



# EXECUTIVE SUMMARY

## In Their Own Words, 2023

CURRENT REFLECTIONS ON HOUSING AND SERVICE NEEDS FOR  
VULNERABLE WOMEN AND YOUTH IN SURREY



## ACKNOWLEDGEMENTS

We would like to thank the women and youth who participated in this project and generously shared their insights and lived expertise to better understand and improve the complex conditions that vulnerable women and girls experience in Surrey.

Research and report prepared by Faith Eiboff, Jessica Ahn, Dr. Karen Petersen, and Dr. Tonia Nicholls on behalf of the SVWG Working Group.

### **Land Acknowledgement**

The authors and the SVWG Working Group respectfully and gratefully acknowledge that this research was conducted in Surrey, BC which is located on the traditional unceded territories of the Semiahmoo, Katzie, Kwantlen, Kwikwetlem, Qayqayt, and Tsawwassen First Nations who have occupied and stewarded these lands since time immemorial.

## GUIDING APPROACH

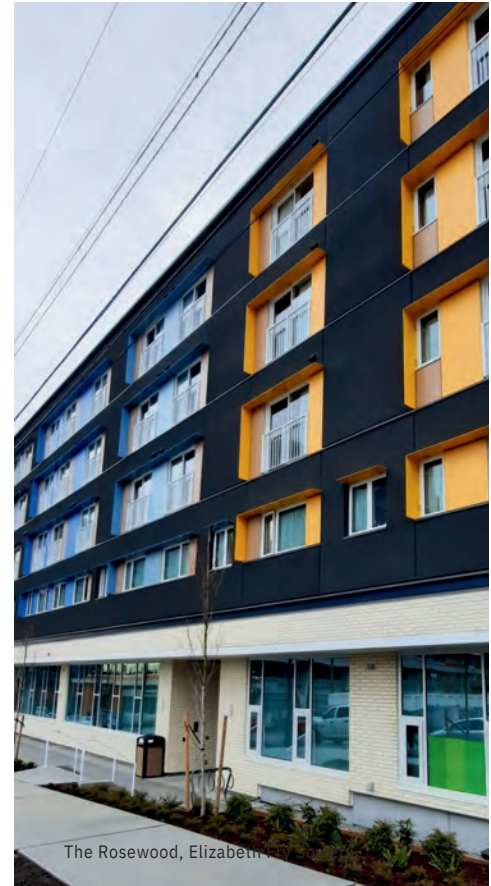
A trauma- and violence-informed research approach guided all aspects of this project. This approach takes into account the significance of trauma in the lives of marginalized women, and how this is often compounded by multiple and overlapping forms of interpersonal violence, social and structural inequities, and systemic barriers to health and social services. Fostering the safety of respondents and minimizing harm is thus paramount to all research decisions.

# SURREY VULNERABLE WOMEN AND GIRLS

Formed in 2013, the **Surrey Vulnerable Women and Girls (SVWG) Working Group** is a coalition of non-profit and government agencies working together to understand the barriers and needs of vulnerable women and female youth in Surrey and to strategically support the community to address them.

The following organizations are represented on the Surrey Vulnerable Women & Girls (SVWG) Working Group:

- Atira Women's Resource Society
- BC Housing
- BC Ministry of Public Safety and Solicitor General - Corrections
- City of Surrey – Housing & Social Development
- Community Living BC
- DIVERSEcity Community Resources Society
- Elizabeth Fry Society
- Fraser Health Authority
- Lookout Housing and Health Society
- Nightshift Street Ministries
- Options Community Services
- Pacific Community Resources Society
- RainCity Housing
- Surrey RCMP Police Mental Health & Outreach Team
- Surrey Women's Centre
- Surrey Urban Mission Society
- YWCA



For more information on SVWG and access to the full research report visit:  
[www.surrey.ca/about-surrey/social-development/vulnerable-women-girls-working-group](http://www.surrey.ca/about-surrey/social-development/vulnerable-women-girls-working-group)

## **The SVWG Executive Committee**

Sarah McIntosh, Co-Chair, Atira Women's Resource Society

Michelle Shaw, Co-Chair, Pacific Community Resource Society

Bonnie Moriarty, Co-Chair, Elizabeth Fry Society

Shahnaz Rahman, Surrey Women's Centre

Aileen Murphy, City of Surrey, Housing & Social Development

Cleo Breton, City of Surrey, Housing & Social Development

## DEFINITION OF VULNERABLE WOMEN AND GIRLS

For the purposes of this project, vulnerable women and girls in Surrey (inclusive of youth, adults, and seniors) are defined as those who are currently experiencing or who have experienced a combination of the following:

- Homelessness and/or precarious housing
- Sex work/Survival sex work
- Sex trafficking
- Sexual exploitation
- Mental health and/or untreated trauma needs
- Substance use challenges
- Poverty
- Fleeing violence (e.g., child maltreatment, domestic violence)
- Involvement with the corrections/criminal justice systems
- Cognitive impairment and other disabilities

They may also face **discrimination or stigmatizing experiences** (sexism, racism, colonialism, heterosexism, ableism, transphobia, xenophobia, and other identity markers) that are interconnected and cannot be examined separately from one another.

# PARTICIPANTS

## WOMEN

- **58 PARTICIPANTS** | 56 cisgender women; 1 Two-Spirit; 1 preferred not to say.\*
- **AGE** | 60% were between 25 and 44 years of age.
- **CULTURAL BACKGROUND** | Most identified as White (58%) or Indigenous (39%); 84% were born in Canada.
- **SEXUAL ORIENTATION** | Most identified as heterosexual (75%) or Bisexual (14%)
- **EDUCATION** | 32% had not completed high school, 30% had completed high school, and 37% reported any post-secondary education
- **RELATIONSHIP STATUS** | None were married; most were single (61%), dating (19%), or widowed or divorced (14%).
- **CHILDREN** | 75% had children; 23% currently had children in their care
- **INCOME** | Women had varied forms of formal and informal income sources (e.g., panhandling, sex work) with half receiving Disability Assistance and one-third Income Assistance.
- **LIVING SITUATION** | Women reported a range of current living situations with one-third indicating transitional housing and one-quarter staying in a shelter or drop-in.

## YOUTH

- **12 PARTICIPANTS** | 11 female youth; 1 non-binary youth.\*
- **AGE** | The majority were between 15-19 years of age.
- **CULTURAL BACKGROUND** | Culturally diverse; half were born in Canada.
- **EDUCATION** | Two-thirds were completing high school, 17% had completed high school and 17% reported any post-secondary education
- **INCOME** | Three-quarters of youth were receiving income support from family or were receiving government forms of Income Assistance.
- **LIVING SITUATION** | Two-thirds were living with family, largely in market rental housing; a few participants identified living in a shelter or group home.

\* Although we acknowledge gender identity as a spectrum, all participants are referred to as female youth throughout this report for simplicity.

# SUMMARY OF KEY FINDINGS

## HOMELESSNESS & HOUSING

**Housing was identified as the most important need by women and youth participants.** Women fleeing violence talked about the barriers of affordability and availability: *“For most women I know that are in abusive situations, \$375 how do you find affordable housing with that?”* Women with children found that housing options did not take into account the needs of their children: *“I can’t move there because I have a special needs son. My son just started school - service providers don’t take his needs into account - they just say move here.”* Youth that were transitioning to independent living felt particularly vulnerable given expensive market rents, and it was hard to get landlords to rent to younger individuals. Youth also talked about lacking privacy and independence in supported housing settings. Many participants struggled with substance use, mental health, health, mobility, disability, and other vulnerabilities. Those with multiple vulnerabilities often found it more difficult to access housing.

### WOMEN

- **91% experienced homelessness** in their lifetime and 63% in the past year
- Over **40%** first experienced homelessness **before age 19.**
- The time homeless ranged from **days to 30 years.**
- The average lifetime length of homelessness was **5 years.**

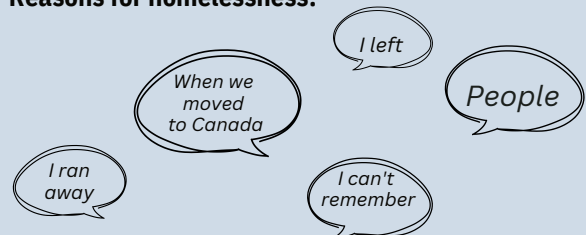
#### Reasons for homelessness:

- The two most common reasons for their **most recent** housing loss were **substance use** and **fleeing abuse.**
- **10% became homeless because of COVID-19.**

### YOUTH

- **42% experienced homelessness** in their lifetime and 33% in the past year
- All were **under 16** when they **first experienced homelessness.**
- The time homeless ranged from **days to 1.5 years.**

#### Reasons for homelessness:



Women, youth, and stakeholders alike indicated the need for a greater variety of **affordable, safe, secure, adequate** housing, including **longer-term and no/low barrier** options:

- Independent housing
- Family housing (women with children and/or a partner)
- Supportive housing
- Safe housing/shelters for women fleeing violence
- Transitional and recovery housing
  - For women being discharged into the community; e.g., from hospital, substance use treatment, corrections
- Assisted-living housing
  - For seniors, women with disabilities and/or serious mental illness
- Housing and shelter options with safeguards for women with developmental disabilities

## MENTAL HEALTH & SUBSTANCE USE

The majority of participants experienced challenges with mental health and substance use. These challenges were compounded by experiences of violence, victimization, and trauma. However, most participants reported a lack of counsellors, particularly those with grief, trauma, and sexual trauma expertise, as well as extensive wait times for mental health and substance use services: *“Counselling services wait time is 3 or more weeks to just get on the list, resulting in women giving up hope.”* Among youth, one recommended that “anyone under the ministry care should automatically be on the list for services, such as mental health support.” Another recommendation was to increase services and access to recovery treatment, detox, and transitional housing.

### **51% of women reported both mental health and substance use needs.**

#### WOMEN

- **67%** of women reported mental health needs
- **45%** reported using mental health services
  
- **68%** reported substance use needs
- **46%** reported using substance use services
- **55%** used harm reduction services
- **36%** used a safe consumption site
- **30%** accessed safe supply
- **4%** had a methadone doctor

#### YOUTH

- **50%** of youth reported mental health needs
- **25%** reported using mental health services
  
- **25%** reported substance use needs
- **None** reported using substance use services
- **8%** used harm reduction services
- **8%** accessed safe supply

*“There's often long waits for them [sexual trauma counsellors], and when I get my clients ready to talk about it, and they find that we get them signed up somewhere, it's usually like a 4 to 6 week wait and then by the time that comes around they've lost their interest and they're back in their addiction managing it.”*

## FOOD INSECURITY

Two-thirds of all participants reported that they worried about having enough food to eat, although fewer reported accessing food support programs in the past year:

- **67%** of women and **67%** of youth experienced food insecurity
- **54%** of women and **50%** of youth used a food support program in Surrey in the last year

*“Putting a limit to costs. Housing + food etc. or else we have to put ourselves in danger for children to do what we have to provide to them.”*

Stakeholders spoke about barriers to accessing food, such as requiring ID:

*“We get a lot of hungry women here that haven't maybe eaten a few days, and we don't always have snacks or something to provide for them, and it's really difficult to send them back out. There's been a lack of resources where they can go and get a meal without showing ID. ”*

## VICTIMIZATION & VULNERABILITIES

Women and youth reported experiencing multiple vulnerabilities and very high rates of violence and victimization in their lives. Addressing past and recent trauma was identified as a priority for many participants.

### WOMEN

VICTIMIZATION	LIFETIME	PAST YEAR	KEY VULNERABILITIES	LIFETIME
INTIMATE PARTNER VIOLENCE	81%	42%	CHILDHOOD TRAUMA OR ABUSE	77%
PHYSICAL ASSAULT	79%	44%	CRIMINAL JUSTICE INVOLVEMENT	65%
SEXUAL ASSAULT	74%	25%	CHILD WELFARE INVOLVEMENT AS CHILD	47%
ROBBERY	70%	46%	SEX WORK/SURVIVAL SEX WORK	46%
			DISCRIMINATION IN HOUSING OR SERVICES	44%
			CHILD CUSTODY ISSUES	35%
			SEX TRAFFICKING	30%

**81% of Indigenous women compared to 29% of non-Indigenous women were involved in the child welfare system in childhood**

- This is consistent with previous Metro Vancouver homeless count data and local reports.<sup>2,5</sup>

**91% of women reported at least one vulnerability**  
Of these, **60% reported five or more**

### YOUTH

VICTIMIZATION	LIFETIME	PAST YEAR	KEY VULNERABILITIES	LIFETIME
INTIMATE PARTNER VIOLENCE	42%	33%	CHILDHOOD TRAUMA OR ABUSE	58%
PHYSICAL ASSAULT	25%	17%	DISCRIMINATION IN HOUSING OR SERVICES	33%
SEXUAL ASSAULT	33%	8%	CRIMINAL JUSTICE INVOLVEMENT	25%
ROBBERY	42%	25%		

**83% of youth reported at least one vulnerability**  
Of these, **50% reported three or more**

## HEALTH & SERVICE USE

### WOMEN

- **35%** reported a pain disability
- **25%** had a mobility-related issue
- **25%** had a head or brain injury

### YOUTH

- Few youth reported physical health needs
- **58%** used peer support services in the past year
- **17%** used pregnancy/sexual health services

Many women used high cost emergency and crisis services **in the past year in Surrey:**

- **61%** used an emergency room
- **45%** called 911
- **43%** called an ambulance
- **23%** called a crisis line
- **23%** used victim services

Youth used fewer emergency and crisis services **in the past year in Surrey:**

- **17%** used an emergency room
- **17%** called 911
- **17%** called a crisis line
- **17%** called a health line (811)
- **17%** used victim services



# NAVIGATING HOUSING & HEALTH CARE SYSTEMS

Many women described having trouble advocating for themselves and needing assistance communicating their needs to service providers, particularly when navigating the healthcare system. Many also talked about the need for housing support or direct outreach to help secure housing. Stakeholders agreed that women are often judged based on their appearance and substance use and their voices are not heard unless accompanied by a support worker. Many women did not know how or where to find this support. Youth mentioned the need for earlier planning and better assistance navigating the transition between youth and adult service systems to avoid disruption of services.

## SAFETY

Not feeling safe in Surrey was a recurring theme with women and youth. Participants felt the need to take action to ensure their safety, such as carrying self-defence tools. One participant suggested creating "a safe zone for women sleeping on the streets." Participants felt that although increased police presence may increase safety, their experiences with police were not always positive and there was a lack of trust with authorities.

### Suggestions to increase safety for women and youth included:

- Building trusting relationships with police
- Create more safe spaces for women fleeing violence including extended after hours drop-ins and services
- Improve ways to report predators and violence
- Increase lighting and transit availability in Surrey
- Provide cell phones and free public WiFi
- Install emergency call boxes throughout Surrey

## SERVICE GAPS & BARRIERS

The greatest service gap that participants identified was the lack of affordable, safe housing options.

Other **key service gaps** participants talked about included the need for more:

- 24-hour low-barrier drop-ins and extended after-hours services
- Mental health and trauma support, including grief counselling and supports for childhood and sexual trauma
- Services that provide opportunities for couples to support each other and stay together
- Services to support youth through the transition to adult services and independence

Women participants also pointed to services to meet basic hygiene needs (more bathrooms, shower and laundry facilities), more outreach workers, and services to stay safe (supportive police, safe sex help including a mechanism for reporting bad dates). Youth talked about education and career support, life skills training, safe transportation, and more understanding police. Some youth said "it's trickier not knowing what you need."

The most commonly reported **barriers** to accessing services included:

- Feeling judged and experiencing discrimination
- Extensive wait times for mental health and substance use services
- Fear, trust, and mental health and trauma issues
- Lack of childcare; inability to leave children of any age unattended or with others in shelters/transitional settings
- Youth talked about a lack of information about services and how to access them

## STIGMA, DISCRIMINATION & TRAUMA-INFORMED CARE

One of the most commonly reported service barriers discussed by participants were experiences of stigma and discrimination which permeate women's interactions with services on a daily basis, including in the health and housing systems and policing/law enforcement. Stakeholders similarly spoke about the shame, blame, and "preconceived notions or judgement" that women are often subject to "because of her appearance, or where she might come from, what she looks like, [or] how she sounds." This stigma and discrimination often leads women to avoid seeking services and may be contributing to ongoing cycles of homelessness, risk, and vulnerability. These findings point to the importance of implementing **trauma-informed and culturally safe care** and making training available for service providers, landlords, and authorities (e.g., police) to better understand and serve women and youth who face multiple challenges, trauma, and repeated experiences of violence across the lifespan.

*"I really need guidance. I need healing. To be connected more with my heritage in hopes of being more healed in a natural way."*

## CONNECTING, RESILIENCE & ONGOING NEEDS

Many women spoke about the importance of building relationships with staff and often referred to them as family. Building connections and feeling supported were reasons for accessing services, as well as qualities that their ideal service would have. Many women using outreach and drop-in services described the pivotal role of these programs as a lifeline that provided them a source of safety and understanding. Similarly, youth described services as being an integral part of their support system. Caring service providers, connections with family, personal strengths such as the "will to survive and determination," and cultural and spiritual healing practices were all identified by participants as significant sources of resilience. Stakeholders emphasized the importance of empowering youth to build their resilience and protect them from exploitation (e.g, through programs, counselling, and within the school curriculum).

Stakeholders shared that the significance of these connections leads women to continue accessing certain services even after they secure housing: "**Housing is the main or one of the core issues, but it's not the only one, and having safe secure stable housing doesn't eradicate the other challenges that they're facing.**"

## NAVIGATING CRISES

### COVID-19

- Stakeholders and service providers were incredibly resilient throughout the pandemic and found ways to continue providing services and support to vulnerable women and girls despite restrictions and challenges.
- There are still ongoing efforts to understand and recover from the ramifications of COVID-19, such as the impact of isolation and reduced access to housing and services for vulnerable women and youth. However, participants and stakeholders agreed that the pandemic resulted in **increased substance use, loss of wages, and precarious housing** (e.g., COVID-19 restrictions led to extended housing stays which has created an additional backlog and increased wait times for housing and services).

### TOXIC DRUG SUPPLY

- Participants and stakeholders alike spoke about the increase in overdoses and overdose deaths.
- Stakeholders noted that this has led to traumatic impacts for both clients and service providers.
- Stakeholders noticed an increase in drug use and dealing by youth; more youth are being trained to use Naloxone.
- All participants recommended **more safe, women-only spaces to use** and safe supply.

## RECOMMENDATIONS

Women, youth and stakeholders offered many thoughtful and practical recommendations to address the multiple and interconnected challenges confronting vulnerable women and youth in Surrey. **Housing was overwhelmingly identified as the greatest priority.** The remaining recommendations are not listed in order of importance.

<b>WOMEN</b>	Provide more affordable housing options
	More housing support and better access to housing navigators and outreach workers
	Increase access to mental health support and counselling
	More women-only shelters, emergency centres, low-barrier 24/7 drop-ins, outreach
	More multi-gendered service options for couples to support each other and stay together
	Provide more income support
	Create one phone number or a one-stop hub with a variety of services and support
	Need for advocates and outreach workers as women navigate the healthcare system
	Provide childcare and ensure that services consider the needs of both women and children
	Create a safer community (e.g., a safe zone for women on the streets, more street lighting)
	Decrease stigma and discrimination - <i>"Discrimination has kept me from accessing services."</i>
	More safe, substance use and recovery services including more women-only harm reduction services and using sites - <i>"Order safe supply so we don't die."</i>
<b>YOUTH</b>	Provide more housing options
	Address the homelessness/housing crisis
	Provide better access to information about services
	Increase access to mental health support
	Provide earlier planning and supports for youth transitioning into adulthood/adult services
	Provide better connection to supports; create a one-stop central hub with various services and professionals
	Facilitate more meaningful opportunities for wages and school
	Stop discrimination and stigma - <i>"Just stop being sexist, treat women and men equally."</i>
<b>STAKE-HOLDERS</b>	Increase housing and housing options
	More services overall - <i>"It's all priority."</i>
	Improve safety for vulnerable women and youth
	Build trusting relationships between vulnerable women/youth and authorities
	Prevention: Create a 24-hour hub and live referral system
	Create more recovery treatment options in Surrey
	More low-barrier 24/7 drop-ins, after hours/extended services
	Trauma-informed and cultural sensitivity training for staff and service providers - <i>"We need to de-stigmatize the lens that people are viewing the community in."</i>
	Provide youth with opportunities to build empowerment and prosocial income generation

***"Please understand this is our lives and we are suffering. Please help us and help us be safe."***

*"We the  
women  
are the way of  
the  
world, without us  
the world does not  
continue."*

Outreach participant

This research was made possible through the generous financial support provided by:



Canadian Institutes of Health Research  
Institut de recherche en santé du Canada