Unsafe and Unacceptable Housing: Health & Policy Implications for Women Leaving Violent Relationships

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Housing and violence are key determinants of women's health. Violence is a major cause of women's housing instability and homelessness. Recent research has identified the need to further explore the connections among intimate partner violence, housing, and health. It has been suggested that housing may represent a point of intervention to mitigate the negative health consequences of violence. This article explores the interrelationships among women's health, experiences of violence, and access to housing. We draw on findings from a feminist participatory action and Photovoice research project that identified barriers to housing for women leaving violent relationships. We found that the health effects of violence were themselves a barrier to accessing housing and that the unsafe and unacceptable housing options from which participants were forced to choose had a further negative impact on their health. We suggest policy responses that address the unsafe and unacceptable housing for women leaving violent relationships.

Background

Housing affects health in a multitude of ways, in total forming one of the key social determinants of health (Shaw, 2004; Shapcott, 2008).

Historically, poor housing was seen to have an adverse impact on health through the transmission of infectious diseases in overcrowded conditions (Shaw, 2004). Today, there is increasing recognition that the "material" (i.e. physical) as well as "meaningful" (i.e. psycho-social) impacts of housing are more complex (Dunn, 2002). The majority of research examining the relationships between housing and health has focussed on the material aspects of housing. For example, evidence has linked dampness, mould, extreme temperature, over-crowding, poor ventilation, and risk of injury due to building maintenance and/or design to specific negative health outcomes (Shaw, 2004; Bryant, 2008; Jacobs et al., 2009). Importantly, the affordability of housing is one of the key material aspects that can have an impact on health, both because the quality and condition of housing tends to be related to economic status (Shaw, 2004), and because households spending a high proportion of their income on housing may have less access to other health promoting resources such as nutritious food (Kirkpatrick & Tarasuk, 2007). Canada's housing standards take into account the importance of both the physical aspects of housing as well as its relative cost. The Canada Mortgage and Housing Corporation (CMHC) defines "acceptable" housing as that which is "adequate" (not in need of any major repairs), "suitable" (has a minimum number of bedrooms for its residents), and "affordable" (costing no more than 30% of total household income including related housing bills) (CMHC, 2009a). While the material aspects of housing have been the focus of a large body of research and are reflected in Canada's widely used housing standards, relatively little work has examined how the meaningful aspects of housing may have an impact on health (Shaw, 2004). In one notable exception, Dunn (2002) demonstrates a relationship between housing demand and control variables (e.g. housing tenure, perceived strain of housework, and extent to which one feels s/he "can't stand to be at home sometimes") with general health and mental health among adults in a Canadian city.

Housing is increasingly being recognized as a gendered issue in Canada due to patterns of housing instability. Approximately 25-30% of lone women households in Canada live in unacceptable housing conditions (CMHC, 2009b). Bryant's (2009) analysis of CMHC data illustrated that single adults and lone-parent families in three major cities, the majority of whom were women, have high housing costs relative to household income compared to two-parent families. Finally, mothers who are homeless or living in poverty are faced with a policy paradox in that secure housing is often a condition of maintaining custody; yet having custody is a requirement for obtaining social housing (Barrow & Laborde, 2008; Ponic & Jategaonkar, 2010). Although gender is widely recognized as a key social determinant of health (Spitzer, 2005; Mikkonen & Raphael, 2010), there has been little attention

to the role of gender in the relationship between housing and health, particularly in terms of how it relates to other determinants of women's health.

Violence is also an important determinant of women's health (Benoit, Shumka & Vallance, 2010). A wealth of evidence clearly documents the fact that violence against women compromises their health, including both physical (e.g. digestive problems, urinary tract infections, pelvic or genital area pain, chronic neck and back pain, etc.) as well as psychological (e.g. depression, post-traumatic stress disorder, etc.) health effects and poorer health status overall (Fischbach & Herbert, 1997; Coker et al., 2000; Sutherland, Sullivan & Bybee, 2001; Campbell, 2002; Anderson & Saunders, 2003; Carlson, McNutt & Choi, 2003; Wuest et al., 2003; Weaver & Resnick, 2004; Dutton et al., 2006). Many of the physical and psychological health effects of violence have long-term consequences that may persist long after the woman has left the violent relationship (Campbell, 2002; Anderson & Saunders, 2003; Ford-Gilboe et al., 2009). In particular, Anderson & Saunders (2003) note that mental health can vary over time and does not necessarily improve upon leaving the violent relationship. Ford-Gilboe et al. (2009) provide evidence to suggest that the relationship between violence and health outcomes may be mediated by the combined personal, social, and economic resources a woman has available to her. The pathways between the experience of a violent relationship and adverse health outcomes has been identified as one of the most important research issues for the next decade (Dutton et al., 2006).

Violence been repeatedly demonstrated as a major cause of women's housing instability and homelessness (Miller & DuMont, 2000; Menard, 2001; Hirst, 2003; Wesely & Wright, 2005; Pavao et al., 2007; Weber-Sikich, 2008; Ponic et al., in press). Pavao et al. (2007) reported that women who had experienced intimate partner violence were four times more likely to report housing instability than women in the general population. Lack of appropriate long-term housing often forces women to return to an abusive partner, and contributes to the difficulty of leaving the relationship (Melbin, Sullivan, & Cain, 2003; Taylor-Butts, 2007; Champion et al., 2009). It is important to recognize that leaving an abusive relationship is a complex process, as many women remain connected to their partners in some way after the relationship ends, for example, through continued abuse and harassment, shared children or other legal, community, or kinship ties (Anderson & Saunders, 2003; Logan, Walker, Jordan & Campbell, 2004; Sev'er, 2002; Wuest et al., 2003). In fact, DeKeseredy and Schwarz (2009) suggest that the provision of subsidized housing is an important and necessary policy shift in aiding women's leaving. In large part, women's housing instability after leaving is a consequence of financial strain, including the loss of

employment, inadequate income assistance and lack of access to other key resources as a result of leaving their relationship (Menard, 2001; Novac, 2007; Sev'er, 2002). Research conducted by Baker et al. (2003) identified poverty, including lack of financial (i.e. lack of money, credit or a job) and community resources, as a key factor preventing women from being housed within a short period from leaving a violent relationship. Ponic et al.'s (in press) analysis of a cross-national community sample of 309 women who had left an abusive partner illustrated that moving patterns were related to severity of violence experienced, access to suitable and affordable housing, and economic circumstances. The type of housing women access can also contribute to the challenge of leaving and living violence-free. Discrimination and abuse from private market landlords have been documented in the Canadian context (Barata & Stewart, 2010; Ponic & Jategaonkar, 2010).

In total, these bodies of literature suggest a complex relationship among violence, housing, and women's health that requires further investigation and action. It is important to develop a better understanding of how access to housing may mediate the violence-health relationship. It has also pointed to the need to learn more about how housing instability is implicated in these interconnections, given the known connections between housing and health, and violence and health (Pavao et al., 2007; Ponic et al., in press). Attention to the relationships among housing, violence, and health is particularly important within the current Canadian policy context, including an affordable housing and homelessness crisis and cuts to health and social services. British Columbia (BC), in particular, has the dubious distinction of hosting four out of the five least affordable metropolitan housing markets in Canada (Cox & Pavletich, 2009). Close to 15% of BC households - a larger proportion than any other Canadian province - live in unacceptable housing and are unable to procure acceptable housing on the private market without spending 30% or more of household income (CMHC, 2009a). Additionally, it has been estimated that up to 23% of women experience abuse annually (Clark & DuMont, 2003) The BC provincial government has identified women and children leaving abusive relationships as a priority population for receiving housing assistance (Province of BC, 2006; 2009). However, funding for violence against women services continues to be reduced (Morrow, Hankivsky & Varcoe, 2004; Collier, 2008), and that which does exist tends to be focussed on short-term transition house stays and judicial programs rather than long-term housing (Jaffe, Crooks & Wolfe, 2003; Hester, 2004). As our findings will demonstrate, the policy and programming in BC continues to be inadequate in supporting women and children leaving violent relationships who are seeking long-term housing and trying to heal from abuse.

In this article, we begin to fill gaps in the literature by exploring the interrelationships among women's health, experiences of violence, and access to long-term housing, with consideration to both the material and meaningful aspects of housing. We draw on the findings from a feminist participatory action and Photovoice research project conducted in four communities across BC to identify the key barriers to housing faced by women leaving violent relationships and discuss policy implications for how the availability of housing can be improved to have a positive impact on women's health.

METHODS

This project was guided by feminist participatory action research (FPAR) methodology. FPAR is a community-based approach to research that integrates feminist theories of social justice with participatory research methods and aims to privilege women's experiences as legitimate sources of knowledge, enhance community inclusion and participation, and facilitate action toward social change (Frisby, Maguire & Reid, 2009). FPAR builds on participatory and action research aims of democratizing the knowledge generation process by adding an explicit gender lens with attention to other intersecting axes of power and oppression such as race, class, sexuality and ability (Maguire, 2001). Given the scope of feminist theorizing, it is important for those engaging in FPAR to identify the feminist perspective that informs their work. We drew on critical feminist intersectionality theory, which is the study of multiple categories of social relations that intersect with one another to produce systems of power, oppression, and privilege (McCall, 2005). It has grown out of critical feminist concerns about the limits of privileging one category of analysis (i.e. gender) over others (i.e. race, class, sexual orientation, ability, and/or place), and seeks to understand the fluid and contested ways in which these experiences intersect to systematically shape the reality of women's lives (Collins, 2000; Reid & Frisby, 2007). The core purpose of intersectionality theory is to interrogate the complex social and power relations which lie at the root of social justice issues (Bunjun, B. et al., 2006). For example, an intersectional lens can explicate the ways that gender, poverty, geography, racism, and colonialism overlap for rural First Nations women to simultaneously increase the risk of IPV and decrease access to housing and related services. Intersectionality theory can help to illuminate health inequities and the influence of social determinants of health by providing a framework for examining their complexities (Hankivsky & Christoffersen, 2008). We drew on intersectionality to inform both the research design and analysis. We selected the research sites and developed recruitment strategies with the aim of maximizing diversity amongst settings and

participants. In our analysis, we explored how the women's diverse social locations and identities had differential impacts on their barriers to housing, while simultaneously examining the systemic and interconnected nature of their experiences.

In keeping with feminist methodological traditions, FPAR aims to explore alternative forms of representation in the data gathering process such that participants have a variety of means through which they can share their experiences and perspectives, for example through photography (Naples, 2003; Reid & Frisby, 2007). Photovoice methods were used in this project precisely for this purpose. Photovoice is a participatory action research method that involves participants taking photos to illustrate their experiences and then discussing the meaning of their photos through individual and/or group interviews (Wang, 1999). This method has become increasingly employed in social justice and health research projects because the use of photographs as data provides a powerful impact in knowledge translation and social change activities. Photovoice has been used in the areas of violence against women, homelessness, and health care, among others (Frohmann, 2005; Packard, 2008).

This study was initiated from a partnership between the BC Non-Profit Housing Association and the BC Society of Transition Houses, two provincial umbrella associations that represent and provide services to community organizations in the fields of affordable housing and the violence against women sector. The project took place in four diverse communities across BC. Leadership from both associations as well as local advisory committees in each community guided and supported the research process based on their expertise in the housing, anti-violence, women's services, and related social sectors. Local research coordinators were hired in each community and trained and supported by the lead researchers (authors of this paper) to manage the recruitment, data collection, and early analysis at each site. The coordinators recruited participants through referrals from local service organizations and networks and a formal letter of invitation, with a purposeful eye to diversity amongst potential participants. The inclusion criteria required that participants: a) had left a violent relationship, were out of immediate danger, and had a safety plan in place; b) were capable of making informed consent as legal adults; c) were able to commit to the project; and d) had identified supports in place and be capable of reaching out for support if needed.

The researchers and local advisory committee members co-developed an ethics and safety protocol to maximize the safety and confidentiality of participants (Ponic & Jategaonkar, in press). Participants provided written informed consent which was renewed at specific points during the research process. Each participant retained

ownership and control of her own data and explicitly agreed to release it to the researchers for identified purposes. Five stages of data collection took place over a 6-month period. The first stage was a 3-hour session that involved training and discussion of three topics (ethical protocols and safety procedures, the process of taking photos as data and relevant legal restrictions, and creating art for research) as well as a focus group discussion on the barriers to housing after leaving a violent relationship. The second stage of data collection was a one-to-one meeting between the local coordinator and participant to review the informed consent procedures, collect demographic and background information, and hand out the cameras. In the third stage, participants took photos, either on their own or with the support of another person. The participants had been trained and encouraged to take photos as metaphors to maximize their confidentiality and safety in the project. Participants chose the number of photos they wanted to take, which ranged between 6 and 28. The cameras were then collected by the coordinators to develop the photos. The fourth stage of data collection was the photo-elicitation interview. The coordinators asked simple open-ended questions such as 'what does this photo mean to you?' and 'why did you take this photo?' in order for each participant to identify and reflect on the meaning of her photos. The interviews were audio-recorded and transcribed verbatim. The final stage of data collection was also the first formal stage of data analysis. Prior to this last group session, the transcripts were coded first by the local coordinators and initial themes were then collaboratively developed in each site by the local coordinators and lead researchers. Coding refers to the process of identifying 'chunks' of data into themes and sub-themes as they relate to the overall research purposes (LeCompte & Schensul, 1999; Ryan & Bernard, 2000). These preliminary themes were presented to the participants for further discussion, verification and refinement in each site (Morse et al., 2002). A separate but similar collaborative analysis process was conducted with the local advisory committees. The lead researchers then worked to identify and collate the themes across the four sites, which were further refined with the leadership of the two BC umbrella associations. The data set is comprised of 547 photographs and 42 individual and group interviews.

Research Participants

Forty-five women from across the four communities participated in the project. The following information is self-reported. The women ranged in age from 19 to 66 years, with an average age of approximately 43 years. Just over half (n=25) of the women were White/Caucasian, 12 were Aboriginal, and the remaining 8 described other ethnocultural identities. The majority of the women were single (n=41) and had children (n=36), with varying levels of custody. The current annual

income of the participants ranged from $0 to $35,000, with an average annual income of $13,846. Just over half (n=26) of the women reported either social assistance or disability payments as their primary source of income whereas 13 of the women were employed. The remaining 6 women either had other sources of income or reported no source of income at all. Approximately half (n=22) of the 45 women reported some type of disability or chronic health concern, with many of the women reporting more than one. Depression, anxiety, and joint pain were among the most common.

Just over half (n=26) of the women were living in private rental housing at the time of participation in this project, with most of the others describing themselves as living in long- or short-term social housing (e.g. non-profit housing, co-operative housing, transition houses) or currently in a state of homelessness. Interestingly, 17 of the women described themselves as having been home-owners prior to leaving their violent relationship, whereas only 2 of the women were current home-owners at the time that the research project was conducted. Most of the women had moved several times since leaving the violent relationship, with the number of moves ranging between 1 and 20, and several women reporting that the number of moves was "too many to count." Safety and affordability were the two top reasons why women reported moving.

FINDINGS

In this paper, we focus on two of the key barriers to housing for women leaving violent relationships and the interconnections between those barriers: i) unacceptable and unsafe housing and ii) the health effects of violence. The other two barriers that we identified in our analysis are poverty and persistent patterns of re-victimization; however, it is beyond the scope of this paper to describe them here and we will do so in a subsequent manuscript. It is important to note that all four are interrelated and together form a complex set of systemic barriers that women must navigate (Ponic & Jategaonkar, 2010).

Theme 1: The health effects of violence are a barrier to seeking and finding appropriate housing
For the women in this study, the negative impact of violence on their health compromised both their ability to seek and find housing after leaving. The participants reported that the process of actively seeking housing was made much more difficult by mental health issues such as depression, as described by this woman:

Deep depression was a big barrier because it made it take longer to find housing. So I ended up living in a hostel because I couldn't go about finding housing.

Another woman described her barrier as a lack of "*spirit*", which prevented her from seeking out or even believing that there could be a healthy place for her to live. For one woman, whose experience of abuse began in early childhood, the health issues were so severe that she was afraid to even leave her apartment:

I had major posttraumatic stress at this point. This was a really bad place for me, because once I moved out from my sister I started getting nightmares and hallucinations… I thought people were out waiting for me and were trying to get into my apartment.

The mental health issues that the women described ranged from medically diagnosed illnesses to broader issues of mental wellness. Women described themselves as being lost, emotionally drained, and without identity. This often originated with the experience of violence, but was compounded by the difficulties faced in trying to access housing and other resources while simultaneously trying to heal from the abuse.
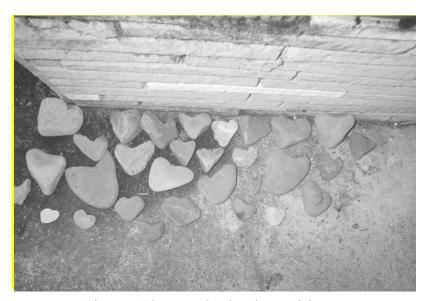

Figure 1: Photograph taken by participant

This single mother woman took a photo of a number of stones in the shape of hearts positioned near a brick wall and said:

> *[W]hen you have to deal with so many things you sometimes can become really hard, and you get really tough and, because you have to go on, you just have to push on. And it's not that you want to have walls, but when you're trying to survive, especially when you have kids, and you want to have something decent for them, it feels like you're banging your head against the wall.*

In addition to the challenges encountered in beginning the search for housing, many of the women in this project found that the available housing options were not appropriate for their specific health conditions. For example, one senior woman spoke about the difficulties of living in a building that only has stairs, rather than an elevator:

> *[The photo] shows me coming down the stairs with a load of laundry, and I've got my elbow on the banister. I'm very, very careful going down the stairs, because I have fallen and I'm afraid to fall, and especially if I've got a big load and I have to put it to one side so that I can see where my feet are going. It's the same thing with garbage or groceries or taking anything up or down the stairs.*

This mother of four young children spoke about how an injury she sustained during her violent relationship was aggravated further by the state of disrepair of the building:

> *We went for about nine days there without a tub. I have a bad back from when my ex threw me down the stairs a couple of times, but I had to carry the water up and down the stairs.*

The women's experiences reported in this section demonstrate the difficulties women encounter in trying to access housing while simultaneously trying to heal from their experience of violence. The health effects of violence functioned as a barrier to housing both in that they hindered the effort of seeking housing as well as limited the type of housing could be considered appropriate for their health conditions.

Theme 2: Women leaving violence live in housing that is unacceptable

As a result of the barriers to appropriate housing, many women described "making do;" in other words, they were often forced to make responsive housing choices based on whatever was available rather than where they felt would be an appropriate place to live. All of the women who participated in this project reported experiences of living in housing that would be considered unacceptable as per Canada's housing policy

standards because they could not access any other housing options. The housing they were able to access was inadequate (i.e. in need of major repair), unsuitable (i.e. lacking the appropriate number of bedrooms), and unaffordable (i.e. costing 30% or more of their household income). The majority of participants lived in private market rental housing because social housing either does not exist in their communities or has long waiting lists. This woman summarized the problems she encountered when she was looking for housing after leaving her family home with four children:

> *I was terrified and when I started looking at my [housing] options, (a) I didn't feel safe, (b) it was too small, and (c) the waitlists were so long that I felt really, really, really hopeless.*

The participants captured photos of and reported their experiences of living in inadequate, dirty, and run-down buildings. While this was common across the four communities, it was especially apparent in one Northern community where the existing housing stock is old and has been poorly maintained due to a high vacancy rate and lack of incentive to improve or even maintain rental housing. The inadequate conditions women reported include mould, asbestos, and going without essential appliances for months at a time. One woman from a rural community made this comment about her options:

> *Nasty places to live. How can that be, there are no codes or there are no inspections, nobody coming in and saying "Well this apartment is not good enough, you can't rent it because it's such a rat trap."*

Poor conditions such as lack of insulation or broken and unsealed windows not only made the buildings inadequate but increased the cost of heating and maintaining the homes, thus making them unaffordable as well. For example, this woman from a community in northern BC described a house she rented in which "the rent itself was $600, but the bills were just through the roof which ended up paying $1,000 or $1,100 a month." Since nearly all the women lived in poverty, affordability remained an ongoing concern and significantly reduced their housing options.

Women also reported living in small apartments that are unsuitable to accommodate themselves and their children. In all four communities, there is limited availability of rental housing that has more than two bedrooms and those units that do exist are too expensive for women living in poverty. Women are forced to make the best use of the

space that they can. This single mother spoke about her creative, but imperfect, solution in a small apartment:

> *[These pictures] show [my son's] room, in the closet … We have nowhere to put [the laundry] because he's in the closet, and he can't use the whole closet because his bed is in there.*

Figure 2: Photograph taken by a participant

Another woman who had repeatedly struggled with homelessness since her youth described her current living situation where she had her own bedroom but shared a bathroom with two other women:

It sucks because it's not, because they have to go through my room first, so I just want them to knock in case I'm like changing or sleeping… like courtesy, right.

Even though the housing that women live in after leaving violence is often inadequate and/or unsuitable, it is still not affordable. As one woman who managed to find employment in her small town explained, she works "$10 per hour, 40 hours per week from two jobs, gross income $1,600 [per month]." Applying the definition described above, a "maximum rent of $480", including housing related utilities, would be considered 'affordable'. However, the average monthly rental rates in BC are $853 for a 1-bedroom apartment and $1,001 for a 2-bedroom apartment (CMHC, 2009c).

Aside from living in an unacceptable standard of housing, often the only other options for the women were returning to the abusive ex-partner or becoming absolutely homeless (Melbin, Sullivan & Cain, 2003; Wesely & Wright, 2005; Weber-Sikich, 2008). The participants in this project described various experiences of short and chronic homelessness which included couch surfing, living in vehicles or at campsites, accessing shelters, engaging in illegal activities in exchange for a place to stay, and/or sleeping on the streets. This woman summarized her experience of repeatedly moving from one temporary location to the next:

I can remember being in transition and they put me on the list for [social housing], and then I'd end up going back to my partner while I was waiting, my abusive partner and the whole cycle.

The cycle that this woman described reflects the experiences of a number of women as they attempted to find housing, and how their safety continued to be compromised.

Theme 3: Women leaving violence live in housing that is unsafe

For the women in this study, the safety of their housing was also of vital concern. In addition to being unacceptable, the housing that women can afford is often unsafe. Some faced violence, threats, and harassment by landlords who take advantage of women's difficulty in accessing housing. This woman described why she purchased a new set of blinds for the apartment from her own money when the landlord failed to fix the existing ones:

I'm getting proper blinds to bring down the windows so people can't really see in … I thought [the landlord] was doing that on purpose…See him walking past our windows, Like I said, he's a

slumlord. He's gross… Just to think of the invasion, lack of privacy and invasion of privacy. And I think of a creepy peeping Tom.

In other cases, unsafe housing left women vulnerable to continued abuse from ex-partners. For example: "There's no lock on the windows; [my ex] climbed in my window a couple of times. I was scared to stay in my apartment by myself." The lack of safe housing options was described not only in relation to the building itself but also to the surrounding environment. Some women described housing in areas near known drug and gang houses and with limited access to community networks and services. This woman, who had been living in a middle-class neighbourhood, described her experience of feeling unsafe in the neighbourhoods where she was viewing available housing options:

Because I drove there at night to view it and I was terrified to be there. I said "I can't live here!" I'm coming from you know, like a "Kumbaya" neighborhood to chaos, and I'm trying to get away from chaos, I can't move to it.

Because all of the women in this study had experienced abuse, safety was an obvious and primary concern for them in their search for housing, as this woman said to "get away from chaos" and to heal. However, the unacceptable and unsafe housing that they lived in prevented them from doing so.

Theme 4: Unsafe and unacceptable housing is a barrier to health & healing

The unacceptable and unsafe housing options from which the women in this study were forced to choose often created new health problems and/or exacerbate existing conditions. Participants spoke about several different types of impacts on physical and mental health both for themselves and their children that resulted from living in housing that was inadequate, unaffordable, unsuitable, and unsafe. Inadequate housing that is in poor repair was described as the cause of a number of health issues, such as asthma, nosebleeds, and chronic sickness. One woman shared this experience of living with her three children in a rental house that had been poorly maintained:

It seemed like a great house, the rent was not bad but we were actually getting really, really sick…. I actually took water samples and there were actually parasites in it, you could see them swimming around, it was sick… [W]hen we did go to court over it

the judge said "No, she doesn't have to pay because you guys did not fix the problem, and that's really unsafe and unsanitary."

Figure 3: Photograph taken by a participant

Without affordable housing, women were often faced with having to pay for one essential item and thus go without another item essential to their health such as food or medication. Women spoke about the survival mechanisms they used such as eating from dumpsters or not eating at all in order to get by on limited income while living in housing that they cannot afford. For example, one woman, who was on disability assistance as a result of the physical injuries she sustained from abuse, said:

I have to go into dumpsters and eat garbage; garbage that people have thrown out, because that is the only thing that I am able to get. And I'm on disability, not for my own reasons... I cannot work, and that's that.

Crowded or unsuitable housing can also have an impact on physical health. A 55-year-old woman who had lived almost her entire adult life with her abusive husband described how she often wasn't able to sleep through the night as she couch surfed with friends and relatives after the relationship ended:

I counted six or eight different places where I couch surfed, and felt just comfortable and accepted but still I had no place. I was just on people's good graces and their concern for me to just be somewhere for the night… I had to sometimes have my legs on a coffee table or another chair to stretch out. So of course I didn't rest really good.

Unsafe housing, like unacceptable housing, also had a deleterious effect on women's physical and mental health. A mother of two reported that "not knowing where we were going to sleep, that added to my stress for sure and anxiety." The possibility of violence from an ex-partner, landlord, or neighbours poses both a physical as well as a psychological threat for women who are trying to recover from the experience of violence. This young woman reported going back to her ex-partner because she was unable to find any housing she could afford and had become isolated from her family and friends.

I had to move back in with my ex because nobody would take me in… And it was going okay for a while, but … he thought that he would have control of me again, and when he realized that he did not have control, when he realized that he had lost all control over me a long time ago, he snapped and he put me in the hospital, he put me in the hospital.

DISCUSSION

These data provide initial insights on the relationships among women's health, violence, and housing. These are important links that bridge three currently divergent, yet substantively interconnected bodies of literature: a) housing as a social determinant of health, b) the health effects of violence, and c) women's housing instability and homelessness after leaving violent relationships. It also builds on each of these bodies of literature. First, it adds to the developing evidence on housing as a social determinant of health by illustrating how health is connected to both material and meaningful aspects of housing (Dunn, 2002). In particular, by adding a gender and violence lens, our analysis illustrates safety as an important yet under-emphasized component of the meaningful aspects of housing. Second, it contributes to the substantial body of literature documenting the ill-health women experience after violence (Campbell, 2002) and begins to illustrate how housing acts as a determinant of women's health after leaving. Third, it builds on the small but growing body of knowledge regarding women's housing patterns after women leave an abusive partner (e.g., Baker et al., 2003; Ponic et al., in press). This study is unique in that it directly examines

women's barriers to housing through qualitative and participatory research. In terms of the relationships among women's health, housing, and experiences of violence, our findings provide evidence that the health effects of violence are themselves a barrier for women leaving violent relationships who are attempting to seek and secure housing, both because women's health conditions deter them from the process of finding housing as well as because of the limited types of housing that would be considered appropriate. This study also provides the first known detailed description of the unacceptable and unsafe housing in which many women are forced to live following their departure from a violent relationship. The unacceptable and unsafe housing that women are compelled to live in further hinders both their mental and physical health; thus creating an unrelenting cycle whereby poor health is a barrier to housing after violence, and in turn, poor housing is a barrier to positive health.

It is noteworthy in this study that mental health was particularly compromised among the participants; both as an effect of violence and in relation to the challenges they faced in finding safe and acceptable housing. Congruent with other studies (Campbell, 2002; Anderson & Saunders, 2003; Dutton et al., 2006), the women reported that their experiences of abuse had left them with issues such as post-traumatic stress disorder, depression, stress, isolation, and a loss of emotional spirit. The findings from this study indicate that the conditions are then either worsened or at least prevented from healing as women attempt to regain control over their lives but are unable to find a safe and acceptable place to live. This observation is in keeping with the emergent literature that suggests that the presence of key resources, including material necessities such as housing, can mitigate negative mental health outcomes after leaving a violent relationship (Anderson & Saunders, 2003; Ford-Gilboe et al., 2009). Physical health is also compromised, often in ways that are not typically associated with housing in the social determinants literature, such as lack of sleep or threat of physical violence. While the current Canadian definition of 'acceptable' housing takes into account the material aspects of housing such as crowding, state of repair, and affordability, housing must also be considered for its meaningful aspects in order for its impact on the health of individuals and communities to be truly understood (Miller & DuMont, 2000; Dunn, 2002; Shaw, 2004). The findings from this study suggest that in order for housing to be appropriate and healthy, it must be 'acceptable' as well as safe – free from threat, discrimination, and violence, secure in tenure, and with appropriate connections to community networks and services.

As stated above, poverty was also one of the key barriers that the women reported in this study but was beyond the scope of this paper to report. That said, it is imperative to discuss the poverty implications here

because of their relevance to the affordability of housing and the recognition that poverty is also a key determinant of women's health (Ahnquist, Predlund & Wamala, 2006; Mikkonen & Raphael, 2010). Many women leaving violent relationships often have limited finances available (regardless of their income previous to leaving) and depend on social assistance or employment at minimum wage, neither of which reflects the actual cost of housing in BC (Menard, 2001; Novac, 2007; Atkey & Siggner, 2008). The experience of poverty makes it extremely difficult to secure safe and acceptable housing; in part, due to the general scarcity of affordable and subsidized housing units in BC, but compounded by the lack of access to other resources such as adequate social assistance, transportation, communication, and social support services that are needed to seek and secure housing (Ponic & Jategoankar, 2010).

This study, wherein nearly all participants live in private rental housing, demonstrates the wide array of unacceptable and unsafe conditions endemic within this market. Conditions such as overcrowding, poor maintenance, discrimination, abuse, and lack of affordability demonstrate that although women leaving violent relationships may be "housed" in the sense that there is a roof over their heads, they are in fact a hidden part of the crisis of homelessness (Weber-Sikich, 2008). Barata & Stewart (2010) documented in a Canadian study that women who have left violent relationships experience discrimination from private market landlords. Without a reliable system of monitoring the quality of private market rental housing and enforcing penalties when existing regulations have been contravened, women and children living in poverty will be subject to the actions of landlords and their individual sense of responsibility or lack thereof. In contrast, non-profit housing societies build and manage long-term, affordable shelter and have specific mandates to provide high quality housing to vulnerable persons. An accountability framework is inherent through the society's staff, Board of Directors, and compliance with The Society Act of BC. Such societies are also often able to connect tenants with essential health and social services. This approach to housing provides people with homes that are both safe and acceptable. Although research into the impact of non-profit and other forms of social housing has been limited, existing evidence appears to suggest positive social outcomes for households who are able to access affordable housing through such programs (for a complete discussion, see Buzzelli, 2009). Extant research that demonstrates a high incidence of violence for women living in public housing (e.g., Renzetti & Maier, 2002; Brownridge, 2005; DeKeseredy, Schwartz & Alvi, 2008) highlight the need for mechanisms to help ensure women's safety in all forms of housing, particularly for women who have previously left violent relationships.

Within the literature on women who have been abused, it has long been implied that housing is a key area of service provision alongside counselling, employment and income support, and legal support (Hague & Mullender, 2006; McNaughton & Sanders, 2007; Jones, 2008; Paterson, 2009). Ford-Gilboe et al. (2009) have created a quantitatively verified model that illustrates that economic, social, and personal resources mediate the health effects of violence after leaving, both positively and negatively. Additionally, based on analysis of two recent large-scale quantitative studies, researchers have suggested that housing represents a possible point of intervention to mitigate the negative effects of violence on women's health (Pavao et al., 2007; Ponic et al., in press). Our findings further substantiate the need to provide long-term housing as a key service response to violence against women. They also point to the need for further theoretical and empirical work in this area.

From a theoretical perspective, our findings reiterate the complex relationship between housing and health that has been demonstrated by Dunn and colleagues (Dunn, 2004; Dunn, et al., 2006). It also builds on their work by illustrating that gender and violence are important dimensions that must be considered within this complex relationship; for example, the importance of safety as a meaningful aspect of housing that impacts health. As such, it will be important to extend conceptual frameworks of the housing-health relationship that explicitly takes gender, women's diversity and violence into account. This is particularly salient since violence continues to be demonstrated as a major determinant of women's housing instability and homelessness (Miller & DuMont, 2000; Menard, 2001; Hirst, 2003; Wesely & Wright, 2005; Pavao et al., 2007; Weber-Sikich, 2008; Ponic et al, in press). While our findings illustrate a new dual relationship between women's experiences of housing and health after leaving a violent relationship, more empirical research is needed to understand how the housing-health relationship manifests over time, and what factors account for changes within it. Understanding the housing-health relationship requires quantitative and longitudinal analysis (Jacobs, et al., 2009; Thomson, et al., 2009). Therefore, such research, with a focus on violence, is needed both to track how housing factors implicate both the leaving process and women's health and healing over time.

POLICY IMPLICATIONS

Based on our findings and analysis, we provide broad policy recommendations formulated through a gender and violence lens for increasing the availability of safe and acceptable housing for women leaving violent relationships. Canada urgently requires a National

Housing Strategy that includes attention to the needs of women leaving violence and the provision of family housing (Bryant, 2009). There is currently a severe lack of safe and acceptable housing for women leaving violent relationships as well as other vulnerable populations. This is true in BC as well as elsewhere in Canada. In 1996, the federal government announced plans to dismantle and withdraw funding for national housing programs (Shapcott, 2008). One report estimates that, by 2033, approximately $30 billion of federal funds will have been withdrawn from housing (Connelly et al., 2003). Only about 5% of Canadians live in social housing whereas close to 25% of households are living in housing they cannot afford (Shapcott, 2008). The current reliance on private market forms of housing is untenable as vacancy rates are low, rental and ownership costs are largely unaffordable, and tenant protection measures vary across the country (Bryant, 2008; Shapcott, 2008).

While the current Canadian housing standards of adequacy, suitability, and affordability take into consideration several key aspects of housing that can have an impact on one's health (CMHC, 2009a), the findings from this study illustrate the need to better monitor and establish accountability mechanisms for the conditions of rental housing available on the private market as well as provide evidence to support the call by Miller and DuMont (2000) for the criteria for "acceptable" housing to be broadened to encompass an measure of safety.

Since 2006, the BC government has stated a commitment to ensuring that the most vulnerable citizens receive priority for housing assistance, including women and children fleeing abusive relationships (Province of BC, 2006; 2009). However, as our data show, policy and programming continues to be inadequate in support of women across the province who are fleeing violence and experiencing poor health. Existing programming for women leaving violence tends to be fragmented and overly focussed on short-term transition housing and support within the criminal justice system (Jaffe, Crooks & Wolfe, 2003; Peckover, 2003; Hester, 2004). While these services are important, they do not fully account for the realities of women's lives after leaving an abusive partner as they require women to navigate complex systems and, in general, fail to recognize the difficulties in accessing other key necessities such as childcare, employment, transportation, and healthcare as well as long-term safe and acceptable housing (Hague & Mullendar, 2006; Paterson, 2009).

We urge the federal and provincial governments to develop strategies that address the needs of women leaving violent relationships, including the following:

- Develop a National Housing Strategy that includes attention to the needs of women leaving violence and the provision of family housing;
- Broaden the CMHC criteria for "acceptable" housing to encompass a measure of safety;
- Increase the supply of non-profit housing and co-operative housing, including units appropriate for families and women with disabilities;
- Monitor and establish accountability mechanisms for the conditions/standards of rental housing available on the private market and,
- Develop integrated health and mental wellness services for women and children who have experienced violent relationships.

Undertaking these strategies across multiple sectors and levels of government can work toward a policy context in which long-term safe, and acceptable housing is a resource that facilitates women's leaving processes and contributes to mitigating the health effects of violence.

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