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# Finding Home

The impacts of partner violence on women's housing stability, health and wellbeing

**CRICH**

CENTRE FOR RESEARCH ON INNER CITY HEALTH

Prepared February 2014



# Finding Home: The impacts of partner violence on women’s housing stability, health and wellbeing

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- MAIN FINDINGS..... 4
- ABOUT THE CENTRE FOR RESEARCH ON INNER CITY HEALTH ..... 4
- STUDY BACKGROUND AND METHODS..... 5
- STUDY HIGHLIGHTS ..... 6
  - The Context of Violence and Housing Instability..... 6
  - Complex Relationships Between Housing, Health, Poverty and Violence ..... 9
  - Acknowledging Women’s Strength and Resiliency..... 12
  - Understanding the Landscape of Service Provision for Women Living with Violence: Coordinated Response Needed..... 13
- RECOMMENDATIONS..... 15

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For more information about the Centre for Research on Inner City Health (CRICH), please visit [www.crich.ca](http://www.crich.ca) or email [crichlist@smh.ca](mailto:crichlist@smh.ca).

## Main Findings

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- Women who experience intimate partner violence (IPV) are resilient. Over time, they are able to rebuild their lives, homes and families, although success is often experienced in small steps and is deeply tied to housing stability.
- Women living with or leaving violent relationships have complex needs and require multiple services tailored to their situations. Providing housing is important, but alone, it is not enough.
- Housing stability is more than just shelter. The meaning of housing stability is multifaceted involving material needs such as affordability and quality, as well as meaningful needs such as safety, comfort and a place of refuge.
- Women described a cyclical relationship between intimate partner violence, poverty, unstable housing, and health. For many women, violence and poverty contributed to a lack of safe housing options, all of which negatively impacted their health and sense of wellbeing. This lack of wellness, in turn, made it more difficult to maintain employment, housing, and meet the needs of their families.

## About the Centre for Research on Inner City Health

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The Centre for Research on Inner City Health (CRICH) is dedicated to reducing health inequities through innovative research that supports social change. We conduct research to better understand the linkages between poverty, social exclusion and poor health. We work in partnership to produce evidence that can be used in practice.

The Intimate Partner Violence Research Program at CRICH is dedicated to improving our knowledge about the determinants of and solutions to intimate partner violence. Our transdisciplinary research team includes epidemiologists, sociologists, psychologists, public health experts and service providers who are working in a variety of IPV-related areas. In addition to our extensive examination into the links between IPV and housing, we have conducted research into how men and women conceptualize IPV, best practices for IPV screening programs in health care settings, and the impact of residential neighborhood characteristics on experiences of IPV.

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# Study Background and Methods

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This study concerns the problem of partner violence—approximately 1 in 4 women will experience intimate partner violence (IPV) in their lifetime. The goal of the Housing, Health, and Women’s Wellbeing Study was to elicit meanings, perceptions, and experiences of violence, housing, and health among women who experienced abuse in the five years preceding the study. This report attempts to capture the voices of women who live or have lived with partner violence. The recommendations are based on their observations and experiences as they dealt with violence while navigating the service system.

Between 2010 and 2011, CRICH’s Survey Research Unit arranged and conducted 41 semi-structured interviews with women in five urban and non-urban regions across Ontario. The study team utilized contacts with community organizations to facilitate recruitment and identification of potential study subjects. Flyers were posted at relevant organizations and were also distributed to potential participants. The flyers were delivered by management staff of social and transitional housing programs and counsellors at community based organizations serving women who are victims of abuse. The flyers directed interested participants to contact a member of the study team by telephone for more information about the study and to assess their eligibility to participate.

## Participant Demographics

Women experienced IPV within the past 5 years

Women were between the ages of 25 and 60 years old.

Women lived in a variety of housing types:

- 49% lived in social housing
- 20% lived in transitional housing
- 32% lived in independent, market housing

Most women were separated or divorced (42%) or single (51%).

Forty-two per cent of the women were living with children under 18.

While 68% of participants had post-secondary education, 73% reported incomes below \$20,000 per year. Additionally:

- 39% were unemployed
- 42% were living on disability assistance

# Study Highlights

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## The Context of Violence and Housing Instability

What does 'housing stability' mean for women who experience partner violence?

The women we interviewed spoke about housing stability as meaning more than just 'shelter'. Their definitions of housing stability were multifaceted and include concepts described in the literature as Material and Meaningful housing stability:

Material Stability included a desire to have an affordable and permanent place to live where services are accessible, housing is of good quality, they were confident they could maintain their housing, and they do not fear being evicted.

Meaningful Stability referred to feeling that their home is a refuge, a place in which they can feel safe, self-confident and in control of their lives.

"Stable housing to me is housing that I can afford and that is in a safe place that is going to benefit me and my family. That it's not just that it's affordable in a sense that if I'm working or not working that I'll be able to stay there, it's stable in that we are going to feel safe. You know? Like all around the environment and the people around and that we will be able to stay there and kind of progress... And that it's going to improve our situation as well like it's not going to make it worse and that's health wise socially, emotionally like everything."

What were the principal barriers to housing stability?

All of the women in our study described experiencing some degree of housing instability at some point in their lives. Women linked housing stability directly and indirectly to relationship violence.

Many women were still trying to achieve a sense of housing stability. The main barriers to achieving this included:

- Lack of material support and resources: e.g. waiting lists for social housing, financial resources and/or literacy, knowledge of available services and supports;
- Health issues and substance abuse;
- Support from friends and family. While many women found strong supports from friends and family, those who did not listed this as important barrier.
- Intimate partner violence

What forms of partner abuse did the women in our study experience?

The women in our study experienced physical violence, psychological abuse and other coercive and controlling behaviours. Physical and emotional abuse were common and often simultaneous.

Although physical violence was the easiest to identify, psychological abuse and coercive tactics also had long-term impacts.

"One of the big, big things is, it seems that especially on television and on ads, they only ever refer to abuse as physical or sexual. Emotional abuse is so downplayed. And in my opinion, having suffered from all the above, it's the worst. It's the most damaging. And it's the one that gets the least amount of attention, and the least amount of help. Or you really have to jump through some hoops to get help with it."

How did women's childhood experiences impact adult experiences of abuse?

Many women in our study spoke about childhood experiences of violence and/or unstable housing.

Some described how the normalization of abuse along with negative self-images from childhood may have contributed to an inability to protect their own children from abuse or neglect.

"I mean I sort of felt, not so much that I deserved it, but I don't deserve any better than this you know, when your first male role model is your father, who beats you it's hard to get out of that, even though I know it's wrong, it doesn't mean I change things."

For some women, these experiences led to maladaptive coping strategies, such as running away and "just suck-it-up" attitudes. As adults, they were more vulnerable to housing instability and exploitation.

"And one of my worst coping is to run to the next partner for comfort, but I find the same abusive, crazy characters. When all I want is comfort, right? And that's been my pattern since I ran away [as a child]. I'm just looking for safe arms to run to and I don't find them. I never find them. That stuff is messing me up."

Women experienced housing in different ways at different times

Women's experiences of housing instability were varied across three (I-III) periods:

I. While living with the abusive partner: Housing was generally materially stable for most women, affordability was a concern for others. In either situation, the existence of violence led to meaningful instability and women did not feel in control, safe, or like home was a refuge.

"I was living in a big house but without peace because I was abused. Even the kids were abused - mentally, physically, sexually, every which way. And it didn't matter what size of house it is. It's the condition of living. That's how it is."

II. Immediately after leaving the abusive partner: Women faced higher levels of instability and mobility as they were on the run, staying with family, friends, or in a shelter, or sleeping on the streets. This was a very critical time for women.

Women were not completely safe from IPV; some reported continued abuse and stalking by ex-partners.

Women were often forced to settle for less-than-ideal living conditions, and some women were forced to return to their abusive partners because they lacked other options.

"Well, when my husband and I split up, this was back a few years ago. He refused to pay his child support. He did it for a couple of payments and that was it. So the house that we were living in and that he left, I couldn't financially afford it anymore. I wound up moving into the basement apartment of my mom's house. I'd lost my job and the - pretty much the situation that I moved from and into were two and the same only one was my mom and one was my partner. So it was physically abusive. It was verbally abusive. It was unsafe for the child. I wound up kind of one day, I threw the kid in the car with everything I could pack of hers that would fit in there and I drove until I ran out of gas and I wound up down in this area. I went to the shelter there. They found me an apartment where the landlord was not mentally balanced and during that timeframe, I applied to go to college. So I was going to college and then moving from my apartment into the shelter and then from the shelter into transitional housing where I am at now. So during all of this, I think we moved—the child changed schools five times in the one year and we moved, I don't know, six times. I was going to college through it all. Again, lost my job, but I did finish the college and now I am here, moving again. So, it's been quite the road."

For several women, however, staying in a women's shelter offered a safe haven. It gave them a chance to regroup and connect with other services.

III. Long after leaving the abusive relationship: Women were able to maintain safe, quality housing over a longer period of time, which was a key factor for rebuilding financial independence, social networks and stabilizing their health.

For many, having material housing stability contributed to their meaningful stability. This increased as they began to feel safe in their homes and in control of their lives, especially those living in social housing.

"It's my place. I chose to be here because I wanted to. It's clean, it's safe... it's an opportunity for me to provide a nurturing environment for my kids. It's away from so much of the negativity that I've left. It's my haven, my little nest."

Many women still experienced problems finding affordable housing, especially in the independent housing market.

Women reported that employment, financial independence and social or professional networks were being rebuilt, but they still faced financial problems, loneliness, and isolation. Some were still managing abusive relationships.

### Further Reading

Berlin LJ, Appleyard K, and Dodge KA. (2011). Intergenerational continuity in child maltreatment: Mediating mechanisms and implications for prevention. *Child Development*, 82(1):162–176.

Bratt RG. (2002). Housing and Family Wellbeing. *Housing Studies*, 17(1):13-26.

Dupuis A, and Thorns DC. (1998). Home, Home Ownership and the Search for Ontological Security. *The Sociological Review*, 46:24–47.

MacKenzie MJ, Kotch JB, Lee L-C, Augsberger A, and Hutto N. (2011). A cumulative ecological–transactional risk model of child maltreatment and behavioral outcomes: Reconceptualizing early maltreatment report as risk factor. *Children and Youth Services Review*, 33(11):2392–2398.

Nair P, Schuler ME, Black MM, Kettinger L, and Harrington D. (2003). Cumulative environmental risk in substance abusing women: Early intervention, parenting stress, child abuse potential and child development. *Child Abuse & Neglect*, 27(9):997–1017.

Tomas A, and Dittmar H. (1995) The experience of homeless women: An exploration of housing histories and the meaning of home. *Housing Studies*, 10(4):493-515.

## Complex Relationships Between Housing, Health, Poverty and Violence

Did housing instability have any apparent impacts on women's health?

Women spoke about a range of acute and chronic health conditions; many indicated that they continued to deal with multiple issues. Women frequently linked these health problems and their experiences with housing instability.

**Mental Health:** All of the participants suffered from depression at some point in their lives; many were still struggling with this at the time of the interview. Other psychological issues included anxiety, post-traumatic stress disorder (PTSD), bipolar disorder, eating disorders, and generally high levels of stress.

**Physical Health:** Many women suffered from one or more ongoing chronic conditions, including diabetes, hypertension, autoimmune disorders, and chronic pain.

**Substance Abuse:** Many women reported a history of drug addiction and/or alcoholism.

During times of housing instability, when women were under high levels of stress, they found it more difficult to maintain healthy behaviours. This resulted in things like lack of physical exercise, poor eating habits, substance abuse, neglecting physician appointments and not taking medications.

Constant exposure to IPV eroded women's self-esteem and self-worth, and many talked about feelings of worthlessness. Additionally, several said they felt constantly on the verge of illness and were unable to perform basic self-care.

These unhealthy behaviours created or exacerbated existing health conditions.

"Very stressful, couldn't cope with anything and didn't take care of myself the way I should have been, I was neglecting my doctor appointments, not taking my medication for my pains and stuff... Which means I wasn't able to function like I usually did, like daily routines like anybody else would do, go get your groceries, go to your doctor's appointments, go visit your grandchildren, take them out of the park, to the library, to a movie, I didn't have time to do none of those things because my wellbeing wasn't stable enough and I wasn't stable enough in my mind."

How did the combination of poverty, violence, and unstable housing impact women's health and wellbeing?

The cumulative impacts of poverty, IPV and housing instability on women had serious repercussions on their health.

I. While living with the abusive partner: numerous contextual factors were directly impacted by IPV.

Women's employment was negatively affected by increased absences, injuries or other health problems related to the violence.

Social networks were diminished as women's partners isolated them from friends and family by limiting access to transportation or avenues of communication.

Women's finances were impacted when partners stole rent money, lied about paying rent, refused to pay bills on time, or withdrew money from their bank accounts.

Finally, women reported negative and worsening physical and emotional health during this period, including depression, PTSD, eating disorders, substance abuse, acute injuries, and the exacerbation of existing chronic conditions such as fibromyalgia, chronic pain and hypertension. They also experienced high levels of stress and worry.

II. Immediately after leaving the abusive partner: women's already compromised wellbeing continued to diminish.

Some women lost their jobs after a partner showed up at their place of employment. Finances were seriously strained and basic necessities were difficult to afford. A lack of stable housing with access to child care led to absences and diminished performance.

Some women lost custody of their children because of their precarious living conditions and reduced ability to care for their children.

Women described very high levels of stress and anxiety during this period and some continued to experience abuse by their partners, which contributed to diminished mental and physical wellbeing.

III. Long after leaving the abusive partner: financial independence, employment, and social support networks were slowly rebuilt.

Women remained financially vulnerable, and a large percentage continued to live on social assistance or disability assistance, which limited their income and housing options.

For some women, the violence was not completely absent. In some cases, women discussed the possibility of returning to an abusive partner if they were unable to maintain financial independence or a sense of belonging.

Health generally stabilized and chronic conditions were better managed, but mental health problems such as depression often persisted.

How did achieving housing stability impact women's wellbeing?

All women stated that finding suitable and stable housing was very important in the process of recovery from the ramifications of relationship violence. Some were still striving to achieve housing stability.

Women described elements of stable housing, including financial affordability, safety from violence, compassion and social support, permanence and an opportunity to heal and rebuild. This was directly linked to better mental health and happiness.

The establishment of material and meaningful housing stability helped many women achieve good health and psychological wellbeing. For some women, the health problems persisted, although seemed to be better managed.

When a woman achieved housing stability, she felt a sense of hope for the future and this benefited her and her children's wellbeing.

"Love it. It's great! Even the market rent here is 700 dollars so I can afford it. It's a three bedroom, it's on a good street, it's a really nice community, there's a good school up the street, so, I'm happy... I'm happy that I'm here, like I can breathe out here, like before I couldn't breathe cause I'd think, that's where all the violence happened... and it gives you the opportunity for you and your children to be in a safe place, so hopefully, it's, you know... where you can build and heal. I feel I can heal here... it's a stepping stone. So we're not hopefully staying in it for years. I know a lot of people do. But, I can move out of here and buy a house and whatever, gives you that opportunity, maybe not get AHEAD, ahead, but at least you can afford a nice roof over your kids head and you can put food in their belly cause you can afford the rent and stuff like that."

How was housing stability achieved for women who experienced partner violence?

For some women, shelters or transitional housing offered an immediate solution and provided a secure environment, which offered them a chance to recover and get to the next step in their journey and where they benefited from the compassion of shelter staff.

“It has been really great here the last year. It has been absolutely wonderful. I don’t want to leave. I really don’t, but it’s only for a year. It is transitional housing but it’s stable and there’s people here to talk to if you should choose to do that. You have weekly meetings with the support staff that does work here...”

In the long term, social and/or market housing often provided stable housing solutions. Women liked having a choice in where they lived. For some women, safety from IPV was still an issue and housing affordability was a concern for women without rental assistance.

“Well current housing is great. I would love to stay here. My son loves his school. Yeah. They love the house. It’s comfortable. It’s just unattainable for us on our own.”

Many women described how achieving material housing stability was accompanied by meaningful or psychological stability and the ability to regain control over their lives. Some women returned to work or school, and others rebuilt their self-confidence and self-esteem. In turn, those led to better health.

“Social housing really helped me a lot. To be, to get healthy, and to be healthy and to be a productive member of society. To be well.”

“I felt in control. And that’s all I ever asked for so I believe that social housing, that’s what it gives more than anything, it gives the women back their control again.”

Securing stable housing is critical for women to heal and rebuild their lives in a safe and sustainable way. Women leaving violence need ongoing support through financial, health and social programs to sustain stable housing.

### Further Reading

Baker C, Billhardt K, Warren J, Rollins C, and Glass N. (2010). Domestic violence, housing instability, and homelessness: A review of housing policies and program practices for meeting the needs of survivors. *Aggression and Violent Behavior*, 15:430-439.

Dunn J. (2002). Housing and inequalities in health: A study of socioeconomic dimensions of housing and self reported health from a survey of Vancouver residents. *Journal of Epidemiology & Community Health*, 56:671-681.

Ponic P, Varcoe C, Davies L, Ford-Gilboe M, Wuest J, and Hammerton J. (2011). Moving ≠ Leaving: Housing patterns of women who have left an abusive partner. *Violence Against Women*, 17(12):1576-1600.

Rollins C, Glass N, and Perrin N, et al. (2012). Housing instability is as strong a predictor of poor health outcomes as level of danger in an abusive relationship: Findings from the SHARE Study. *Journal of Interpersonal Violence*, 27(4):623-643.

## Acknowledging Women's Strength and Resiliency

Building a new identity after years of abuse is important for women and many spoke about their journey to reestablish a sense of identity, self-worth, and interpersonal strength.

"Because of (transitional housing), I was like a sponge just soaking every knowledge and information that I could. Now I have so much self-respect for myself. Self-morals. Self-values. Dignity. Pride. Self-confidence."

The women we spoke with had come to perceive an internal strength that helped them survive the many traumas and set-backs. Some looked to spirituality and friendship to help them in their journey. There was recognition that they, as women, have survived a unique experience that can only really be understood by others who have been there too.

"... I am a survivor for however it's made me I know that you know? And for some reason whatever it was whatever was happening I would just overcome it. Wondering sometimes why was I born and why am I here and what's the reason and you know? Seemed like things were repetitive and being lonely, just everything you know? And yet I still came through it all. Still going through it all."

Ultimately, these women demonstrated an amazing amount of resilience and strength. They continue to work to regain their sense of self and rebuild their lives with success marked by small steps.

"... I try to take it one day at a time. Whatever tasks I have to do for that day is what I focus on and I give it one hundred and twenty percent for what I have to do that day. And then see how it goes. Hope for the best. I'm nervous about everything though but I take it as it comes. You know?"

### Further Reading

Davis RE. (2002). "The Strongest Women": Exploration of the inner resources of abused women. *Qualitative Health Research*, 12(9):1248-1263.

Mills T. (1985). The assault on the self: Stages in coping with battering husbands. *Qualitative Sociology*, 8(2):103-123.

## Understanding the Landscape of Service Provision for Women Living with Violence: Coordinated Response Needed

When living with partner violence, what issues did women face that impacted their awareness of services and ability to access them?

The experience of simultaneous physical violence, emotional control, financial vulnerability, and physical and mental health challenges is a barrier to initiating change. Women described feeling drained by the multiple stressors, having little time, energy or resources to access support or assistance.

“Because domestic violence is not what I like to think about every day. When you’re in it, you’re not really trying to get out of it. You’re just trying to live your life. So I don’t know what’s out there.”

“You know what? It’s a really tough question because in those times, when that conflict’s happening, your world’s upside down. You still have to keep paying your bills, you still have to keep looking after your kids you still have to maintain your property and, somehow find help for yourself. And, you know what? There’s not even enough time for yourself, period.”

In retrospect, many women wished they had sought help and ended the violent relationship much sooner. Although they acknowledged that they would have benefited from services, they were often unaware of them or not psychologically ready to ask for help.

“I think that, looking back now, I knew the resources and the services that I would have required were available. Things like counselling and things like financial management or financial planning. Ways to deal with your child when you are going through all these issues. I realize now that they were available, but when these things were going on and when I needed the services, I didn’t know they were there. I didn’t really know who to talk to about it. You know, your friends and your family are one thing, but I didn’t share those kinds of things with those people.”

“Maybe, but it took me this long to actually, when I was in the situation I never really dealt with it at the time. I was stupid but I was scared I didn’t want to do anything because I was scared of him. So I don’t know if I really would have (left) now. Yeah I would have definitely done it. So, I mean really at the time at the time you really don’t have control over it unless you... you know. If you can’t get out what can you do? I guess knowing that there is a way to get out would have helped.”

Many women recommended widely promoting services for victims of partner violence. Both advertisements and service providers need to describe what IPV is, that it is common, and that there is assistance of all types. Women offered suggestions for improving services to meet complex and evolving needs:

- Many wished that their health care provider would have asked more questions when they suspected abuse. Cultivating strong, non-judgmental and trusting relationships with clients and patients is important.
- Women wanted to get information about and access to multiple services in one location.
- Women wished there was more financial assistance for services such as legal aid, counselling and housing subsidies.

They described the importance of having services and referrals presented without pressure and delivered, when possible, by a provider who had also experienced IPV.

After leaving the violence and finding stable housing, what needs remained?

In spite of leaving violent relationships and reestablishing a sense of stability, many women said they continued to have needs that were not being adequately met by the existing services.

Some women continued to face threats to their safety and wellbeing from their former partners, and others continued to struggle with the decision to end the relationship.

Many women commented that they still struggled with developing and sustaining trusting and secure relationships with other men and women. Opportunities to develop and nurture positive relationships with peers, family and service providers are vital to women's wellbeing. Some suggested that survivor groups or mentoring programs would be helpful.

"It's me. It's I need to find—I mean there's a lot of stuff there. I have to reach out again. I have to. I'm like a turtle. I feel like I've been scared back into a shell by some bully, you know?"

"Like even now I don't trust anybody and I don't have any real close friends—I have one that I have had for years thank god for her but now it's like I feel so alone because I don't make friends I don't trust people I have you know what I mean I want to have friends I want to be able to... anyway that's another story in itself."

Women with low self-esteem had ongoing needs for encouragement from service providers and counselling to strengthen their confidence.

"I think I have extremely low self-esteem. I don't even know how to, build myself out and I don't know I just pray every day. And it's hard being out there with my daughter. Honestly I feel like I don't have no identity."

Many women remained financially vulnerable and in danger of housing instability. Women spoke of the need for financial literacy and assistance with establishing or rebuilding good credit.

"Women need credit. You need credit. And it's like not in a sense that you are going to abuse it if there was a way that you know we are going give you this credit and we are going to help you manage it I think women would be fine with that. I would be fine with that as opposed to I'm going to give you a minimum amount of money and I'm going to tell you how to spend it. You know? It's like you can do more with one... I would... even go to credit counselling, financial literacy, different things that are going to help improve their lives over a long term span you know and stuff that they can pass on to their kids you know that education and knowledge and opportunity I think would be really beneficial but if you don't have credit you can't get anything."

Children's needs were still not well accommodated. Women continued to lack accessible and affordable child care. Better accommodation for children's needs in temporary housing situations was needed.

"You know, boys can't—and there's another policy that needs to be changed—the boys can't stay at the shelters with the moms. So where do they go? So it needs some upgrading... Definitely cater more to the family. Instead of separating the family, keep the family together with family units perhaps, where the sons can stay, the older teenagers, because it's not even about them, so I'm sure they feel left out."

### Further Reading

Pennington-Zoellner K. (2009). Expanding community in the community response to intimate partner violence. *Journal of Family Violence*, 24(8):539-545.

## Recommendations:

### For health care providers, service providers and policy-makers

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Make affordable housing available. Long waiting lists for social housing and high market rents were key barriers that kept women from leaving violent relationships.

Ensure housing stability. Housing stability meant more to women than just avoiding eviction. Stable housing should promote psychological and material wellbeing, provide adequate space and privacy, be clean and in good repair, and be safe and affordable over the long-term.

Make affordable child care available. Women lacked accessible and affordable child care. Women require child care to go to job interviews and appointments, look at housing options, etc. Access to affordable child care is essential to finding and maintaining employment and to housing stability.

Educate and increase awareness among providers of what a violent relationship looks like. Some women mentioned the need for providers and programs to engage the fact that intimate partner violence (IPV) is not limited to physical violence, but rather can include physical, verbal and/or psychological abuse and controlling behaviour.

Publicize services widely, including how they can help. Women did not always know what services were available to them. Advertise in places including public transportation, taxis, schools, doctor's offices, hospitals and other places women may frequent.

Make sure women can get the range of supports they need from wherever they are in as few stops as possible. Women found that accessing support at multiple locations could be overwhelming after leaving a violent relationship. At the same time, some women noted the fact that some shelters did a good job of helping them access a range of services while they were there.

Provide individualized supports. Every women's journey was different. Flexible and ongoing resources should be available so that women receive the appropriate level and types of support for her and her family. This could include a case-coordinator with the knowledge to make a broad range of referrals, accompany to appointments, etc.

Ensure IPV survivors have a variety of supports. Stable housing is essential, but not enough. Some women need to find jobs, go back to school, access services like health care financial aid, legal aid and counselling and connect to friends and family, where possible.

Train and support health care providers around IPV screening and referrals. Some women mentioned that when abuse is suspected, health care providers should ask questions and encourage women to speak about it. Providers should receive training in IPV screening and referrals. They should also receive training in partnership with community organizations around working with women from a range of ethno-cultural groups.

Create the groundwork to establish trusting relationships with clients. Taking the first step to leaving a violent relationship involves a great deal of courage. Providers must invest time, reflection and training in the process of trust-building, including ensuring processes that are safe and secure.

Create supportive spaces where women can disclose experiences with IPV in a non-stigmatizing or non-judgemental atmosphere. Some women said that they would have felt more comfortable and less judged discussing their experiences with someone who had lived experience of IPV.

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