy a fridge. The fridges they give will make ice but they don't keep things frozen. They do ice cubes, but that's it. So when I like ice cream, I needed to keep the ice cream cold not melted. So I have to buy my own fridge" (11 Sisele).

"I don't drive very often with the prices, the gas, and whatnot. But it's definitely, it's good to have that level of independence" (16 Maggie's).

### **3.5.5 Supporting Empowerment and Meaningful Contributions**

Several women felt that living in an Atira building contributed positively to their well-being in several ways. In particular, they felt that several aspects of Atira programs encouraged empowerment. Being part of a network of women who work for Atira and/or live in Atira buildings helped to provide positive examples of how women can support each other.

"It's just been a network of women, that positive network that you could feel you feel good being around, you feel empowered. You know, you feel like you're not alone. It's really nice" (3 Maggie's).

"And I think it's nice because it gives you time to heal. And it gives you time to be empowered and, and see faces that are always friendly and happy, even if you're not. There's people here that are happy. So it's nice" (3 Maggie's).

"Even the one of the people that come in does a whole lot of work and she renovated our kitchen, she's female, her name's Colleen, she could do anything ... it's so cool. Because in a lot of ways you sense female empowerment. You know, like you could, you can take care of yourself, you really can do this. And the women that are employed here, they give you that, like, I'm here, like, I'll help you" (4 Maggie's).

About a third of the women spoke about various paid and unpaid contributions they made to support the other women living with them or women using other Atira services. The women who spoke about paid and unpaid occupations with Atira spoke very positively about these experiences. The women appreciated any compensation they received for this work and the appreciation received for unpaid contributions. It was clear that they received personal rewards for making meaningful contribution to others, and some identified wanting to give back to Atira

for helping them. “Because when I was in need, Atira helped” (2, Maggie’s).

Many of the women spoke about paid positions that they currently or formerly held with Atira. Some worked as a peer support worker, and this included providing education about the COVID-19 vaccine and encouraging the women to get vaccinated. Peer support could also include a variety of other tasks such as helping other women gain access to services. Some of the women also spoke about being paid to do extra cleaning in the home related to preventing the spread of the COVID-19 virus.

“I got a job in the building. I don't go to it right now, but I had one and then they asked for it back. You know, because of COVID. I liked that because it keeps me busy... I was just going around, like cleaning and everything .. just like doing doorknobs, railings. I like it, you get little extra money plus it kept me busy for two hours. And it made me feel better about myself” (8 Sisele).

“I've always done advocacy, you know, and I love talking to people, and I'm good at finding things” (16 Maggie’s).

A few of the women mentioned currently being in an Atira training program, such as training to become a peer support worker, or previously completing training provided by Atira. They looked forward to obtaining a paid position with Atira in the future. “And so right now with this employment program and training, I'm trying to pull myself out” (5 Maggie’s).

Some of the women also spoke about informal work or things they did to support the other women living in the home or looking after the building and property. Several women mentioned that they help cook for the other women or help them access food and other items they needed. The women who lived at the Secord could make dinners for the other women, and they were compensated for this contribution. Some women contributed in other ways such as volunteering to help with gardening and yard maintenance.

“And then we have a cooking program in here ... We started it ourselves, basically where we cook dinners. And we get paid for that. So that's a bonus... I cook once a week.... So there's like five or six of us right now and then we cook just one day a week” (22 Secord).

“You know, if I see some clothes, and somebody needs clothes, and that, I grab them for them. If they are not eating properly, I try to get them something healthy to eat” (21 Secord).

“I help a lot of people. And I used to help people go to the store. If they don't want to go, I will go for them. If they need help doing the cleaning up, I do that help” (10 Sisele).

“So I take care of the leaves, and do the weeding. And I did all the rocks around all the trees and stuff out there. So I've done that. Me and my girlfriend. Yes, she lives here too. She's done that with me” (3, Maggie’s).

“I had so much help and so many people helped me do things. So it's nice to be able to help people too” (20 Secord).

### 3.5.6 Food Provided and Food Preparation Facilities

Atira residents shared their thoughts and experiences with meals, food, and food preparation facilities. Some of the buildings have a shared kitchen space and shared meals, others have individual meals provided, and some had a mix of these meal service approaches. Overall, meals were appreciated by residents and an important service to maintain.

At Maggie's, residents share a communal kitchen which provides an opportunity for the women to cook together and share ideas. Maggie's residents also receive a daily breakfast consisting of eggs, yogurt, bread, cereal, and juice. However, COVID-19 has had negative lasting impacts on the meals and mealtimes. To the residents' disappointment, little has changed since public health restrictions have been lifted.

"At one point the dining room was a dining room where you could sit and socialize, that got taken away, understandably, when COVID came in" (Maggie's 16).

"Nothing's changed, they still individualize the meals, they still serve them and hand them out. But it doesn't empower people. It doesn't you know, we used to have a choice, we could say what we wanted for dinner this week, or, you know, we could make special requests. Our meals used to be a salad, three things in our in our main course, like starch, a protein and vegetables, and dessert" (Maggie's 17).

The number of meals was also reduced which impacted women who did not or could not cook for themselves, "the meals have been reduced from four meals down to two and a half" (Maggie's 17); "and a lot of women relied on that, because there's a lot of them that don't know how to cook" (Maggie's 16). Despite cutbacks on food service and meals residents were grateful for the food provided, although the lack of variety was noted as making meals less enjoyable and, in some cases, not suitable for residents with certain dietary allergies or illnesses.

At Sisele, residents appreciate being provided with three meals a day. One woman described this as being "pampered" and likes that "they will knock at your door just to give the food. It's just like, we're like a royal here" (Sisele 12). Another resident added, "and on Saturdays... you can basically eat all the ice cream you want!" (Sisele 8). Not all residents enjoyed the meals, with one woman politely explaining, "I don't really like some of the stuff they make. That's okay. Nothing wrong with it, it's just not my thing" (Sisele 11). Another resident made use of the food bank.

At Secord, women take turns in the kitchen and prepare food for themselves and other residents on a rotating schedule. They also enjoy choosing the menu. Groceries are delivered weekly, and staff will "take out the meat the night before... [my] day will come and I'll cook my pork chops or whatever and the staff takes it up in containers and takes it up to the residents" (Secord 22). Not all residents enjoyed the cooking of others due to concerns around food handling, "I won't indulge in because it's not, some of the girls aren't very clean. And they don't make them wear [hair] nets or gloves" (Secord 23). Again, lack of variety was noted with one woman explaining that the meals have "way too much chicken" (Secord 23).

Residents had several recommendations to improve the access to and utility of kitchens. Communal kitchens were enjoyed by some residents, but others felt it was a bit tight on space, as one woman said, "too many cooks in the kitchen spoil the broth" (Maggie's 16). Other residents using communal kitchens experienced bullying, which deterred them from cooking. Many residents stated they would like access to their own kitchen, either because they did not like leaving their room if they were sick to use the shared kitchen or they just preferred to

prepare their own food. Some loved to cook and bake and not having their own kitchen greatly limited that activity for them. One resident stated this was something they missed about previous housing, “I had a proper kitchen. You know, like a stove and an oven. Like I could bake and make my own meals. In here you've got this just little like a hot plate. You got two elements” (Sisele 11).

### **3.5.7 Location of the Home**

As Maggie’s is located in a quiet suburban neighbourhood in Burnaby, and Sisele’s and The Secord are located in the downtown Eastside near East Hasting’s Street, there were understandably quite different narratives about these two different neighbourhoods.

The women living at Maggie’s identified many strengths of the neighbourhood. There was a general consensus that it is in a beautiful setting on a quiet street. Several women appreciated the trees around the building and in the neighbourhood, nice landscaping, and views of the mountains to the North. They appreciated good public transportation connections and shopping within a walkable distance for those without mobility issues. In general, the women felt that it is a safe neighbourhood.

“It’s so super quiet. It’s the quietest place in a city that I’ve ever lived” (1 Maggie’s).

“It’s like living in a tree house. I look north at houses and look at cherry trees and cedar trees” (3 Maggie’s).

“It’s a beautiful neighbourhood, so I am thankful for that” (16 Maggie’s).

The women living at Maggie’s identified a few concerns about the neighbourhood including that there is starting to be some evidence of people who are homeless in the area. Some of the women wished to live in a downtown location closer to services and their social network.

“But we’re starting to see more of the homeless coming this way. So and camping out in the parks or whatever” (5 Maggie’s).

Every time I go on the skytrain, I’m grieving, because my heart really wants to live in Vancouver. I just can’t right now. No rooms in Vancouver” (19 Maggie’s).

Over half of the women living at Sisele’s and The Secord identified some positive aspect of the surrounding neighbourhood including that there was excellent access to a wide variety of human services and public transportation. Some appreciated easy access to other neighbourhoods, parks, and entertainment.

“It’s pretty good located here near everything” (9 Sisele).

“I like the location because it is one block from Chinatown, one block from Strathcona” (12 Sisele).

“I like it here. It’s centrally located...Where we’re situated. It’s good for us. Everything’s all around, the Women’s Centre is there. And once you get older, you don’t want to go too far from home” (21 Secord).

“There’s stuff that goes on in the park there when it’s nice” (23 Secord).



The women living at Sisele's and The Secord identified some concerns about the safety of the neighbourhood that limited their movement outside of the building, especially at night. However, not all of the women felt unsafe in their neighbourhood.

"Nobody goes out anymore at nighttime around here... you have to be careful especially at nighttime or whenever you walk... We just go and get what we want and come home right away" (10 Sisele).

"Well, we're on skid row, so I don't think it's an ideal, really. I'm here because I have to be" (11 Sisele).

"It's a drug world down here. So you have to remember where you are" (15 Sisele).

"There are nicer locations in the city, but it doesn't bother me. I mean, I hear people say oh the big bad Downtown Eastside. I'm telling you I feel safer here than in most of the city. I really do" (13 Sisele).

### **3.5.8 Experiences of Racism, Discrimination, or Inequity**

A few of the women who identified as Indigenous shared their experiences of racism and discrimination. Primarily these instances occurred between the residents themselves, with only one participant explicitly noting that there was a lack of cultural competence and safety with staff members who did not have knowledge of Canadian history as it pertains to the historical and ongoing mistreatment of Indigenous peoples and links between this trauma and high rates of poverty, addictions, and mental illness. In one circumstance, some residents were mocking one First Nations resident by calling her 'Chief;' however the staff did not recognize this as racial discrimination and responded, "Well, would you rather be called President?" The resident attributed that lack of acknowledgement to staff being "...fairly new immigrants. So, they don't really understand Canadian culture, Canadian society, they have no sense of Aboriginal history" (Maggie's 17).

First Nations residents experienced racism or discrimination from other residents most often. One resident revealed that other residents "would quietly mouth off something" and explained that "when somebody's prejudiced against you, it really hurts. Probably more than anything" (Maggie's 3). Another participant had other residents spreading hurtful rumours about her (e.g., that she was going to commit suicide) and felt that there was no support from staff when this type of bullying occurred. This same resident said that "I've been attacked just for the word First Nation" (Maggie's 5) and another First Nations resident revealed, "I've been exposed to more racism living here amongst 55 + then than I do Downtown Eastside, you know, because they're all non-native" (Maggie's 17). Due to ongoing bullying and racism, this participant lamented "it's very lonely because of the racism we experience" (Maggie's 17).

## **3.6 Resident Interpersonal Relationships**

### **3.6.1 Positive Relationships between Residents**

Almost all of the women talked about how they had positive relationships with at least some of the women that lived in their building. Some felt that there were more opportunities to get to know the other women where they currently lived compared to living in a traditional apartment building. The relatively small number of units and the design of common spaces helped to foster relationships between the women. Shared kitchens, dining rooms, and lounges provide



opportunities for the women to meet each other. While the women each had privacy in their suite, they had the opportunity to socialize as much or as little they wished with the other women. In addition to making friends, several of the women used the word family to describe their relationships. Not feeling alone was very important to several of the women. That many of the women shared similar experiences of violence in their lives and they were in midlife or older, these factors appeared to help support positive relationships. In The Second, one woman said that the older women took the younger women under their wing and that was positive for both age groups.

“It really made a bond for me and that woman to know what she had been through. Not that any one is worse than the other. You know, but, but and the whole cause of, for women to support one another. Yeah. Where I probably wouldn't have had that if I was on my own” (1 Maggie's).

“ Because I say, we are here, and we come here in at the moment you come here, you are happy. You talk with other women. I think you forget about your, your past. And oh, they make you forget, because they talk to you. And they make you like, distract from everything in the past” (2 Maggie's).

“But it's very different from just having an apartment where you probably wouldn't know the people. And I've always marveled at how I would live when I was working, before I was ill, I would know just very few people in that building...here, it's really weird. I know you, I know your son, I know your grandchildren...you can make it as intense as you want” (4 Maggie's).

“On Saturdays you can basically eat all the ice cream you want...So you get down and socialize with people” (8 Sisele).

“I worry about them and they probably worry about me” (10 Sisele).

“It sounds really corny, but it's almost like family” (13 Sisele).

“I like it. It's small. You now, there's not very many units. I know everybody in here” (15 Sisele).

### **3.6.2 Interpersonal Conflict and Abuse between Residents**

While it is difficult to separate out the contributors to interpersonal conflict between the women, in this section we focus on issues that did not appear to be mediated by drug abuse as this topic is discussed in the next section. Many of the women recognized that mental health issues contributed to this negative behaviour. At Maggie's in particular, interpersonal conflict and abuse appeared to be more pervasive than at the other two homes.

“There's been a lot of violence against me here... verbal assaults, threats of physical violence, comments about me committing suicide... so that's bullying, so I have gone through a lot of bullying since I came here about a week after I came here” (5 Maggie's).

It almost becomes a really toxic gossip... So there's some women here stronger than other women. we're all diverse, different personalities... and the sad thing is there's no outreach for that, so it becomes more toxic (16 Maggie's).

"We're still exposed to violence here by women who are bullies. And there's nothing done about that... it's just allowed to go on...When women are violent against women, how are they protected in women's organizations" (17 Maggie's)

"Just us ladies, we don't get along... there's always problems sometimes" (7 Sisele).

"If she doesn't like what she's seeing, she will verbally abuse you" (12 Sisele).

"There's a couple of issues, but nothing major... sometimes a fight" (20 Secord).

Many of the women adapted by trying to be supportive of other women who displayed abusive behaviour, disengaging from certain people, using common spaces less or not at all, and spending a lot of time in their own suite or outside the building. Calling the police was also a strategy employed.

"Yeah. I do not judge because some women talk to themselves here. You know, and they'll yell and stuff and they think stuff's going on. And it's not, but you just be supportive of them. And if you're not, you learn how to be because you can't stick out. You can't be a person that's, you know, causing problems, or you won't be in here. So if you don't have an understanding or acceptance, it'll be known right away" (3, Maggie's).

"Sometimes, people don't get along at all. And there's not going to be a happy middle road...How much interaction and involvement is entirely up to you with each person" (4, Maggie's)

"They would come in there and they started bad mouthing me, right there attacking me verbally. I would just ignore them and keep cooking. But when it's constant when I'm cooking in there, and it's constant, then I don't even use the kitchen anymore...And so I've tried to balance my time away from that. And that's what it seems like ever since childhood, I'm always removing myself, trying to find a space for myself...I do a lot of reading, I do a lot of arts. But it's just the fact that I'm stuck, not really stuck, I'm working on it, to pull myself away from all the trauma and drama as they call it here. I feel segregated for sure" (5, Maggie's)

"I spend more time away from here because I can't stand the toxicity" (16 Maggie's).

"The fear factor is at nine and a half or ten. And people are staying more in their rooms... because they are scared to come out here because of these people, and the police have been called and the police have talked to them" (17 Maggie's).

The women either directly or indirectly identified some suggestions to help with interpersonal conflict and abuse between residents. Several women identified that they did not have the skills to interact with people who are abusive, and training could be useful, such as how to interact with people having mental health issues (e.g., de-escalation techniques). House meetings could be useful to exchange information. Interventions with those exhibiting the abusive behaviour were identified as a solution. Some women expressed the sentiment that if a resident is being abusive toward other residents, that resident should have to leave the home.

"It's hard for me to say no, because I saw them as really sick... bang your door for money. You know, if I'm going to open the door, they see me outside, you know... they say I'm sick, please help, I can't say no. That's my problem" (12 Sisele).

“There used to be house meetings you know, there still is but periodically every couple of months. And I think the house meetings, the residents have forgotten to talk of what’s really going on” (16 Maggie’s).

“When you have toxicity, you have to nip it in the bud before you let it, it starts off like a seed” (16, Maggie’s).

“No one quite knows how to handle people with mental health issues... the changes being suggested are for us to change our behaviour, not for the bully or perpetrator. I don’t agree with that. We did enough adjusting, you know, we stayed in abusive relationships for years, because we didn’t know how to get out and there wasn’t people to help us. But we’re old now. We here to live a peaceful life in tranquility... I don’t think they should be allowed to live here, because it’s not just bullying and racism, there’s also elder abuse.” (17 Maggie’s).

### **3.6.3 Living with People Who Use Abuse Drugs**

It was clear from what the women shared that many of the women living in the three homes were current or former drug users. Several women indicated that they agreed with the harm reduction philosophy in place. This included being provided with safe supplies and access to the services of a pharmacist.

“They supply needles and pipes and things like that. Yeah, harm reduction... which is great, it’s much needed” (15 Sisele).

“They’ve got pharmacists that come every day for some of the girls who have medication every day. Some of them are on methadone and stuff. So they need that daily, and they come by... some of them come at like 6 in the morning; that’s dedication” (22 Secord).

There were several challenges identified that resulted from living with people who use abuse drugs. Several of the women did not want to be around people who were drunk or high. The negative impacts included being bothered by this behaviour, noise, not feeling physically safe, and being reminded about situations they had to deal with in the past (e.g., relatives who abused drugs). Several residents brought up the recent death of a resident due to addictions, and this was difficult for the women to deal with. “She passed away, a week ago in the hospital, so we are missing her. And we are kind of quiet a bit little bit changed” (4 Maggie’s).

“It’s supposed to be a safe place. And people aren’t supposed to be like attacking you. Or you know, like that girl is always she’s always like, getting drunk and taking crack and I’d say who cares what people do? Like, you’re falling down drunk. Like, who cares? But that’s fine. Yeah, who wants to have that? You don’t want that? They’re trying to get drunk... And I’ve had that with my dad all my life. So I don’t want it now” (8 Sisele).

“We had a resident so high on crack and meth that she tried to run over another resident her with her car going huge speed coming in and just missed her, Just missed her” (17 Maggie’s).

The women identified some suggestions to help with the problem of living with people who use drugs. Some of the women were trying to get off drugs, or reduce their drug intake, and this was hampered by being surrounded by others using drugs. Some of the women felt that those who

are current users should be in a different building, or at least a different part of the home so that users and non-users did not share common spaces.

“Some of them are still drug users and dealers. And some of us say no, and when we say no, we get attacked. You know, we get verbally, verbally attacked or verbally threatened physical, physical violence and they get I just think it would be best if we were all separated. I mean, like, I'm in my 60s now” (5 Maggie’s).

“You can’t yell and scream in the hallways and doing stuff. You know, there’s gotta be certain changes, because not everybody’s into drugs” (8 Sisele).

“Atira should have a building that you know, a building that you don’t do all this hardcore... they see here that the hardcore and the not hardcore ... and the next thing you know they are fighting” (12 Sisele).

“I am getting treatment and I hope just once a month treatment works. That's why I say they need to move some of us on because I'm over 2 weeks clean off the drugs. Like how are you supposed to stay off the drugs try to sit while you yourself going? When you when you're an addict down here and you're sick. How can you keep yourself going in places like this? They don't have meetings in here, nothing” (10 Sisele).

Other suggestions the women had related to drugs and addictions were holding meetings (e.g., Alcoholics Anonymous, Narcotics Anonymous) in the building, having a designated space available for people use drugs safely and be monitored by staff; and having call bells in each suite.

“How can you keep yourself going in places like this? They don't have meetings in here, nothing” (10 Sisele).

“We don’t have a using room and we should have one” (8 Sisele).

“I think they need to work on the addiction program here a bit. Because it is like safe using here... fentanyl is dangerous. It does kill people and they need to check on people when it comes to that kind of stuff. They should have some kind of area or something” (23 Secord).

“Now they know you use [drugs]. Anything you do in your room is your thing.... some of them were yelling for help. Maybe there should be a call bell in there and something” (8, Sisele)

### **3.7 How Staff and Administrators Affect Resident Experiences**

The women discussed relationships and support from Atira staff and administrators extensively, including both strengths and challenges. Many of the women noted that they have positive relationships and support from staff and administration in general, and this contributed to the benefits derived from living in Atira housing.

“The staff always go well above and beyond at their jobs” (20 Secord).

“You can live our life any way you want within reason, and you have that feeling of the staff helping” (21 Secord).

“She is good to me, she’s actually you know, the most humble down-to-earth, a very beautiful person that I ever met here” (12 Sisele).

“They ask how you are doing, do you need help with anything, stuff like that, so we are really lucky here” (20 Secord).

### **3.7.1 Staff Fostering Safety and Security**

Having staff present in the homes and available to help if an incident happens contributed to the women feeling safe and in control of what happens to them. This can include feeling safe from situations outside their home and also helping with any issues that occur within the home, such as interpersonal issues. There were also mechanisms in place for the women to report incidents to the manager of the home or to the Atira administration, and this was appreciated by the women.

“If we need help, they will phone the police if it comes to that...We have control of our life here. And that’s what they helped us get. If we don’t like the life we have, they will help us change it.” (21 Secord).

“They are there if you need them, you know, I like that” (11 Sisele)

“I am grateful that they are here” (13 Sisele).

“A few years ago, two other women had a lot of antagonism towards each other, so they what one would do the other one would do retaliate and then that one would retaliate. And it just kept spiraling...there was an intervention...they transferred her to another building” (17 Maggie’s).

“I’ve made sure that if there’s anything wrong, I will right away send an e-mail to the program manager or something” (3 Maggie’s).

“If you have any problems, you just go to one staff and talk to them. And they will help and talk to the others and work it out... if I have a problem with staff or anything, they tell us there is an office on Columbia and Cordova, and we can go and talk to Atira there” (21 Secord).

### **3.7.2 Staff Supporting Physical Health**

Many of the women identified ways in which the staff and administration supported their physical health within the building.

“Like, what’s my stomach, I have stomach issues. They gave me baking soda for my stomach. And that helps” (19 Maggie’s).

“They do health checks on us... they check usually about every 4 hours” (20 Secord).

“And if you have any medical thing, you could just bang on your door and somebody would get staff” (11, Sisele).

Many of the women living at Siele’s and The Secord that have a higher level of staffing identified that staff helped them in accessing medical services. This could include help with making medical appointments and being given reminders about upcoming appointments. Several of the women appreciated having a staff member accompany them to a medical appointment. In addition to helping get them safely to an appointment (e.g., walking with them, providing a drive), personally accompanying them to medical appointments ensured that any health information and instructions were recorded and followed-up.

“For example, I don't have a phone. And if I get a phone call, like, and if I do get a phone call, it's not from a chum. It will be from the doctors, and they will bring me the phone and let me deal with all my business. And I always get my messages, they never, you know, not give them to me. And they will give me a day before reminding of an appointment that I may have for the next day. You can get a wake-up call” (11 Sisele).

“But then before the COVID too we had our staff that we used to have, they used to drive us to appointments and everything. And walk us to our doctor for whatever” (7 Sisele).

“If you're really, really sick, and you really need to go to the hospital or appointment, they will drive you” (12, Sisele).

“They walk us to the doctor's that is within walking distance. They walk us to appointments...or if you need a drive, or go with them on the bus” (14, Sisele).

“I am really bad for going for appointments and stuff like that. So the staff take me to doctor's appointments, and they pay attention, cause I have have seizures and memory loss. I might get too excited or too emotional, my body seems to shut down. Just like fall asleep or pass out from pain or whatever it is. And so they keep notes and stuff like that” (20 Secord).

### **3.7.3. Staff Accessing Information and Services**

A very appreciated support that staff provided to the women was helping them access information and other services. This often included support with finding information online and helping to identify what services are available.

“They have said if anyone is grieving \_\_\_ did say, to come to her, and she can help to get some counseling, and stuff like that, which is good. That's really good. Because people need that to be able to talk” (1 Maggie's).

“And they will help you with Old Age pension, Canada pensions, or your medical service plan if you need anything, and they can find a way to help you. And if I was on my own, I believe me, I wouldn't even have a clue where to begin with most of that... I think it would even go so far. Like if you wanted to speak to counselors, or psychologists or something like that. They would, they would suss out on how to get you there. So I mean, what could they do better ” (4 Maggie's)?

“Anything that I've ever, you know, needed information on something or anything, right” (23 Secord).

### **3.7.4 Providing Social and Mental Health Support**

Several women provided examples of how the staff supporting their mental health and providing social support. It was clear that many staff took the time to talk to the women about whatever they needed.

“There was also a staff person who was very good in, in kind of, like, helping me to calm down my mind, and focus” (1 Maggie’s).

“When I first came here, I was in really bad shape, you know, and it was the people here that helped keep me together” (11 Sisele).

“They are very good guidance...and they are great just to talk to” (9 Sisele).

“When my son died, we had a memorial here and they helped us” (21 Secord).

“Something that I have is depression. And when I’m not taking my meds, I’m really not very, in a very good way. So I have to take my medicine all the time... They see me in a bad mood. They will say did you take medicine” (3 Maggie’s).

### **3.7.5. Challenges in Resident-Staff Relationships**

While there was more overall discussion about positive experiences with staff, there some concerns identified by the women related to relationships with staff. It was not uncommon for the women to identify that they got along well with certain staff members more than others. Some concerns raised included that some staff were not caring and limited in the support they would provide, and staff who lack specific skills, such as cooking skills. Although the women realized that staff can not share confidential information, they felt staff should be able to let them know if any of the other women were ill and seeking medical treatment.

“The ladies that work here are pretty good, some of them are. It just goes in one ear and out the other, and I don’t think that’s cool. Some people shouldn’t be working here... Some say it’s not in my job profile, but you are supposed to help, I thought right” (8 Sisele).

“Some of the staff are unbelievably great. Super helpful, unbelievable great personalities and workers. Other staff are dead inside. That’s how I’d have to call that...Well, the good staff, the ones that have great personalities. They do your laundry or clean your room or stuff like that, will help you in your room. But the dead staff of course, it’s not in their job description...Other staff members are just fantastic. I feel well blessed” (15 Sisele).

“They’re actually really good staff that’s here working now. We had a couple of bad eggs, but they’re gone” (23 Secord).

We had a cook before but she left. She cooked really, really, well. But these are just young girls, I think. They don’t have a clue. Like a mashed potato. How can you ruin a mashed potato” (18 Maggie’s)?

“She got sick and then my neighbor got sick. And they [the staff] didn’t tell us that they were in the hospital. ... And they wouldn’t say and that’s not cool. Like, we’re like family



here. We've been together so long. And they should understand that if one of us goes missing, of course one of us is going to notice" (10 Sisele).

### **3.7.6 Staff Turnover and Staff Shortages**

A few women discussed concerns related to staff turnover as this affected the relationships they had with staff.

"Like I was saying, with our staff, you start getting to know them? And then they ended up getting transferred somewhere else, and so like, now us ladies we're really picky on who we talk to now" (7 Sisele).

"Well, I think, you know, I think they are short staffed to be honest with you. So, you know, personally, I would be nice that if they can do it would be nice to have consistency" (16, Maggie's).

The issue of staff shortages appeared to affect the women at Maggie's in particular. Several women commented that at Maggie's there is no staff present overnight, and the hours of staff coverage during the daytime seems to have been reduced over time. Some women felt that having staff present more hours is warranted to take care of the needs of the residents. The reduction in staff hours has had an impact on the ability of staff to prepare meals, especially dinner, and to support other activities.

"We're independent living. And everyone has their own life experiences in their journey. So some people have come in and needed more support than is here. Because we don't have overnight staff" (4 Maggie's).

"There's been quite a few changes here, turnovers as far as staff and management. So in the three years I've been here we've had two managers" (16, Maggie's).

"Dinners went from four days a week to one day a week back to two days a week. A lot of women relied on that because there's a lot of them that don't know how to cook" (16 Maggie's).

### **3.7.7 Recommendations Related to Management and Staff**

The following recommendations were identified related to management and staff:

- Having staff present a larger number of hours at Maggie's instead of all the staff during the day shift. Having staff overnight would help some women feel more secure.
- Have more consistent staff, less staff turnover
- Atira management should have more direct contact with what happens in individual programs.
- Share basic information about other women who are away from the home (e.g., confirming they are in the hospital).
- Women need to feel that they can report concerns to staff without any negative consequences to themselves.
- Have house meetings with more time for the women to provide input.
- Have Atira management attend house meetings.
- Earlier intervention when there are interpersonal issues and abuse between residents.
- Recruit Indigenous staff.
- Have programs for Indigenous women.



- Staff training is needed in various areas (e.g., Indigenous issues in Canada, empowering women, crisis intervention, cooking)

### 3.8 Suggestions for Programming and Activities

The women offered many suggestions for the activities and programmes they would like to see offered (see the table on the following page). As the interviews were conducted in November and December 2022, it was clear in the interviews with the women that the COVID-19 pandemic was continuing to have an impact on the type and number of programming and activities offered. For women who lived in the building for several years, they often identified what used to happen in their building, and they often expressed a desire for these things to begin again. While most of the suggestions were for activities and programming on-site as these would be most accessible for the women, they also identified wanting to have some outings. About half of the women identified the need for more mental health/addictions and counselling supports. The other topics in the table below were identified by at least 25% of the women.

Some additional suggestions for activities and programming were identified by one or a few of the women:

- Exercise (e.g., dance, yoga, Tai Chi)
- Baking
- Health clinics (e.g., health screening clinic run by nurses, physiotherapy, acupuncture, alternative medicine)
- Learning how to use a computer
- Pet care (e.g., how to look after a cat)
- Bra fittings
- Give the women the opportunity to share their own knowledges, abilities, skills, and talents

Frequently Identified Topics	Examples, Recommendations	Quotes
Mental health/addictions, counselling	<ul style="list-style-type: none"> <li>• Have counselling available in-house as this will solve a lot of problems in the buildings</li> <li>• Offer various forms of counselling including grief counselling, debt counselling</li> <li>• Provide more awareness of and counseling services available outside the building</li> <li>• Many preferred in-person and one-on-one supports</li> <li>• Provide a way to schedule time with counsellor, give advance notice a counsellor will be available</li> <li>• Offer AA/NA meetings</li> </ul>	<p>“I know that there’s a lot of people that will use the services if they’re in-house. It just makes it easy and more accessible for the residents” (16 Maggie’s).</p> <p>“Maybe they have more one-on-ones, have someone in here that’s a worker that helps you do things or helps you get motivated” (9 Sisele).</p> <p>“Some of the women have problems and stuff like that, and go off their medication” (22 Secord).</p>
Arts & crafts	<ul style="list-style-type: none"> <li>• Art classes</li> <li>• Crafts</li> <li>• Making clothes</li> <li>• Making Indigenous art</li> </ul>	<p>“It really can help with pain, it can help with your thoughts. And it just takes you out of whatever you’re in. And I think that’s really important” (1 Maggie’s).</p> <p>“Crafts are always good, old people like to do that kind of stuff” (23 Secord).</p>
Esthetics	<ul style="list-style-type: none"> <li>• Have a hairdresser coming in regularly (e.g., monthly)</li> <li>• Have a beauty night, spa night to do makeup, manicures, pedicures</li> <li>• This could be provided by students in training programs or volunteers</li> </ul>	<p>“A lot of women like that, it’s something to look forward to” (3 Maggie’s).</p> <p>“Bring in a beautician and do a make-up night...we never do that, I was going to start it” (10 Sisele).</p> <p>“Do makeup nights and stuff like that, that’s for all ages” (22 Secord).</p>
Entertainment	<ul style="list-style-type: none"> <li>• Bingo</li> <li>• Movie night with snacks</li> <li>• Music</li> </ul>	<p>“We used to do movie night that hasn’t happened for a long time where we had popcorn and, and ginger ale and watched a movie together. But those things all bring people together. And none of it is happening and hasn’t worked since COVID” (17 Maggie’s)</p> <p>“We really don’t do too much as a group thing here. Unfortunately, because it would be a little bit better, you get to know the people that have been playing things, like Bingo and stuff like that” (22 Secord).</p>
Outings	<ul style="list-style-type: none"> <li>• Shopping</li> <li>• Swimming</li> <li>• Field trips to a park or lake</li> <li>• Go out to a movie theatre</li> </ul>	<p>“I wish we did have some outings once in a while. Nice. Like, once one time we had a little outing, only a couple of us went but we went to Stanley Park and we had a nice afternoon there. We need do things like that more often” (13 Sisele).</p>

## 3.9 Intersections of Age and Sex in Housing

### 3.9.1. Preferences about the Age Range of Residents

The target population was slightly different in each of the three buildings. For Maggie's and Sisele, the target population is 55+ and 45+ respectively, while The Secord includes adult women. Understandably, the women at Maggie's and Sisele had more to say about this topic. While a few of the women preferred to live in a home with women of all ages, many provided reasons why it is a strength to include only women who are in midlife and older. They felt that women who are older are more compatible and have a greater understanding of each other and thus can be better companions for each other. Many identified that women who are older prefer an environment that is quiet and calm. Several felt that the environment is safer with just older women due to fewer women using drugs, there is less stealing, and that there are fewer men visiting.

"There should be more than one of these. This place is fantastic. I never knew that I was gonna come here and live happy. You know, when you are old, you are alone, you die alone... but here we companion each other" (2 Maggie's).

"It gives them time to heal. Time to get better. It's quiet. It's not confusing around here. We're all on. We all go to bed early" (3 Maggie's).

"I think just a sense of respecting one another knowing that we're all older, and it's just that I find that it's quiet" (11 Sisele).

"Most definitely, I think it is a strength... what Atira is doing for the seniors, If they would have done more buildings like this... that's something that would really benefit senior women... it makes it feel more of a safer environment" (16 Maggie's).

"If it was women of all ages, we wouldn't get along. I find the younger women.. they're too busy with their own life" (19 Maggie's).

"The younger people would have the men coming over and everything, still trying that scene out, where us women we know better" (3 Maggie's).

### 3.9.2 Preferences about the Sex of Residents

In each of the three buildings, only women were allowed to live there. At Sisele and The Secord, men were welcome to visit under certain circumstances compared to Maggie's, likely due to Maggie's not having staff present at all times. Having only women living in the buildings was preferable to many women and this contributed to a feeling of safety.

"And you know, like, if you've been abused, most of us it was a male, like our mate was male. So, um, sometimes it's, it's, it's just nice. It's just emotionally calming. To not have to deal with. I don't hate man. But, I mean, sometimes it's just nice to have a break. You know, like, you know, just find yourself" (Maggie's).

"It's peaceful. I don't think it would be so peaceful if there was men and women" (11 Sisele).

"They're all women. Yeah. I like that a lot" (12, Sisele)

“I think it is a good idea, especially for women that are leaving abuse or something like that, to come in and have that safe environment” (16 Maggie’s).

### **3.10 Other Recommendations**

The following are additional/unique recommendations from the women that did not fit clearly into another topics.

- Have more art work on the walls and hallways
- Have cooling available in the summer as temperatures are rising.
- Make sure that all belongings are inspected (e.g., bedbugs, cockroaches) before being brought into the building.
- The Secord should be made more accessible for older women.
- Work on being more environmentally friendly (e.g., not raking leaves).
- One woman at Maggie’s felt she had mold in her bathroom that has not been removed.

## 4. Conclusions and Recommendations

A limitation of our study is that we interviewed women utilizing housing at three different Atria buildings that all varied slightly. However, all the women were in midlife and older, and the interviews yielded a wealth of information about the perceived strengths and challenges of their current housing environment. A challenge of housing for older adults is often having a good balance between having a homelike environment and appropriate services to support the people who live there to age-in-place.

It was clear that the women were very appreciative of having safe, affordable, and permanent housing at this point in their lives. Because of the intersections of various age, sex, health, and other issues having enough money to pay market value for housing was not an option. It is clear that these services contributed greatly to the physical and mental health of the women.

The following recommendations were developed to further enhance the services provided by Atria to women in midlife and older.

- Ensure that women are made aware of other Atria services that are available to them.
- Additional mental health/addictions/counselling supports are needed, preferably on-site. This could include holding Alcoholics Anonymous, Narcotics Anonymous) on-site.
- Any interpersonal conflict between residents needs to be addressed quickly and effectively so the women feel safe living in their homes.
- Increase opportunities for the women to contribute to the operation of their home or other Atria services in a paid or unpaid capacity (e.g., expand opportunities for the women to cook food for other residents).
- Offer cooking classes to both staff and residents, including content on food sanitation.
- Work toward making meals provided more varied and customized to dietary needs and preferences.
- Provide training to staff about working with people who are indigenous.
- Offer educational sessions to residents about Indigenous issues in Canada.
- Provide educational sessions to residents in supporting people with mental health issues.
- Ensure that appropriate interventions are implemented when abuse between residents is identified.
- Explore ways to limit contact between those abusing drugs and those not abusing drugs.
- Have a designated space available for people to use drugs safely.
- Have an emergency response system available (e.g., call bells).
- Explore how to increase the number of hours that staff are present each day at Maggie's.
- Allow staff to provide basic information about the other women living in the building, such as if a woman is away getting medical treatment.
- Try to recruit more diverse staff, including staff who are Indigenous.
- Provide regular opportunities for the women to provide feedback during house meetings.
- Have Atria Management have a greater in-person presence in each of the buildings.

- Provide more opportunities for activities in the buildings such as opportunities to eat together, arts and crafts, esthetics, entertainment, and outings.
- Implement environmentally friendly practices in maintaining the grounds at Maggie's.
- Expand the number of units available that are designated for women in midlife and older.

## 5. Interview Guide

1. What residential and non-residential Atira services or programs have you used? Name them and describe the specific services or programs you used. (e.g., Sísele, Margaret's Housing, Oneesan Housing, palliative approach unit, Bridge Housing, counselling support, legal advocacy, housing outreach). Describe how useful or helpful each service or program was for you.
2. What Atira services or programs, if any, were available to you, but you did not use? Why did you not use these services? How could available services or programs be more appropriate to meeting your needs?
3. What were the struggles (if any) that you experienced in getting the help that you needed from Atira? (prompts: lack of supports, barriers to using existing services, discrimination, stigma, language barriers)
4. How would you describe any positive aspects (if any) of getting the help you needed from Atira? (prompts: supportive staff, location of services, variety of services)
5. How can Atira services or programs meet the needs of women in midlife and older with any of these issues: substance abuse, mental health issues or mental illness, and/or injuries due to abuse experienced?
6. What recommendations do you have for changes that could be made to Atira services or programs better support women in midlife and older who experience violence in relationships?
7. How would you describe your ethnicity? (e.g., Indigenous (First Nations, Métis, Inuit) African/ Caribbean/ Black, Latinx, Asian, North African/ Middle Eastern, Pacific Islander, White, other, prefer not to answer)
8. Do you identify as a member of the LGBTQ2s+ community?
9. How would you describe your physical health?
10. How would you describe your mental health?
11. What age group are you in: 45-54, 55-64, 65-74, 75-84, 85+?
12. What is the highest level of education you completed?
13. What is your current marital status?
14. Is there anything else that you would like to add?

## 6. Codes used to Organize the Results

Category	Sub-categories
Characteristics of the women (don't code ethnicity, age, gender identity)	<ul style="list-style-type: none"> <li>• Prior housing situation and factors contributing to current housing situation</li> <li>• Text about current or former partners, experiences of intimate partner violence</li> <li>• Text about children, grandchildren, parents, other family relationships, family experiences during childhood/youth</li> <li>• Former occupations and educational experiences</li> <li>• Current paid &amp; unpaid occupations (e.g., Atira paid jobs, current training programs participating in volunteering, caregiving)</li> <li>• Physical and mental health including addiction issues</li> </ul>
Experiences of the women accessing and using services	<ul style="list-style-type: none"> <li>• Experiences accessing current housing, length of time in current housing, what/who supported access to current housing</li> <li>• Experiences accessing/using other Atira Services, general feelings about Atira</li> <li>• Atira services not used &amp; why, including not being aware of services, barriers</li> <li>• Experiencing accessing/using non-Atira services</li> </ul>
Level of contentment, general satisfaction with current home, plans to move	<ul style="list-style-type: none"> <li>• Positive: love it, no plans to move</li> <li>• Negative: main concerns, desire to move &amp; reasons why</li> <li>• Neutral</li> </ul>
Feelings/ experiences/ recommendations about the overall philosophy/policies of the home	<ul style="list-style-type: none"> <li>• Harm reduction philosophy</li> <li>• Safe and secure building, non-violence policies</li> <li>• Cost, affordability, amount of rent charged, other costs of living in current home</li> <li>• Supporting independence of the women, empowerment</li> <li>• Privacy</li> <li>• Other e.g.: pets, guest policies, environmentally friendly policies, smoking</li> </ul>
Experiences of racism, discrimination, inequity in current housing	<ul style="list-style-type: none"> <li>• Experiences</li> <li>• Recommendations</li> </ul>
Experiences with other residents	<ul style="list-style-type: none"> <li>• Positive (e.g., friendship, support given and received)</li> <li>• Negative (e.g., violence, bullying, living with people using drugs, interpersonal issues)</li> <li>• Neutral</li> <li>• Recommendations (e.g., separate people with certain characteristics, people with mental health, addictions issues, abusive residents)</li> </ul>
Relationships and support from staff and administration e.g., level of staffing, hours of staff, quality of staff, staff supervision, staff training needs, involvement of administration	<ul style="list-style-type: none"> <li>• Positive</li> <li>• Negative</li> <li>• Neutral</li> <li>• Recommendations for changes (e.g., hours, roles of staff, training)</li> </ul>
How they feel about the location of the building, neighbourhood, part of the city, public transportation, and services in the area	<ul style="list-style-type: none"> <li>• Positive</li> <li>• Negative</li> <li>• Neutral</li> </ul>
Recommendations about the physical design of the home and suites	<ul style="list-style-type: none"> <li>• Cooking facilities, kitchens</li> <li>• Size of the suites</li> </ul>



	<ul style="list-style-type: none"> <li>• Bathrooms</li> <li>• Outdoor spaces (yard, immediately around the home)</li> <li>• Space to use drugs safely</li> <li>• Other e.g., accessibility, heating/cooling</li> </ul>
Food provided in the home	<ul style="list-style-type: none"> <li>• Positive</li> <li>• Negative</li> <li>• Neutral</li> <li>• Recommendations</li> </ul>
Recommendations for programming, activities provided by the home they live in	<ul style="list-style-type: none"> <li>• Mental health, addictions, counselling</li> <li>• Arts &amp; crafts</li> <li>• Esthetics: e.g., makeup, hair</li> <li>• Entertainment: e.g., movies, Bingo, music</li> <li>• Activities outside the home e.g., outings</li> <li>• Other: e.g., exercise</li> </ul>
Feelings & recommendations about the client population: age and sex	<ul style="list-style-type: none"> <li>• Age: having women of all ages versus older women only</li> <li>• living in the home</li> </ul>
	<ul style="list-style-type: none"> <li>• Sex: having women only versus men and women living in the home</li> </ul>
Ways that Atira can support the needs of older women, or are already doing so	
COVID: any text about COVID and how it has affected the participant's lives, activities, health	
Any text that stands out related to the overarching theme of balancing safety, independence, and support (text should also be coded into categories above)	

## 7. References

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