

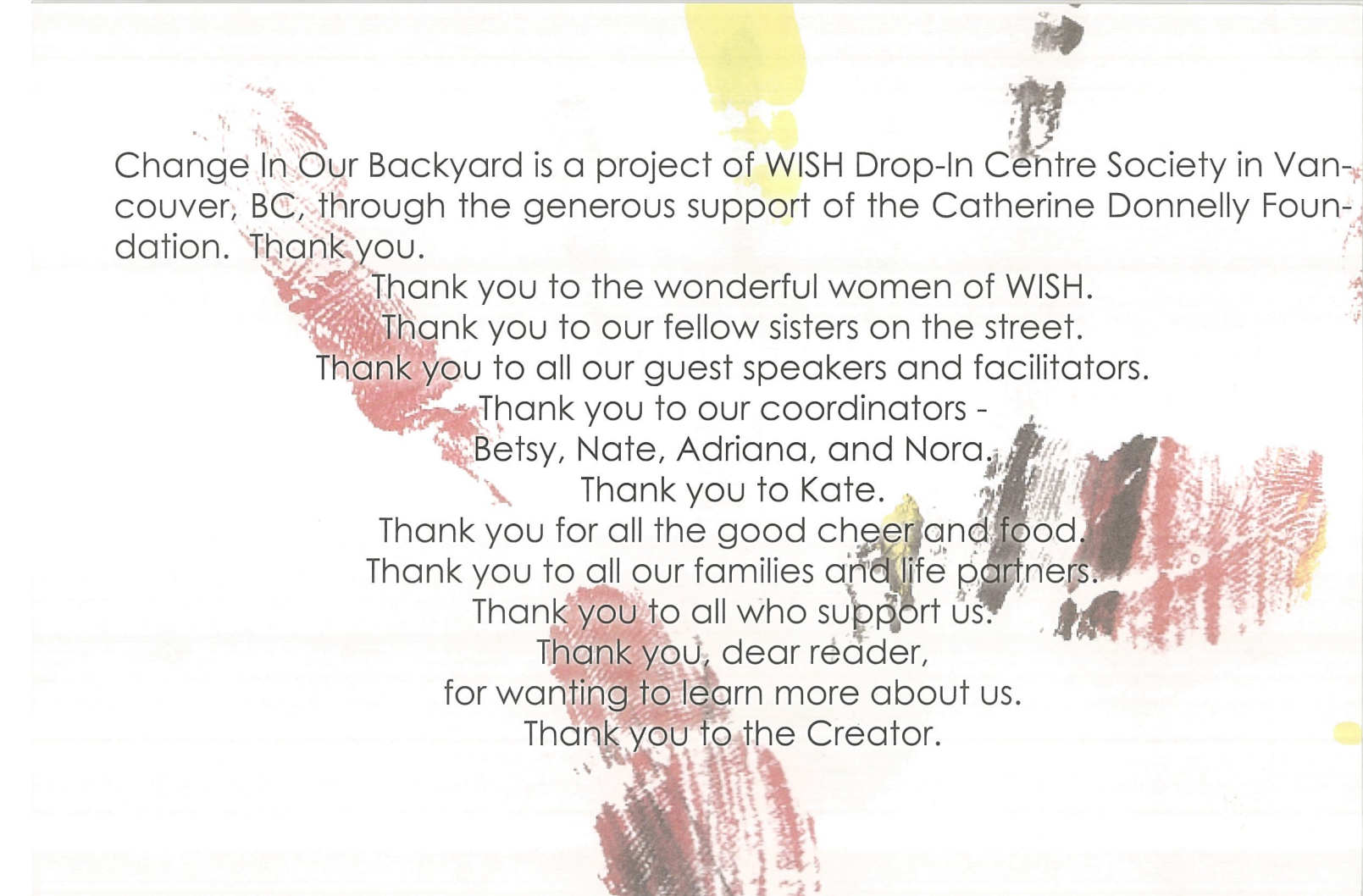
CHANGE IN OUR BACK YARD

A peer study about the lives of sex-workers in the DTES



A handprint is formed by thick, expressive paint strokes. The index finger is yellow, the middle finger is black, and the ring and pinky fingers are red. The palm and base of the hand are composed of overlapping strokes of red, black, and yellow. The background is a light, textured surface with faint, repeating text patterns.

NOTHING ABOUT US WITHOUT US



Change In Our Backyard is a project of WISH Drop-In Centre Society in Vancouver, BC, through the generous support of the Catherine Donnelly Foundation. Thank you.

Thank you to the wonderful women of WISH.

Thank you to our fellow sisters on the street.

Thank you to all our guest speakers and facilitators.

Thank you to our coordinators -

Betsy, Nate, Adriana, and Nora.

Thank you to Kate.

Thank you for all the good cheer and food.

Thank you to all our families and life partners.

Thank you to all who support us.

Thank you, dear reader,
for wanting to learn more about us.

Thank you to the Creator.


GLOSSARY

We have worked hard to make this book accessible for a wide spectrum of reading abilities. There are some academic words that are marked with a star (*) symbol - the definitions for these words can be found at the back.

TRIGGER WARNING

The pages at the back of the book deal with violence against sex workers which may bring up strong emotions for some folks. This section is marked by a red tab in the bottom of the page.

If you wish to skip this section,
avoid pages with the red tab.



WHAT IS "CHANGE IN OUR BACKYARD?"

In 2013, Change In Our Backyard came together as a group of women-identified sex-trade workers in Vancouver's Downtown Eastside. We set out to conduct a different kind of research and advocacy campaign focussing on our community's needs and voices.

From designing a questionnaire and interviewing 160 women, to analyzing the data and designing ways to present the information in a meaningful way, In their own words the women write about the two year process.

Change in our Backyard is a groundbreaking peer led community consultation and survey process in which survival sex workers came together to learn formal research and interviewing skills. Over 2 years, we developed a thorough and thoughtful questionnaire which asked for the valuable insight of women of the DTES. It deals with self care, addiction, health, housing, tenant and patient rights, family, children, and working on the streets. 160 questionnaires were completed and through careful analysis and much hard work, produced

a 96 page resource booklet. The goal was to understand and gain street-based, peer reviewed knowledge from the mouths and hearts of the survival workers for their own consideration. We have made an effort to share stories and express what life is like in the DTES for working women.

During the first few months of the program, the women and facilitators were getting to know each other and define what CIOBY would be. We were trying to figure out where we wanted to go with our project, what we wanted to learn and how we wanted to go about the process.

We had many interesting classes and guest speakers from various agencies facilitate workshops.

After we developed a questionnaire, we started doing interviews with various women. The survey questions lasted anywhere from 20 minutes to 1.5 hours. We wrote down what women had to say about safety with dates, housing and home issues, health, addiction issues, and services. Most women really wanted to tell their personal stories of life in the DTES., about how they survived and struggles As trained peer researchers we learned to have empathy while confidently recording their answers.

After the completion of the surveys, we pored over the questionnaires

and tried to figure out the stats. We were really interested in the stories of the survival women who lived and worked down here. It was a huge stack of surveys and we were really surprised at how much important information was accumulated over weeks of surveying the women of WISH!

We all input the pages of each of the surveys into the computer, and we soon realized the magnitude of all the thoughtful answers given by all the women involved. It was very mind and eye opening when we keyed in the answers. Our fingers flew across the keyboard as we entered stats.

Data analysis occurred right after and we were really proud to learn

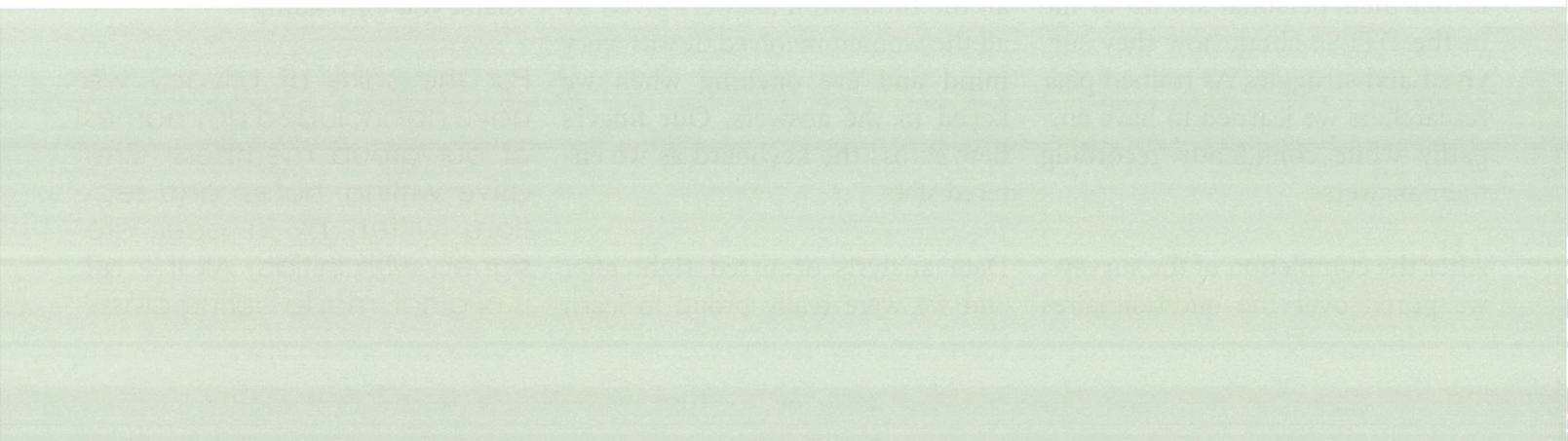
that our answers really reflected our demographic of our neighborhood.

We spent a lot of time choosing appropriate stats and having conversations about what graphs for including in our booklet. We were excited to see the evolution of our surveys into the booklet that you now hold in your hand. We were honored to add our own personal photos, cartoons, poems, paintings, memories and very best wishes to the booklet. Thank you for reading. “

For the sake of privacy we have not included any names of our group members. Creative writing, notes, and sections written by a peer are signed with initials. All the art is original, made during class.



WHO ARE WE?



We live our lives on the territories of the Coast Salish peoples.
We are sisters, mothers, daughters, nieces, aunts, wives, grandmothers.
We are givers of life.
We are survivors, warriors, lovers, dreamers.
We love to laugh, eat and play.
We cry, we feel pain.
We are artists, dancers, singers, musicians, poets.
We are teachers, learners, story tellers, fire keepers.
We are healers, nurturers, listeners.
We are social justice advocates, knowledge sharers.
We are movers and shakers.
We go without for others and we plan for our futures.
We are members of a vibrant community.
We are a team. We are superheroes. We are friends.
We speak from the heart and we have scars.
We are a wealth of information.
We are courageous, brave.
We have been through hell and back.
We are the hidden parts of society.
We are misunderstood.
We are human.



We surveyed 160 woman identified sex trade workers in Vancouver's Downtown Eastside (DTES.)

We asked them questions about their lives, including their access to health care, housing, and services, as well as sex work and daily life. What we found is a diverse group of women, each with their own unique story.

AVERAGE AGE

44.3 years old

AVERAGE YEARS IN THE SEX TRADE

17.7 years

CURRENTLY ACTIVE vs RETIRED

currently active: 62%

retired: 37%

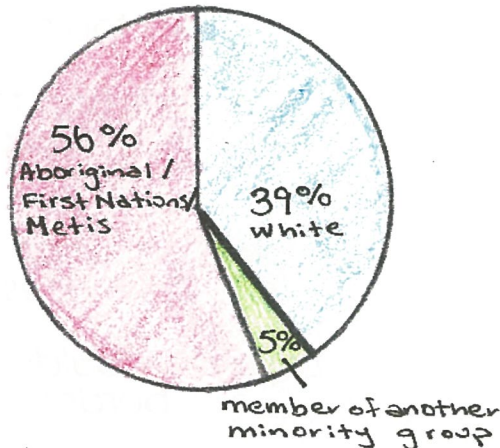
no response: 1%

RACIALISED IDENTITY

Aboriginal/First Nations/Metis:
56%

White:
39%

A member of another minority group:
5%



While only **5.6%** of the Canadian population is Aboriginal/First Nations/Metis, they made up **56%** of the women we interviewed.

There are lots of reasons why First Nations women are over-represented in the sex-worker population in the DTES - including legacies of colonialism* and marginalization* – and this data shows that we need more culturally-appropriate resources for First Nations sex workers.

(source: 2011 National Household Survey as reported by Aboriginal Affairs and Northern Development Canada (AANDC), accessed at <https://www.aadnc-aandc.gc.ca/eng/1303134042666/1303134337338>)

27% of women interviewed were born in Vancouver. For the other **73%**, their reasons for coming to Vancouver are diverse. Here are a few examples from the data.

To be Transgender	Drugs	Olympics
Tragedy with a man	I was running away from my abusive life. I wanted to meet Chief Dan George.	For school
Family & friends		Sex trade
Boyfriend		Town too small
Moved here when I was 5yrs old	Marriage	Weather and to get away from Saskatchewan
Child runaway A warrant	Break-up	Harm reduction policy & services
My mother died, and I lost everything	Jail	
	Treatment	Layover, couldn't cross border.



*“The city -
the highlights and the
excitement”*

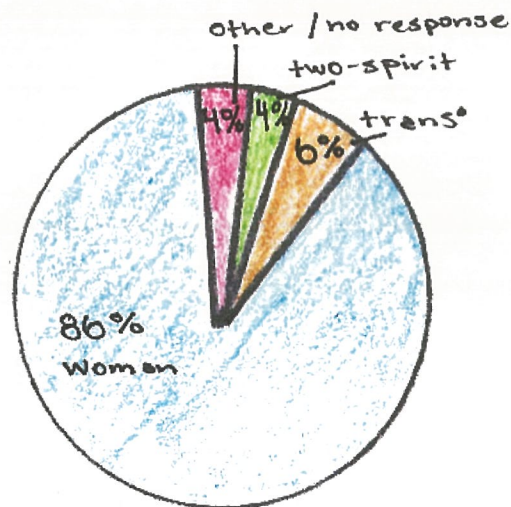
GENDER

In this booklet, we use the term 'woman' or 'woman-identified'. We want to acknowledge that for some of us, 'woman' is the best term that fits - but doesn't tell the full story of our experience with gender.

A member of our group reflected:

"If we were to do this project again, it would be important to make sure that there were Two-Spirit and Transwomen's voices represented in our group."

We would like to thank Vancouver Coastal Health's Prism Services and Qmunity for their workshops and help with this section.



Woman:	86%
Transwoman:	6%
Two-Spirit:	4%
Other:	2%
No Response:	3%

**This is how people identified their own gender.

DEFINITIONS

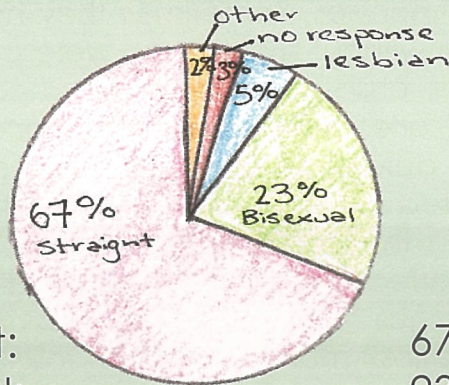
Cisgender Identifying with the same gender that one was assigned at birth. A gender identity that society considers to match the biological sex assigned at birth. A term used to call attention to the privilege of people who are not trans.

Transgender An umbrella term that describes a wide range of people whose gender identity and/or expression differs from conventional expectations based on their assigned biological birth sex. Identifying as transgender, trans is something that can only be decided by an individual for themselves and does not depend on criteria such as surgery or hormone treatment status. Transwomen identify and live their lives as women. Transwomen who do sex work face a higher level of violence and discrimination - even higher if they are trans-women of colour.

Two-Spirit A term used by some North American Aboriginal societies to describe people with diverse gender identities, expressions, roles, and sexual orientations. Two-spirited people have been and are viewed differently in different First Nations communities. Sometimes they have been seen without stigma and were considered seers, child-carers, warriors, mediators, or emissaries from the creator and treated with deference and respect, or even considered sacred, but other times this has not been the case. As one of the devastating effects of colonisation* and profound changes in North American Aboriginal societies, many Two-Spirit folk have lost these community roles and this has had far-reaching impacts on their well-being.

SEXUAL ORIENTATION

Our group reflected on homophobia in the DTES, thinking about the violence that a lot of people face and noting friends who have gone “back into the closet” since moving here.

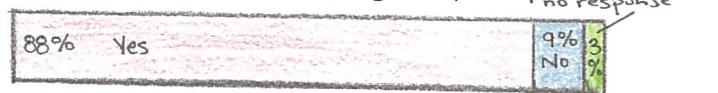


Straight:	67%
Bisexual:	23%
Lesbian:	5%
Other:	2%
No response:	3%

“How can we make sex work and the DTES safer for people of all sexual orientations?”

1. Peer-led ally groups
2. Service providers with training on LGBTQ2S* sensitivity
3. _____
4. _____
5. _____
6. _____

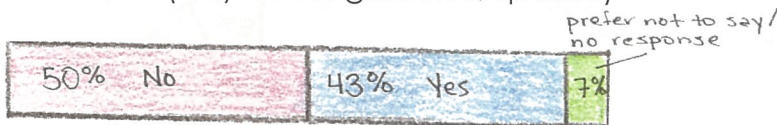
Do you have someone who is there for you in an emergency?



Do you have friends you trust and feel safe with?



Do you have a partner?
(boyfriend, girlfriend, spouse)



Is this a long term relationship?



RELATIONSHIPS

In addition to close friends and partners, our community is full of families that we choose.

Street moms and street sisters are people that show they care, show you the ropes, and are people you can really trust and relate to. A lot of the time, our street families are closer to us than the families we grew up with.

How can we support those in our community who don't have someone there for them? What resources might be helpful to these women?

CHILDREN AND PARENTING

We only asked one question about children in our survey. We realise that it's a painful topic for a lot of people - **67%** of the women we interviewed have children. Many of them don't have custody of their kids. We didn't know how to meaningfully approach the subject when we were starting out but upon reflection our group had this to say:

Pregnant:

"It's hard getting enough food when you're pregnant"

"There aren't many safe places to talk about pregnancy and kids, I was worried about ministry involvement"

"I didn't want to think about it"

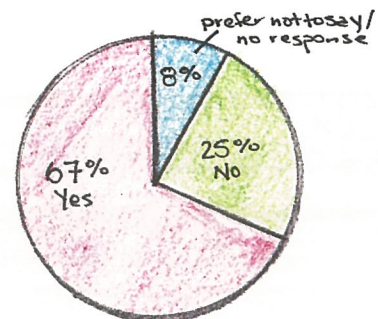
Parenting:

"It's hard finding childcare with a person that you can really trust"

"There aren't a ton of safe spaces to bring kids; you always have to be hyper-vigilant about your kids' safety"

"It was hard transitioning out of parenting drop-ins when my baby turned 1.5"

"It's too hard to think about my kids. I don't have custody of them, I haven't seen them since they were babies."



Do you have children?

If you are in need of parent/child services try Sheway at 604-216-1699 or Aboriginal Mother Centre at 604-558-2627.

They say you won't remember the pain once you actually give birth – they lie. I remember quite well the 24 hours of labour before the doctor decided to perform the cesarean section. I met my daughter at 5:42am on January 23rd. I had a pretty normal pregnancy – no heartburn, no swollen feet, no morning sickness – all was well – as long as I took my methadone everyday. I am an opiate addict. My daughter was born addicted to methadone, and had to be weaned off of the drugs. The guilt and shame was overwhelming. She was in the NICU for two and a half months as the neonatal team monitored

her withdrawals and gave her tiny doses of morphine. I did this to my child, feeling helpless as she sneezed and as her little legs kicked and she had spasms. She cried. She twitched – I cried, I prayed to take her pain onto myself. She also grew stronger, she smiled as she looked at her nurses and at her father and me. She charmed us all. I thanked God that she seemed to be developing at a normal rate. She met each milestone at the expected monthly age. When it was time for her to come home – she did not come home with me. The ministry put her in a foster home, until I was providing clean weekly urine drug screens. I

took the 45 minute bus ride every day to pick up my baby and brought her back at 4pm. The day visits quickly turned into overnight visits until I no longer had to bring her back. She was finally home! I had proved to the ministry and court that I was able to remain clean. I could care for my daughter properly. Those months in the foster home, in the hospital, were behind us and I was able to be a mom. My daughter will be 5 this January. She is healthy, bright, happy, and beautiful, she is full of laughter, curiosity and promise. I still thank God every day for my little angel – my miracle.

T.B. 2015

There isn't one definition of self-care, because it means so many different things to different people. Self care is finding ways to ground yourself, keeping your body healthy, reflecting on yourself in a positive way, being a part of your community, pursuing spirituality, doing things to feel good in your own skin, making art, being outside in nature... the list goes on and on!

“self-care is like pressing the reset button on ourselves”

“self-care is loving yourself, respecting yourself, and having hope and faith”


“self-care is knowing when to let go”

“self-care is respecting your boundaries”

“self-care is taking time alone to pamper myself”

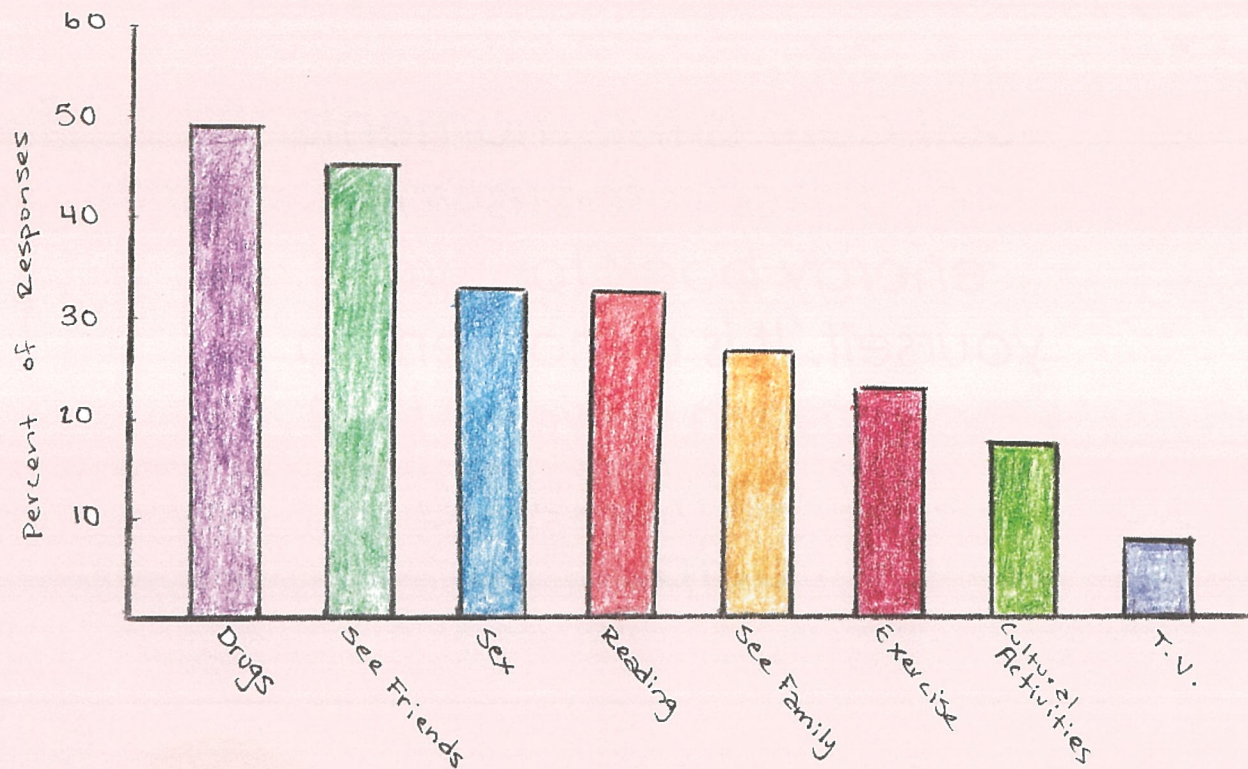
***“self-care is reflecting on where I've been, and where I am now...
I'm here for a purpose, a positive purpose.”***

“self-care is sex, drugs, and rock n' roll!”

The background is a textured, off-white surface with various paint splatters and marks. There are prominent red streaks and splatters in the upper left and lower left areas. A bright yellow splatter is visible in the lower right corner. A large, semi-transparent pink oval is centered on the page, containing the text.

“Self care is the moments
you take to focus your
energy back towards
yourself. It is a moment to
recharge in a world that
is constantly pushing for
output.”

SELF - CARE PRACTICES



DEEP BREATHS

BELIEVING IN MY HIGHER POWER

AFFIRMATIONS

VOLUNTEER WORK

SMUDGING

REFLECTING

WATCHING PORN

WALKING IN NATURE

How many do you identify with? What do you do for self-care?

DOODLING

WRITING POETRY

WATCHING FUNNY CARTOONS

SLEEPING

HEALTHY DIET

BEING THANKFUL

SAYING "I LOVE MYSELF"

CRY IN THE SHOWER

COOKING FOR PEOPLE



HEALTH

This year, before Halloween, I fell very ill with a severe skin reaction. When I went to the Downtown Community Health Clinic (DCHC), I was informed by the clerk that it had just been over two years since my last visit and my file was closed. I inquired if I could still be seen at DCHC as I have a history, live close by and I feel comfortable accepting medical history in my community - I was told that was not possible.

I chose the China Town Clinic, located in the very back corner of a tiny shopping mall. I had to explain myself and my condition first to the receptionist and to the new doctor. I did not feel comfortable, safe or secure. I felt the doctor wasn't interested or attentive. It seemed I was just another faceless case from the DTES.

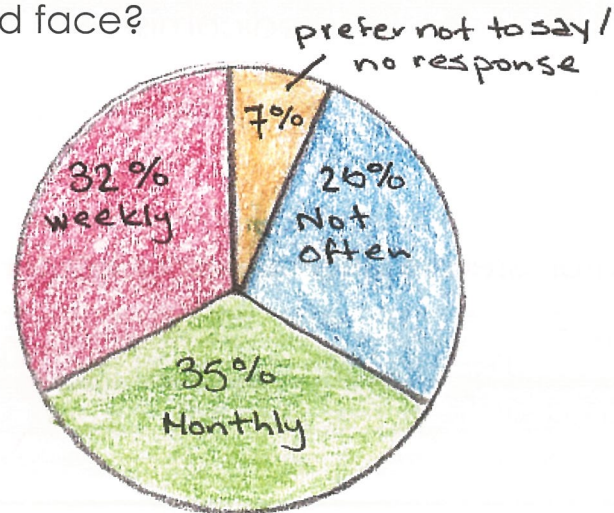
The medical system in the DTES needs to be looked at - how one is treated as a patient has a huge impact on their health, recovery and piece of mind.

GENERAL HEALTH CARE

In general, the women we interviewed have very high health care needs, with **67%** of them seeing a doctor or nurse at least once a month. However, we found that fewer women were open to discussing their specific health struggles.

With such high numbers we need to ask questions such as - are enough preventative measures, including quality nutrition, adequate living conditions, free harm reduction supplies and access to mental health resources, being provided in the DTES? Are people getting the services they need, or is

accessing health care a revolving door? Are health care providers adequately trained to understand the barriers that people in this neighbourhood face?



How often do you see your doctor or go to a clinic?

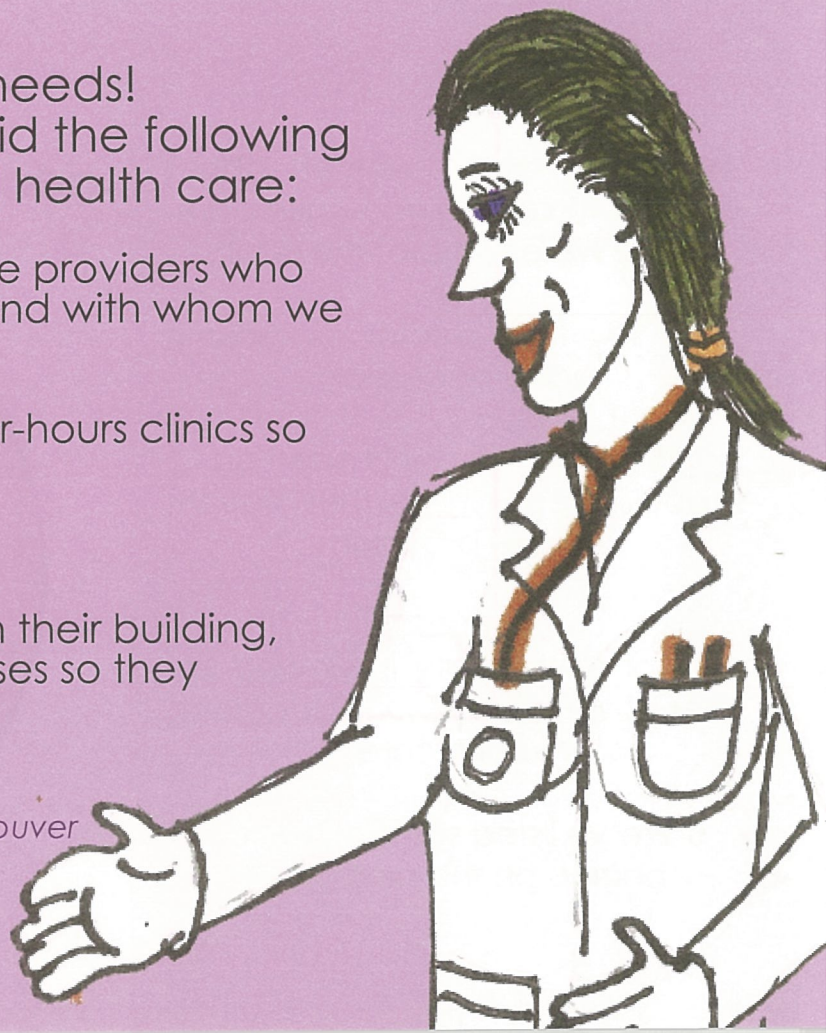
We have diverse health-care needs!
The women we interviewed said the following things were important to good health care:

Continuity of care - health care providers who know us, know our medical history, and with whom we have a good relationship

Flexibility - walk-in clinics and after-hours clinics so we can avoid trips to the hospital

Location - clinics that are easy to access. Some women need nurses in their building, and many women rely on Street Nurses so they can avoid going to a clinic.

We would like to acknowledge the Vancouver Women's Health Collective for providing workshop and information for this section.



BARRIERS

When we asked women about barriers to accessing health care, these were some of the results:

74% say their doctor or clinic is easily accessible.

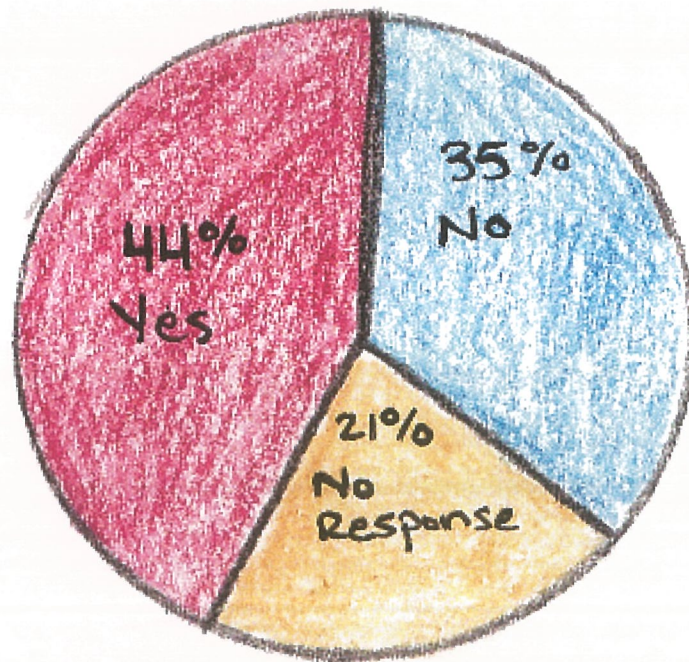
65% say they don't need an appointment to see their health-care provider.

but...

44% of all women interviewed say there are barriers to accessing health care.

We've listed some of these barriers on the next page.

Are there any barriers to accessing your doctor or clinic?



"I'm worried about my confidentiality"

"Anxiety"

"Too long a wait"

"Self-worth issues"

"My doctor is too far away"

"Lineups are a hassle"

"There are people there I have beef with"

"Prejudice against drug addicts"

"I have an issue with doctors not listening to my concerns"



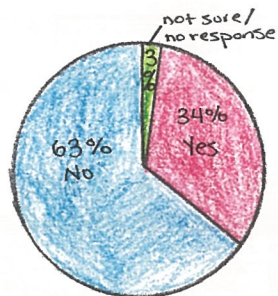
"It's hard to get an appointment quickly"

"I struggle with self-care"

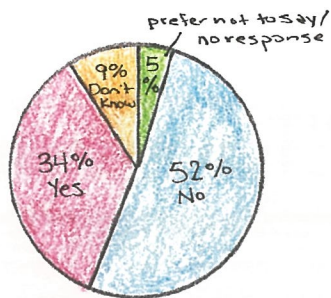
"Doctors don't listen to my concerns"

"Too many men"

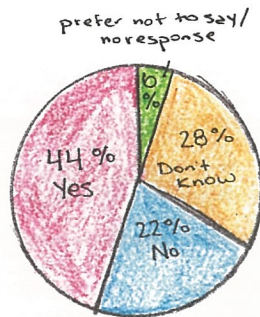
"I have depression – I don't want to get out of bed"



Does the gender of your doctor make a difference?



Do you make a point of going to women-only hours?



Are there enough women-only hours?

GENDER

When we looked at what people had to say about good health care providers, gender wasn't a main topic – a good health care practitioner is someone who is caring, compassionate, and who we have a relationship with, regardless of gender.

"For me, I want the best doctor – it doesn't matter if they're male or female"

"The gender of doctor only makes a difference when it's a gynecologist"

"There's a lack of female doctors"

"I think that there should be more women's only clinics"

WOMEN - ONLY HOURS

It's really important for some people to see a female doctor, and to access a women's-only health space. When we asked women about this in our interviews, some of our results surprised us: **52%** of women do not make a point of going to women-only clinic hours; **34%** of women try to go primarily for women-only hours, and **14%** of women interviewed didn't know or preferred not to say. Some women said that they weren't sure of when women-only hours took place, but were interested. Below are listings of women-only clinic hours in the DTES:

DT COMM HEALTH CLINIC
569 POWELL ST. 604.255.3151
Wednesday 5pm-8pm

CAREPOINT CENTRE
1623 COMMERCIAL DR. 604.254.5554
Tuesdays 12pm-4pm

NATIVE HEALTH CLINIC
449 E HASTINGS 604.255.9766
Wednesday 1:30pm-4pm

PENDER ST. CLINIC
59 W.PENDER ST. 604.669.9181
Thursday 5pm-7pm

VANCOUVER WOMEN'S HEALTH COLLECTIVE
29 W. HASTINGS ST 604.736.5262

Resource Center
Monday 9am - 5pm
Tuesday to Thursday 12pm - 5pm
Friday 9am - 2pm

Nurse Practitioner
Monday 9:30 am - 4:30 pm
Tuesday to Thursday 1:00 pm - 4:30pm
Friday 9:30 am - 1:30 pm

NATIVE PLANT MEDICINES

Written by T.B.

Many cultures and religions use sacred smoke from the plant medicines; this is called smudging in North America. Smudging is used for both purification (the cleansing of negative energy) and to symbolize the prayers carried up to the Creator. The four sacred medicines used by First Nations peoples are tobacco, Sweet-grass, sage and cedar.

Sage (Shkodawabuk*):
Sage is used in many different ways; it helps to prepare for ceremonies and teachings. It also has many physical healing properties - you can boil sage and drink it as a tea, which cleanses the body of all infections. Sage is for releasing what is troubling the mind and for removing negative energies. It is used for cleansing houses and sacred items.

Sweet Grass (Weengush):
Sweet grass is the sacred hair of Mother Earth; its sweet aroma reminds people of gentleness, love and kindness. This is why Native people pick it and braid it in strands of three. Sweet grass is used for smudging and purification of the spirits. When it is used in a healing or talking circle it has a calming effect. It is said to attract the good spirits.

*Names in Oji-Cree

Tobacco (Gemoh):

Tobacco is one of the most sacred of plants for Native people. It was given to us so that we can communicate with the spirit world. Tobacco is always offered before picking medicines; when you offer tobacco to a plant and let your intentions be known, it will let all other plants in the area know why you are picking them. The Elder leading the ceremonies is offered tobacco first, along with an honoring gift.

Cedar (Giizhik):

Cedar is used for purifying the home and also has many restorative medicinal uses. Baths mixed with cedar and tobacco is also very healing. When cedar and tobacco are

put in the fire it crackles - calling the attention of the spirits. Cedar is used in sweat lodge and fasting ceremonies for protection. It is a guardian spirit and chases bad spirits away.

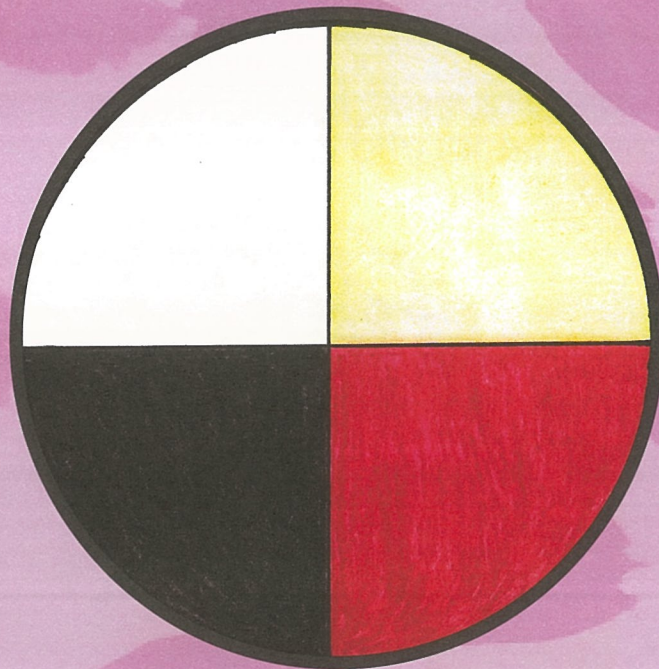


MEDICINE WHEEL

The Medicine Wheel symbolizes the interconnections of all life, the cycles of nature, and how life represents a circular journey. The Medicine Wheel teachings are based on a circular pattern and always center around the individual.

White, north, winter,
time of reflection,
Eldership, deep
connection to
spirituality &
understanding of life, fire
element, sweetgrass.

Black, west, autumn, time
of harvest,
adulthood, deeper
emotional
understanding, water
element, sage.



Yellow, east, spring,
time of planting, birth,
first & second chances,
connection to the
physical, air element,
tobacco.

Red, south, summer,
time of growth,
adolescence, juvenile,
development of
mental capacities,
earth element, cedar

Written by T.B.

To learn more about First Nations medicines, or to attend sweat lodges, drumming circles, healing circles, cultural based counselling, or to speak with an Elder please contact the following resources.

Vancouver Aboriginal Friendship Centre
1067 E. Hastings st.
604-251-4844

Hey-Way'-Noqu - Healing Circle for Addictions
4th floor 1638 E. Broadway
604-874-1831

Native Courtworker & Counselling Associations
207- 1999 Marine Dr.
604-985-5355

MENTAL HEALTH/ CAR 87

We realised after our interviews that we asked very few questions on mental health, and that this is a health concern for many folks in the DTES.

Speak to your doctor or clinic for information on mental health supports!

For mental health emergencies, we want service providers to know about car 87.

Car 87 is a joint service of the VPD and Vancouver Coastal Health. Car 87 is a crisis response and emergency service that responds to calls involving people with apparent mental illness or in acute distress.

Riding together in Car 87, a registered nurse and a police officer respond to calls together, assess for mental illness, help those in crisis and

refer individuals to resources. Suicide risk and active psychosis (a condition where a person cannot distinguish between the real and the imagined) are encountered frequently.

Together the Car 87 team decides the best course of action for each case, which could include helping someone to seek medical attention.

A member of the team can
be reached around the
clock at

604-874-7307
or via 911.

HEALTH RESOURCES IN THE DTES

EMERGENCY ASSISTANCE

Crisis Intervention / Suicide Prevention 24hrs
604.872.3311

Emergency Mental Health Services (Car87)
604.874.7307

WAVAW Rape Crisis Centre
604.255.6344

Battered Womens Support Service (BWSS)
604.687.1867

Strathcona Mental Health
604.253.4401

HEALTH CLINICS

RAVEN SONG CLINIC
200-2450 ONTARIO ST
604.709.6400

THREE BRIDGES CLINIC
1292 HORNBY ST
604.633.4220

BUTE STREET CLINIC
1170 BUTE ST
604.707.2796

MID-MAIN CLINIC
3998 MAIN ST
604.873.3666

REACH HEALTH CENTRE
1145 COMMERCIAL DR
604.254.1354

STI CLINIC
655 W 12TH AVE
604.707.5600

WEST END CLINIC
1757 ROBSON ST
604.689.1828

HOSPITALS

BC WOMEN'S HOSPITAL
4500 OAK ST
604.875.2424

MOUNT ST. JOSEPH'S
3080 PRINCE ALBERT ST.
604.874.1141

ST. PAUL'S HOSPITAL
1081 BURRARD ST.
604.682.2344

VANCOUVER GENERAL HOSPITAL
899 W. 12TH AVE.
604.875.4111

PATIENTS' RIGHTS

As a patient you have the right to:

- *Be treated with dignity and respect
- *Enjoy confidentiality and privacy
- *Ask questions about your health
- *Receive clear explanations you can understand
- *Have a friend/family member with you during your appointment and examination
- *Disagree with your health care provider
- *Get a second opinion
- *Say no to, or refuse, treatment
- *Have access to your medical records and read them
- *Change doctors and find a new one
- *Decide the future of your health care receive care in your preferred care language
- *File a formal complaint if you are unsatisfied with your care.

A health care provider's responsibility is to:

- *Treat you with dignity and respect
- *Not make assumptions about your life
- *Explain what they are doing, prior to and/or during the procedure
- *Take the steps to prevent discomfort/harm to patients and to be gentle and professional during a physical exam
- *Make a reasonable effort to communicate with you in a way that is easily understood
- *Ask if you would like a female nurse present, if the practitioner is male
- *Respect your right to a second opinion
- *Respect your decision to accept/reject any medical recommended
- *Accept your use of complimentary or traditional treatment
- *Avoid public discussions or comments about patients
- *Return phone calls in a reasonable amount of time.

HOW TO FILE A COMPLAINT AGAINST A PHYSICIAN

Print, complete and submit a Complaint Form, available on the College's website (<https://www.cpsbc.ca/files/pdf/Complaint-Form.pdf>)

OR

A written letter is also acceptable with the following information:

Full name/ date of birth/ address/telephone number (day and evening)

The full name and address of the physician(s) involved a description of the incident in as much detail as possible

the date of the incident

your signature

Send your written complaint to:

The Registrar

College of Physicians and Surgeons of BC

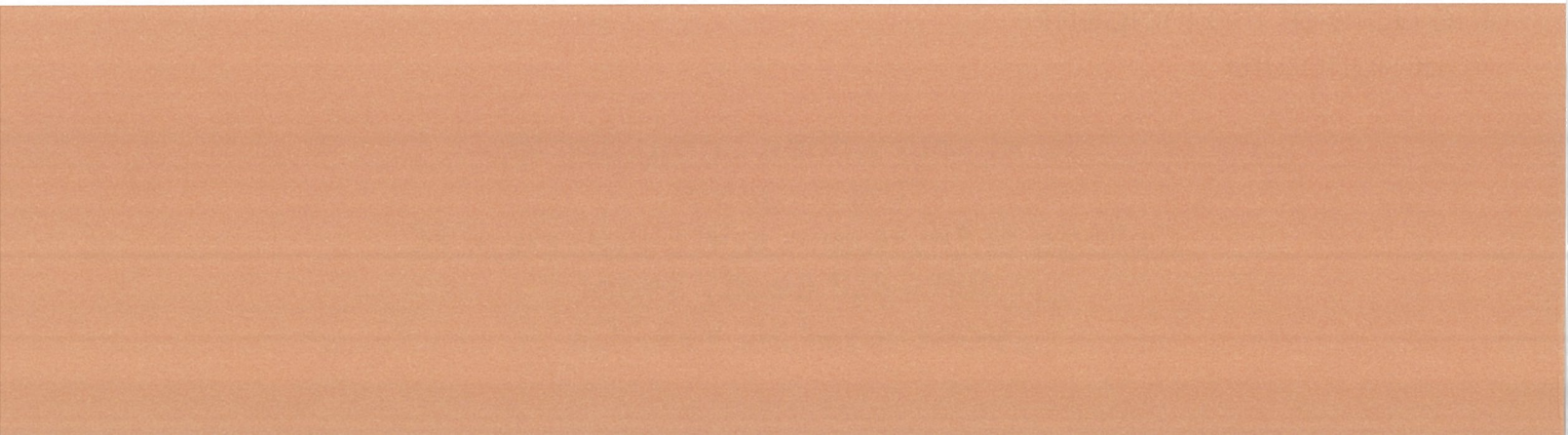
400 – 858 Beatty Street

Vancouver BC V6B 1C1



HOUSING

WILSON, J. & CO. ARCHITECTS



A TOTAL CHANGE OF SCENERY WOULD BE GREAT

I'M HAVING A HOUSING PROBLEM,
SO ARE MANY OTHER WOMEN.

I'M IN SUPPORTIVE HOUSING,
AND IT SUCKS.

THERE ARE PASS KEYS,
SO THE STAFF CAN ENTER MY SUITE ANY TIME.
THERE ARE SUITE INSPECTIONS EVERY THREE MONTHS,
WHICH IS A TOTAL INVASION OF PRIVACY.
THE STAFF ARE OBNOXIOUS, RUDE AND THEVES.

I HAVE NO BALCONY,
AND I FEEL LIKE I'M IN JAIL.

SO I NEED TO MOVE.
A ONE BEDROOM WITH A BALCONY WOULD BE CHOICE.
PRIVACY WOULD BE AN ASSET.
AND QUIET.

M.S.

We feel a real push-and-pull happening within the housing section of our research. Here are the main themes from our data:

Guests and Visitors

77% of women said that not being allowed to have guests was intolerable; 64% said that even having guests in the daytime-only was intolerable

Guests were listed as the 4th greatest cause of buildings feeling unsafe

Controlled guests-entry was listed as the 4th greatest factor in making a building feel safe.

DTES

Living in the DTES, there's a strong sense of community pride, but the stigma of being from the the V6A postal code travels with you when dealing with potential landlords - as one woman said, "once you get the means to get out of the area, no-one will rent to you!"

Wanting to live outside of the DTES can offer anonymity and a chance at a 'normal' life, but it's much further from the community and resources. Being outside of the DTES can feel very isolating.

Rules and Structure

Some women expressed a need for housing with a lot of structure, and others want to live as little interference from others as possible.

A lot of women expressed frustration with the rules in their buildings not being followed.

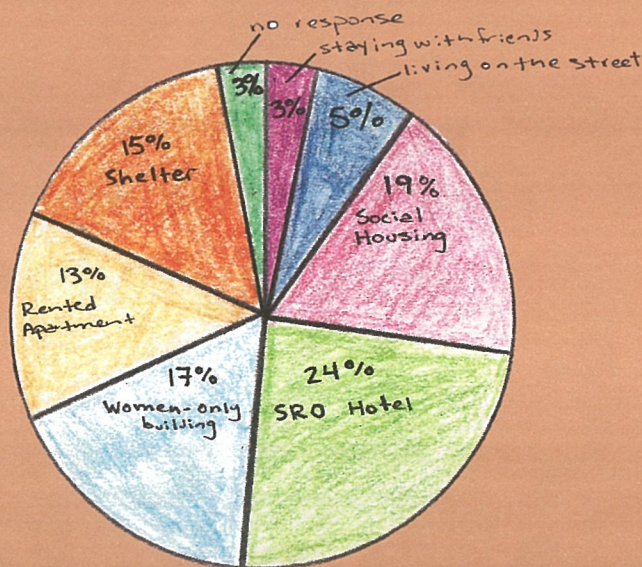
How do we balance people's needs for rules and interventions with others' need for low-barrier housing options?

How do we balance people's need for privacy and autonomy in seeing who they want, when they want, with a need for safety measures where visitors are concerned?

For girls working in their rooms, for example, having the front desk take photocopies of dates' ID's is a safety measure rather than an invasion of privacy.

I ♥
EAST
VAN

What kind of housing do you live in now?



If we were to ask this question again, we would have had clearer options. Some of these categories overlap, for example, "women-only " building and "social housing."

SRO*:

24%

Social Housing:

19%

Women-only building:

17%

Shelter:

15%

Rented Apartment:

13%

Living on the street:

6%

Staying at friends:

3%

No Response:

3%

Our demographics show sex workers in the DTES are an aging population who may have, or develop, specific support needs.

Elders should be the most respected members of our community, but the lack of housing and services for seniors tells a different story.

One woman we interviewed put it simply:

“we need more senior housing for mature people.”

Many members of our community struggle with mental wellness. The women we interviewed were concerned that there is not enough safe housing support for people who struggle with their mental health.

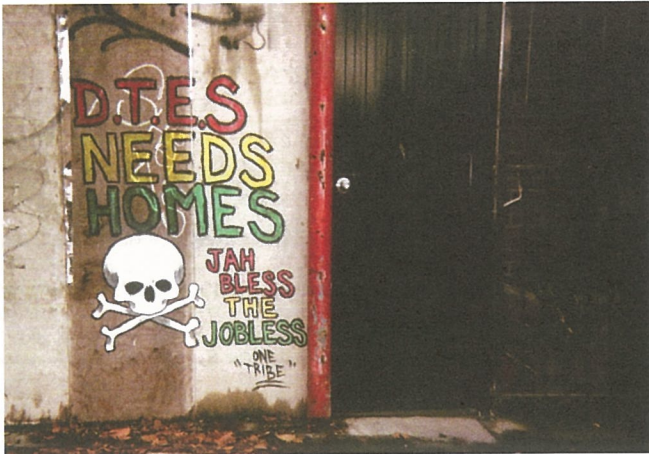
DIFFERENT TYPES OF HOUSING IN THE DTES

Rental properties

rented apartments, houses, secondary suites, rooms in a house.

Single Room Occupancy Hotels (SROs)

That are not subsidized by BC Housing



Non-profit housing

Non-profit housing follows the Residential Tenancy Act, with some exceptions:

- your tenancy may end if you no longer qualify for your unit (ex: if your income increases, if your family size changes)
- your rent may increase by more than the yearly limit.
- you must report the income of everyone living in the unit.
- you may not sublet your unit.

Check out the Tenant Resource and Advisory Council at

< [www.http://tenants.bc.ca](http://tenants.bc.ca) />

Supported Living Facilities

RainCity Housing, Bloom Group, Atira, Portland Hotel Society (PHS)

These are covered by the Residential Tenancy Act - but other terms may be included in your tenancy agreement, such as house rules, standards required by the Assisted Living Registrar, care plans, subsidy eligibility conditions, etc.

You can find specific details on amendments at www.rto.gov.bc.ca/documents/RTAAAmendmentSummary.pdf

The Residential Tenancy Act DOES NOT APPLY to the following types of housing:

Community care facilities, mental health facilities, emergency shelters

and transitional housing, rehabilitative or therapeutic treatment or services (rehab), or if you are living with the owner of your house.

Are you being discriminated against in your housing? Get an advocate! Advocates are listed at the end of this section. Contact a legal service to help you out, such as the BC Human Rights Coalition www.bchrcoalition.org

You have housing rights!

Most are covered by the Residential Tenancy Act.

< http://www.bclaws.ca/civix/document/id/complete/statreg/02078_01 >

What makes a building safe?

TRANS FRIENDLY WOMEN FRIENDLY NEIGHBOURS
SECURITY GUARDS WOMENS AREA IN
CONTROLLED GUEST ENTRY REGULAR CLEANLINESS AND
GOOD LOCKS "MANAGEMENT WORKS ON ISSUES"
PETS QUIET
HELPLESS STAFF
PRIVACY
"RESPECT"
"I LIKE MY BUILDING - IT'S PEACEFUL."
OPEN AREA

What makes a building unsafe?

B A D
LOCKS

"THE CONDITIONS
ARE TERRIBLE FOR
US IN THE SRO'S"

BUILDING STAFF

CONDITIONS OF THE BUILDING
PESTS

LOCATION

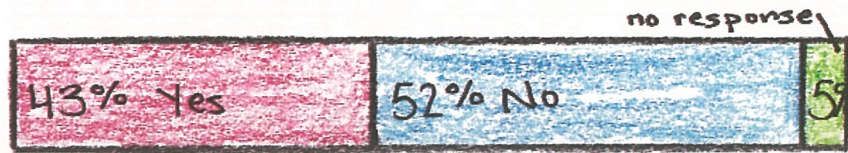
DEALERS
G A N G
ACTIVITY

"SRO'S ARE FULL OF
BUGS, HEALTH ISSUES,
CAN CRAWL IN YOUR SKIN."

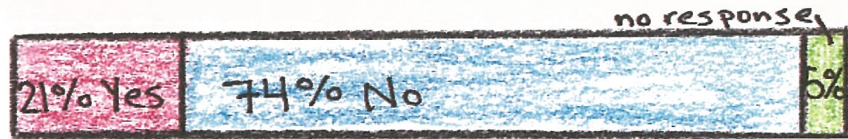
NEIGHBOURS

VISITORS

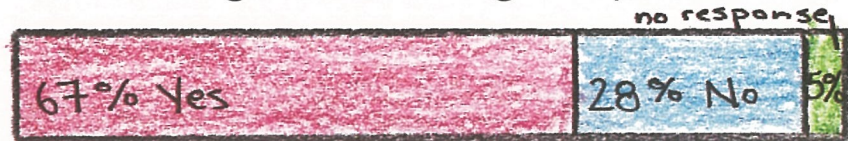
Is a shared kitchen tolerable?



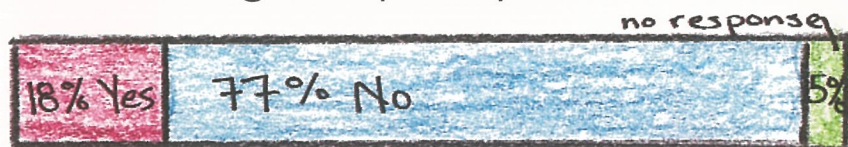
Is a shared bathroom tolerable?



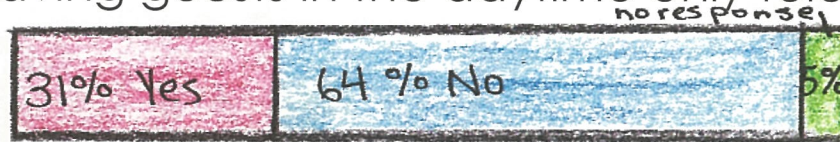
Is more than one gender living on your floor tolerable?



Is a no-guest policy tolerable?



Is having guests in the daytime only tolerable?



Is a pet-friendly building tolerable?



Is living with loud music and other loud noises tolerable?



Is living with pests (mice, cockroaches, bed bugs etc) tolerable?



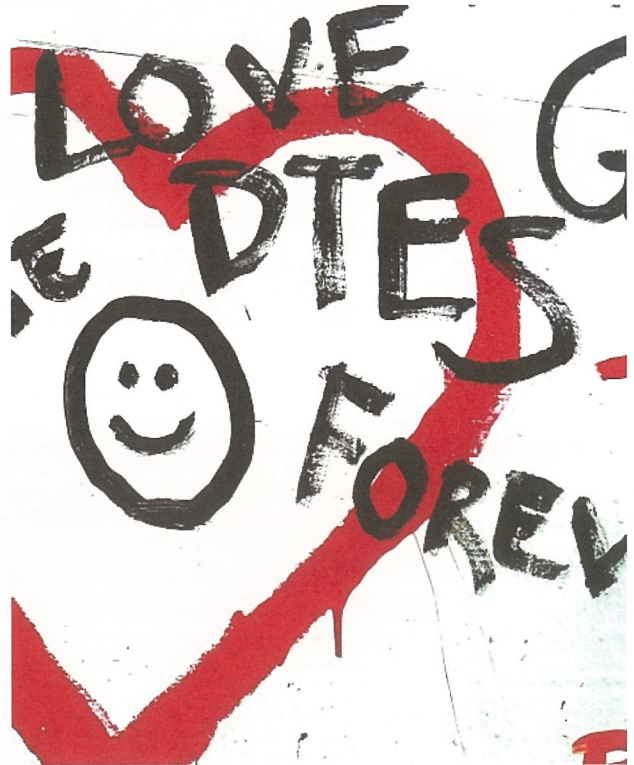
TIPS ON NAVIGATING HOUSING IN THE DTES

When you move into a new place:

- Keep your receipts, and keep copies of all your communication with your landlord or housing agency
- Take photographs of your place when you move in to show any existing damage
- Take photographs or keep an inventory of your belongings in case anything goes missing or gets damaged
- You can ask your landlord to change the locks on your door when you move in - you can't be charged for this

Dealing with bugs and repairs:

- It is your landlord's duty to deal with pests such as cockroaches, bud-bugs, or mice.
- It is your landlord's duty to make repairs in a timely manner.



GUESTS

- It is illegal for your landlord or building to unreasonably restrict your right to have guests visit or stay overnight.
- It is illegal for your building to charge guest fees.
- Restrictions are generally against guests 'moving in' - often defined as staying for more than two weeks. Your rent may increase, or, if there are provisions in your rental agreement for number of occupants in your suite, you may be evicted for violating your agreement.
- You are responsible for the actions of your guests while they're in your building - if they cause damage or disturbances, you may be issued a 1-month eviction notice.

Buildings subsidised by BC Housing fall under different regulations than the Residential Tenancy Act. They may restrict guest visiting hours, ban certain guests, or demand guest ID. You should ask to see their guest policy before moving in.

If you feel that your subsidized housing has unfair visitor regulations, speak to an advocate. Rulings have come down against organisations for restricting guest access and demanding ID.

ADVOCATES TO THE RESCUE

Advocates can help with many different issues, including...

- **Residential tenancy advocacy**

(if you are having a dispute with your housing provider)

- **Referrals to drug and alcohol recovery programs**
- **Referrals to transition and emergency housing**
- **Applications for safe long-term housing**
- **BC Benefits (welfare) advocacy**
- **Disability advocacy**
- **Legal assistance**

Carnegie Homeless Outreach Program

401 Main St (at Hastings)
604-968-1084 or 604-968-1825

**Community Legal Assistance Society
(CLAS)**

#300-1140 West Pender St (between
Thurlow and Bute)
604-685-3425

**The Downtown Eastside Women's
Centre**

302 Columbia St (at Cordova)
604-681-8480

First United Church

320 East Hastings (at Gore)
604-681-8365

The Kettle Society


For mental health consumers
1725 Venables St (at Commercial Dr)
604-253-0669

If you have immediate
shelter needs...

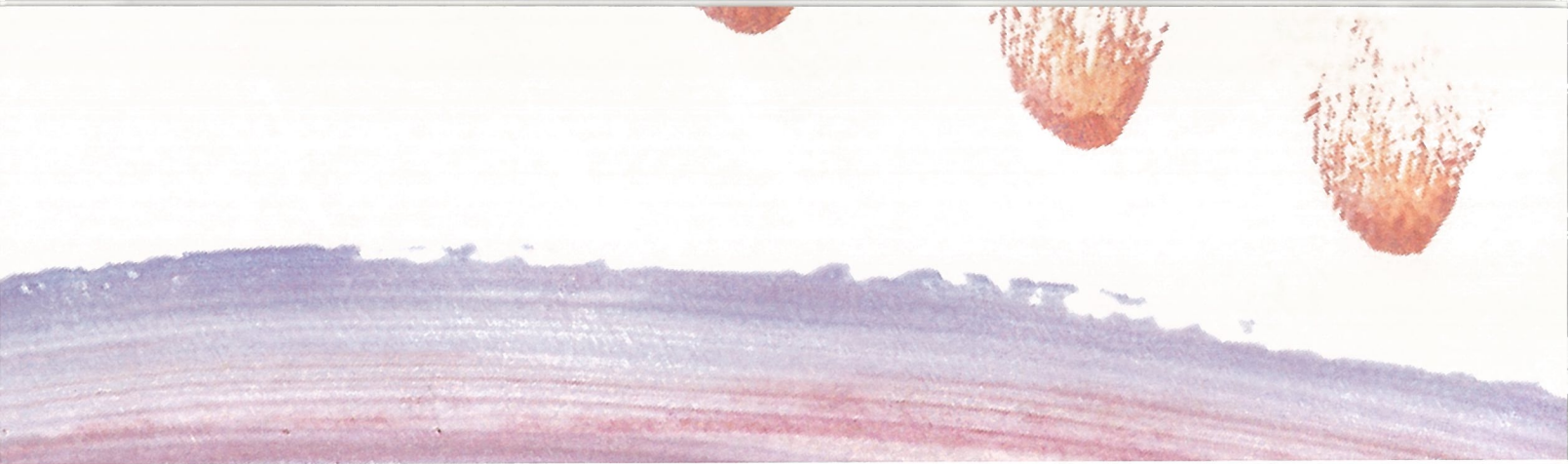
try the Shelter and Street Help Line
for an up-to-date list of available
shelter beds. They can also help with
tenant advice in the middle of the
night.

Dial 211



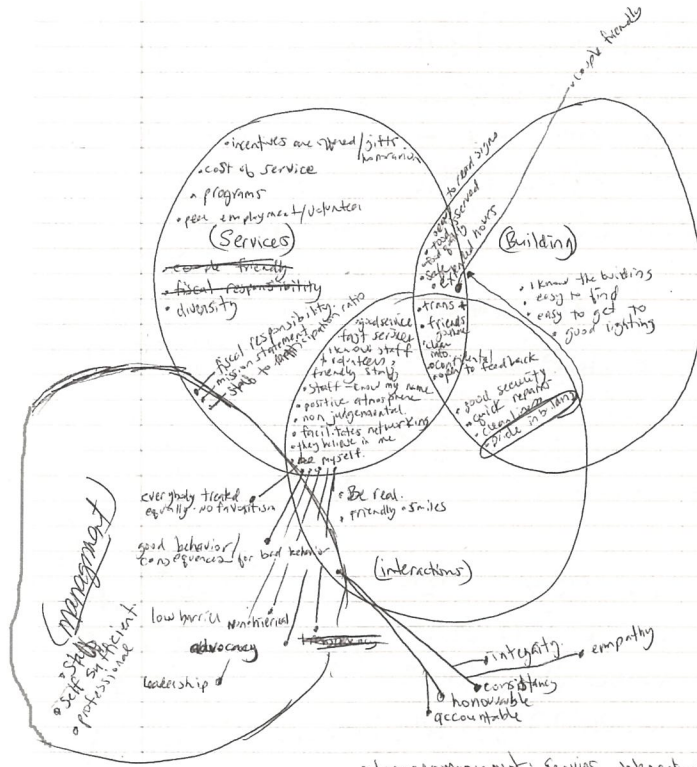


These statistics show just how varied
our housing needs are:
you can't use the same housing strategies
for such a diverse group of women!



SERVICES





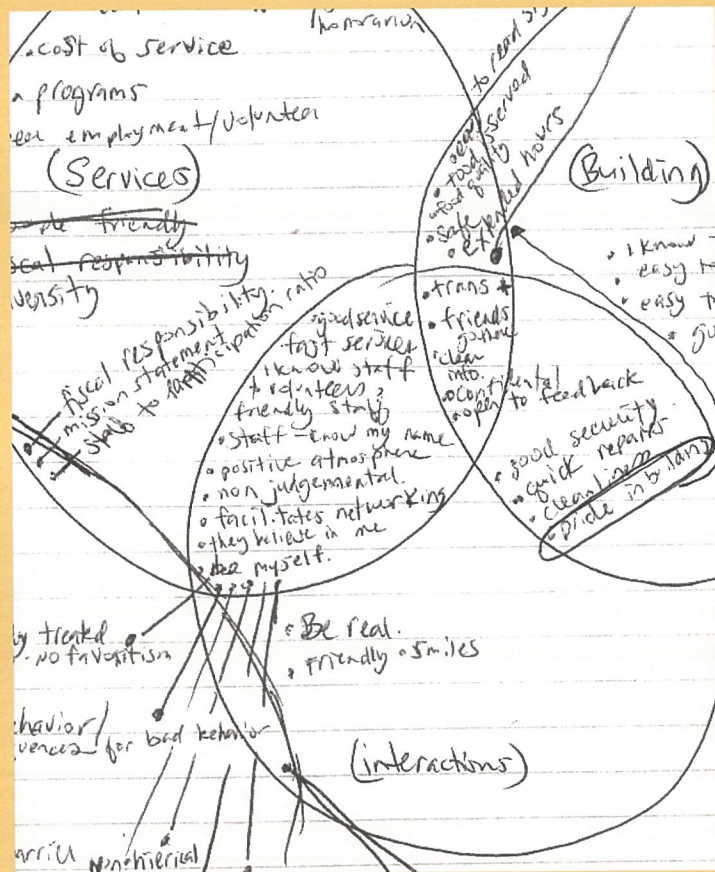
advocacy-management; services, interactions

- supportive
- clear communication
- transparency
- cultural responsible

This section proved to be the most difficult to translate from data, to discussion, to booklet. As you saw on the previous page, our discussion notes on the subject of services are complex.

As you can see in the image to the right, the majority of our service needs happens at the intersection of these four main categories: services, building, management, and interactions/ attitudes.

In hindsight, we would have approached this section with open ended questions versus a scale system in order to obtain clearer information on specific service needs.



Services

For example:

Food served
Diverse programming
Incentives offered
(gifts/honorariums)

Building

For example:

Easy to find
Easy to get to
Good lighting
Accessibility

**Most of our service needs exist
where these four areas overlap.**

For example:

non-judgemental
good security
no favouritism
clear communication
facilitates networking

Interactions/

Attitudes

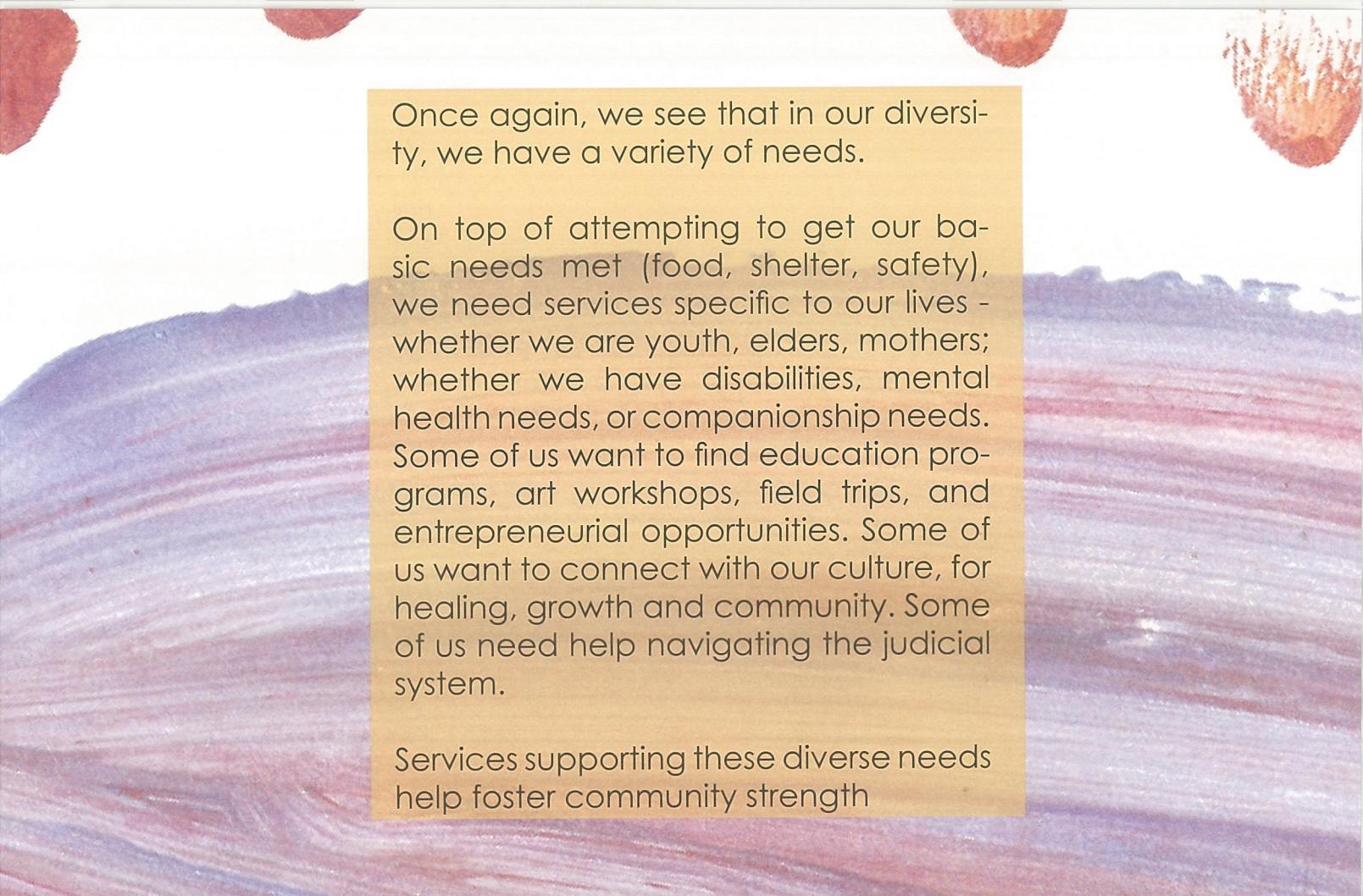
For example:

Low barrier
Friends go there
Staff and volunteers
Know folks by name

Management

For example:

Professional
Non-hierarchical
Fiscally responsible



Once again, we see that in our diversity, we have a variety of needs.

On top of attempting to get our basic needs met (food, shelter, safety), we need services specific to our lives - whether we are youth, elders, mothers; whether we have disabilities, mental health needs, or companionship needs. Some of us want to find education programs, art workshops, field trips, and entrepreneurial opportunities. Some of us want to connect with our culture, for healing, growth and community. Some of us need help navigating the judicial system.

Services supporting these diverse needs help foster community strength

What else is important?

"compassion, empathy, individual care"

"confidentiality"

"friendly faces"

"less judgement, more freedom, less discrimination"

"That the staff, the people, respect you"

What makes you stay away?

"Bad attitudes"

"Being treated like a child"

"Favouritism"

"If it costs too much"

"Judgemental staff"

"Rude people, unclean environment"

An important question we missed was:

Have you ever been discriminated against at a service organization because you are a sex worker?



SEX WORK

WE WANT TO ACKNOWLEDGE SOME OF OUR SKILLS AS SEX WORKERS,
EVEN IF THESE SKILLS CAN'T BE PUT ON A RESUME.

We've got to...

Be resourceful self-starters, showing initiative and mastering networking skills while exercising discretion;

Be skilled in financial negotiation;

Be personable and charming, with well-developed interpersonal communication skills - receptive, empathetic listeners, counsellors, and caregivers;

Be able to effectively gauge situations, trust our intuition, and know our limits;

Be leaders and have excellent crisis intervention skills to keep our wits about us;

Be our own makeup artists, and our own fashion designers;

Wear many different hats, move between the different ways we present ourselves, and be skilled at being in the moment.

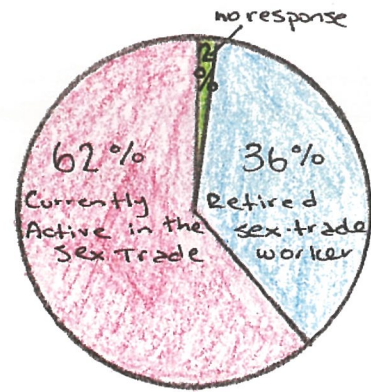
SEX WORK IN THE DTES

The women we interviewed are almost entirely sex workers from the DTES who access WISH Drop-In Centre. Our data is unique to street-based, survival sex work and not reflective of all sex workers' experiences. Survival sex work makes up only a small part of the fabric of sex work in Canada.

Have you ever worked with
a pimp?



Have you ever worked with
an agency?

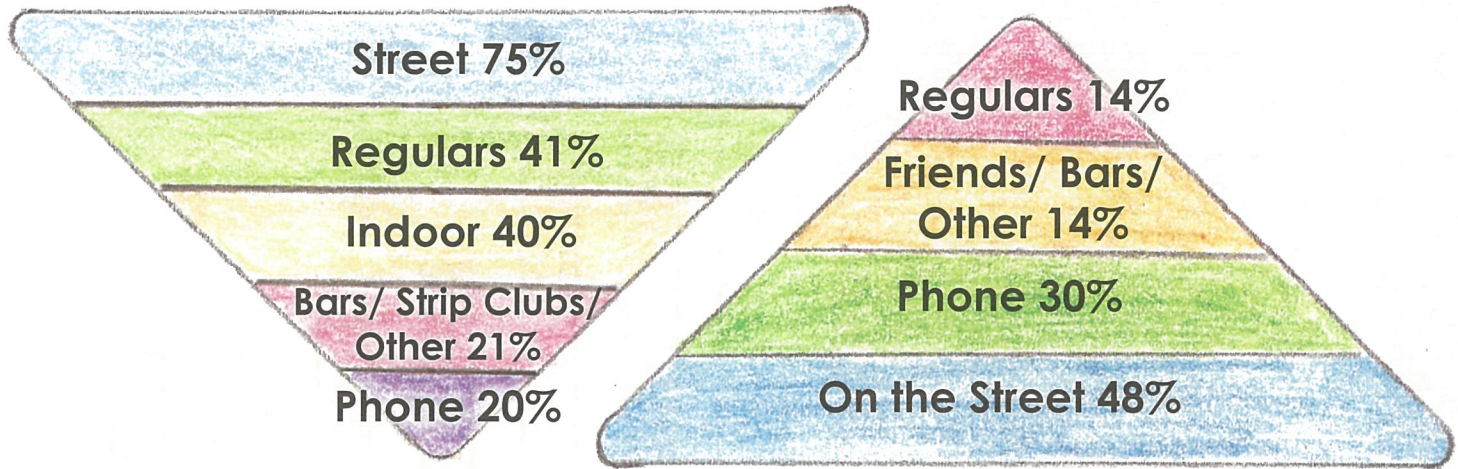


Active sex trade worker:
62%

Retired sex trade worker:
36%

No Response:
2%

What kind of sex work do you do/
did you do in the past?



How do you connect with dates?

Women could pick more than one for these questions.

Women told us how they started doing sex work in thier own words:

"I ran away from home when I was 13 and grew up on the streets"

"To support my habit"

"Friends of mine got me into it"

"Curiosity"

"I got out of jail with nothing"

"My husband died and I needed money"

"I wanted to"

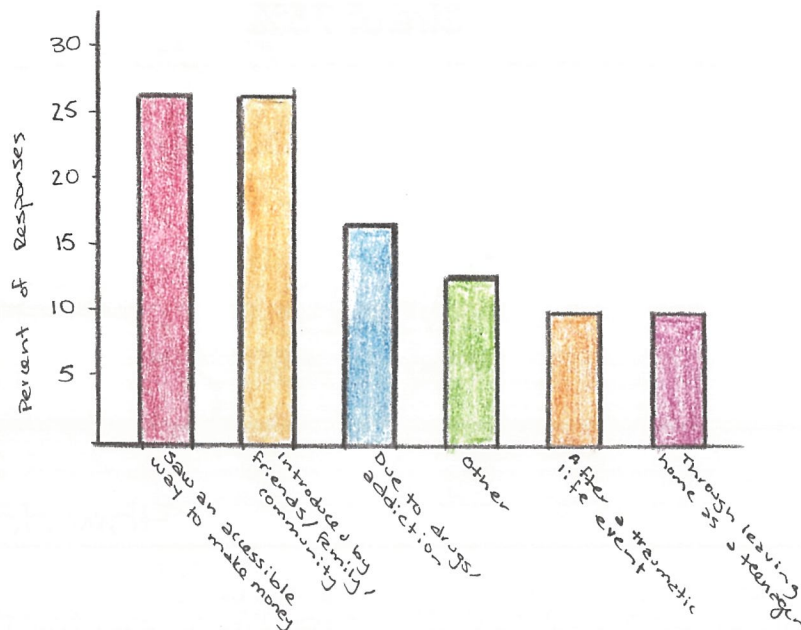
"Drugs"
I needed money"

"My sister introduced me to it"

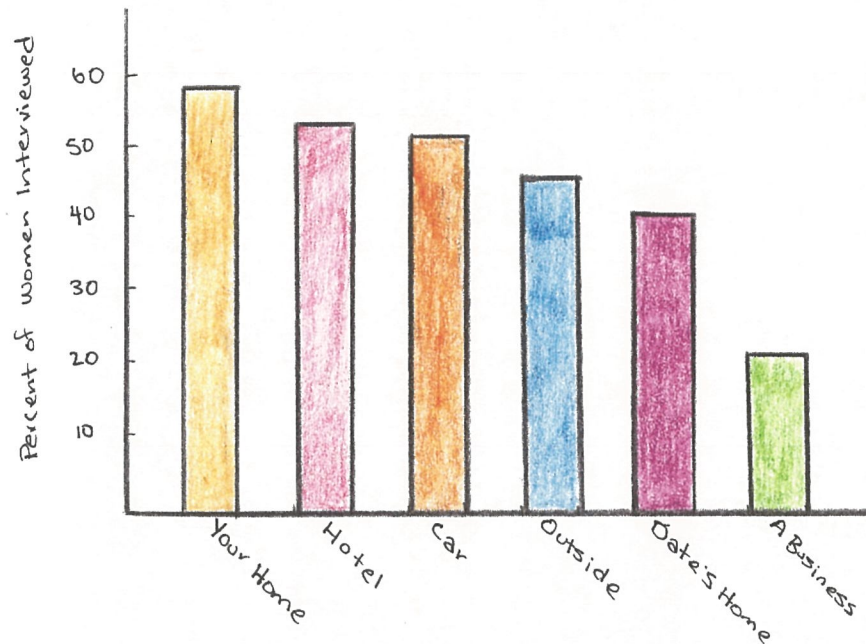
"Homeless and needed fast cash"

"My boyfriend begged me "

HOW DID YOU GET STARTED WORKING IN THE SEX TRADE?



WHERE DO YOU DO DATES?



Street level sex workers are exposed to more dangers than folks doing other kinds of sex work.

Government initiatives such as Bill C-36 only push women further into the underground, which increases the dangers of working significantly.

If you would like more info on how Bill C-36 effects laws around sex work go to:

<http://wish-vancouver.net/wp-content/uploads/2012/03/BILLC36-Information.pdf>

WHAT MAKES YOU SAY YES TO A DATE?

Money 42%

Gut feeling / good vibes / intuition 29%

Cleanliness and good attitude 13%

Other 7%

Drugs 5%

If they're a regular 4%

WHAT MAKES YOU SAY NO TO A DATE?

Gut feeling / bad vibes / intuition 36%

Not enough money 26%

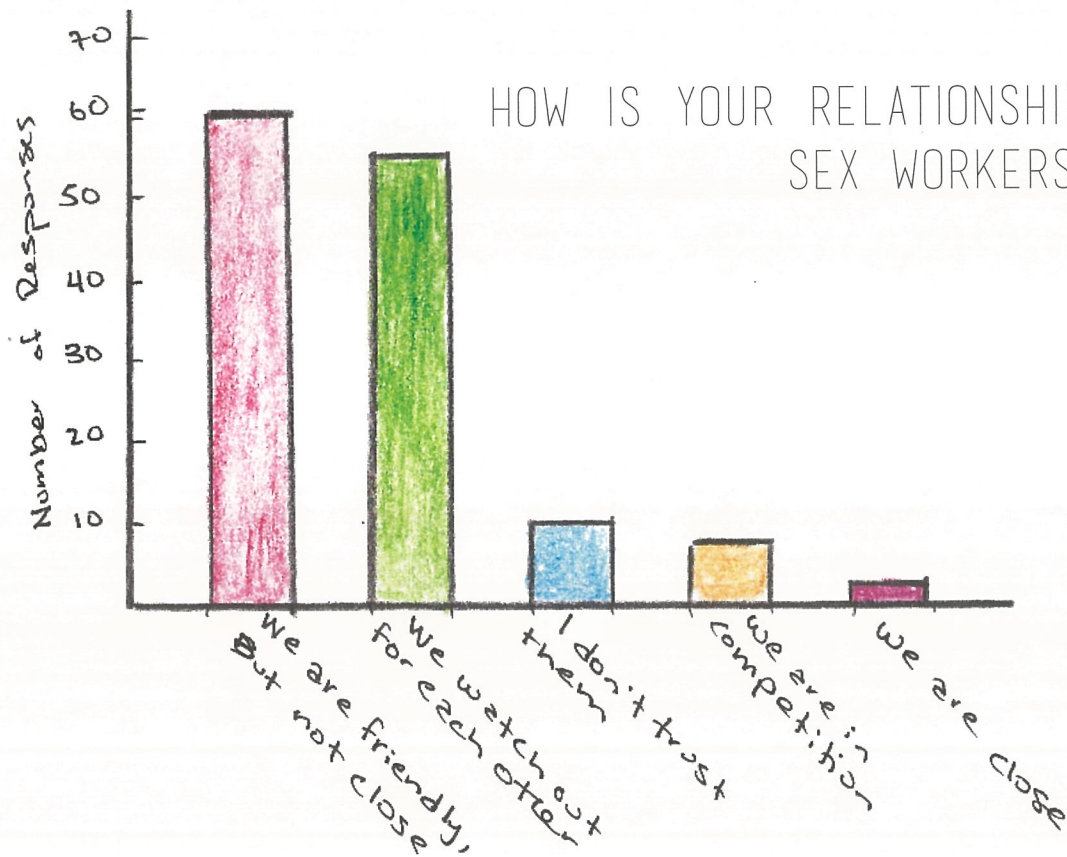
Bad attitude 19%

Bad hygiene 14%

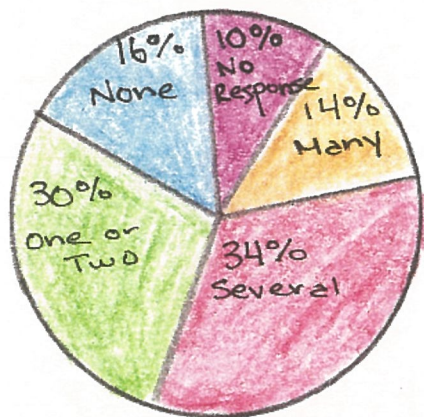
Drunk or high 5%

Other 2%

HOW IS YOUR RELATIONSHIPS WITH OTHER SEX WORKERS?



How many close friends do you have in the sex trade?



Several:	34%
One or two	30%
None	16%
Many	14%
No response	10%

4% of women picked more than one answer

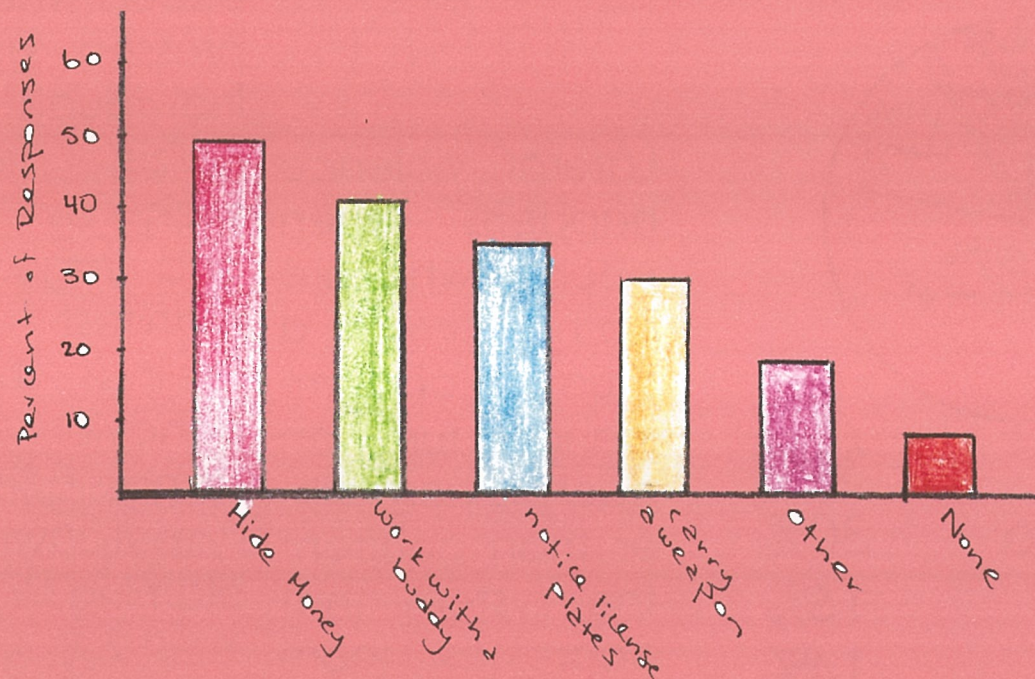
LATERAL VIOLENCE

Lateral violence happens when people who are both victims of a situation of dominance turn on each other rather than confront the system that oppresses them both.

Lateral violence occurs when oppressed groups/individuals internalize feelings such as anger and rage, and manifest their feelings through behaviors such as gossip, jealousy, putdowns and blaming.

(<http://definitions.uslegal.com/l/lateral-violence/>)

WHAT KINDS OF SAFETY PRECAUTIONS DO YOU USE?

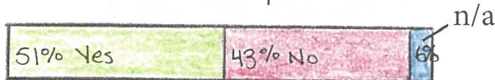


POLICE

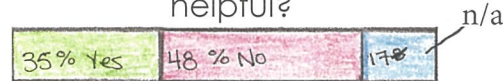
Our relationship with the police is one that dates back to early white settlers in BC. There are points in history where the relationship between police and sex workers was civil if not harmonious.

Today, however, our ties are weak - failures from the police have cost the lives of countless women and this is unacceptable.

Have you had negative run-ins with the police?

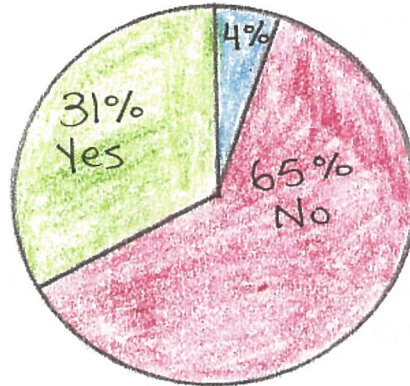


Have you found police to be helpful?



Wish and the VPD are working on mending the divide; but, the scars run deep and our trust is broken. We ask that the Vancouver Police Department see us as people.

Do you have a criminal record as a result of sexwork?



The Vancouver Police Department (VPD) Sex Industry Liaison, Constable Linda Malcolm, provides a link between sex workers and the police, through support and intervention services.

"She's down to earth, I would call her a street mom. She's un-judgemental, very compassionate, empathetic, very resourceful. She helps with cell phones and helps with your ID issues. She's VPD, but she treats you like a daughter and a friend." - BJ

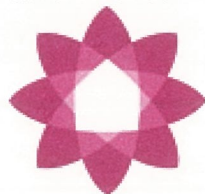
**Contact Linda at
604-516-9854
linda.malcolm@
vpd.ca**

RESOURCES FOR SEX WORKERS

WISH Drop-In Centre Society

<http://wish-vancouver.net/>
330 Alexander St
604-669-9474

WISH provides services to women working in survival sex work. The drop-in centre is the heart of the WISH programs—a safe place off the street where women can find acceptance, hot meals, makeup and clothing, showers, volunteer and employment programs, support services and more.



MAP (Mobile Access Project)

Phone: 604-720-5686

MAP is operated by the WISH Drop-In Centre Society in partnership with PACE Society. It provides overnight outreach to sex workers (support, condoms, needle exchange, basic first aid and emergency services) when no other services are available.

PACE Society

<http://www.pace-society.org/>
49 West Cordova St,
604-872-7651
Resources and support run for and by sex workers.

SWAN (Supporting Women's Alternatives Network) Vancouver Society

<http://swanvancouver.ca/>
604-719-6343

Outreach, education, and advocacy for newcomer, migrant and immigrant women engaged in indoor sex work.

HUSTLE (How U Survive This Life Everyday)

<http://checkhimout.ca/hustle-at-him-blo/>
604-488-1001 ext 231 /
778-868-1776

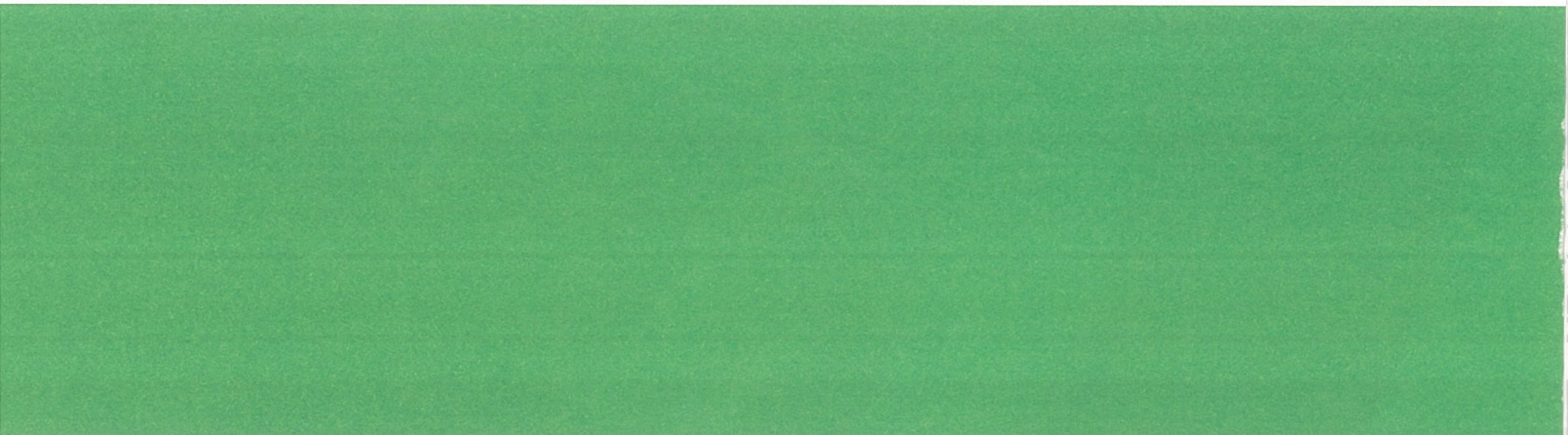
Outreach and support for self-identified men in the sex trade.



*For data and help in regards to
violence see back of the book*



DRUGS



I catch a glimpse of you
From across the room -
But of the corner of my eye
I can't help the gasp that
Escapes my lips- A shock I can't deny.
Trancelike you draw me in -
A face I know well; But rarely recognize
Your smile, the one you gave so freely - Gone.
Just lips now - twisted by fears & lies.
Your eyes; how they danced and sparkled -
And laughed - Alive!!
Are now hardened - Cold & Dull
From the life you barely survive.
I force myself to turn away
Swallow all shock & fear.
Cursing now - To deny the truth
Fuck that God damn mirror.

T. B. Jan 20 2015

LET'S TALK ABOUT STIGMA

As you read this section, you will find us reflecting on different ways we could have approached this research. We don't think our data on drugs reflects the realities of our community.

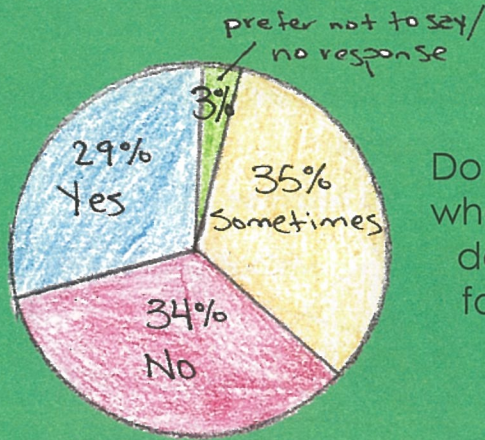
There is a lot of stigma around being labelled a drug user! Some women we interviewed might have had privacy concerns about sharing this information, and might have worried about what their interviewers thought of them. Because we are peers, we

know each other and see each other every day.

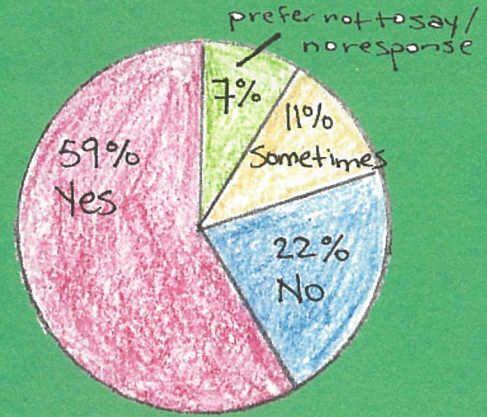
All of our interviews took place at WISH Drop In. WISH supports harm-reduction, but does not offer supplies and employs a no using policy. While this policy was developed at

the Women's Advisory Group by WISH participants, we acknowledge that this might make it less comfortable to talk about our drug use. We know we won't be judged for doing sex work... but we still worry about the stigma of being a drug user.

Do you use
with dates?



Do you work
when you are
desperate
for drugs?



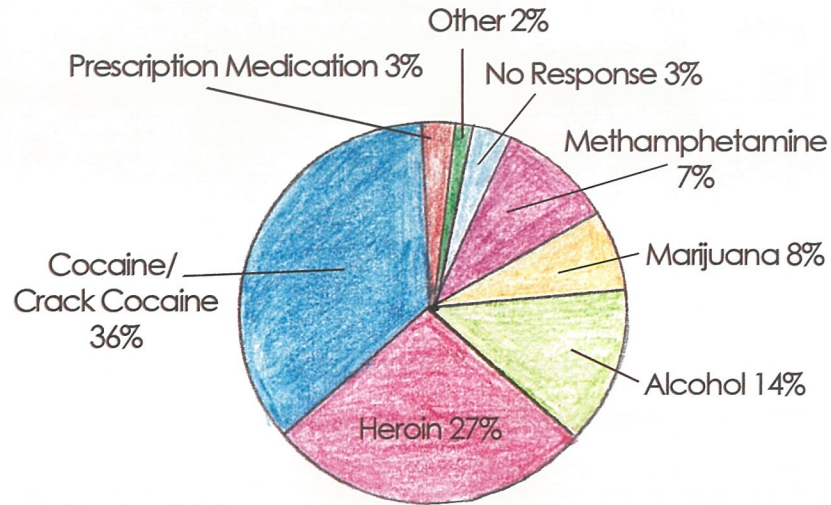
Some of our questions were pretty loaded - for example:

"Do you use with your date?".

We know that it's not the safest choice to use with a date, or to be paid in dope, and it can be scary or shameful to admit to these practices...

We are worried about
being judged by our peers.
We need to keep our pride.

DRUG OF CHOICE



When we asked women what their drug of choice was, some women only selected their top choice. We think this data isn't totally reflective - for example, most people we know

drink and smoke weed. If we were to ask this question again, we'd ask :

"What drugs do you use, or have you used in the past?"

HARM REDUCTION

Upon reviewing our data, some of our questions didn't get to the heart of the information we were after.

We wish we had asked questions about harm reduction, and that we had reworded some of the questions to reduce stigma.

These are questions service providers should ask themselves.

"Are there barriers to going to drug treatment centres?"

"What's the most comfortable place for you to use safely?"

"What are your experiences in safe injection sites?"

"Are there barriers to using safe injection sites?"

"Where do you use most often?"

"Is it easy or difficult to get the harm reduction supplies you need?"

"What could be done to make using your drug of choice feel as safe as possible?"

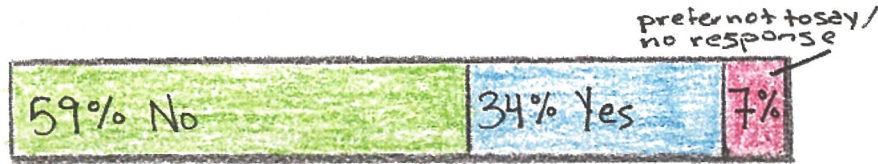
"Are there barriers to staying clean when you're trying not to use, or use less?"

Harm reduction aims to keep people safe and minimize death, disease, and injury from high risk behaviour.

TREATMENT

We might have gotten different responses if we'd asked "Are you interested in quitting or minimizing your drug use?" There are many different approaches people take to using fewer drugs, quitting drugs, or just using drugs more safely, such as learning harm reduction techniques - drug treatment programs are only one option.

Would you consider a drug treatment program?

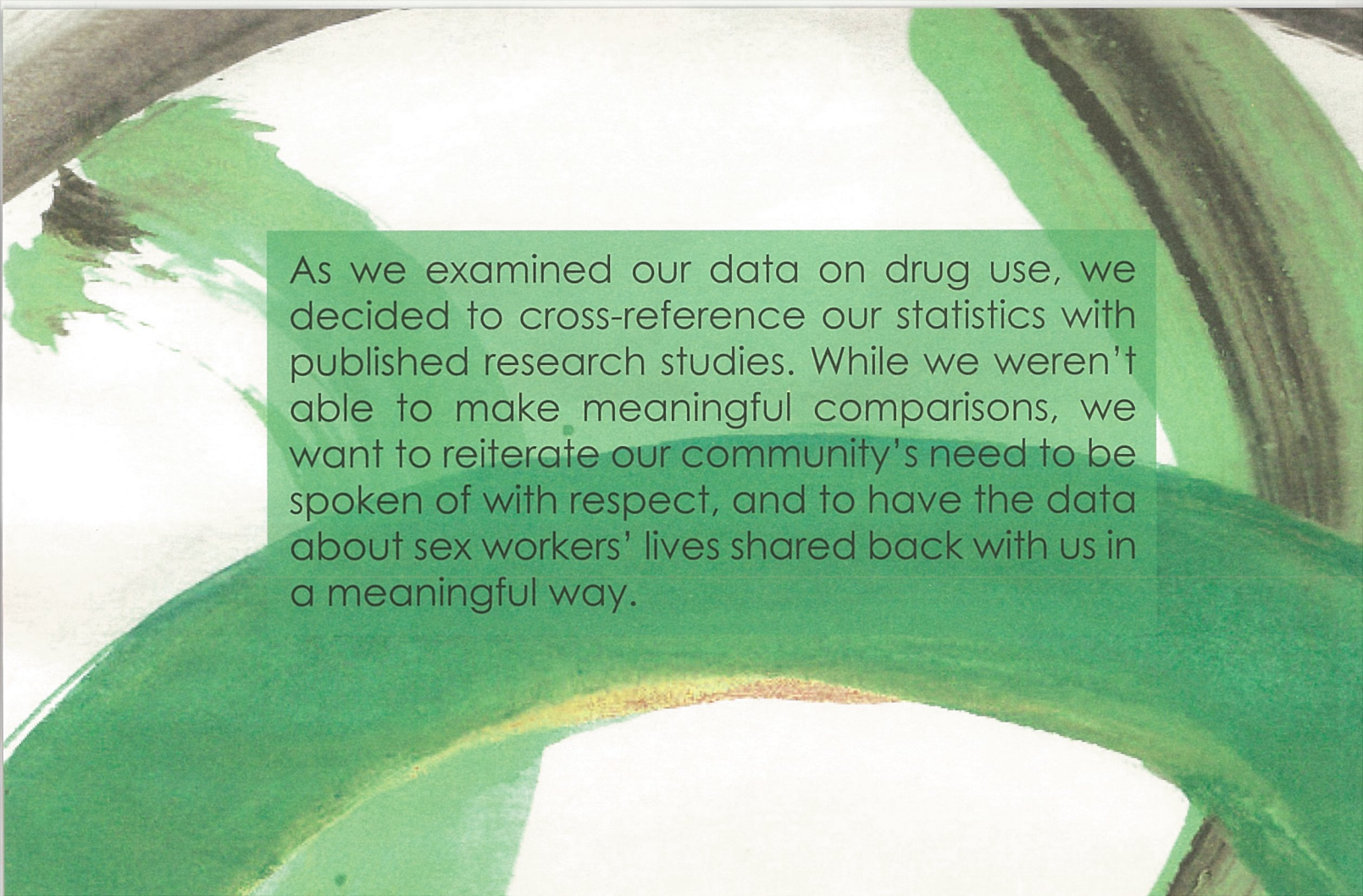


No...

- "I'd rather get high!"
- "I've already tried a few times"
- "The wait is too long"
- "I'm not ready yet"
- "Prefer to do it cold turkey"
- "Been there, done that - I've got no intention of quitting, I like what I'm doing."

Yes...

- "For stability"
- "To get clean"
- "To get more access to my children"
- "I'm older now, my body can't tolerate it"
- "I want to get healthy"
- "Because my son has been clean and sober for one year."

The background of the page is an abstract painting. It features broad, expressive brushstrokes in various shades of green, ranging from a vibrant lime green to a dark, almost blackish-green. These green strokes are set against a background of white and light grey, which also has some darker, brownish-grey brushstrokes. The overall effect is organic and textured, resembling a close-up of a natural surface or a gestural artwork.

As we examined our data on drug use, we decided to cross-reference our statistics with published research studies. While we weren't able to make meaningful comparisons, we want to reiterate our community's need to be spoken of with respect, and to have the data about sex workers' lives shared back with us in a meaningful way.



VIOLENCE

Trigger Warning

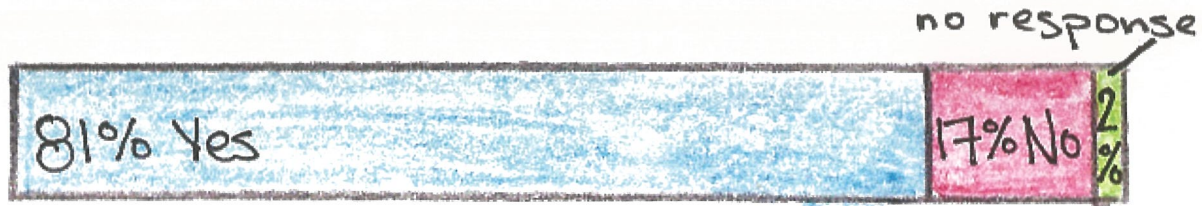
The following pages deal with violence against sex workers which may trigger strong emotions for some folks. This section is marked by a red tab in the bottom of the page.

If you wish to skip this section, flip the pages untill you no longer see the red tab



PARTNER VIOLENCE

Have you experienced partner violence?



It is not easy escaping a violent relationship, and it can be a very long time before a woman is ready to leave. Even then, there are many reasons why women choose to stay. Remember it is not your fault and you are not alone. Regardless of choice, it is important for women facing violence to have a safety plan. On the next age are agencies you can call for help.

DOMESTIC VIOLENCE QUICK RESOURCES

VictimLink BC

1-800-563-0808

www.victimlinkbc.ca

They are likely the most helpful resource in terms of ability to direct you to the resources you need, give advice, and connect you with a Victim Services worker.

Atira Women's Resource Society

604-331-1407 or

transition house -

604-531-4430

for counselling and
transition housing

BWSS

**(Battered Women's
Support Services)**

604-687-1868 or

604-687-1867 (crisis line)

for counselling, advocacy,
and accompaniment; as
well as lots of programming
catered to specific needs

**MOSAIC: Multi-lingual
Orientation Services
Association for Immigrants**
604-254-9626

for culturally sensitive coun-
selling for immigrants in a
variety of languages

**Family Services of Greater
Vancouver for counselling**

604-279-4951 or

604-872-3311 (crisis line)

**WAVAW
(Women Against
Violence
Against Women)**

604-255-6228 or

604-255-6344

1-877-7583 (crisis line)

for counselling, advocacy,
and accompaniment; as
well as lots of programming
catered to specific needs

SAFETY PLANS

A safety plan involves identifying action steps to increase your safety or the safety of someone you know, and to prepare in advance for the possibility of further violence.

THINGS TO PUT IN MY EMERGENCY BAG

**If you have proof of abuse bring it with you

☐ Medication/ prescriptions

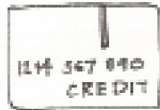
☐ Phone cards/ Change

☐ Extra Keys

☐ Bank card/ credit card

☐ Money

☐ Cell phone and charger



☐ Photo of abuser

☐ Address book

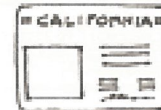
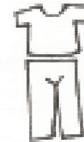
☐ Passport/citizenship/immigration papers

☐ Clothes

☐ Toiletries

☐ Legal Papers

☐ Photo ID



The following are some tips for planning a safe escape from violence.

Practice how to get out safely.

What doors, windows, elevators, stairwells or fire escapes would you use? Think about safe areas of the house where there are no weapons, and at least two ways of escape.

Plan and rehearse

Plan and rehearse the steps you will take if you have to leave quickly, and learn them well. What you will take, where you will go?

Have a back-up plan if your partner finds out where you are going.

Tell Someone

Tell a friend, family member, neighbour about the violence and ask them to call the police if they hear loud noises, yelling or screaming, slamming of doors, gun shots, squealing tires, breaking glass, coming from my house or if they can't locate you.

Plan a safe place

Have a plan for where you are going to go: a shelter, a transition house, the police, a service organisation. Request a police escort or ask a friend, neighbor or family member to accompany you when you leave.

Do not tell your partner you are leaving.

Leave quickly.

If you are injured

Go to a doctor, emergency room or a clinic and report what happened to you. Ask them to document your visit.

Evidence

Consult a Victim Service Worker. Keep any evidence of physical abuse, such as photos. Keep a journal of all violent incidents, noting dates, events, threats and any witnesses.

Remember

Clear your phone of the last number you called to avoid the abuser utilizing redial.

You are not alone.



DATE VIOLENCE

Have you ever been ripped off by a date? *prefer not to no response*



How did it make you feel? **We continue to be pushed into darker alleys and forced to take higher risks than necessary. There are a few things we can do to ensure our safety such as:**

Angry

Furious

Humiliated

Like shit

Pissed off

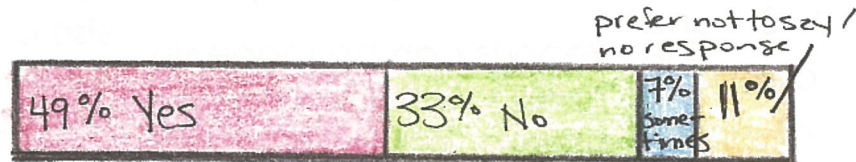
- Telling someone you're going on a date
- Take note of the licence plate & car make
- Check the car for hidden people BEFORE getting in
- Keep an eye on the women in your area
- Keep a phone on you

Emergency phones that only call 911 are available through Sister Watch. Get in touch with Linda Malcom if you do not have a phone at 604-516-9854.

Do you read the Red Light Alert (Bad Date Sheet)?



Do you report bad date reports?



If not, why?

"I don't trust cops"

"Will they believe me?"

"Police are discriminatory"

"Don't want to be called a rat"

Remember, the VPD Sex Industry Liaison Linda Malcolm is there to help after bad dates! You can reach her at **604-516-9854**.

BAD DATE REPORTS

Bad Date reports are taken by agencies throughout the community, are assembled by WISH and are disseminated through a large network of service providers who are in contact with women working in the sex industry.

Bad Date Reports are then circulated in the Red Light Alert news letter, updated weekly.

Reports can be made in person between during drop-in hours, dropped off at our office or phone.

Call Wish and use the template on the next

page and relay the information. Staff will also ask if you have reported this date anywhere else and if you would like this to appear on the Red Light Alert.

Forms available online:
<http://wish-vancouver.net/bad-date-reporting>

Please forward Bad Date Reports to WISH

Call WISH at 604-669-9474

Fax: 604-669-9479

E-mail: wishdropincentre@shaw.ca

Deliver: 334 Alexander Street, Vancouver V6A 1C3

Time of incident: _____ am _____ pm

Location picked up: _____ **Location of incident:** _____

Picked up by: ☐ Foot ☐ Car ☐ Truck ☐ Bicycle ☐ Other _____

Description of vehicle: outside clean ☐ outside dirty ☐

Colour: _____ License Plate: _____

Smell: _____ Size _____

Anything on the seat? _____

Old / New _____ Make of vehicle? _____



Suspect Description:

Age: _____ Name: _____

Gender: _____ Hair colour: _____ Hair type: _____

Facial Hair: _____ Weight: _____ Build: _____ Height: _____

Wearing: _____ Tattoos (what and where): _____ Scars (what and where): _____

Smell (Cologne? Substances? Dog?): _____ Accent? : _____ Ethnicity: _____ : _____

Ethnicity: _____

What did suspect say? : _____ What did suspect say? : _____

What Happened? _____

Robbed ☐ Raped ☐ Punched ☐ Kicked ☐ Strangled ☐ Threatened ☐ Weapons ☐ Visible injuries ☐

Visible injuries ☐ Medical attention ☐ Police Called ☐

GLOSSARY

Colonisation

The process through which European countries have seized control of indigenous peoples' lands through physical, economic, political and cultural violence. Colonisation has lasting negative impacts on First Nations people.

LGBTQ2S

A blanket term for people who are lesbian, gay, bisexual, transgender, queer, or two spirit.

Marginalised

To be socially disadvantaged and pushed to the fringes of society, for reasons such as your race, gender, class, health, age, sexual orientation, ability, profession, or drug user status.

SRO

Single Room Occupancy housing in a multiple-tenant building.



2015