

GETTING TO THE ROOTS

Exploring Systemic
Violence Against Women
in the Downtown Eastside
of Vancouver.

REPORT



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BY THE WOMEN'S COALITION: WOMEN SERVING ORGANIZATIONS IN THE DTES.

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Women's Coalition

Aboriginal Front Door

Atira Women's Resource Society

BCCDC Nursing Outreach

Battered Women's Support Services

Carnegie Community Centre

Downtown Community
Health Centre

Downtown Eastside Women's Centre

February 14th Women's
Memorial March Committee

Inner City Women's
Resource Society

PACE Society

Raincity Housing

The Bloom Group

Union Gospel Mission

Vancouver Native Health

WISH Drop-In Centre Society



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1.0 INTRODUCTION

This safety audit was conceived of and put into action by a coalition of women-serving organizations in the Downtown Eastside (DTES) of Vancouver. The individuals and organizations in the coalition had witnessed firsthand the impact of violence on the lives of women in this neighbourhood over the years – both in how individual women's lives took shape as well as in the forming and development of a culture wherein this violence was virtually silently accepted. The national crisis of missing and murdered women has been acutely felt in the DTES. Against this backdrop of extreme violence, and the highly publicized Pickton trial and 2012 Missing Women's Inquiry, women in the DTES have struggled to find or establish safe spaces.

The formation of this coalition was itself a response to escalating acts of violence against women. In 2011, a series of sexual assaults took place in the First United Church's (FUC) co-ed shelter. When these incidents were reported by the women themselves or by advocates from other organizations to staff members and management at FUC, nothing was done to amend the shelter's programming in order to avoid further assaults. Worse, attempts were made to cover up the incidents, and to hide the risk that women faced in the shelter.

Spurred by reports of the assaults from women and the shelter's abhorrent response to the violence, the Women's Coalition formed and took decisive action to draw attention to the issue. Funding agencies which provided significant support for the shelter were contacted and alerted of what was happening, but responded that the running of the organization was out of their hands and there was little they could do to directly influence policy or the daily operation of the shelter. Local politicians were contacted and asked to intervene, but also ignored the calls or denied that they could take action that would create safety for women in the FUC shelter or other shelters. In the end it required steady pressure, media coverage, heightened public awareness and public protest before funders and politicians finally called FUC management to the table in order to account for what was happening under their supervision. Some measures were finally taken to create safer space for women within the shelter, but the larger questions posed by the situation have yet to be resolved.

There is no shortage of examples such as the FUC assaults to illustrate the ways in which women in the DTES are affected by violence. A great many of these examples are bound up in the intersecting issues of addiction, mental health, poverty and racism. However these intersections might be seen to complicate and blur the issue of violence against women, the fact remains that gender-based violence is a major and persisting problem facing this neighbourhood. Despite this fact, addressing issues of gender-based discrimination or violence is not at the forefront of our collective agenda. Although some progress has been made, and women's issues with respect to health, harm reduction, housing and other key neighbourhood issues are being given some space, the totality of the issue has not been recognized.



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The objectives of this community mapping and assessment are to consider:

- 1) What does 'safety' mean to women in the DTES?
- 2) Who is responsible for creating and maintaining this sense of safety in the DTES (in particular in funded programs and spaces)?
- 3) Who will be accountable when the community fails in providing safety for women?
- 4) To engage in a critical analysis of the existing culture of service provision in the DTES, and how current norms serve as facilitators or barriers to access for women.

Above all, this project was undertaken in order to move the agenda of safety and justice for women in the DTES forward. Based on the experience of the Women's Coalition, the community-level response to violence against women amounts to a shrug of the shoulders – either the issue is perceived as being too complicated or too unimportant to confront and deal with systemically. The Coalition hopes this project and its findings will provide a lever to begin a shift in our shared culture in the DTES toward ending violence against women, and our complacency when this violence occurs.

1.1 RESEARCH PLAN

This project used a feminist participatory action research approach, along with both qualitative and quantitative data collection methods in order to meet the objectives outlined above. Participatory action research (PAR) is more of an orientation to research, rather than a defined set of methods. It is a process-oriented knowledge creation undertaking, in which members of the impacted community are actively engaged in all aspects of the research design and implementation. Given the complex nature of the over-arching research questions, and the many ways in which women's lives have been affected by violence in the DTES, it was felt that this most highly-engaging methodology would be most appropriate for conducting the safety audit while ensuring that the process itself prioritized women's sense of personal safety.

1.2 RESEARCH PARTICIPANTS

In keeping with the principles of PAR, the activities associated with the community mapping were all conducted with members of the community at the centre of this project: self-identified women with existing relationships to the DTES. The ages of participants ranged from 20 to 84 and the average age was 47 years. 61% of participants identified as indigenous, 5% as Métis, 24% as Caucasian or White, and 10.2% as non-indigenous women of colour. The participants in this project may have lived, accessed services, worked, or otherwise regularly socialized in the neighbourhood. The project was publicized through the existing networks of the Women's Coalition's member organizations. Participants were given \$20 (community mapping surveys) and \$30 (Violence Against Women Forums) honoraria as recognition for their time, travel or childcare costs and expertise.



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The first group of women to become engaged were the peer researchers, who were hired and received training on the specific data collection methods to be used as well as some of the broader social and structural factors which influence women's safety. These include patriarchy, classism, and violence prevention. The peer researchers also assisted with refining the research questions and the development of the community mapping questionnaire.

1.3 RESEARCH METHODS

1) Community Mapping for Women and Women's Safety

Through the community mapping process, participants were surveyed about their views on safety in the DTES. We asked women to define safety on their own terms, and to tell us about spaces in the neighbourhood where they feel safe, or places they can go to discuss issues of women's safety and violence against women. Some basic demographic information was collected along with participants' reflections on cultural safety, housing concerns and women's services. In total, 160 women completed the safety audit, but three questionnaires were incomplete – leaving 157 for analysis.

It is important to note here that the concept of 'community' is a complex, layered, and at times contested one. Although the participants in this project might not all identify or describe their community in the same way, for the purposes of this survey we asked women about the DTES neighbourhood – a geographic region. The Women's Coalition recognizes however, that community is about much more than the physical space being occupied. Although women were asked to limit their responses to reflect their experiences in the specific area of the DTES, the responses speak to us more about the cultural and social aspects of the DTES community than the streets and structures we occupy.

2) Violence Against Women Forums

Through presentations and discussion groups, the Violence Against Women Forums (VAWF) were the venue through which the results of the community mapping survey were communicated to the women. The VAWF sought to engage the community in a strategy for responding to violence and increasing safety.

The VAWF took place as a two-day event spanning May 8th and 9th, 2013 at the Carnegie Community Centre. On each day, a distinct group of women (27 on May 8th and 35 on May 9th), and 15 service providers, were invited to discuss the findings from the survey and to develop an action plan based on the needs and desires of women in the community.

1.4 DISSEMINATION OF FINDINGS

The plan for disseminating the findings of the community mapping survey began with the Violence Against Women Forums. As previously described, the initial outcomes of the data analysis were presented to the women in attendance to elicit feedback and suggestions on the best ways to contextualize the results. This report will be distributed to members of the Women's First Coalition, funders and

other key stakeholders. In addition, a brief summary of the report will be provided and distributed to policymakers as well as DTES service providers and community members at large, in paper and electronic formats.



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2.0 DEFINING SAFETY

The women who participated in the community mapping survey were asked to define safety in their own terms, in ways that are important to them as they approach everyday life in the DTES of Vancouver. A wide variety of issues and concerns were raised by women, as they defined safety in both positive and negative aspects. Four major themes emerged:

1) **Women's safety is systematically compromised and undermined by pervasive violence, and in particular violence targeting women.**

- 87% of participants in the community mapping survey reported feeling unsafe in the DTES at some point.
- 48% of respondents reported experiencing violence within the last two years.
- Women raised issues of gendered violence, interpersonal violence and general violence in the neighbourhood as barriers to safety.

“To be safe means no violence, no crime; have a life experience; women are not respected by men from my own experience.”

Women's comments reflect their experiences of a culture in which general violence is accepted as an inevitable part of life, or where violence against women is expected and condoned. This violence may come from intimate partners, drug dealers, clients, law enforcement or other women.

2) **Women's safety includes access to safe spaces and being freely and safely mobile between those spaces.**

- 24% of respondents identified mobility as a safety concern
- 18% of women stated the importance of safety in housing environment

“Just getting from one place to the other alive.”

“To be able to walk freely in your own neighbourhood with no worries.”

“That I can go home safely, sleep safely, not having to worry about people hurting me.”

Women surveyed expressed repeatedly that integral to their sense of safety in the DTES is feeling safe on the streets. Having free, non-threatening access to outdoor public spaces in their neighbourhood is important for health and well-being.



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3) Women's safety means living without fear or wariness that requires the adoption of personal violence prevention strategies in daily life.

- 19% of women surveyed mentioned personal violence prevention strategies as part of their sense of safety.
- 18% of respondents expressed that they live in fear.

“Safety to me is no fears, and I feel that where I live right now.”

“Safety is something I feel comfortable with. Not scared.
Safety is important to feel comfortable in my living situation.”

“Being aware of your surroundings and anticipating possibilities before they occur.”

Too often, the first response to a lack of safety for women is to teach them to cope with the threats rather than delving to the roots of the problem. Many women living in the DTES live with this reality daily, as they have felt compelled to learn self-defence skills or adopt specific strategies when moving through their neighbourhood to decrease the chances that they will experience violence. The stress and anxiety of this fear impinges on women's sense of safety, and is a violation of women's rights.

4) Women's safety is reinforced with strong and healthy personal relationships.

- 18% responded that relationships with family, friends and others are key to their sense of safety.

“Peace of mind and friends.”

“Being a reliable girlfriend; having reassurance.”

Having a network of friends, family and peers to draw on was identified by many women as a source of strength and support. Many women feel disillusioned with structural sources of safety and support, and have turned to their informal social networks to create and maintain a sense of safety.



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Other themes pertinent to the issue of safety for women included the pervasive violence against women involved in the sex industry, and the violence that is associated with the drug market in the neighbourhood. In particular, women cited as concerns the specific and gendered vulnerabilities associated with addiction and how this impacts women's freedom of movement (e.g. avoiding specific areas to get away from violent dealers), as well as their relationships with others.

3.0 REPORTING PROBLEMS

One particularly disturbing aspect of the violence experienced by women in the DTES is the fact that so much of it goes unreported. In Canada, of every 100 incidents of sexual assault, only 6 are reported to the police and only 1 - 2% of "date rape" sexual assaults are reported to the police. Vancouver Police Department 2013 crime statistics indicate the DTES as having the largest reports for sexual violence. The collective knowledge of Women's Coalition members finds that these numbers are gross underestimates. There are a variety of problems that women identified with reporting that must be explored and challenged – the common thread is a lack of trust in the structures and systems which are purportedly meant to be keeping women safe.

TABLE 1. Where do you go or who do you approach when you are feeling unsafe?

No one/deal with it myself	23%
Friends or family	20%
Women's services	19%
Strangers	15%
Police	15%
Co-ed services	10%

3.1 LACK OF REPORTING TO POLICE

Conventionally, women are taught to seek help from the police if they are experiencing violence or harassment. However, this relies on a certain level of trust between women and law enforcement. Unfortunately, the data collected in the community mapping survey suggests that there are significant issues that could prevent women from reporting incidents to police. 52% of women surveyed said they feel unsafe in the DTES because of the police. An alarming proportion (23%) of the women surveyed told interviewers that when they are experiencing violence or threats to their personal safety they do not report the incident or look for help from anyone at all. Also striking was the fact that based on the survey responses women are as likely to seek help from strangers as they are to approach the police (both 15%).

There are many reasons for the lack of reporting to police. For example, if women live in the same building as their aggressors, they might be forced to choose between stable housing and safety from that person. Women may be reliant on violent partners

for income, housing or other support – forcing them to consider their own survival and well-being if they report abuse. Many of the women who participated in the survey had disappointing experiences with the police and the criminal justice system as they attempted to deal with violent offenders in the past which left them feeling they are better off fending for themselves. Complicating matters further, the culture of the DTES is one in which contacting police, even to report a violent crime, may mark someone as an informant and expose them to additional harassment and violence.

The lack of trust in the police runs deep in the DTES. Although some women did mention feeling safer seeing the police on the street, or in their buildings, the value of the police was expressed more as a visual deterrent to immediate violence, rather than as part of the solution when violence had taken place. Although a number of specific interventions have been rolled out in recent years by the VPD to specifically address violence against women, such as Sister Watch and the new Sex Work Guidelines, skepticism and mistrust persist.

3.2 COMMUNITY RESPONSE TO VIOLENCE

As demonstrated in Table 1, the people and places that women are most likely to turn to in times of crisis are friends, family and services that they trust. Whether women have themselves had bad experiences in reporting violence to police, the tendency more broadly is that women turn to their chosen community in seeking safety. While it remains important to consider in-depth the problem of why law enforcement is often not the immediate answer for women in these situations, the key to moving forward is clear from the actions of the women themselves. The formal and informal community connections which have been made are integral parts of women's safety. It is important that these be nurtured and reinforced, in recognition of the resistance and survival strategies that women have been practicing.

4.0 SAFETY AT HOME

“The women need protection from everything including getting kicked out of your own house and we need to be protected by the law.”

The lack of affordable housing in Vancouver and the pressure on the existing low-income housing stock in the DTES has resulted in highly precarious living situations for many women. Through the community mapping surveys and the Violence Against Women Forums, women shared the importance of feeling safe in their homes. The concept of safety at home reflects not only the level of harassment or violence that women might experience or witness in or around their places of residence, but also their sense of housing security – that they are not under threat of being evicted or displaced from where they live.



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4.1 FEELING UNSAFE AT HOME

Fully one quarter (25%) of the women who completed the community mapping survey reported feeling unsafe in their place of residence. Some women expressed that they are unsure of who has access to their rooms, which naturally affects the level of safety they experience at home. Some reasons that there was a question about who had access to the room included high rates of turnover in building staff, wide distribution of master keys, or management hiring other residents from the building to work the front desk. Also, women told us that many front desk staff are knowingly allowing drug dealers into the building while they are working. Some also reported building staff who have tried to coerce them into exchanging sex for money or other goods or services (e.g. building maintenance services), or building staff who were themselves were selling drugs to people in the building.

4.2 GENTRIFICATION AND HOUSING SECURITY

Another type of safety at home has to do with housing security. For women who are living in precarious housing situations, the threat of homelessness or moving to the shelter system looms large. As such, women often feel like they need to endure conditions in their housing that they would otherwise find unacceptable. The reality is that too many women are being forced to choose between two extremely undesirable and unsafe situations.

62% of women who participated in this mapping project reported that they believe they are being displaced from the DTES by people with higher incomes. Women described experiences where they entered shops or restaurants and were explicitly told that they could not afford to be there and that they should consider taking their business somewhere more suitable. As the socioeconomic make-up of the DTES has shifted in recent years, this has had an impact not only on the types of businesses in the area but also on the quality and quantity of low-income housing. On the one hand, there has been an increase in government-owned, non-profit-run buildings in the DTES – but the standards of living in these buildings have remained the same or gotten worse by many accounts. In addition, with the proliferation of new supportive models of housing, women often are required to adhere to strict rules (e.g. regarding guests and room checks) and sign away tenancy rights in order to remain housed.

5.0 MAPPING SAFE SPACES

5.1 SAFETY IN-BETWEEN SPACES

As described in Section 2.0 (Defining Safety), one of the defining features of safety for women who participated in the community mapping process is feeling safe moving from one location to another. Naturally, women do not feel truly secure in the neighbourhood if they are forced to restrict their movements to a few small 'safe zones' here and there. It is intuitive that safety in one's community should include free and unencumbered mobility in and around the area. Unfortunately, this is not what was found in analysis of women's responses to the survey. 75% of women do not feel safe in streets and alleyways in the DTES. Put another way, 75% of women surveyed told us that by their own definition they do not feel safe in their home community.



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5.2 LACK OF SAFETY OR ABILITY TO DISCUSS SAFETY IN CO-ED SPACES

Another defining feature of safety for participants is access to safe spaces. We asked women to tell us where in the DTES they felt the most and least safe, and in which spaces they felt comfortable discussing issues pertaining to women's safety. As noted in Table 2, the vast majority of the spaces in which women feel comfortable discussing issues of safety are women-centred spaces (69%). Safe co-ed spaces in the DTES were mentioned by 14% of women. Given that women represent a significant proportion of the neighbourhood's population (40%), and potential clients of co-ed spaces, it is disconcerting to see that they are not experiencing the same level of safety around issues of gendered violence in these environments as they are in women-centred spaces. Although women-centred spaces are important, it is crucial that we do not relegate all responsibility for women's safety and considerations of gender to these women-centred environments. The disparity between women-centred and co-ed services in the responses is an indication that co-ed spaces are not necessarily prioritizing women's safety or employing a gender-based analysis more generally. It is the responsibility of co-ed service providers as well as funders to ensure that 40% of their budgets are allocated to serving women's needs.

TABLE 2. What services or organizations do you feel comfortable approaching to talk about women's safety?

Women-centred services*	69%
Downtown Eastside Women's Centre (DEWC)	54%
WISH Drop-in Centre	35%
412 E Cordova Women's Shelter	8%
Other women's services (e.g. PACE, BWSS)	14%
Co-ed services (e.g. Carnegie, VANDU)	14%
Police	1%

*Women may have selected more than one women-centred service, so the breakdown adds up to more than 69%

5.3 MAPS

Maps illustrating some of these findings can be found at the end of this report.

6.0 CULTURAL SAFETY

Cultural safety is a concept that has been developed in the context of policy development and service provision in indigenous communities. One of the principal objectives of cultural safety is to develop practices that move beyond the simpler idea of cultural sensitivity, where differences are tolerated or acknowledged, but the underpinning power imbalances are not taken into consideration¹. In contrast, developing cultural safety means actively engaging with the history of colonization, oppression and the legacy of intergenerational trauma which has been inherited by indigenous people across Canada. Given the disproportionately high representation of indigenous people in the DTES, it is of the utmost importance that programs and

practices are developed and implemented with cultural safety in mind, in order that we do not collectively repeat the structural imbalances and racist hierarchies which have so starkly defined much of the cross-cultural service provision in the past.

6.1 RACIAL AND CULTURAL DISCRIMINATION

Unfortunately, but not unexpectedly, the findings of the community mapping survey demonstrate that many women of colour (indigenous and non-indigenous) experience discrimination based on their race or culture. Overall, 25% of women responded that they felt they were being discriminated against because of their culture. Experiences varied across groups, with 75% of non-indigenous women of colour and 24% of indigenous women reporting cultural discrimination.

6.2 CULTURAL SAFETY IN THE DTES

While many women acknowledged existing programming which aims to meet the needs of indigenous and other racialized women in the DTES, the general sentiment was that there is not enough, and that existing programs need further support (e.g. more staff, more funding). 56% of participants feel there should be more culturally aware/appropriate programming in the DTES. Some particular suggestions for directions for new or expanded initiatives include:

- Continue to focus on indigenous programs, with emphasis on employing indigenous staff;
- Develop programs specifically for indigenous youth and elders, as well as programs that connect these two groups;
- More traditional indigenous teachings as part of programs (e.g. medicines, arts and crafts, programs that include trips to the land);
- Further recognition of the diverse cultural make-up of the DTES new programs that reflect and promote this diversity;
- Efforts must be made to meaningfully involve indigenous people in the governance structures of organizations in the DTES systemically.

7.0 DRUGS, ALCOHOL, AND VIOLENCE AGAINST WOMEN

“I had to be a working girl for drug addiction.”

“[Safety is about] clean needles, clean sex.”

“Discrimination against drug habits is...one of the biggest issues impacting women’s safety right now.”

Throughout the responses to the survey, issues relating to drug and alcohol use were raised by the women. In some cases, it was the open-air drug market and the



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pervasiveness of drug use and addiction in the DTES which women cited as safety issues. In other cases, women brought up their own struggles with substance use as instrumental in the degree of safety they experience on any given day.

The issue of drug use and drug-related harms in the DTES is one that has garnered a great deal of public awareness for many years now. Although the issue is one that has consistently been on the agenda of health and social policymakers at all levels of government, the specific impact on women has not been. The link between negative health outcomes and gender is well-supported in academic literature, including evidence from ongoing studies with men and women who use drugs in Vancouver. For example, this research has shown that women who inject drugs have significantly higher rates of contracting HIV than men who inject drugs². It is crucial that we acknowledge the deep complexity of the role that drugs and alcohol play in the lives of women in the DTES in its totality – from the roots of addiction to the specific forms of violence and harassment women face at the hands of dealers and police, and beyond to the barriers to accessing detox and treatment services.

An important point that emerged in the analysis of the survey responses is that the use of drugs and alcohol varies widely amongst women in the DTES. While it is incorrect to assume that all women use or abstain from using, it is clear that substances have had and continue to have significant effects on the daily lives of women in the DTES in a variety of ways. It is imperative moving forward that a gender-based analysis be an integral part of any services relating to drug and alcohol use in the DTES.

8.0 POVERTY

One of the realities that women discussed with peer interviewers and at the Violence Against Women Forums is that there are times when, in order to survive, they are required to engage in activities or practices that they might not otherwise choose to engage in. Some of these are related to emotional and psychological coping with the stress and strain of poverty and experiences of violence – for example, drug and alcohol use. In many cases, these are related to income generation in order to meet their needs in terms of housing, food, drugs or alcohol, or other necessities. Drug dealing, theft, and sex work are examples of some of the ways in which women resist and fight back against the grinding poverty of living on assistance.

In the community mapping survey, women were asked, “Have you ever felt forced to do something you are not comfortable with in order to survive or to make ends meet?”

57% of the participants responded that yes, at some point they did have to make these compromises in order to survive. Most women did not elaborate on what the specific situations were, but some shared with us their experiences:



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“Yes, worked the streets. I have stolen and lied.
Living in an abusive relationship.”

“Sometimes people with dope money will see me sick
and take advantage of that.”

“Yes sometimes. As a working girl I have to do things
I am not comfortable with. I don’t have a choice. There is no choice.
Unless you don’t want money. Look for girls that are sick.”

“I have to be out there to make money to survive, eat and for drugs.”

It is clear that in order for women to be able to make decisions that they are comfortable with, and to ensure that women never feel the need to put themselves in positions where they feel unsafe in order to make ends meet, the overarching issue of poverty must be confronted.

9.0 SEX WORKER SAFETY

The DTES of Vancouver is home to one of the most notorious street sex work areas in Canada. This notoriety stems in no small part from the terrible violence, including murders committed by the country’s worst known serial killer. In the responses to the community mapping survey, safety issues relating to sex work came up many times in different contexts. The Women’s Coalition feels strongly in undertaking a discussion about violence related to sex work it is important to first acknowledge the highly politicized and dichotomized discourse which has unfortunately become a hallmark of public discussion about the sex industry in Canada. As is too often the case, complex issues about women’s status, health and safety are reduced to simple binaries – a process which renders invisible the nuanced and complicated realities of women’s lives.

As such, while it is important to acknowledge that policy alternatives and law reform is necessary, this argument is not made in ignorance of the fact that many women, and in particular women in poverty, face unique and at times intractable material struggles which seriously impact their decision making and the power dynamic between them and sex buyers. Regardless of the legal context, there are social conditions which will continue to culminate in vulnerabilities for some women who do sex work, particularly survival sex work. A struggle for justice for all sex workers must also include a struggle against poverty, against institutionalized racism, and against patriarchy.

For example, many women cite financial instability or poverty as factors in their initiation into sex work². These struggles with poverty are often related to systemic barriers which prevent the women from entering the conventional labour market (e.g.

English language proficiency, racism, low levels of formal education, lack of previous employment, addiction or mental health issues)^{2,3}. Financial instability will often persist for women in sex work, as rates of pay or demand may not be consistent. Financial vulnerability becomes a lever through which clients may manipulate or intimidate women and decreases women's capacity for enforcing condom use, for example^{2,4}.

As previously noted in the report (see Section 8.0 - Poverty), sex work is an income generation activity that helps many women make ends meet. It is of the utmost importance that we support women who do sex work in achieving safety by providing a broad range of options – from income generation activities and exiting programs, to exploring policy alternatives which will help to break down stigma and discrimination and provide safety in all situations.

10.0 MENTAL HEALTH

Increasingly in recent years, issues relating to mental health and mental health services have been at the forefront of the political conversation relating to the DTES. While much of the discourse has relied upon medical models of mental health and illness, it is important to acknowledge that the roots and causes of the mental health problems that are being seen in the DTES are complex and also involve social forces. The reality for many includes daily life in grinding poverty, and being subject to systemic oppression and exclusion - it is difficult to imagine circumstances less conducive to mental wellness.

As it pertains to the issue of women's safety in the DTES, mental health and the accessibility of mental health services are complex and layered issues. Similar to other concerns raised in this report, it is not sufficient to conceive of this issue as a simple binary of mental health vs. mental illness. The experiences of the women participating in the survey and forums, as well as the members of the Women's Coalition are more evocative of a continuum. The mental health of an individual or group of individuals may move along this continuum over time for many reasons, including individual-level and community-level factors. The behaviours that have come to be associated with mental ill health in the DTES also exist on a continuum for many, as do the coping strategies that people may develop in the face of a health care system which unfortunately is struggling to provide accessible and relevant services.

10.1 LACK OF ACCESS TO MENTAL HEALTH SERVICES

Of the women who participated in the community mapping survey, over one third (36%) reported that at some point the medical system had failed to support them with mental health issues. Many women in the DTES are unable to access mainstream mental health services for a variety of reasons – for example: complex referral systems are difficult to navigate without a strong advocate, problems with securing transportation to distant clinics, or finding services where they will not experience stigma or discrimination based on their socioeconomic status, drug use or involvement in sex work. Mental health services provided in the DTES are notoriously overtaxed, and many women describe feelings of frustration, despair and desperation arising



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from their search for help. For many women, this difficulty in accessing help serves to compound the initial mental health concerns.

In a recent document detailing findings from community consultation about how to better provide health care services in the DTES, the Vancouver Coastal Health Authority (VCH) developed a list of 12 key observations, including:

#11: Women remain acutely vulnerable and have trouble accessing appropriate gender-specific services; protecting, serving and empowering women should be a special focus for DTES investment.⁵

While it is an important step for VCH to move toward gender-specific services and addressing the specific needs of women in health care delivery, the Women's Coalition hopes to see an integrated gender-based analysis as the plan moves forward. A move in this direction could include tying program funding to gender attendance outcomes, a suggestion featured in one of the community-based workshop documents being considered as VCH's new strategy is developed.

10.2 SAFETY CONCERNS

As women have themselves experienced the lack of mental health services in the DTES, they are also aware that other members of the community have this struggle, which culminates again in a range of mental states, behaviours and coping strategies. As such, mental health was highlighted by 47% of community mapping survey respondents as a safety concern. It is important that this issue be approached with compassion and understanding of the rich social context. Women from the community and representatives of women-serving organizations must be integral parts of the on-going conversation about mental health and mental illness in the DTES in order to ensure that the full range of their experiences is considered. In the fall of 2013, the City called for increases in housing, treatment and services targeting people with untreated mental illness in the DTES. To date there has not been any discussion of how women are implicated in this issue, or how a gender analysis might be brought to bear in the development of these strategies. Given the findings of the community mapping survey and the experiences of the Women's Coalition, it is imperative that women are meaningfully involved in this process.

11.0 GENDER VIOLENCE AND HOMELESSNESS

Gender-based violence is violence that is directed against a person on the basis of gender. It constitutes a breach of the fundamental right to life, liberty, security, dignity, equality between women and men, non-discrimination and physical and mental integrity. Gender-based violence in the DTES reflects and reinforces inequalities between men and women. Gender-based violence and violence against women are often used interchangeably as most gender-based violence is inflicted by men on women and girls.



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Domestic violence against women in the DTES is all acts of physical, sexual, emotional or economic violence that occur within an intimate partnership, family, domestic unit or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the women.

Sexual violence against women in the DTES continues to be one of the most brutal forms of gender-based violence, while at the same time being a topic not easily discussed. Women who have experienced sexual violence still face secondary victimization in their contacts with the police, healthcare institutions, prosecutors, judiciary and because of, among other things, the lack of intervention protocols and training on sexual violence within DTES organizations and services.

Gender-based violence is closely linked to homelessness and precarious housing for women in the DTES both in cause and effect. Homeless women in the DTES of Vancouver face sexual harassment and the threat of physical and sexual violence on a daily basis. This is due to survival on the streets and in shelters favouring those with physical strength, women are more likely to be preyed upon than men, and women must navigate the threat of domestic and/or sexual violence not only on the streets but also in shelters, co-ed facilities, single room occupancy units and social housing all of which often result in actual violence. Violence is one of the most common causes of homelessness and precarious housing for women in the DTES. Homelessness, for many women, is an initial solution to unsafe housing or homes because women leave their homes because of domestic and/or sexual violence.

Further, Women's Coalition members have identified that women are less likely to access and that service providers are less likely to refer women, to anti-violence services (such as transition houses) located outside of the DTES, due to women's experience of being stigmatized and stereotyped. Additionally, existing external services policies, intake processes, and hours create barriers to accessibility for marginalized women from the DTES especially when women have co-existing substance use and/or mental health issues.

12.0 CREATING CHANGE

Finally, participants were asked to share their thoughts on what could be done to improve safety for women in the DTES, both in the community mapping survey and the Violence Against Women Forums. While it was encouraging to see from women's suggestions that generally many programs are on the right track, it was also apparent that the programs which are working are underfunded and underdeveloped. Out of the findings discussed in this report, major themes in the call for action are:

1) Increase violence prevention programming and training for women.

- Self-defense training for women
- 24-hour shelters and drop-ins available for women in more than one location
- Increase reach of 9-1-1 cell phone program



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2) Develop specific initiatives to support sex workers' safety.

- Decriminalized areas where sex workers can work openly and safely
- Training workshops for 'spotters' – friends or co-workers who can help keep an eye on each other
- Enlisting existing outreach teams to spot for sex workers

3) Increase the amount and diversity of programming for indigenous women.

- Build emphasis on employing indigenous staff
- Develop programs specifically for indigenous youth and elders, as well as programs that connect these two groups
- More traditional indigenous teachings as part of programs (e.g. medicines, arts and crafts, programs that include trips to the land)

4) Prevent further displacement of low-income housing spaces, and other negative impacts of gentrification.

- Develop a public housing strategy
- Ensure that all businesses are welcoming to DTES residents (e.g. develop an audit and rating system whereby local residents can assess new and existing businesses)
- Ensure that there is quality housing (i.e. units with private kitchen and bath, kept in good repair)
- Increase and protect the availability of safe common spaces in residential buildings throughout the DTES

5) Raise awareness of cultural safety and encourage organizations to incorporate it into the programming and practices.

- Offer cultural safety training to all service providers and police
- Increase the number and diversity of culturally-relevant programs
- Ensure that more staff who represent the cultural groups who access services in the community are hired by service providers
- Increase the number of services offered in languages other than English

6) Increase the level of peer involvement/engagement in all programming.

- Hire more peers to offer services or offer mentorship so peers are working within organizations and are paid a living wage
- Have more peer-run workshops and trainings
- Ensure that peers are treated as equals in organizations

While some items on the list here are immediately actionable, many will require deep-rooted change in the culture of the DTES, on the part of all stakeholders including residents, service providers and policymakers. In order to see real and lasting change in the levels of violence against women in the neighbourhood, it is imperative that we all begin to see women's issues as priority issues for the whole community.

For too long, the DTES has been viewed as a place where violence against women can happen with impunity – this disregard for women’s safety and well-being has permeated the culture of the community, from interpersonal relationships to service provision.

Shifting this culture and the underlying attitudes is necessary in order to achieve real change in the struggle to end violence against women. The implementation of these recommendations will require decisive action and meaningful involvement of women at every stage – from the front-line to management to administration. An indication of the will to change will require new systems of holding organizations to account for implementing and maintaining safe spaces for women and proportionate representation of women throughout. Funding agencies also have a key role to play in this new accountability for gender-based service delivery. The distribution of limited resources available for services in the DTES must be tied to principles of equity and justice for women in the community in order to demonstrate our collective commitment to authentic implementation of the recommendations put forward by the women of the DTES.



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Safety means...

“...that I don’t get abused.”

“...that I can go home safely, sleep safely, not having to worry about people hurting me.”

“...being able to walk around without feeling fear.”

“...not being afraid in your own home.”

“...being safe in public...mentally, physically, and sexually safe.
I have the right to be safe.”

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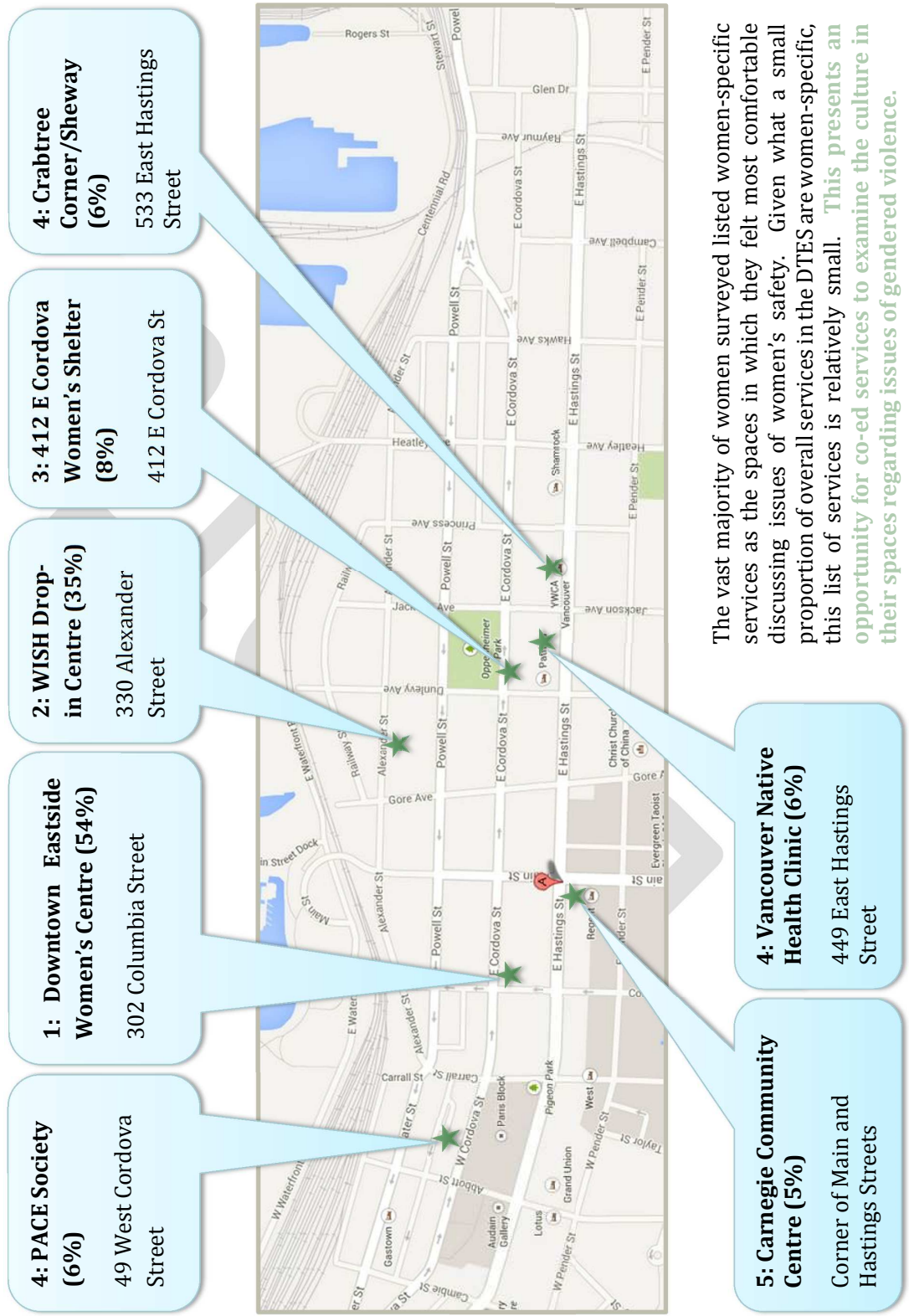
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Map 1: What services or organizations do you feel comfortable approaching to talk about women's safety?

Participants in the community mapping survey were asked to identify spaces in the DTES where they felt comfortable raising and discussing issues pertaining to women's safety. Violent incidents or feelings of being unsafe are critically underreported in the DTES, and this is due in part to women's feelings that their reports won't be taken seriously or worse, may result in further harassment.



The vast majority of women surveyed listed women-specific services as the spaces in which they felt most comfortable discussing issues of women's safety. Given what a small proportion of overall services in the DTES are women-specific, this list of services is relatively small. **This presents an opportunity for co-ed services to examine the culture in their spaces regarding issues of gendered violence.**

Map 2: What are the 3 places in the DTES where you feel most or least safe?

When women were asked to identify spaces in the DTES where they felt most and least safe, overwhelmingly the responses for safe spaces were women-centred locations. 67% of women surveyed named at least one of five women-centred services.

SAFEST:

1: Downtown Eastside Women's Centre - 47%

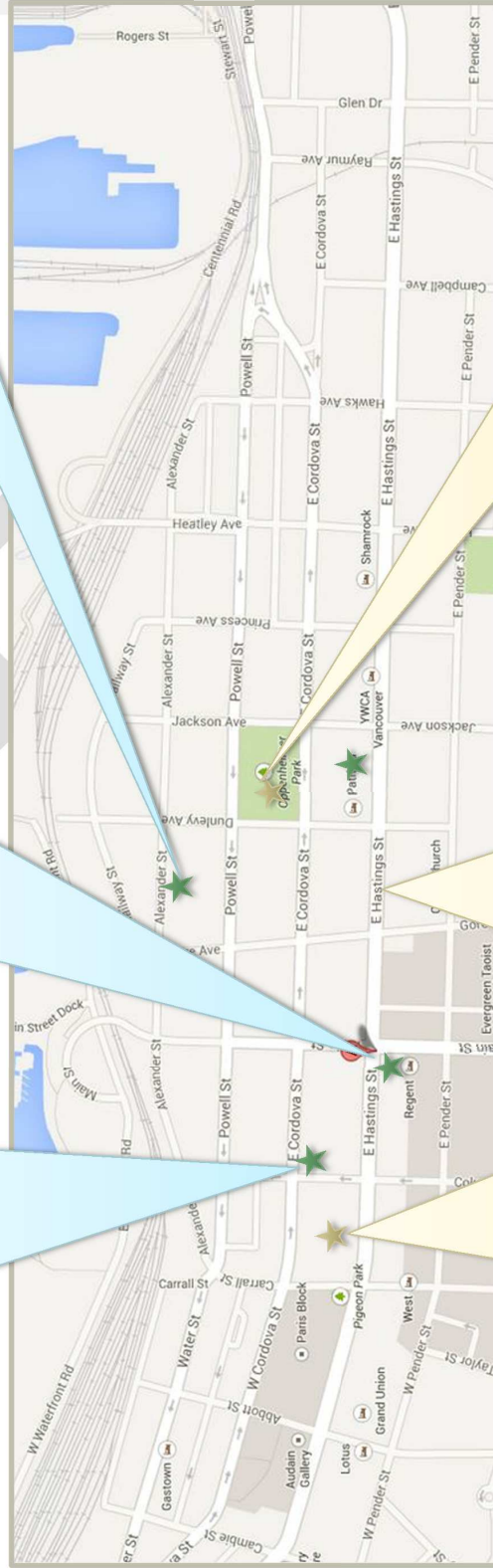
302 Columbia Street

2: Carnegie Community Centre - 28%

Corner of Main and Hastings Streets

3: WISH Drop-in Centre - 27%

330 Alexander Street



LEAST SAFE:

3: East Hastings between Columbia and Carrall

25% - This area on a busy block was named by one quarter of the women as a location where they feel unsafe.

1: Streets and Alleyways

75% of women surveyed reported feeling unsafe on streets and alleyways throughout the DTES. This is consistent with one of the major themes in the Defining Safety section, which is that mobility is a key aspect of women's safety.

2: Parks and Public Outdoor Spaces

10% Various locations were named including Oppenheimer, Crab, Pigeon and Andy Livingston Parks.

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BY THE WOMEN'S COALITION: WOMEN SERVING ORGANIZATIONS IN THE DTES.