



RECOMMENDATIONS FOR ADDRESSING GENDER- BASED VIOLENCE AT THE SUPPORTIVE HOUSING SITES

Based on findings from a survey created by the
Sheltering, Gender, & Safety Working Group.



Context

Encampments followed by rapid housing during the pandemic; reports of GBV, new staff, limited knowledge and policy framework to guide response

Ad hoc interagency group formed: Gender, Shelter & Safety

Initial lit reviews suggested that there was little policy guidance or research on gender-based violence in supportive housing even though it is widely regarded as commonplace

There are limited resources for GBV oriented to persons who experiences intersecting marginalizations--the very population that represents the majority of supportive housing.

Methodology

22 Residents & 24 Staff Members were interviewed. Staff and resident comparative format for surveys.




Mixed method questionnaire developed by the working group. We are presenting an analysis of the most commonplace themes.



Goal: to better understand how to address and respond to GBV at the supportive housing sites in an effective, safe, and trauma informed way that is led by the community.



Our definition of GBV: Any type of harm that is perpetuated against an individual or group because of their perceived gender, sexual orientation and/or gender identity. It includes, but is not limited to, intimate partner violence, sexualized violence, violence against women, violence against someone because of their gender or sexual identity.



Our approach: individual peer-based approach for residents; online for staff.

Resident Themes (N=22)

- Staff need to be unbiased, believe survivors, and treat everyone with respect and compassion (N=13).
- Staff need to take the time to build trust/connect with residents, follow up with residents, listen to resident needs, and be consistent with confidentiality and consequences (N=11).
- There needs to be more resources and/or greater access to resources to support those going through GBV (e.g., medical teams, counsellors, social workers, support teams, etc.) (N= 11).

Resident Themes (N=22)

- Abusers should be held accountable for their actions (including consequences that vary from removing them from the premises to temporary bans, to "strikes", etc.). (N=11).
- Staff need to be trained on GBV, trauma-informed practice, how to safety plan, and on the many intersections connected to GBV (N=9).
- There should be thoughtful placement of residents (including gendered housing and housing for people who are addressing their abusive patterns), a safe place to send people experiencing GBV, and a way to separate residents (N=8).

Resident Themes (N=22)

- Residents should be educated about GBV, gender diversity, and available resources in the community (N=7).
- There need to be clear policies and procedures in place that are followed up on consistently (N=5).



Staff Themes (N=24)

- Staff need to be trained on GBV, trauma-informed practice, how to safety plan, and the many intersections connected to it GBV (N=18).
- Staff need to take the time to build trust/connect with residents, follow up with residents, listen to resident needs, and believe disclosures (N=18).
- Residents should be educated/have workshops on GBV, gender diversity, available resources in the community, and violence prevention programming (N=14).

Staff Themes (N=24)

- There needs to be preventative safe housing for residents*, a safe place to send people experiencing GBV, and a way to separate residents* (N=12).
- There needs to be more options and resources/greater access to resources to support residents going through GBV (N=11).
- There should be a mandatory discharge of perpetrators, or strict consequences that are enforced (N=11).

Staff Themes (N=24)

- There needs to be a safe place for residents to disclose violence and engage in safety planning (N=9).
- Have clear policies and procedures in place that are followed up on consistently (N=7).
- There is very little that staff can do without evidence or staff witnessing the event. Staff need to be able to respond even without direct witnessing (N=6).
- There needs to be a trauma informed approach to police involvement* (N=6).

Overlapping Themes

- More education for residents and staff on GBV.
- Staff need to take the time to build trust and connect with residents in a respectful and meaningful way.
- There needs to be a range of safe housing options.*
- More low-barrier/greater access to resources for residents going through GBV who experience layered barriers (substance use, racism, mental health, etc.).
- There need to be clear policies and procedures in place to respond to GBV and support accountability.



Recommendations (Short Term)

Collaborate	Collaborate with service providers to offer education and workshops for residents and staff..
Training	Training ideas: Consent, GBV (including gender-diversity), bystander intervention, de-escalation, decolonial perspectives, client rights & trauma informed practice, intersectionality, etc.
Discuss	Discuss options for temporary as well as permanent transfers between sites.
Disseminate	Disseminate brochures and posters detailing available community resources for those experiencing GBV.

Recommendations (Short Term)

Have policies and standards in place to guide the approach of housing providers to this issue, which include attention to client rights & autonomy, trauma informed service delivery, gender and sexual diversity inclusion, and ethical responses to incidents that includes follow up care for survivors and those that commit violence. .

At a systems level determine what current follow up supports are available, and what significant gaps exist -- especially for people experiencing intersecting marginalization.

Connect with VicPD to co-create a best practices document for how to respond to GBV calls at the sites.

Recommendations (Short Term)

- Create policy based on the findings from this report and further engagement with stakeholders that prevents and responds to GBV in a consistent manner (perhaps through existing provincial bodies that guide housing services and training).*



Calls to Action

- More intentional housing to facilitate a housing first approach
- More education for staff and residents
- More personnel dedicated to this issue throughout the system of health and social services
- More supports for GBV that are low barriers (decolonial, harm reduction oriented, sex worker and 2SLGBTQ+ friendly).
- The adoption of a contemporary conceptualization of GBV that is nuanced, person-centred, and accounts for intersectionality