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ON BEING HOMELESS: WOMEN'S SENSE OF CONNECTION

by

Tracey Lynn Tully

A thesis submitted in conformity with the requirements  
for the degree of Master of Science  
Graduate Department of Nursing Science  
University of Toronto

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## **Abstract**

On Being Homeless: Women's Sense of Connection

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A study of homeless women was conducted to explore their sense of connection to important others. Connections to others are viewed as central to women's self concept and psychological maturation (Miller, 1976). Because homeless women often exist in isolation, their ability to achieve this developmental goal may be impeded. A feminist mode of inquiry informed the study. Thematic analysis of semi-structured interviews with seven homeless women yielded themes in two domains: how relationships unfold and the meaning of being without a home. Themes within the first domain included Disconnection- lack of important relationships, impermanence, inauthenticity and superficiality, difficulty trusting others, stress of other's problems, and connection to professional supports. Second domain themes were violence, vulnerability, hypervigilance, lack of space and privacy, loss of control and independence, distress, and positive perspectives. The study highlights the common experiences of disconnection of homeless women and provides further understanding of the importance of relationships.

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## **Chapter 1**

### **Introduction and Background**

A decade of research has revealed that the composition of the homeless population is rapidly changing. What was once the stereotypical homeless person- the middle aged, alcoholic, white male- is now being replaced by women and children as the fastest growing subpopulation of the homeless (Bassuk, 1993; DiBlasio & Belcher, 1995; Francis, 1992; Milburn & D'Ercole, 1991). Despite the alarming increase in the number of women who are homeless, professional contributions have not adequately represented their needs and concerns. While the body of literature on homeless persons has increased considerably over the past ten years, the focus has predominately been on homeless men while research that recognizes the unique experiences and struggles of homeless women remains minimal.

The lives of many homeless women are tragic and incredibly complex. When interacting with women in shelters and hostels, it is clear that the existence of psychological trauma is profuse. Many have suffered a history of violence, repeated victimization, chaos, and uncertainty, which began in childhood. Adulthood continues to be characterized by brutality and lack of dignity. Childhood abuse, incest, spousal abuse, and rape are common in many of their lives (Bassuk & Rosenberg, 1988; Buckner, Bassuk, & Zima, 1993; D'Ercole & Struening, 1990; Kline & Saperstein, 1992; Stoner, 1983) . For many homeless women the constant struggle to preserve one's dignity while living on the streets is further encumbered by impoverished social support networks (Bassuk & Rosenberg, 1988; Reilly, 1993; Wagner & Menke, 1991). The prevalence and severity of these disconnections in the lives of

homeless women may be damaging to one's sense of self worth and disruptive to one's sense of identity.

Discussions about the nature of self have been central to psychological, philosophical, and spiritual inquiry throughout modern history (Surrey, 1991). The self describes how one's experiences are organized and how one's reality is constructed, thus giving purpose and direction to behavior (Surrey, 1991). Some feminist authors suggest that the social construction of female experience is organized around interpersonal intimacy which is the key to understanding women's "different voice" (Gilligan, 1982; Jack, 1991; Miller, 1991). Within this model, women's development of self occurs through connecting within relationships, rather than through separation and autonomy (Gilligan, 1982; Jack, 1991; Miller, 1991). This view of the relational self underscores the significance of relationships as a propelling force in women's development (Stiver, 1994). Though much has been written about the ways in which development of self differs for women, few authors have examined the particular path the development of self may take for certain marginalized groups of women, specifically the homeless.

The relational model contends that minor disconnections, such as the termination of a relationship or relocation to a new community, occur throughout childhood and adult life and usually do not lead to problems (Miller, 1988). In fact, they may actually serve as a growth experience. However, if serious disconnections occur, long term consequences may ensue (Miller, 1988). The risk of serious disconnections in the lives of homeless women is higher than for women who are housed in part due to their disconnection from home, but perhaps more notably because alienation from one's home and community is often compounded by other disconnections such as violence, victimization, and a lack of effective relationships.

These factors, when combined with a greater risk for isolation, may prevent homeless women from achieving a developmental goal of all women, that of connection. Isolation, because it deprives one of the possibility for human connection, is the most terrifying and destructive feeling one can experience (Miller, 1988).

### Statement of Purpose

The purpose of this study was to explore homeless women's experiences of sense of self-in-relation. The intent was to give primacy to the women's meanings and understandings, thus a qualitative approach with a feminist orientation was employed.

### Research Questions

The investigator approached the study with the assumption that connections to important others are essential to the sense of self of women, and that homelessness is a traumatic experience for women. With this as a point of departure, and while addressing the purpose of the study, the investigator proceeded with two general research questions:

- 1) How do relationships unfold when one is without a home?
- 2) What is the meaning of being without a home?

## **Chapter 2**

### **Review of Related Research**

The displacement of people from their homes has been well documented throughout history. One of the earliest references to homelessness exists in the Book of Ruth in the Bible (King James Version). Following the deaths of her husband and sons, a woman was left without land, money, or prospects. Destitute and driven to the last extreme of poverty, she owned only what she could carry cross country. While this story is thought to have occurred at approximately the time of the Trojan Wars, aspects of it bear striking resemblance to the lives of many homeless women today. The Industrial Revolution also witnessed a rise in the homeless population (Snow & Anderson, 1993). Urban settlement increased with industrialization as people began to search for employment in mills and factories. This rapid migration to cities brought with it a demand for housing that far exceeded the availability. The result of this was overcrowded and unbearable living conditions. The only alternative for legions of people was to live in the streets. Again during the Depression, thousands of men and women traversed the country in pursuit of paid labour, many sleeping most of the time in abandoned buildings and railway cars (O'Reilly-Fleming, 1993). While homelessness is not a new phenomenon, the homeless population is increasing at an alarming rate with women and children occupying the fastest growing subpopulation (Bassuk, 1993; DiBlasio & Belcher, 1995; Francis, 1992; Milburn & D'Ercole, 1991). The review of the literature will begin with a general discussion of the problematic nature of defining and enumerating the homeless and will move toward an examination of the characteristics and concerns unique to homeless women.

### Definitions of Homelessness

There is little consensus among researchers, clinicians, governments, media, social service agencies, and housing organizations as to the definition of homelessness. The meaning attributed to homelessness has implications for political action, policy making, research initiatives, and service delivery, thus the absence of a clear definition hinders appropriate planning, research, and resource allocation.

Homelessness has been defined as the lack of shelter on a permanent or transient basis (Baumann & Grigsby, 1988; Rosnow, Shaw, & Concord, 1986). While this definition is widely accepted by society, it encompasses only the literal homeless, those who live on the street. Homelessness defined narrowly excludes people who utilize shelters, hostels, hotels, and transitional housing for accommodation. It also disregards those who are temporarily doubling up with friends as well as those living in substandard housing.

Definitions of homelessness have also included the absence of a fixed residence or a nighttime shelter other than that which is provided by a private or public agency (Adkins & Fields, 1992; Caton, 1990; Hodnicki, Horner, & Boyle, 1992). This conceptualization is broader than literal homelessness, as it includes those who utilize shelters, however it still does not consider people who share accommodation with friends or family; arrangements understood by both parties to be a temporary solution. This definition also overlooks those living in marginal or vulnerable circumstances where living conditions are considered unacceptable by societal standards or where one's personal safety is at risk.

Montgomery (1994) defines homelessness as "a disruption of basic sustaining connections and affiliations that include loss of a consistent place to live and temporary or

permanent disaffiliation from friends and family” (p.37). While this definition underscores the disaffiliation in the lives of the homeless, it does not clearly explicate the nature of “a consistent place to live”. Consistency and quality of housing vary greatly across cultures. Conditions that would be deemed intolerable by Western standards- lack of heat and clean water, insect infestation, and conditions that place the occupant at risk of violence- are the norm in many other regions of the world.

The United Nations recognizes homelessness as an absolute or relative state (cited in McLaughlin, 1987). Absolute homelessness includes people living on the streets and victims of disaster who have lost their homes. Relative homelessness refers to those whose housing fails to meet the UN’s basic standards. To meet the basic standards a residence must: 1) provide adequate protection from environmental factors; 2) provide access to safe water and sanitation; 3) provide for personal safety; 4) lie within reasonable distance of employment, health care, and education; and 5) be affordable. Relative homelessness is a comprehensive definition and covers a range of conditions for persons who may be sheltered. However, the UN’s definition only considers those people to be homeless who are either literally homeless or who are living in substandard conditions. It fails to discuss those who are doubling up and those who live in shelters.

The Ohio Department of Mental Health defines a man, woman, or child as homeless if they sleep or live in: 1) limited shelter or lack of shelter for any length of time; 2) shelters, hostels, or missions; 3) cheap motels; or 4) other unique situations beyond the aforementioned where the intent or actual stay is 45 days or less (Roth & Bean, 1986). A similar definition has been outlined by Canadian researchers. Oberlander and Fallick (1988) characterize homelessness as “the absence of a continuing or permanent home over which

individuals and families have personal control and which provides the essential needs of shelter, privacy and security at an affordable cost, together with ready access to social, economic and cultural public services” (p.11). These two definitions are perhaps the most thorough as they consider a continuum of homelessness based on type of living arrangement and duration of time in that circumstance.

It has also been suggested that the only person able to judge whether or not she/he is homeless is the individual themselves (O’Reilly-Fleming, 1993; Watson & Austerberry, 1986). O’Reilly-Fleming (1993) states the “the research question of exactly who is homeless must rely not upon a definition developed by middle-class researchers but rather from the perspective of those who are living the experience they deem to be ‘homelessness’” (p.10). Similarly, Watson and Austerberry endorse the use of self-perceptions in defining homelessness. Encouraging women to describe their circumstances and define where on the homeless continuum they lay is closely aligned with feminist assumptions as it values women’s voices and experiences, involves them in the research process, and enhances mutuality through reducing power inequalities between researcher and participant. Therefore it is appropriate that this study used as a definition of homelessness that which was configured by each participant.

In summary, definitions of homelessness range from the very narrow concept of literally living on the streets, to lacking a fixed address, to disaffiliation, to those living in inadequate housing (Bentley, 1995). When definitions of homelessness vary widely, it follows that theoretical contributions, research findings, and practice with homeless persons will also be disparate. Homeless women are especially affected by definitional quandaries as they are a



less visible population than homeless men (Stoner, 1983), thus their unique circumstances may not be reflected in definitions.

### Counting the Homeless

Estimating the size of the homeless population can be an arduous task in any society. This is especially true of Canada given the land mass and population distribution of the country. The inherent difficulties in enumerating the homeless emanate from the dynamic characteristics of this continually shifting and moving population (Oberlander & Fallick, 1988). In addition, the aforementioned definitional issues impact enumeration attempts. Presently there is a lack of consistent and reliable data on the size of the homeless population in Canada. While there have been two major attempts to attain a census of the homeless population, each of the methods used was problematic and thus the actual size of the homeless population in Canada remains controversial. These efforts to count the homeless will be outlined followed by a discussion of the factors that contribute to the difficulty in enumerating the homeless.

Throughout 1987, the year designated by The United Nations as the International Year of Shelter for the Homeless, several efforts were made to address the homeless problem including the first Canadian census of the homeless population. On January 22, 1987 the Canadian Council on Social Development counted all people staying in emergency shelters across Canada. From this, it was estimated that 10,672 people slept in temporary or emergency shelters on that night (Begin, 1994). This was likely a conservative estimate of the homeless population as it did not consider those who slept in hotels, those who doubled up with friends and relatives, battered women in nonparticipating shelters, and people who slept in other places such as cars and alleyways (Begin, 1994). This census also did not account

for the seasonal fluctuations of homelessness. for the homeless population is known to decrease during the winter months. When attempting to generalize about the size of the homeless population using counts of people in shelters, it should be considered that the number of homeless people staying in shelters may be a function of shelter capacity rather than the actual number of homeless persons.

In 1991, Statistics Canada attempted to include Canada's homeless in the national census. A day in June 1991 was selected to question 80 to 90 soup kitchen clients from 16 cities as to where they slept the previous night. This method was criticized because youth tend not to frequent soup kitchens which essentially excluded them from the census (Begin, 1994). The second criticism was that the census was carried out at the beginning of the month when people who receive monthly assistance are less likely to rely on soup kitchens.

Difficulties with counting the homeless are numerous. Bentley (1995) has outlined five issues that present a challenge for enumeration. Statistical rarity is the first problem with counting the homeless. Bentley states that homelessness may affect between 0.1% to 1.5% of the total population which translates into 70 to 500 persons in an urban area that would need to be approached to identify each homeless individual. Sampling, therefore is either expensive or must take place only in areas of known concentration.

The second difficulty with enumerating the homeless population is identification of homeless persons (Bentley, 1995). The physical appearance of an individual does not readily reveal one's housing status. Many homeless people go to considerable effort to ensure that they blend in with the rest of the population. Harman (1989) states that this is especially true of homeless women, many of whom are concerned with presenting themselves in a "respectable" manner in an effort to conform with the dominant normative order of society.

In addition, homeless women are generally outside of the mainstream economy and system of social control by which activities are monitored, furthering the difficulty with identification (Harman, 1989). Identification of homeless persons also involves gaining access to the places where homeless people tend to congregate such as hostels, drop-ins, or soup kitchens. Often outsiders must become part of the culture before they are fully accepted into these establishments. Bentley states that it is a great challenge to count the homeless when it is not entirely clear who they are or how one can gain access to their world.

Transience and turbulence is a third enumeration challenge (Bentley, 1995). Because homelessness can range from being a single occurrence or very short term, periodic, transitional, or long term, counting the homeless population at any given point in time excludes many individuals.

Bentley (1995) considers geography to be to another obstacle in counting the homeless. Homeless people are not uniformly distributed across the country, within provinces, and even throughout the community. Many times homeless people gravitate toward regions which are known to have many services and agencies which reflect their needs. In addition, the climate tends to influence the number of homeless people at any given time. For example, warmer climates, which are more conducive to spending extended periods outdoors, are more favorable to climates that require indoor shelter for many months of the year. The gathering points of homeless people may also be unknown to the general population. For this reason, Bentley states that accurate counting depends on the extent to which locations of homeless persons are known.

Communication with homeless people is the final difficulty with counting the homeless population (Bentley, 1995). As previously discussed, many homeless people have suffered a

lifetime of violence and victimization and thus may find it difficult to trust people enough to disclose personal information. Many are suspicious of the authorities and may view census taking as an unnecessary invasion (Bentley, 1995). In addition, Bentley states that the high incidence of substance abuse and mental illness among homeless people may make them poor informants.

In summary, it must be recognized that any estimate of the size of the homeless population should be viewed with caution as the count is subject to a multitude of definitional and methodological variables (Jones, Levine, & Rosenberg, 1991). Whatever the accurate size of the homeless population in Canada, it is significant. The very existence of people on the streets of a country as affluent as Canada provides compelling evidence of a major social problem: a problem that is likely to worsen given current political and economic initiatives. Governments have continued to cut funding for low income housing projects despite the evidence that inflation has considerably increased the number of homeless and near homeless persons (O'Reilly-Fleming, 1993). Cuts to subsidized day-care have suggested that many single mothers who could scarcely pay rent and feed their children will no longer be able to afford child care, leaving single mothers with two choices: quit their jobs to care for their children or pay the ever increasing cost of child care. Either choice could force the family into homelessness. While previous governments have called for the shifting of tax burdens and increased support for the most economically oppressed, during times of fiscal restraint this amounted to little more than good intentions.

#### Characteristics and Concerns of Homeless Women

Despite the evidence that women and children occupy the fastest growing subpopulation of the homeless, homeless men too often remain the primary or exclusive informants in

studies on homelessness. Hodnicki and Horner (1993) state that when women are included as subjects, the findings are reported as aggregate data which serves to keep the homeless women population hidden. The lack of attention that homeless women have received in the literature reflects the greater patriarchal devaluation of women's experiences in our society (Shulman as cited in Butler, 1994). Without a clear understanding of the characteristics and concerns of homeless women, it is difficult to assess their needs and plan appropriate services.

A work by Liebow (1993), one of the few gender specific studies that exist in the literature, provides a particularly compelling account of the lives of homeless women. Liebow used participant observation to understand the experiences of homeless women living in shelters. He described the difficulties of being a homeless woman as well as how women manage to survive the conditions of homelessness. Life in a shelter was depicted- the physical space, atmosphere, and daily routines of the women were described. How women cope and survive on a daily basis and the many barriers they encounter were discussed: difficulties such as sleep deprivation, filling the empty time in one's day, securing one's belongings, and health care needs. Liebow also examined the difficulty homeless women have in acquiring and maintaining employment, the pain of severed ties with family members, and the relationships of shelter staff and residents. In addition to his portrayal of the day to day life of homeless women, Liebow also explored the coping strategies that the participants used to survive the unbearable conditions of homelessness. Friendships that were formed while homeless, the support of those whose profession it was to assist, and the centrality of religion were all described as ways that aided the women in "making it".

Few studies have examined the gender differences that exist between homeless men and women. However, of those that have compared genders, several important differences were reported. In a St. Louis study that compared 600 homeless men with 300 homeless women, the majority of women were mothers (89.7%), many having custody of their children (80.2%) (North & Smith, 1993). While many homeless men reported having children, virtually none of them had custody (1.2%). Similar findings were reported in another St. Louis study that compared 122 homeless women to 126 homeless men (Caslyn & Morse, 1990). Homeless women were more likely to report having dependent children (68.9%) than homeless men (3.2%). Maurin, Russell, and Memmott (1989) interviewed 266 homeless men and 71 homeless women and found that homeless women were more likely to have children, to have custody of children (31% vs. 7%), and to have contact with their absent children (28.6% vs. 14%) than their male counterparts.

Homeless women are generally younger and less educated than homeless men (Maurin, Russell, & Memmott 1989; North & Smith, 1993). Homeless women are also less frequently employed than homeless men despite having higher occupational skills (Caslyn & Morse, 1990).

The history of homelessness differs between men and women. North and Smith (1993) found that homeless men reported more episodes of homelessness than women as well as having longer histories of homelessness. Similarly, Caslyn & Morse (1990) found that the length of time since first becoming homeless was much less for women than it was for men (21.06 months vs. 44.21 months). In addition, they found that the duration of current homelessness was less for women than for men (9.85 months vs. 19.29 months). Maurin,

Russell. & Memmott (1989) reported comparable findings with regard to length of time being homeless.

Pathways to homelessness also differ between homeless men and women. Homeless men most often cited unemployment as the primary reason for first becoming homeless (Maurin, Russell, & Memmott, 1989; North & Smith, 1993). Family conflict was reported most often by homeless women as the reason for homelessness (Maurin, Russell, & Memmott, 1989; North & Smith, 1993).

Homeless women are less likely to have a criminal background than homeless men. North and Smith (1993) reported that 65.8% of men stated that they had ever been incarcerated, while only 23.2% of homeless women reported previous imprisonment. One-fourth of the homeless men were convicted felons compared to 4.6% of the homeless women. Caslyn & Morse (1990) found similar results with 39.7% of homeless men reporting criminal backgrounds compared to 6.6% of homeless women. Homeless men are also more likely to report a substance abuse history than homeless women (Caslyn & Morse, 1990; North & Smith, 1993).

A history of abuse is perhaps the most striking difference between homeless women and men. North and Smith (1993) found that nearly half of the women in their sample reported a history of physical abuse by a partner, with many of these women reporting more than one abusive relationship. Caslyn and Morse (1990) reported that sexual abuse was significantly more prevalent among homeless women than homeless men (14.9% vs. 0.8%). Similarly, Maurin, Russell, and Memmott (1989) found that 56% of the single mothers in their study were victims of spousal abuse during the past year. Other family problems such as separation and conflict with in-laws were also more readily reported by homeless women (Maurin,

Russell, & Memmott, 1989). Homeless women were found to be more psychologically distressed (65.7% vs. 39%) on the National Center for Health Statistics General Well-Being Scale than their homeless male counterparts. In addition, homeless women have expressed a greater need for social support than homeless men (Caslyn & Morse, 1990).

Dail and Koshes (1992) summarize the issues critical to homeless women to be a "sense of isolation and alienation which many feel, concerns for their children (whether their children are with them or not), domestic violence, rape, childhood sexual abuse, physical violence on the streets, substance abuse, lack of family and social supports, lack of self-esteem, lack of child care services, and high levels of dependency and feelings of victimization" (p.32). Although further studies must be conducted to fully examine the unique characteristics and concerns of homeless women, the research thus far indicates a strong need to address the issues of violence and lack of social support in the lives of homeless women.

### Violence in the Lives of Homeless Women

Violence is often a subtext in the lives of homeless women (Browne, 1993). The following outlines the high incidence of violence and victimization among homeless women as reported in the literature. Bassuk and Rosenberg (1988) compared 49 homeless female-headed families with 81 housed female-headed families and found that 42% of the homeless mothers reported childhood abuse, compared to only 5% of the housed mothers. Forty-one percent of the homeless mothers reported at least one adult relationship in which they were physically assaulted by a male partner compared to 20% of housed mothers. In a large study that compared women in families requesting shelter with those in families randomly sampled from the public assistance caseload in New York City, more than twice as many homeless



women reported childhood abuse histories and sexual abuse (Shinn, Knickman, & Weitzman, 1991).

Hagen and Ivanoff (1988) sampled 51 homeless single women in Albany, New York and found that 22% of the women reported having been physically abused in their lifetimes. Thirty-nine percent of the sample reported family conflict and disruption as the primary reason for homelessness. In a similar study, Redmond and Brackmann (1990) found that 33% of women reported violence from an adult partner. 50% had been physically abused as children, and 33% had been sexually abused as children.

Anderson (1996) interviewed twelve homeless women over a period of one and one-half years for the purposes of examining their families of origin. Only one of the women reported not being abused within the family setting. The remaining eleven women described emotional, physical, sexual, and ritualistic abuse at the hands of their parents or stepparents. Similar results were found in a study by Fisher, Hovell, Hofstetter, and Hough (1995). In a sample of 53 homeless women, 91% stated that they have been exposed to battery at some point in their lives, 56% reported being raped at some point in their lives, and 15% reported being raped in the past year.

D'Ercole and Struening (1990) studied the experience of victimization among a representative sample of 141 homeless women and found a very high incidence of aggressive sexual and physical assault among this population when compared to the victimization rates of women in the urban United States as compiled by the Federal Bureau of Investigation Uniform Crime Report. Fifty-eight percent of the women reported being raped, 63% reported assault by an adult partner, 52% reported assault with a weapon, and 31% reported childhood sexual abuse.

In a study examining the characteristics of homeless women with substance abuse problems, 53% of the participants reported being raped, 43% reported being sexually abused by someone known to the victim, and 71% reported being physically abused by someone they knew (Geissler, Bormann, Kwiatkowski, Braucht, & Reichardt, 1995). These results were compared with homeless men. Two percent of homeless men reported being raped, 7% of men reported sexual assault, and 32% reported physical abuse.

North and Smith (1993), in studying the differences between the homeless female and homeless male population, found that 43.6% of the homeless women were victims of physical abuse perpetrated by their spouse, with 39.2% of those women reporting more than one abusive relationship. In a similar study which examined the gender differences between homeless men and women, 56% of the single mothers in the sample had been abused by a spouse in the past year (Maurin, Russell, and Memmott, 1989).

In a study examining the prevalence, severity, and patterns of intimate violence among 436 homeless and poor housed women, 43.1% of the homeless women reported childhood sexual abuse and greater than 63% reported severe physical violence by intimate male partners (Browne & Bassuk, 1997). Of the homeless women who were abused by their partners, more than two-thirds reported that their partners threatened to kill them. Over half of the homeless women sustained physical injuries, but less than one-third sought treatment. When the homeless women were compared to poor housed women, some significant differences were found, however the authors state that this was overshadowed by the high prevalence of assault and injury in both groups of women. A combined sample revealed that only 16.8% reported not experiencing severe physical or sexual assault. In summary, it is clear that violence is a prevalent and important problem in the lives of homeless women in

terms of being both a predisposing factor for becoming homeless and a result of their increased vulnerability once in the homeless situation.

### Social Ties Among Homeless Women

It has been widely reported that homeless women often lack social ties, especially close relationships with relatives (Anderson, 1996; Bassuk & Rosenberg, 1988; Bassuk, Rubin, & Lauriat, 1986; Goodman, Saxe, & Harvey, 1991). Bassuk and Rosenberg (1988) reported that the support networks of homeless mothers were found to be very fragmented compared to a group of housed mothers. In a comparison of 49 homeless female-headed families to 81 housed female-headed families, 26% of homeless women were able to name three adult supports, while 74% of the housed women could name three adult supports. Twenty-two percent of the homeless women were not able to name any adult supports compared to only 2% of the housed women who reported not having any adult supports. Mothers as a source of support were named much less frequently by homeless women (60% for housed women, 24% for homeless women). The greatest support for homeless women in this study was friends (31%). In addition, two-thirds of housed women had daily contact with a support person compared to one-third of homeless women. Wood, Valdez, Hayashi, and Shen (1990) reported similar findings among 194 housed mothers and 196 homeless mothers in Los Angeles.

In a study of 82 families in 14 shelters, Bassuk (1986) reported that the majority of mothers had a limited number of relationships, with 43% reporting little or no support, and 24% regarding their children as their sole source of support. Carter, Green, Green, and Dufour (1994), in describing a free nursing clinic for homeless persons wherein physical and emotional care were provided, revealed that most clients denied any family contacts. Most

clients stated that they had not been in contact with relatives during the past year. Similarly, detachment from cherished others was found to be a theme in a study of 13 homeless mothers (Baumann, 1993).

Several authors have hypothesized that impoverished social support may actually be a risk factor for homelessness. Shinn and Weitzman (1990) suggested that one's social support system functions as a safety net to prevent one from falling into homelessness. The members of one's social support network may offer instrumental support to maintain or locate housing or provide emotional support to bolster coping resources (Shinn, Knickman, & Weitzman, 1991). Bassuk (1993) reported that among extremely poor women, lack of positive social networks places them at a high risk for becoming homeless. Similarly, Goodman, Saxe, and Harvey (1991) stated that a rapid disintegration of social networks may coincide with homelessness. In addition, the absence of a social support network during times of crisis may make it more difficult to return to permanent housing and may place homeless people at greater risk for repeated episodes of homelessness.

Grigsby, Baumann, Gregorich, and Roberts-Gray (1990) stated that a sense of belonging may be as important as the physical shelter in making a home, thus the phrase "a house is not a home". The precipitants to homelessness that are commonly cited- unemployment, an abusive relationship, eviction, and deinstitutionalization- threaten one's connections and important relationships with others in addition to rendering one without a home (Grigsby et. al., 1990). For this reason, Grigsby and colleagues contend that disaffiliation from social supports can be as harmful to health as the loss of basic needs such as shelter and food. They stated that when the size of the social network diminishes, the information and assistance that would aid in ending homelessness is also reduced.

### Summary

Violence in the lives of all women is an important social concern. Statistics Canada (1993) estimated that 29% of Canadian women have experienced violence perpetrated by a partner. When examining the rates of violence among homeless women, it is clear that homeless women are exposed to violence and victimization at even higher rates than are housed women. This has important implications for assessment of needs, program planning and delivery of services for homeless women. In addition, because homeless women are such a vulnerable population, they appear to have a greater need for social support although their actual support networks are often impoverished. Attention to the impact of violence and victimization and the lack of social support in the lives of homeless women is critical when examining the gender-specific needs of homeless women.

## Chapter 3

### Theoretical Framework

More than two decades ago, psychiatrist Jean Baker Miller (1976) began to reexamine existing developmental theories as they related to the lives of women. Through her interactions with female clients in the therapeutic setting, two things became apparent to her. Miller recognized that women possessed qualities that were extremely valuable but went unrecognized by clinicians. Instead of valuing the concerns and experiences of women, therapists often pathologized these characteristics. Miller's critique of the existing developmental theories focused on the notion that development occurs through stages of separation, maturity, and independence. The virtues of self-direction, control, and self-ownership were highly valued in this view. While maturity was equated with self-sufficiency, immaturity implied dependence on others. The values espoused by the traditional view were inconsistent with how Miller understood women to experience the world. Miller perceived that women had the desire to live and work in the context of mutually enhancing relationships. Her contention was that psychological development of women progressed through connections with others, while the traditional models suggested that we should have relationships, but we should not need relationships (Jack, 1991). Relationships are not intrinsically valuable in the traditional view, rather they are valuable to the extent that they serve the basic needs.

Miller also realized that many female writers, along with the professional and mass media, were beginning to encourage women to conform to the male ideal as the only model of complete personhood. This model failed to recognize the important and valuable differences

between men and women and to endorse it encouraged the silence and invisibility of women. Out of these concerns arose a new framework for understanding the psychology of women.

Miller is now joined by many others who share her beliefs about the psychological development of women. The collaborative efforts of Miller and her colleagues at The Stone Center for Developmental Services and Studies at Wellesley College has been highly influential (Jordan, Kaplan, Miller, Stiver, & Surrey, 1991). Collectively this group at the Stone Center has advanced a feminist theory of women's development, the self-in-relation model. The self-in-relation model contends that "women's sense of self becomes very much organized around being able to make and maintain affiliation in relationships" (Miller, 1976, p. 83). For women, the self is developed and organized in the context of important relationships. Greater personal power and an enhanced sense of identity are experienced by women in the context of relationships. Jack (1991) states that in this model, attachments are the foundation of the self, mind, and behavior. They are the "soil from which cognition, emotion, and behavior originate" (Jack, 1991, p.10). Further, the goal of development in the self-in-relation model is basic human connectedness. Positive connections are necessary for women to develop a sense of well-being. A complex and mature sense of self results when one is able to develop and change one's interests, abilities, and talents within attachments (Jack, 1991). Thus, it is unnecessary to sacrifice relationships in order to achieve self-development.

Miller (1988) recognizes that women live and work in worlds that do not always promote growth-enhancing relationships. A culture does not exist that encourages a full relational context in which to live and develop. Miller also acknowledges that minor disconnections in the lives of women are a normal and necessary part of development. However, major

disconnections may be harmful to psychological development of women. When there is a failure to develop relational ties, shame, guilt, and depression may be the result (Gilligan, 1982; Jack, 1991; Jordan, 1989).

Serious disconnections are often sustained in the lives of homeless women. All homeless women have experienced the severe disconnection of losing one's home. In addition, many homeless women have been disconnected from any effective social networks. Many have relocated to communities distant from friends and families. Other women have become homeless because they have left relationships that diminished their potential. To intensify the problem, many homeless women have endured extensive abuse and victimization. Each of these disconnections, when considered independently, restricts possibilities. Collectively, they may be damaging to one's sense of self.



## **Chapter 4**

### **Design and Methods**

#### Research Design

The research design emerges from, and must be congruent with the theoretical framework of the study. The intent of this study was to explore the impact of homelessness on women's sense of relational self. Therefore, a qualitative design was employed as the most appropriate means for entering and understanding the lives of homeless women.

Artinian (1988) suggests that there are four qualitative modes of inquiry, each having a different purpose. The descriptive mode of inquiry, which is necessary when little is known about a phenomenon, will be employed in this study. Artinian states that this mode "presents rich detail that allows the reader to understand what it would be like to be in a setting or to be experiencing the life situation of a person or group" (p. 139). This mode of inquiry is consistent with the feminist goal of understanding women's experiences from their own frame of reference. In addition, the descriptive mode of inquiry is also a useful entry point for the novice qualitative researcher (Artinian, 1988).

#### Feminist Inquiry

Located in the post-positivist paradigm, feminist inquiry emerges from the recognition that the philosophical assumptions of traditional positivism fail to fully elucidate the complexity of the human condition. Central to the empiricist view is the notion of observables which, through careful scientific strategies, bear results that can be corroborated if not confirmed (Gortner, 1993). Knowledge claims must be supported by empirical data and rigorous logical reasoning.

Feminist research is based on particular epistemological assumptions, and it is from these assumptions that its methodology and methods are derived (Campbell & Bunting, 1991; Harding, 1987). The epistemological assumptions to which feminist researchers adhere include a woman-centeredness in that: 1) women's experiences, ideas, and needs are valued; 2) conditions that oppress women are recognized; and 3) activism is employed in an effort to improve the lives of women (Allen & Baber, 1992; Harding, 1987; Reinharz, 1992; Westcott, 1990).

Women's experiences. A shared tenet underlying feminist research is that women's experiences, ideas, and needs are important and must be valued (Reinharz, 1992). The subjective data gained from women as knowers is afforded primacy in the feminist realm. Feminist researchers strive to challenge the norm of objectivity that exists in positivist traditions. While positivists speak of universal truths that can be discovered and tested with rigorous objectivity in the absence of larger sociopolitical and historical contexts, feminists insist that value-free science cannot exist. Feminist research recognizes that women's experiences are subjective and exist in a multitude of realities based on historical, relational, and contextual factors (Campbell & Bunting, 1991; Hall & Stevens, 1991; Harding, 1987). The way women are in the world is shaped by class, education, race, ethnicity, age, and sexual orientation, therefore it is an impossibility to speak in terms of universal truths when there is no universal women's experience (Hall & Stevens, 1991). While scholarly inquiry has long included women in research, studying women from their own perspective as knowers and experts of their experiences is quite unprecedented (Hall & Stevens, 1991).

Androcentrism. Traditional science has largely been concerned with questions that appear to be problematic from a white, Western, middle class, male perspective at the expense of

examining the concerns of women (Harding, 1987; Westkott, 1990). When scientific inquiry proceeds with this agenda, only a partial understanding can be achieved: that of white, Western, middle class men. Westkott states that if women are at all considered in traditional approaches to knowledge it has been through a prism of masculinity. Because the experiences, concerns, and needs of women are not represented in such a model, the invisibility and inferiority of women is promoted. Feminist inquiry challenges this notion by locating the origin of the research problem in the world of women's experience. (Cook & Fonow, 1990; Harding, 1987; McCarl Neilson, 1990; Westkott, 1990). Through this, women are offered the possibility of emancipation. Liberation from oppression forms the foundation for the final assumption of feminist inquiry, that of social activism.

Action orientation. Feminist inquiry is intended to empower women and free them from the oppression of social institutions (Cook & Fonow, 1990). "Description without an eye for transformation is inherently conservative and portrays the subject as acted-upon rather than as an actor or potential actor" (Cook & Fonow, 1990, p. 79). Therefore it is insufficient for feminist inquiry to be merely about women; it must also be designed for women. Feminist research must produce knowledge that will aid in altering conditions that are oppressive and exploitative to women. In the absence of providing a structural picture of the present and a vision for the future, information gathering about the oppression of women becomes exploitative.

To ensure that the study satisfies the assumptions of feminist inquiry, the investigator must ensure that the research problem is derived from the experiences of women (to explore homeless women's experiences of sense of self-in-relation) and that the research has the social action intent to liberate the participants (to advocate for change in shelter service

delivery and allocation of resources for homeless women). In addition, the researcher must outline her historical and contextual biases (Cook & Fonow, 1990; Harding, 1987; Reinharz, 1992).

### Researcher Bias

Feminist inquiry requires investigators to clearly state their biases. Feminist research is an interactive process that acknowledges the problematic nature of endorsing a value neutral science, thus it is possible that the class, race, religion, and gender may bias the interpretations and expectations of the study (Cook & Fonow, 1990; Harding, 1987; Reinharz, 1992).

The investigator is a white woman of Western European descent. She is a professional with a university education. The investigator comes from a supportive and financially secure middle-class background. Being financially stable enough to support herself as well as being able to share expenses with her partner, she does not have personal experience with homelessness. However, the investigator is experienced in working with homeless men and women in community health settings. She has done extensive volunteer work with homeless people in two different agencies: one exclusively for women and the other for both men and women. Through her work with homeless persons, especially homeless women, the investigator feels that she has a firm understanding of the needs and concerns of homeless people.

The investigator places herself, her assumptions about the world, her values and beliefs, and her mode of inquiry, in a feminist paradigm. In addition, the investigator supports the conceptual framework of the proposed study in that she believes women to experience

growth through connections and relationships with others. She does not defend the notion that women need to separate from attachments to develop a sense of one's self.

### Method

Investigating phenomena from a feminist perspective employs the same techniques that are used in traditional inquiry (Harding, 1987). What makes feminist evidence-gathering distinct is that the goals of inquiry, the questions asked, the behaviors observed, the patterns identified, and the conclusions reached give women's perspectives primacy (Hall & Stevens, 1991).

While not explicitly feminist in the mode of inquiry, the work of Elliot Liebow (1993) was very influential in the methodology of this study. Through volunteer work and participant observation Liebow chronicled the lives of homeless women living in shelters. Liebow began volunteering at a soup kitchen on a weekly basis and eventually became a full time volunteer at a shelter for homeless women. With the consent of the women, he took notes on their lives and the daily activities of a shelter. His intention was to publish a book about the experiences of homeless women living in shelters and their ability to survive the inhumane conditions of street life. Liebow allowed the women to talk openly and honestly about their lives. The egalitarian nature of the relationships Liebow had with the women, combined with his prolonged engagement with them, made it possible for the women to speak about themselves and their experiences in a way that they had not previously been able. He recognized all women by using pseudonyms and attempted to speak to their individual stories and concerns as faithfully as possible. The investigator of this study was captivated by Liebow's work as it not only provided a detailed and accurate account of shelter life and the concerns of homeless women, but it also read like a story, much in the way the researcher

intended to write about her own work. The way in which he allowed the women to tell their own stories, each being valued for their own contribution while simultaneously providing insight to the broader concerns of homeless women, presented a model for which the researcher of this study strove to attain.

### Study Site

The study was conducted at a 22 bed emergency, short term shelter and drop-in centre for women. *Agency name* provides shelter, food, and clothing for the women in addition to support and counseling. Many programs and activities are offered including literacy tutoring, spirituality groups, art therapy, computer training, crafts, and recreational activities. The shelter is located in a large urban centre near several boarding homes, drop-in centres, and other facilities for homeless women and men.

The rationale for choosing *agency name* as the site for the study was twofold. The first reason was because *agency name* is both a short term shelter and a drop-in centre. This increases the diversity of women who utilize the facility and thus exposed the investigator to a more heterogeneous population of homeless women than would be seen at a facility whose mandate is limited to either a drop-in centre or to a short term shelter. Because the literature describes the population of homeless women as highly heterogeneous, it was advantageous for the investigator to be in contact with homeless women from many different subpopulations, that is, women who vary in age, culture, educational level, parenthood status, and length of time of homelessness.

The second reason for choosing *agency name* as the study site was because of its reputation for having an excellent volunteer program. Women may find it alienating to be “studied” by an outsider, therefore it is most appropriate to become known and trusted in the

environment, through volunteering, prior to conducting research (Harman, 1989). Through volunteering, the investigator was given the opportunity to interact and develop connections with many of the women who utilize the agency.

Entry into *agency name* was achieved through weekly volunteer work for 13 months prior to commencing the study. The investigator functioned in a variety of capacities during the course of this time. She answered telephones, purchased food, cooked and served meals, distributed clothing, offered support, accompanied women to various appointments such as housing and medical, and participated in recreational activities. Through this prolonged engagement, the investigator became well known, accepted, and trusted by the staff and many of the residents. It also aided the investigator in gaining a full appreciation for the lives and experiences of homeless women. Additionally, this experience facilitated the minimization of misinterpretations and distortions in the data analysis. Building trust is crucial in this population of women where many find it difficult to disclose due to past experiences of abuse and victimization. It was also important for the staff to trust the investigator as they want to ensure that the women would not be exploited. The Executive Director of *agency name* gave verbal consent to conduct the study at the agency contingent upon approval from the ethics committee at the University of Toronto. Upon approval by the Office of Research Services, University of Toronto, the study was commenced.

### Sample

Participants were selected using a purposive sampling method. Potential participants were approached by the program manager and counseling staff of *agency name*. Initially it was thought that the staff would inform women of the study through making several announcements during morning house meetings and again at lunch and supper. However,

after the study introduction form (Appendix B) was circulated to staff, the program manager decided that making announcements was perhaps not the most appropriate means to notify potential participants. Her concern with this approach was that perhaps all women would wish to participate upon hearing the announcement of the study. For this reason it was resolved that staff would individually approach woman who met the selection criteria to inform them of the study. In telling the women about the study it was made clear that the staff were not seeking consent to participate, rather their role was to briefly describe the intent of the study and then give the women the opportunity to contact the investigator for further information.

Participant selection criteria included: (a) identifying oneself as homeless; (b) fluency in English; (c) the ability to tell one's story; and (d) the ability to provide informed consent.

Participants received a \$15 payment in return for sharing their experiences. It was decided to offer monetary remuneration so that the women could choose how to spend the money. This is an important consideration for people whose choices are already severely limited (Harman, 1989). The decision to pay participants was made after consultation with the Executive Director of *agency name*, staff, and thesis supervisor.

A total of seven women participated in the study. The investigator initially targeted for five women to be included in the sample as it was anticipated that it may be difficult to recruit participants. In fact this did not prove to be so. Every woman who was approached by a staff member expressed great interest in meeting with the investigator to receive further information about the study. Each woman, upon learning more about the purpose and method of the study, wished to participate. Thus the seven participants yielded seven completed interviews. No interviews were terminated by any participants. The sample size was limited



to seven because the investigator was interested in gaining an in-depth understanding of the lives of homeless women. Practical reasons, such as length of time available for data collection and analysis, were also instrumental in choosing to limit the sample size.

The women who participated in the study ranged in age from 24 to 50 years. The length of time in the homeless situation varied from a few weeks to several years. Two of the participants were homeless for the first time and the remainder of the women experienced several episodes of homelessness throughout their lifetime. Of the participants who had been homeless more than once, all have lived on the streets for long periods, that is they were literally homeless and slept in vehicles, cardboard boxes, stairwells, and alleyways. All but one of the participants had a history of substance abuse. Of the women who used substances, one was in recovery, and two began a treatment program during the course of this study. Four of the women were mothers, with a total of twelve children between them. None of the women had custody, but three of participants had regular contact with their children. The participants were not questioned about a history of violence, however 6 of the participants volunteered this information. Childhood sexual abuse was reported by four of the participants. These same four women disclosed incidents of adult sexual abuse. Five of the participants have been victims of physical violence during adulthood. One woman spoke of childhood physical abuse. It is important to consider that the prevalence of violence among the participants may have been higher than reported as this information was disclosed within the context of stories about their lives and was not as a result of direct inquiry.

### Data Collection

Data were collected through the use of semi-structured interviews. Oral interviews are an appropriate data gathering technique for inquiry in the feminist mode because they are

particularly amenable to uncovering the subjective experiences of women (Anderson & Jack, 1991). Interviews offer access to women's thoughts, ideas, and memories in their own words while valuing the voice of women as their own experts (Anderson, Armitage, Jack, & Wittner, 1990; Reinhartz, 1992). The investigator believes that providing a forum for homeless women to speak about their lives was an empowering experience as they have traditionally been unheard and devalued by society.

The staff of *agency name* contacted the investigator when a woman expressed interest in hearing more about the study. Meetings were arranged so that the investigator could come to the shelter to meet the potential participants and provide them with further information. The purpose and method of the study were verbally described to each woman. Following this a written information sheet was provided (Appendix C). One woman requested to have the information sheet read aloud to her by the investigator as her eyesight was very poor. All other potential participants read the information sheet themselves. Informed consent (Appendix D) was obtained in addition to consent for audio taping (Appendix E) prior to the commencement of the interview.

Participants were invited to choose an interview time convenient for them. In all cases the women chose to be interviewed immediately after receiving further information about the study and after informed consent and consent for audio taping was obtained. Privacy was a continuous goal during the interview process, thus the interviews were conducted in a private counseling room, a business office, and in the backyard of the shelter. Women were given the option to have the interview conducted at a location outside of *agency name*, however none of the women chose this. Interruptions occurred during some of the interviews, but interview information remained confidential. Shelters are often noisy and chaotic and it is

common for interruptions to occur. While the investigator found this disruptive, participants did not seem to be disturbed by this.

Participants were interviewed once and the length of the interviews varied from 45 minutes to 1 hour 45 minutes, with most being 1 hour 30 minutes. Due to the sensitive nature of much of the material that was discussed, the investigator monitored for signs of fatigue and emotional distress in both herself and the participant. Short breaks were taken during two interviews.

Neutral open-ended questions were formulated to ensure that the voices of the women emerged rather than restricting possibilities by imposing the investigator's theoretical agenda (Anderson, Armitage, Jack, & Wittner, 1990; Anderson & Jack, 1991). When questions are general enough, participants can choose for themselves what events, experiences, and feelings are central to who they are (Anderson & Jack, 1991). The interview questions (Appendix A) were intended to be used as a guide for discussion. The investigator attempted to follow the women in their own sequence and time. This meant that questions were not asked of all of the women in the same order. In addition, some of the questions were not asked of all participants as the investigator was satisfied that the topics were covered in other areas of the stories. Throughout the interview process, participants were encouraged to clarify and explain in their own words to avoid imposing the researchers set of meanings on the data. This ensured that it was the voice of the participants that was heard and the story of who they are that was understood.

Transcription. The audio taped interviews were transcribed by the investigator onto a word processing software program. The recordings were compared to the transcribed interviews to assure their accuracy. The act of transcribing and repeatedly listening to the audio tapes

provided an opportunity for the investigator to become immersed in the data. All hard copies of the transcripts as well as diskettes containing the information were kept in a secure location without identifying information. The tape recordings were secured in a locked file for the duration of the study with only a code name for identification.

### Data Analysis

Data analysis from a feminist perspective includes understanding the contextual nature of women's experiences and using the language and behavior of women to understand the relation between self and context (Reinharz, 1992). Reinharz states it also includes the struggle of retaining women's voices while having a meaningful manuscript of manageable length. The investigator sought to hear and understand the voices of the participants through first constructing personal narratives of each participant and then conducting a thematic analysis of the data collected from the interviews based on an adaptation of the method outlined by Taylor and Bogdan (1984). The investigator carefully read the transcripts to become familiar with the content. The attempt was to gain a general sense of what the women were telling the investigator. Initial ideas, impressions, or preliminary themes were recorded in the margins of the transcripts as well as ambiguous phrases, uncertainties, and contradictions. At this point the personal narratives of the women were constructed. This involved the telling of each participant's story as she presented it in the context of the interview. Consistent with feminist inquiry, the intent was to provide a forum for the women's voice to be heard and valued (Anderson & Jack, 1991; Sandleowski, 1991) independent of others while also acknowledging their common struggles and concerns. Narrative standards of truth are unlike those of the traditional empirical paradigm. While those in the positivist circle seek verification of findings, narrative truth emerges from

memories of how the event transpired, life circumstances that have occurred since the event took place, cultural and societal circumstances, and the interactions that transpire during the interview itself (Gluck & Patai, 1991; McCarl Nielsen, 1990). Significant life events, relations with family and friends, and pathways to homelessness were some of the features included. Following the construction of personal narratives, the investigator returned to the transcripts and formulated categories for reading the data that were based on the two research questions. Material relating to the question 'how do relationships unfold when one is without a home' was highlighted in blue ink, and orange ink was used for 'what is the meaning of being without a home'. This resulted in blocks of statements that would be read for themes. For ease of organization, the blocks of data were copied and pasted into two separate computer files, one file for each of the research questions. In developing coding categories, each theme, interpretation or concept was listed and a letter assigned which was placed in the margin. For example statements about impermanence were assigned the letter I. Data were manually sorted so that each coding category was in a separate file. Themes were then organized, synthesized, and refined.

#### Methodological Rigor

Feminist research is not well served by applying the methods used in traditional empirical studies. Because of the inappropriate fit, Hall and Stevens (1991) suggest alternative standards of verifying scientific adequacy that are more appropriate to the assumptions of feminist scholarship.

#### Dependability

The feminist paradigm values the unique and contextualized nature of experiences, therefore standardization and repeatability, hallmarks of reliable research in the empiricist

tradition, must be reconceptualized for feminist inquiry (Hall & Stevens, 1991). Because women's experiences cannot be standardized or repeated over time, Hall and Stevens prefer to use dependability of the research process as a method to critique the rigor of a study. Dependability is assessed through "analyzing methods as they are actually implemented and revised in research practice" (Hall & Stevens, p. 19). Examining decision trails, auditing the inquiry, and systematically documenting the rationale, outcome, and evaluation of all actions related to data collection, sampling, analysis, and dissemination are crucial to the rigor in feminist research. Throughout the study, the investigator's thesis supervisor provided assistance with the aforementioned to ensure dependability was achieved. The data set was reviewed by two individuals, a physician completing his psychiatry residency, and the investigator's thesis supervisor. Themes were compared to those that the investigator found to ensure reproducibility of the results. The themes these individuals developed were similar to the findings of the investigator, with differences only in the language the others chose to use in naming the themes, thus the investigator's interpretations were confirmed. By using dependability as a measure of rigor in feminist research, the data is not decontextualized.

### Adequacy

Adequacy of research implies that "the research processes and outcomes are well grounded, cogent, justifiable, relevant, and meaningful" (Hall & Stevens, 1991, p.20). Verification of adequacy in feminist research can be achieved through meeting several criteria put forth by Hall & Stevens. These criteria include, but are not limited to, reflexivity, credibility, rapport, honesty and mutuality, and relationality. Each of these will be discussed as they relate to the study.

Reflexivity requires the researcher to examine, at each step in the research process, their values, assumptions, and motivations (Hall & Stevens, 1991). The researcher pursued a thoughtful, deliberate assessment throughout planning, data collection, and interpretation so she was consciously aware how her reality may be affecting the inquiry.

Hall and Stevens (1991) discuss credibility in terms of presenting interpretations that are faithful to the experience of participants. This was achieved through member validation with one participant. The investigator met with the participant following data analysis to discuss the investigator's interpretation of her story. The participant felt that her concerns were understood and was satisfied that the investigator achieved an authentic rendering. The investigator intended to meet with other participants to discuss the themes which emerged from their stories, however, given the mobile nature of this population, this was not possible in more than one case.

The feminist perspective values engagement with participants to achieve the depth and scope of data necessary to present an authentic description of women's experiences of the world (Hall & Stevens, 1991). In this study rapport was achieved through trust and openness in interactions. Many of the participants already knew and trusted the researcher through her volunteer work at *agency name*. Those participants who were not familiar with the investigator had an opportunity to meet with her prior to the interview to encourage the beginning of a trusting relationship. Through establishing an open and trustful relationship with the participants the researcher believes that she was able to access the experiences and events important to these women. Closely aligned with rapport are honesty and mutuality. Honesty was employed through the provision of written and verbal information about the study in terms that were relevant and understandable. Participants were encouraged to ask

questions at any time during the process and received truthful answers. Mutuality was attained through attempting to reduce the power differential that exists between the participant and the researcher. The researcher provided the opportunity for participants to learn about her through sharing information about herself as it related to the study. The researcher communicated to the participants her gratefulness for their sharing of deeply personal information. It is believed that through her manner and words, the researcher communicated her authenticity and interest in the participants' experiences.

Relationality refers to collaboration with others throughout the research process (Hall & Stevens, 1991). At several stages of the research process the researcher sought consultation with others. *Agency name* staff, both administrative and front line, were consulted in the initial planning stages of the study, a researcher in the field of homelessness was involved, a clinician with vast experience in working with homeless women was approached, a colleague with experience in conducting feminist inquiry was contacted, a clinician who utilizes the theoretical framework that was used for this study was consulted, and regular consultation with the investigator's thesis supervisor was sought. In addition, the investigator conferred with residents and drop-ins of *agency name* regarding the interview questions. These individuals were key contacts throughout the study as they encouraged and supported as well as provided a forum for critical reflection and questioning (Hall & Stevens, 1991). Having a broad network of people with whom the researcher can collaborate provides for a well-grounded, justifiable, relevant, meaningful, and cogent study (Hall & Stevens, 1991).

### Ethical Considerations

Feminist inquiry aims to avoid perpetuating the exploitation of women, thus ethical questions in feminist interview research are intensified (Reinharz, 1992). At all times



throughout this study the investigator adhered to the ethical considerations of confidentiality, informed consent, and protection from harm.

### Confidentiality

Confidentiality was consistently honoured throughout the research process. Participants were assured that the information shared with the investigator would not be made accessible to agency staff, nor would anything that was discussed affect the services they receive at *agency name*. When not in use all transcripts, computer disks containing data, field notes, summaries, and consent forms were held in a locked filing cabinet to which only the investigator had access. All data and consent forms will be kept in the locked file for six years at which time they will be destroyed by the investigator. Access to the data was only given to thesis committee members and a colleague who did a validity check. Participants were assured that identifying features would not appear on any tapes, transcripts, or in the final document.

### Consent

A verbal and written explanation (Appendix C) of the study was provided to each participant. The written portion of the consent explained the purpose of the study, the amount of time required of the potential participants, the possible risks and benefits of participating, with whom and where the interview would take place, and issues of confidentiality. All questions that potential participants had were answered before the consent was signed. If participants were satisfied that all questions had been answered and were still interested in participating in the study, a written consent was obtained (Appendix D). In addition, written consent was sought for audio taping (Appendix E).

### Protection From Harm

Because of the sensitive nature of speaking about one's experiences related to being homeless, the investigator anticipated that it may be difficult or painful for some participants to share their experiences. Cowles (1988) suggests that when interviewing women on sensitive topics, the investigator must be prepared to be flexible so that the emotional needs of the participants can be met. Thus, the investigator was prepared to briefly stop interviews or to terminate entirely if it was felt that continuation may produce undue stress. In two instances, the interview was stopped for a short period to allow the participants to collect themselves. Participants were also advised that they may terminate the interview at any time, however this was not exercised. The investigator ensured that a safe environment with supportive staff was available following the interviews should participants require assistance.

## **Chapter 5**

### **Findings and Discussion: Personal Narratives**

In the next two chapters the findings of the study are presented. In this chapter, the participants of the study are introduced allowing each woman to be presented as an individual. In the following chapter, the themes that emerged across the stories are presented. By presenting the personal narratives first, the themes exist both in connection with the individual and as part of the plight that homeless women describe. This method affords the reader an opportunity for a richer understanding of the women's meanings.

#### Personal Narratives

The personal narratives of the women who participated in the study attempt to tell each woman's story while acknowledging that it is not, nor could it ever be, complete. To capture the profundity of each woman's life experience in a few short paragraphs is an overwhelming and intimidating responsibility. Not only because of the limited interaction the investigator had with the women within a lifetime of experience, but also because it is difficult to find or create a language that honours the richness and uniqueness of every woman, those very qualities that initially drew the researcher into these women's lives, kept her engaged throughout this work, and continue to captivate her. However, what the profiles do provide is a forum wherein homeless women are given a voice and a face. A common goal of many feminist oral historians is to allow, enable, and encourage women to speak for themselves (Reinharz, 1992). Consistent with the feminist methodology of this study, personal narratives are an appropriate means to gain entrance into the lives of homeless women. Personal

narratives can be especially useful for gathering information about people and phenomena less likely to be accounted for in written records, therefore relatively powerless groups such as homeless women, are good candidates (Reinharz, 1992). To deny each woman the opportunity to have her story told in exclusivity of her co-participants would further silence and devalue an already invisible group. The names of the women have been changed to protect their personal identities. Despite many of the participants' assurances that this was not necessary, pseudonyms were assigned arbitrarily. In addition, some of the detail of the women's lives have been altered in cases where identification would be obvious.

Attention to physical appearance figures prominently throughout the personal narratives. This may seem antithetical to a feminist oriented framework, however this was rendered with purpose and reason. The decision to include descriptions of body and comportment was based on the work of Liebow (1993). In his writing that described the lives of homeless women and how they were able to survive their experiences, Liebow detailed the life histories of 20 homeless women. Within the histories he deliberately attended to the physical characteristics of the women and was cautious not to communicate this as offensive or exploitative. Liebow's rationale is as follows:

In introducing the women, and perhaps elsewhere, I may seem to have placed undue emphasis on their physical appearance- pretty, fat, skinny, and so on. That may be true. But ours is a sexist society (though less sexist than most) and almost everyone, including women themselves, emphasizes physical appearance. Moreover, since homeless women are not likely to have formal credentials, social status, money, or useful social or business connections, they confront potential employers, landlords, indeed the whole world with

little more than themselves to offer for evaluation. For this reason, and more than for most of us, the way homeless women present themselves- how they look, speak, and carry themselves- makes a great difference in how they are treated by the rest of the world (p. xvi).

The investigator supports this rationale for including physical characteristics of the participants, thus has introduced each of the women with a brief description of their appearance and demeanor.

A second purpose of describing the physical attributes of the women is to begin to address the stereotypes of homeless women. There is not an archetypal homeless woman. Homeless women possess features and attributes as unique as all women with whom we interact. In addition, they are extremely resourceful and understand the effort that is necessary to blend into society. Many homeless women ensure that they are able to shower daily, cleanse and style their hair, wear make-up, and wear stylish clothing often from donations. Ironically, the fact that homeless women do not look qualitatively different from housed women may contribute to the lack of attention and concern they are provided. Because they are not as visible on the urban landscape, we are not as aware of their concerns and struggles and therefore do little to understand the complexity of their problems.

Each woman's story was constructed from the written transcripts of the taped interviews. In some cases additional information from the investigator's notes was utilized if she knew more about the woman, by virtue of prior contact, than that which was gleaned in the formal interview. Specific and standard questions about life history were not asked of the women, rather that which emerged as significant for each woman was used.

## Gilda

Gilda is a white woman in her mid 30's. She is of average height and is overweight. Her hair is thin and light brown and she often wears it in a pony tail high atop her head. Gilda has a disconjugate gaze due to a brain injury she sustained as a result of physical abuse.

Subsequently her eyesight is very poor. Gilda is missing several front teeth but has a smile and a laugh that are infectious. She speaks in a bellowing voice and in sentences that are replete with profanity. To some she is overwhelming, but people generally enjoy being in her presence as she brings humor and hope into an otherwise unbearable situation. Thirty-five tattoos, many of them naive in design, decorate Gilda's body, most visibly on her forearms. Her first tattoo, which she gave herself at the age of 13 following the death of her best friend in a car accident, reads "death." Gilda states the tattoos are "stories from my life."

Gilda has lived a life of physical and sexual abuse, drug addiction, homelessness, imprisonment, and prostitution. One may anticipate that a person in this situation may become soulless, unfeeling, and apathetic yet when listening to Gilda's stories, one is struck by her fiercely positive attitude about life. She is thankful for these experiences:

I thank God for the hard times. I thank God for the hard times because the hard times showed me that I've got stuff. And I'll always respect myself and have a real deep sense of security for having stuff, okay....There were a lot of bad times I went through but the good times made up for it a lot and lots of things happened that I'm glad the bad things happened because coming back here to Canada, after going through places like that [Gilda spent an extended period living in some of the most dangerous areas of major American

cities]. made me realize what I had and that's when you have to thank God for the tough times because you gotta read into everything, you know what I mean. Just like when I found out about my brain condition, and stuff like that I thank God that it was me and not someone else that it would let destroy their life.... You know, that it didn't happen to someone who couldn't handle it.

\*\*\*\*

When Gilda was 5, her parents divorced. Her father was a very violent man and Gilda witnessed her mother receiving brutal beatings from him. Her father was a bar owner as well as a bootlegger and drug trafficker. When Gilda was reunited with him in her adult life, her father would often drive her to the penitentiary where her grandmother was held in order to supply her with illicit drugs.

Her mother remarried when Gilda was approximately 12 years old. Gilda was sexually abused by her stepfather and began to run away from home to escape the abuse. As a result of her running away, she was sent to a juvenile detention centre. During her time at the detention centre she received regular and severe beatings from the staff. It is because of this abuse that she now has hydrocephalus and has had multiple neurosurgeries, some of which she was not expected to survive. Gilda recently received a settlement of \$50,000 for the abuse she endured during that time. Her adult life has been a cycle of crack cocaine use, prostitution, drug trafficking, and imprisonment. At times Gilda has had an apartment of her own, but generally if she is not in jail, she is homeless. Gilda has 5 children:

My oldest is 18, my youngest is 7 ½ months. None of them are with me because I love my kids enough to let them go. I've given 4 of them up for adoption and the oldest is on his own, right. There's people out there that are right for kids and have a lot to offer

and I make beautiful babies and healthy babies, but I'm not the mother type and I've got to come to terms with that.... I like the wild style and that's just me. I accept myself for who I am. And the lifestyle I live wouldn't be healthy for a child to be around. I mean I could use the drugs, fuck off and go away...but the way I talk and who I am and things I like to do, I want more for my kids...The ultimate act of love I could show them was to let them go, you know. My son Trent, he's 18, my mother raised him. I was in the joint when I had him...all my kids got different fathers. My oldest son is white, the rest are half-breed black. My next child Cassandra, she's 13 now, her father committed suicide when I was 6 months pregnant. And then right after she was born is when I found out about my brain condition....I got involved with another man who um, Oscar and I had a son, Caleb and he used to beat the shit out of me okay. I was in for one of my brain operations....well the day that they put this tube in and the next day they had to thread it down my body, he came and beat me in my hospital bed, okay. I gave Caleb up for adoption and I left him...my next daughter, Chelsea, she's 6 years old, her father's the spine of the devil. He's an asshole. The years I was with him, I don't think I was ever better in my life. I was working 2 jobs. I used to work in the computer room at D--- taxi and I used to work at R--- H--- Memorial Gardens, a fucking cemetery believe it or not. And um, I worked there for like 4 years and had a little business on the side.... I got pregnant with Chelsea and I had been smoking hash, and that was all I did, but a lot of it...and the baby was born tired and they ran tests on her and stuff and the CAS came in and didn't fucking Mr. Holier Than Thou start complaining loudly, mouthing off that I did drugs and this and that and the other thing....but I couldn't open my fuckin mouth because it was my mother selling it to us...so I signed legal custody of the baby to his



parents so that I wouldn't lose her to this drug thing. It was just an arrangement. The day after I did that the son of a bitch left me for this bitch he had while I was working those 2 fucking jobs pregnant, okay and took my baby and I have not seen her since. okay.

\*\*\*\*

Gilda continues to have a close relationship with her mother who currently operates an escort service. Gilda has one sibling, a younger brother with whom she is also close. She perceives her mother to have a strong business sense and it is for this reason that Gilda hired her as her stock broker and bought \$10,000 of mining stock with some of her settlement money. Much of the remainder of her settlement money she generously gave away to her mother, brother, and a friend. Some money was also used to furnish an apartment which she rented for a short period. The apartment was eventually broken into and all the furniture stolen. Gilda did not report the incident to the police. A minimal amount of the money was used toward crack.

### Christie

Christie is a 44 year old white woman. She has a petite build and fine features. Her skin is fair and hair is strawberry blonde. Christie has an open and welcoming presence. Her pale green eyes communicate thoughtfulness and compassion while simultaneously suggesting a history of deep pain and sadness. Christie is an articulate and intelligent woman who speaks in a quiet and soothing tone.

At the time Christie was interviewed she had been homeless for 3 months. Christie has been addicted to crack cocaine for 3 years but had not used for 2 ½ months. Her crack use

was a contributing factor in her homelessness. Three months prior to becoming homeless, Christie was smoking crack in the home she shared with her abusive boyfriend. A recovering crack cocaine addict himself and a current user of marijuana, Christie's boyfriend called the police when he discovered her smoking crack. In the period of time between when the phone call was placed and when the police arrived, Christie's boyfriend became very violent and began to hit her. Upon arrival of the police, Christie decided to lay abuse charges against her boyfriend. About that night Christie said:

I was at the end of my rope. I've never laid abuse charges in my life and I am tired of being pushed around like that. I think that's what happens with a lot of women. You get to the point where you're just not going to take it anymore.

\*\*\*\*

The night Christie pressed charges and for the following week she stayed in a detox centre. Since then she has been staying in various shelters. This is the first time Christie has been homeless.

Christie has been abused by many men in her life beginning with sexual abuse by her father. Several boyfriends have also been abusive. One boyfriend, the man who introduced Christie to crack, put his hands around her neck and intended to strangle her because Christie refused to go on stage and strip, a job she took to support their drug habit and that which robbed her of much of her dignity. Christie's most recent boyfriend physically battered her, threatened her, withheld money, and belittled her.

Christie is the eldest of three daughters. Her sisters live in close proximity to her. Her parents are retired and living in the Southern United States. Christie's early years were marked by fear and chaos. According to Christie, her father is a selfish, violent, controlling,

and physically and sexually abusive man. In her adult life, Christie continues to be victimized by her father's sexually inappropriate behavior. As recently as two years ago her father requested Christie's presence in the bathroom to watch him bathe. At the age of 16 Christie left home to escape her father's abuse. When she returned home to ask for a small amount of money, the following occurred:

What ended up was the first time I was on my own at 16 and I botched up, basically. I didn't have any money.... I went to my father for \$20 he said nope. "You made your bed, you go lay in it." And I've never, ever been so emotionally devastated than at that particular time, you know. I don't know if it's right or wrong to throw your children out when they're not ready, like I left on my own accord, but not to help them out if they do fall down for the first little while.... But, I think that maybe if I'd had maybe more support when I was first going out on my own, I would have been a stronger person.

\*\*\*\*

Christie's relationship with her parents remains distant, however she longs for their understanding and support:

I'm not expecting them to help me out, but I would have like them to be there for me, emotional and supportive, you know....Don't judge me just because I relapse. They say to me how can you go back, you know what you did with that. It's a lot more than that. I was on my own at 16 years of age. I think that's a lot of it too, Tracey, not having the life skills.

\*\*\*\*

Of her mother Christie said:

I can honestly say she tried. tried very hard to have helped me over the last 3 years to be my strength and my source of comfort. but at some point she had to give it up. She's getting older too. She's 70 years old. It's hard on her. It's very hard. It's hard on me. I'm the one who hurts the most. She doesn't realize that.

\*\*\*\*

Three days following the interview, Christie returned to her boyfriend's home and began living with him again. However, within a short period Christie's boyfriend again became abusive and he threw her out of the apartment.

### Bridget

Bridget is a 41 year old black woman. She is tall with a muscular build and wears long, neat extensions in her hair. Bridget looks younger than her stated age and could be mistaken to be in her mid 20's, in part due to her flawless skin and youthful style of dressing. Her assertive carriage and deep voice suggest that she demands respect.

Bridget has been living in shelters and hotels for the past several months. Prior to this, she lived on the streets for nine years sleeping anywhere from abandoned cars to makeshift shelters constructed of tin, rope, and tarps. Bridget is the mother of four children: 2 grown daughters and 2 school age sons who live with their father. She has had limited custody of her children due to her crack cocaine use of 12 years.

When Bridget was nine years old her parents divorced. In an attempt to punish Bridget's mother for leaving him, her father withheld child support. This left her mother struggling to raise 5 children on an extremely limited income while also attending nursing school. Bridget

had exceptional difficulty coping with her parents' divorce and at the age of eleven began to act out. Because of her rebelliousness, she went to live with her grandmother. Bridget's siblings resented her for living with their grandmother as this meant that Bridget did not experience hard times to the same degree as they. Bridget always had enough food as well as other benefits such as music lessons. Because of this experience of living apart from her siblings, Bridget states that she does not feel like she fits in with her family. She has limited contact with them and cannot be authentic in their presence.

At the age of 16, Bridget quit school and left her grandmother's home. She became involved in the club scene and began experimenting with hallucinogens. Bridget returned to school for a brief period but became more heavily involved in drugs therefore quit school once again. She started dating a man who, unbeknownst to Bridget, was married with a young child. Eventually they began living together and Bridget started stripping for money. At the age of 19, she became pregnant with her first child, a daughter. Bridget left the father of her child during her third month of pregnancy because he brought another woman home. After the birth of her child, Bridget began to strip again and made enough money between two jobs to have a car and a two bedroom apartment. She then, at the age of 23 met another man who would later be the father of her second child:

Michelle's father and my relationship was very dysfunctional, not very very, but you know it was like, "If you leave me I'll kill myself and stuff like that you know and if you don't quit dancing I'll do this and I'll do that" so it was very unstable and he ended up killing himself when I was five months pregnant with Michelle. And I can see where my life took a downward spiral because I felt so much guilt and you can never say sorry, cause

like we fought on the day he died and I ended up leaving and ended up going to work and ended up pretended like I wasn't coming back but I had every intention to come back. And when I got home he was dead. So it was too late to say anything and I could never parent Michelle. I would look at her and see him. And I mean, I can talk about it now without crying but I can remember two years ago I couldn't.

\*\*\*\*

When Bridget was 25 she met a man who was a bouncer in a bar where she was stripping. He was an extremely abusive man, physically and emotionally. It was not enough for him that she was earning money stripping so he put her to work as a prostitute. To numb the pain of the experience Bridget began taking excessive amounts of Valium. Bridget had her third child with him, a son, and then left him. Shortly after leaving him she began using crack and the custody of their child was given to the father. Bridget would visit her son and attempt to stay but could not because of the abuse and her addiction. Three years later, she became pregnant by the same man and had her fourth child, a second son. For the next 10 years Bridget's life consisted of crack use, prostitution, sleeping on the streets, living in crack houses, and eating in free kitchens. At a time her life was so unbearable that she had thoughts of jumping off a 15<sup>th</sup> floor balcony with her 2 sons to escape the violence and her addiction.

Bridget has daily contact with her two sons. Every morning she walks them to school. Her sons' father has custody and he remains abusive toward Bridget, however she is confident that he is a good father to her boys.

Bridget has been in drug recovery programs in the past, but has relapsed. She states that she is now at a stage in her life where she is ready to accept recovery as a way of life. For

several weeks prior to the interview. Bridget had been preparing to enter a six month residential drug treatment program. Three days after the interview she entered the program with great excitement.

### Franca

Franca is a 24 year old white woman of Polish descent. She is of average height and has a sturdy frame. Her light brown hair is cropped close to her scalp. Franca's round, soft face reveals little affect. The pitch and cadence of her voice lack variation and reveal a slight Polish accent. She is a self-proclaimed hippie and this is apparent in her style of dress as well as her spirit. Various pieces of beaded jewelry adorn Franca's wrists and neck, all of which she has crafted.

At the time of the interview, Franca had been homeless for approximately 3 months. During this time she utilized various hostels, crisis centres, had several psychiatric hospitalizations, and lived in a boarding home that had very poor conditions. Franca has experienced other episodes of homelessness lasting from a few days to 2 years.

Franca, an only child, was born in Poland. When she was 10 years old, she and her mother immigrated to Canada. Franca has a long history of a contentious relationship with her mother. Franca and her mother currently live in the same city, but Franca states she simply cannot live with her. At various points she has attempted to, but finds it incredibly stressful and must leave. She did not speak of her father, nor was she questioned about him.

For the last 4 years, Franca lived in Western Canada. She used marijuana and hallucinogens heavily during this period, a habit which she began along with alcohol use following the death of her grandmother when Franca was 17. While in the West, Franca

doubled up with friends and stayed where she could for as long as possible. She also lived with two different men, both of whom were abusive. In one of the relationships Franca describes feeling “emotionally dead”. Her other relationship is described as follows:

He was a very controlling person. He ran my life. I made a stupid mistake that I moved in with him. I wish I never had....I'm glad I got out of there, that's for sure. I'm glad I got out when I did because if I'd gone any further I mean, I would have just. I don't know what would have happened. I don't think I'd be able to utter a word right now. I got out just in the nick of time....A lot of the times I felt like I was getting ill, like my schizo thing was feeling, was getting pretty out of control and I was smoking a lot of pot with him. He was a pothead, cocaine too....We went to town every two weeks to do grocery shopping, but I never bought anything myself. He bought everything, he cooked everything. Like I couldn't do anything....I felt totally trapped in that relationship. I felt like I was suffocating....He was like a disease.

\*\*\*\*

Following these two relationships, Franca bought a van with her savings and lived in it for two years. During this time she became depressed, suicidal, and began to lose touch with reality. She was eventually hospitalized, diagnosed with schizoaffective disorder, and prescribed medication, an experience which she describes as terrifying. She also has an eating disorder. Currently Franca is in a relationship with a man with whom she is in love. If not for this person in her life, she believes she would be suicidal.



## Annie

Annie is a 50 year old white woman. She is average height and her body is extremely weak and emaciated from over 30 years of heroin use. Her gait is rigid and her movements are slowed and jerky as a result of her addiction. Annie's voice is raspy and she has difficulty constructing complete sentences and remaining focused. Annie experiences the physical pain of withdrawal almost constantly during her waking hours.

For the past year, Annie has been living in a supportive housing project for homeless individuals. Many of the residents have private rooms, but must share a kitchen, bathroom, and living area with others. A hostel is also located on the premises. The conditions are crowded, chaotic, and unclean. Those who subscribe to rigid definitions of homelessness might deny that Annie is homeless for she has a constant roof over her head. To others who embrace a broader definition of homelessness that considers one's living conditions, Annie would be regarded homeless. She comes to *agency name* almost daily to receive a proper meal in a clean and controlled environment. Annie frequently stays at *agency name* for several consecutive days as a refuge from the poor conditions of her home.

Annie's childhood was characterized by violence and brutality. Her father was an alcoholic and was physically and emotionally abusive to Annie and her brother. In her early adolescence she began to run away from home:

I mean I didn't want to be beaten anymore and I ran away from home and they (the police) found me and they said you can either go home or go to the training school. I said I don't want to go back to getting hurt. So I went to the training school and got abused

there instead.

\*\*\*\*

Annie remained at the training school for a total of 2 ½ years. She is currently awaiting a settlement, compensation for the physical and emotional injuries she sustained as a result of the abuse. Annie attributes her lifelong heroin addiction to the abuse she suffered at the hands of her father and the staff of the training school:

The two are equally responsible for what's happened to me....I tried so hard you know....I've really tried hard to beat this and I'm unable to. The pain is so deep. It's embedded so deeply within me that I cannot stop trying to erase that pain and that's why I continue to use heroin. Well at this point it's methadone. But, I cannot be drug free.

\*\*\*\*

About the training school specifically she says:

They just destroyed us. They ruined our lives. They ruined us, we were ruined as children....we didn't have a chance and we've all tried. Well I'd say 90% of us have actually tried really, really hard....For certain periods of time we had a certain amount of success, right, but we've all fallen back, you know to drugs or alcohol or whatever it is that we have used as a crutch to get by over the years, because we cannot deal with pain.

\*\*\*\*

Annie has previously been incarcerated, at least once on drug related charges. She has had long periods of her life where she been housed and employed as a hairdresser, a trade she learned while in jail. At this point in her life, she is unable to do even the least strenuous of activities and is becoming increasingly reliant on others for assistance. For several months Annie has been on a methadone maintenance program, however it is not providing her with

the relief that she hoped it would. This, along with her steadfast belief that heroin use should be legalized in Canada, is a continued source of anger and frustration for Annie and as such occupies many of her thoughts and is often the focus of conversations with others.

### Dana

Dana is a 29 year old white woman. She has a slim build and is average height. Her hair is thick and wiry and is ash blonde in colour. Dana appears uncomfortable in the presence of most people. She avoids eye contact, reveals little about her self, and does not engage easily. Dana speaks in a hushed tone, almost a whisper, indicating that she has information to which she does not want others to be privy.

At the time of the interview, Dana had been staying in a shelter for almost two weeks. Prior to this she was residing with her parents for a period of two years. Dana has an 11 year old daughter who has been cared for by Dana's parents since she was a few months old. Dana is no longer able to live with her parents as the stress of watching them raise her daughter has become too great. For Dana, home is a hostile environment. Her father is an abusive and controlling man and her mother is unsupportive.

Dana has an extensive history of trauma during childhood, adolescence, and adulthood. She chose to speak about an incident where she was invalidated and shamed:

Um, when I was about 7, this neighbourhood guy lured me away...with a box of chocolate peanuts. There was some bush area behind our neighbourhood and he had a whole bunch of boys come over and watch and he raped me. The worst part about it was that um, the big fight that I caused. Um, cause my mother was all upset and angry and stuff and she

took me over to his mother's house and she told her. His mother was drunk, you know, and she said no, no, no, no, he's been here with me all day you know. So nothing was ever done about it.

\*\*\*\*

In her early adolescence, Dana ran away from home:

Um, one night when my parents were out I just decided to take the toaster and something else. I don't even know how I remembered there was a pawn shop in town. I just took the stuff over there and went to the bus station and bought my ticket and got on the bus and nobody even asked me how old I was or where I was going, you know if my parents knew or anything.... But I just got on the bus and um, I don't how I remembered to come to T--.

\*\*\*\*

Dana's life as a teenager living on the streets was violent. She did what she could to earn money including prostitution and running drugs. Several incidents of sexual assault were described. During her time on the streets, Dana became pregnant. She attempted to care for her daughter, however her parents soon intervened and have raised the child almost since birth. This is a source of much pain for Dana. Occasionally her daughter will call grandmother "mom". Dana remained homeless for many years until she finally became involved with Alcoholics Anonymous. She has been in recovery for "a few years".

Leaving home and engaging in the shelter system once again is a terrifying experience for Dana. When she speaks about what it is like to be homeless again there is panic and desperation in her voice:

I feel cornered....There's no way to go home. I don't know where I'm going to get the

money to pay my rent cause I'm not going to do what I did before. I'm not. I'll die first. I won't do it.

### Evelyn

Evelyn is a heavy set, 35 year old white woman. She has a laid-back attitude, seeming almost apathetic at times. Although she engages in daily physical activity her movement and presence suggests lethargy, perhaps a byproduct of inanimate shelter life. Evelyn is often seen interacting with other women in a comfortable manner.

Evelyn is homeless for the first time, a situation that was precipitated by flooding in her apartment. Evelyn and her two children, a son age 10 and a daughter age 9, had been living in the same apartment for 10 years. When the toilet in their apartment backed up and contaminated water flooded their home, they were forced to leave. Since the flood Evelyn has been staying in various shelters. Her children are living with their father, a temporary arrangement. Evelyn has not been successful in finding housing. She has looked at 83 apartments all of which have all been unsafe, unaffordable, or both.

Evelyn has one brother and parents with whom she has regular and supportive contact. She was raised in a stable, middle class family and states she had a "normal" childhood. Evelyn is college educated. She has a diploma from a one year business administration program and a second diploma from a two year Law and Security program. She has been steadily employed in a variety of administrative positions. Evelyn is currently seeking employment and has distributed approximately 150 resumes and has been to 13 job interviews within a four month period. Her inability to find employment is a source of much anger and frustration for Evelyn.

Evelyn views her homelessness as a very impermanent state. She is confident that she will be housed soon and back with her children. While she finds her situation unsettling, she does not speak with the same despair and hopelessness as some of the other women who were interviewed.

### Personal Reflection

I was sensitive to the fact that my role as a volunteer may be obscured when I took on the role of researcher. Because I did not want to complicate my roles as both a volunteer and a researcher, or confuse participants, residents, drop-in women, or staff, I choose to temporarily disengage from my volunteer work during data collection. Again during data analysis I did not do any volunteer work as I did not want the results of the study to be influenced by anything other than that which was obtained during the interviews. As a volunteer, my experience has been that the women speak freely and openly to me about themselves and I was concerned that the stories of other women may bias me.

Data collection occurred within a concentrated period. I did not expect this to happen, and in fact prepared to have data collection extend over a prolonged period. When the women came forth with such eagerness I was surprised and pleased. However, the disadvantage to having data collection proceed in this manner is that the experience of listening to the tragic stories of these women within a brief period of time was overwhelming. To continue to be an effective investigator and so that I would not become demoralized or feel helpless, it was essential that I attended to and validated my own experiences. When I returned to my own comfortable surroundings feeling like I did not deserve such luxury, I had to remind myself that it was not that I did not deserve comfort and possessions, but that the women I interviewed also were deserving of this. Throughout this period I found myself becoming

uncharacteristically angry at the “social injustice of the world” and at times overcome with intense feelings of sadness and despondency. The support of my partner, friends, and family was invaluable during this period. Care for the caregiver is a necessary dimension when working with homeless women as Herman (1992) states that one should never deal with trauma in isolation.

When the interviews ended many women became intensely emotional. Many of the women cried and some asked permission to hug me. While I do have serious concerns about touch within the context of a therapeutic relationship, I believed it not to be a boundary violation in this context. Most of the women thanked me profusely for having the opportunity to speak about their lives and experiences. The women all asked if they would be able to talk to me again in the future. While I explained that the next time we would meet I would not be in the role of a researcher, I expressed that I would still be pleased to talk to them about anything they wish including their concerns or difficult experiences. For many of the women this was likely the first time that their past or present experiences were validated. They sensed that I believed what they spoke about, and that their experiences were real and painful.

When I explained the study to the women prior to obtaining consent, it was made clear that they would be paid cash for their participation. The women seemed pleased about this and many made comments such as “that’s great” or “I can use the money”. However, at the end of the interviews when the money was given to the women, almost all refused to accept the payment stating that they appreciated having the opportunity to talk openly about their lives to someone who did not judge them. I sensed that one woman was motivated by the money to participate in the study. At the end she stated, “ I said I would talk to you because I

really need the money, but now I don't want to take it because I just really liked that you listened to me. I think it helped me a lot to say things out loud that I kept inside for a long time". I insisted that the women accept the payment as I explained that they worked hard for it and that it was a token of gratitude for sharing with me such intimate details about their lives. I told them that if one has a job that is very enjoyable, one still expects to be paid for it at the end of the day.

Upon first meeting with the women to inform them about the study, all of the women began to speak about their experiences almost immediately. While I knew I could not turn on the tape recorder, as consent had not yet been obtained, I struggled find a way not to cut them short. I did not wish to communicate the message that I was not able to listen and attend to their concerns. However, I was also aware of the need to complete the explanation of the study so that consent could be obtained. I then struggled to find a way to revisit those things that were discussed prior to the beginning of the actual interview without it seeming that I did not hear or attend to it the first time. The fear was always that it would not be captured as fully the second time.

I was alarmed and concerned by the prevalence of substance abuse among participants. Substance abuse in the homeless population is a complex and multidimensional problem. It can be both a cause of homelessness as well as a way of coping with the homeless situation. It is linked to one's self concept and relationship patterns. It prevents one from obtaining or maintaining stable housing, however basic needs such as housing must first be in place before more difficult issues can be addressed. In addition, it may perpetuate further self harm behavior, such as prostitution. I was left feeling bewildered when confronted by the magnitude and complexity of substance abuse in the lives of these women. I am still unsure



both about how we, as professionals, should begin to address this problem, as well as how these women might manage their substance abuse given the other serious complexities and challenges of their daily lives.

I continue to be perplexed about why the women spoke so freely and openly about their experiences to someone they did not know or knew very little. Perhaps it was because they did not know me that made it easier. Perhaps it was because this was the first opportunity they had to tell their story and have it validated by a concerned and authentic other. Perhaps it was my interpersonal style and that I approached the study with the aim of creating an environment in which the women would feel heard and validated, but in which they would not feel that they were being “studied”, and would not feel demeaned by oversimplified language or feel self-conscious about their own level of education due to my position as researcher. Likely the reason incorporated all of these elements.

## **Chapter 6**

### **Findings and Discussion: The Emergence of Themes**

In this chapter the themes which emerged across the stories of participants are presented. The findings correspond to the two research questions that were asked. Themes related to the ways in which relationships unfold when one is without a home will be discussed first. This will be followed by themes of the meaning of homelessness. The basis on which themes were chosen was meaningful statements that occurred frequently across the participants, or statements that were not repeated by the majority of women but had particular salience, were affect laden, and were compelling in expression. Thus, themes may or may not express the opinion and concerns of all the participants. The names of the participants accompany excerpts so that their individual voices may be preserved while simultaneously speaking to the broader concerns of homeless women. Discussion of themes, which will integrate theoretical knowledge and research findings, will appear at the end of the section that presents the findings on how relationships unfold, and after each theme in the segment containing meanings of homelessness.

#### How Relationships Unfold: Disconnection

In exploring how relationships unfold when one is without a home, disconnection emerged as an overarching theme. Disconnection in the lives of homeless women suggests that the support one once accessed and benefited from is no longer available leaving women extremely vulnerable in times of need. The expression of disconnection varied among the participants. The many forms it took will be discussed as the following subthemes within the

domain of disconnection: a) lack of important relationships. b) impermanence. c) inauthenticity and superficiality. d) difficulty trusting others. e) stress of other's problems. and f) connection to professional supports

Lack of important relationships. In the process of becoming homeless. all of the participants have been disconnected from home and a sense of community. This was compounded by insufficient or a complete absence of important relationships and a viable social network. If contact with family members existed, it was usually minimal or strained. Where friends were concerned, they generally communicated infrequently and time shared together was not enjoyed or valued.

Annie does not have any friends or family members with whom she keeps in contact. While she does have acquaintances from years of living on the streets and is recognizable in the community, interaction does not extend to beyond a casual greeting.

Dana's homeless situation is a direct result of her disconnection from family. A long history of difficult relations with her parents forced her out of the family home with nowhere else to go. Her only friend is a man she met several years ago while in Alcoholics Anonymous (AA). Dana has not been in contact with him for several months. In her earlier years, Dana and one of her sisters were very close, however they are now estranged due to conflict and hostility between Dana and her sister's husband. If Dana is going through a difficult period she may attend an AA meeting, but generally she keeps to herself. Dana feels abandoned in her homeless situation. "It just makes me feel sort of like everyone's given up on me".

Franca is also homeless due to disconnection with her only family member, her mother. They too are unable to live together leaving Franca with no other housing options. She is

currently romantically involved with a man, however she spends very little time with him as he is busy with his own friends, interests, and activities. While she states that she has a few friends who she keeps very close, she could only name one when questioned. This is a female friend who she has not been in contact with for some time and does not share in her interests. Franca also talked about her mother as being a friend, but clearly they have a long history of a strained relationship to the point where they cannot live together, therefore one would question the quality of such a friendship. Franca visits drop-in centres for women her age, but tends to engage in solitary activities while there and does not have regular contact with others who attend.

Gilda knows most everybody in the community and most everybody knows her. She says hello to all that pass, but despite this she does not have any friends. Through her drug use, Gilda spends time with many people but does not share information about herself and does not feel emotional connectedness. Gilda remains in contact with her mother and brother. She enjoys spending time with them and values their relationships.

Christie remains in contact with her family however the relations are strained. She does not feel understood or emotionally supported by her parents and since the time of the interview has become estranged from a sister with whom she was previously close. Christie had frequent contact with her sister who provided her with considerable support, however when Christie was found using drugs in her sister's home she was no longer welcome. She does not have any friends and recently ended the relationship with her abusive partner, a breakup that led to her homelessness. When speaking about how it feels to be a homeless woman, Christie became very tearful and said the following:

I feel lost. I feel abandoned. I feel...it's so hard. I feel so lost. I feel so lost. I just feel like everyone's deserted me.

Bridget has isolated herself from family members. She contacts them rarely and they usually are unaware of her whereabouts. She states that she keeps herself isolated in part because she does not fit in with them, but also because she is fearful that her addiction may be hurtful to them. Her only friend is a man she has known for many years. While she and her friend do spend time together doing various activities, Bridget does not value their time together as she feels she cannot be authentic in his presence. Bridget's young children are her main source of connection.

Evelyn has little contact with the people in the community where she once lived. While she has made new friends and participates in many activities with them, she acknowledges that at times they feel like strangers to her. Evelyn's children are a strong source of connection, however are not in her care while she is living in shelters. She states that it is comforting to be in the presence of others who have similar experiences when times are turbulent. Of all participants, Evelyn has the strongest connections with others. Interestingly she is also the participant with the least traumatic history, that is she is college educated, from a stable middle class family, and has no apparent history of abuse or substance use.

Impermanence. Stable and enduring relationships do not easily arise out of a lifestyle that is chaotic and nomadic in nature. Christie and Bridget discussed the transience of homelessness as contributing to their difficulty in connecting in relationships. When talking about the people in her life Bridget stated, "I don't really have anybody that stays for very long". The only individuals who are constant are the professionals who assist Bridget during

difficult periods. Many people drift in and out of her life through attending drop-ins, shelters, and addiction meetings, however none of them stay connected.

Christie also spoke about the factors inherent to homelessness that restrict opportunities to form permanent ties:

I can get close but not the point where I want to carry on a friendship after I leave a place or anything because I know growing up it was tough....It's almost like everywhere I go I feel like I'm in a temporary situation and I will make the best of the situation while I'm there and I will talk to people and I'll care about people and I'll be what I can be for people and hopefully they'll be the same way back, but you may not always get it. But I'm always thinking when is the next move, when am I going to have to pack up again....it's like you realize that these people are not going to be here forever, you know. That you know for 100% fact that they're not going to be there because a lot of them are transients. A lot of people are as I said on drugs and alcohol whatever and that creates very shallow relationships, very shallow.

\*\*\*\*

Christie continues to speak about not maintaining contact with people:

... it's very hard to make warm, genuine friendships with people... When you move to another city when you move to another part, you lose touch with people. It's almost like second nature now that someone says 'oh see you, keep in touch' and that, or even if I say it, that it's not going to come through.

Inauthenticity and superficiality. Several participants discussed disconnection in terms of not feeling able to present themselves wholly and authentically in relationships with others. Bridget spoke about a friend she has known for many years and with whom she has regular

contact. They go out for dinner, watch movies, and share in other activities, however Bridget does not enjoy spending time with him nor does she look forward to seeing him when they are apart. Because his own background is markedly different than Bridget's, she feels he cannot understand her struggles:

...he doesn't really understand. Like I can't really tell him what it's like to be where I am or what I've been through. All he can do is feel sorry or feel fear or whatever you know, fear about my circumstances because he's from a completely different world. He's never had to live this kind of life....He doesn't want to hear what I truly feel. He wants to hear that right kind of response so that he can oh, 'I know she's okay' type of thing so that he doesn't have to worry. He doesn't really want to hear the truth.

\*\*\*\*

Bridget cannot be authentic in her family's presence either:

...my family is the same and has been since I was a kid. They never could deal with who I was really. I always had to show them a different face or a different person....I was always trying to please. I was never being Bridget. I was always trying to please and being somebody else I figured somebody wanted me to be.

\*\*\*\*

It angers Bridget that she cannot reveal her true self. She said, "I usually internalize my anger and turn around and end up, you know using [drugs] and then hurting myself even more".

When Christie spoke about the lack of depth in relationships with other homeless women in the shelter system and her yearning for close genuine relationships with others, a profound emptiness was sensed by the researcher. There was a great sadness in her voice and after talking about this, she became tearful:

You put up your guard a little bit and you chat and you be, you know superficial and tell a few things about your life. It's no big deal they've all experienced most if not worse you know.

\*\*\*\*

She continues to talk about the inauthenticity and superficiality of relationships with other women in shelters:

I know there's a lot of bonding and kinship here, but it's not the same. It's not the same. I find all the friendships here are very superficial. It's well, 'hi how are you?', but it's all so superficial....I like to be able to say whatever is on my mind, not as far as hurting people, but I want to be able to just be myself all the time. Sometimes I have a lot of fun. I can act really silly and like a little kid and I want someone to be able to accept that part of me too. Just to be myself. I mean I have a little bit of a difficult time in the shelters because of the way I speak and a lot of the girls feel, I hope I'm wrong, but I feel like they want to create a little more distance with me because of that....maybe I appear like I have it all together and I don't and I wish that people would just give me more of a chance to show that I'm just the same as you. I hurt just as much as you do, maybe for different reasons, but I hurt....I bury a lot with laughter and appearing like I have it all together you know. Down deep it hurts, it really hurts [not having close relationships with others].

\*\*\*\*

Upon first meeting Gilda one is immediately impressed by her gregariousness. It might be expected that she has many close friends with whom she connects, however she maintains all relations on a superficial level. Gilda closely guards her personal thoughts and feelings as she believes others to equate this with weakness:



Everybody knows me and everybody says hi to me and I surface talk with everybody but when I have to say something or talk or get close. I really don't cause I don't need nobody. I refuse to have anybody anywhere across here [drew line close to body]....I don't sit and talk in depth to anybody. I keep things here [line in front of her] and under here is my in depth feelings that I'll write out on paper. I don't share those things with people. you know what I mean. Like my feelings. I never talk about my feelings. Never let them see you sweat....people see that [emotional connection] as a weakness in the lifestyle that I live. people see it like that. so I don't give them that. I don't give them that.

\*\*\*\*

Dana has one friend with whom she can be authentic. a man she met in AA. They share a similar history. therefore Dana is comfortable revealing her true self in his presence. With others she discloses little about herself until they come to know her, and usually she does not allow others this opportunity:

[I don't have anybody ] that I could be totally truthful about because they don't know me.... a lot of people in ----[in the Alcoholics Anonymous program] are older people. there's some young people but a lot of them are married couples and they're older than me so it's, they're really friendly but they're just hard to relate to. They all got each other and I just feel sort of singled out.

\*\*\*\*

Franca also spoke about being inauthentic and guarded in her interactions with others. She states, "I don't reveal my self to people. I just try to put up a, well kind of a mask, you know."

Difficulty trusting others. Many participants found it difficult to trust others, thus disallowing relationships and the formation of close connections with others. For many women, the lack of trust was connected to experiences of abuse, victimization and substance abuse. Participants talked about the need to guard themselves from the potential pain of close ties to others. Bridget acknowledges the difficulty she has in trusting others and that this has hampered her ability to form important relationships. She sees the potential cost of connection outweighing the benefit she may receive:

I have a hard time with trust issues I think. I don't really trust, and um, even in AA, I tried but there's something blocking me from getting close to some of the women in AA....With guys, I won't get close period, because I have too many issues surrounding men and abuse issues and stuff like that and relationship issues....I'd rather give to people and keep them away from me....I'm having trouble with boundaries from myself, so when I do get hurt, I get hurt really badly. I'm very sensitive, too sensitive, hypersensitive....I figure in most of the relationships I've had there's a price to pay and I'm usually the one paying the price....I've paid a heavy duty price because I didn't have the tools to protect myself or to deal with other people.

\*\*\*\*

Dana connected her inability to trust others to her childhood rape. She stated, "I don't think I'm able to trust too many people because of it". Dana spoke about missing out on opportunities that may have been helpful for her because of her inability to trust others:

... when I was at --- when I was younger, there was this lady...one of the staff and um she was really friendly. One of my grandmothers died while I was staying there and I had to

go home and she really took care of me. She wanted to take me home and sort of like adopt me. But I was too afraid of anybody, eh. That probably would have been really good for me. I didn't know, like I'm sure she was a nice lady and everything and she was really friendly to me but as soon as she started talking to me about that I backed off. I got scared. I know she would never hurt me, but I've lost so many opportunities because I don't trust people and you know...I'm scared they're gonna hurt me or get me into something that I can't get out of.

\*\*\*\*

Dana began to spend time with one of the other residents at *agency name* but soon after lost trust in her:

Um, there's a girl in here, her name's Irene. She's pretty nice, but she's also- I've seen her hanging around with the girl that was picking on me, so I don't trust her.

\*\*\*\*

Christie talked about being fearful of the pain that may accompany closeness with other people:

I always close myself off from going out on excursions with people, you know....[At] --- there was always one lady inviting me for dinner and it wasn't that I didn't like her, she was a very sweet lady, but maybe it's because I'm afraid that if I spend too much time with one person, I'll get too attached and then I'll get hurt....I can be friendly, I can care, but you can't hurt me back, that sort of thing.

\*\*\*\*

Christie also spoke about her inability to trust homeless people who abuse substances:

With people who are deep into drugs and alcohol, they're very manipulative and very cunning and I find that a lot of them just want to be your friend for one reason, you know they have an ulterior motive a lot of them and it's not that I'm being mistrustful, it's a fact.

\*\*\*\*

Christie observed that many homeless women are not able to trust and spoke about what the result of this may be:

I think it makes you very isolated and very withdrawn and very unhappy. They [homeless women] start to put up a wall, there's a barrier, a defense you know. I've spoken to women who just look the other way, they don't acknowledge you. I find it hard that way.

\*\*\*\*

Gilda's past experiences of betrayal and abuse have limited her capacity to trust others. She will never again engage in a close relationship because her fear of abandonment, and the associated suffering, is so great. She has convinced herself that to be strong, one must be alone in the world:

I got guys that I like and I lay with, I call them part timers, but I will never have another man. One to play with, not to keep. I've got lots of guys who want to get with me and stuff and as soon as it gets to that point, yo, yo, it can't work....[I don't get close] because I can count on me. I know what I'm capable of....I can't rely on somebody else, because when I relied on --- [partner who betrayed her], look what he did....There was a time in my life, I went through many stages where I relied on others and was usually let down, you

know. I can't think of a time when I wasn't let down. It took a lot of years to notice. 'oh, you've let me down', you know....Before the asshole left you know I had insecurities sometimes, off and on and stuff but since I went through that change, a part of me left that day. He destroyed part of me and that's okay too, cause what he destroyed was the uncertain part of me. What he gave me was I know damn well it's not gonna happen to me anymore cause I'm not gonna let it get there. It made me strong and it made me who I am today.

Stress of other's problems. Many of the participants viewed relationships as being a burden. Listening to the concerns of others meant that one's own problems would be unattended to or that one would be adversely affected by becoming involved. For Christie, listening to the concerns of others was at the expense of tending to her own needs:

I found at ----- I had a lot of women coming up to me and telling me what was going on in their lives and I was getting stressed out, you know. I was starting to focus too much of what their problems were all about and forgetting all about what I had to do, you know.

\*\*\*\*

Annie often becomes overcome and frustrated by interactions with others, thus avoids contact or seeks refuge elsewhere:

[Here at the shelter there is] nobody butting in, nobody begging me for a cigarette, nobody bugging me for my advice, nobody asking me "how are you." I mean not that people [at the hostel where she lives] don't mean well because I know that they do, but I mean I must get asked that 50 times a day and as I said you know like people say how do you feel and I say well lousy but thank you for asking anyway, you know. And I mean that, you know, I

just get extremely tired of just going over that. So I go to my room at home and I go in and I close the door I'm an avid reader, so I read a lot, that's what I do.

\*\*\*\*

Dana also described feeling overwhelmed by attending to the problems of others:

...they [the women in the shelters] got their own problems so they don't need the stress of mine and I don't need the stress of theirs....listening to everybody else's problems, it's just all too much.

Connection to professional supports. Despite the absence of connection with significant others, the participants spoke about their use of professionals for support. For most participants their affiliation to staff at shelters or professionals in other capacities was their only source of connection, thus it became crucial to their well-being.

Annie has been using the services of *agency name* for several years. More recently she has also been accessing her doctor as a source of support. If not for the services and support available to her through *agency name* Annie believes there are many times that she would have attempted suicide. She is confident that the care she receives from *agency name* is limitless:

If there's anything I need in terms of where I need someone to talk to, cry to, you know um, if I need things, if I need something to make me feel better, whatever. There is very little that I can't come here and receive. I don't mean receive in terms of like things, I mean in terms of support...There are a couple of other agencies that I do go to you know, for the odd little bit of help here and there. I um, for example --- over there, I have called them a couple of times and told them I'm very sick, I can't move, I need some help and

they have sent me out, sent me someone to take me to the clinic or brought me some groceries or something, you know. *Agency name* are the main support, yeah, there's no doubt about that there's no question.

\*\*\*\*

If Christie is having a difficult time she will access a detox workers or a staff member at one of the shelters. She does not trust that others in similar positions as herself will be helpful and goes as far as saying they may be destructive:

All [of my supports are] professional supports. There is not one person on that street, on the streets if you want to call it that, that I would go to for help because I realize that they're in as much of a bad position with their addiction or their problems. If they were going to meetings [Alcoholics or Narcotics Anonymous] I would say yes, but the ones I know are still using and I can't have anything to do with that. It will drag me down....I think when they [shelter staff] see you're trying and you're genuinely a good person and trying to be a good person, people will bend over backwards. It's the lifestyle again. You won't find that out on the street, you'll find that in a different lifestyle where people are working and contributing...

\*\*\*\*

Bridget has the support of several staff and addiction counselors at two of the shelters that she regularly uses. Without the supports of various professionals, Bridget stated that she would have committed suicide:

I would have jumped off that balcony. I would have jumped off that balcony because I didn't see any way out, I really didn't...Only when you have somebody accessing the

services for you [can you find a way out] because the normal everyday person doesn't know. And when you're isolated even further, by a dysfunctional relationship where the guy is cutting off even the phone line, you don't know what's going on and what's there for you who can help you.

\*\*\*\*

Bridget continues:

I talk to the staff if I can grab them, they're terribly overworked and um, my addiction counselor...or I'll just go to a meeting and I'll talk, I'll just vent....I need support in my life to do the things I need to do....The people at *agency name* have supported me and made it able, enabled me to you know go on with my plans of going to [the residential treatment program]. I talk to them about it every day and I've gotten feedback and I've gotten suggestions and I've just moved on that and I'm going to transfer that support over to [the treatment program]. For me...the personal supports are more baggage. It's better when it's someone that's not really connected to you, you know.

\*\*\*\*

If Franca reaches out to anyone during difficult periods, and often she does not, she seeks the aid of her psychiatrist. She chooses not to share her problems with her partner or other women in the shelters.

When Dana is going through a difficult period, she may attend an AA meeting, although she has not been in some time. While it is acknowledged that the nature of AA is significantly different than that of a more structured agency where one can access various services and supports, it does assist individuals through difficult life experiences through the use of important others who function in the role of support persons.



For the participants of this study the experience of connection to others in the context of mutually enhancing relationships was very limited. Most women spoke of a virtual absence of relationships with friends and family. The lack of connection in the lives of homeless women that was discovered in this study is consistent with the findings of disconnection among homeless women presented in the empirical literature. Bassuk, Weinreb, Buckner, Browne, Salomon, and Bassuk (1996) found that homeless women had extremely small social networks. Fragmented support networks of homeless mothers were also reported by Bassuk and Rosenberg (1988). Baumann (1993) indicated that disconnection from important others was a central theme in a study of 13 mothers. These findings echoed those of Bassuk (1986) wherein homeless mothers reported having a limited number of relationships. Carter, Green, Green, and Dufour (1994) reported a virtual absence of family contact among homeless individuals who attended a free nursing clinic.

According to Miller (1976) and Surrey (1991) the presence of positive connections in the lives of women is essential to a sense of well-being and for continued healthy development. Because the participants in this study lack affiliation with important others, or are unable to represent themselves fully in relationships, they are deprived of the opportunity for healthy psychological growth. Their personal power is diminished, sense of identity is limited by the inability to feel a whole sense of self, and their overall feeling of effectiveness is decreased (Miller, 1991; Surrey, 1991). In addition they are at an increased risk of experiencing depression (Jack, 1991).

Mutually enhancing relationships not only contribute to the psychological well-being of women, but they can also prevent crises and ameliorate stress during times of crisis (Bassuk, 1995). Shinn and Weitzman (1990) reported that when a robust social network is in

place, a woman is able to draw upon the resources of many to help her through difficult times. In the absence of positive connections with others, such as with the participants of this study, possibilities are narrowed and periods of difficulty are prolonged (Bassuk, 1995). For example, perhaps if Christie had a close friend with whom she could share mutually empathic responses she may have been able to prevent homelessness following the breakup with her partner as it would have been easier to envision alternate possibilities for herself. Similarly, if Dana had an important other to call upon for help, perhaps she could begin to see ways to free herself from her homeless situation rather than feeling panicked about how she will be able to avoid the downward spiral of drugs and prostitution that she experienced with homelessness in the past. Assisting women to form and maintain new connections as well as aiding women in reestablishing mutually beneficial relationships from their past is critical to the psychological well-being of homeless women.

As outlined in the stories of the women that appeared in the previous chapter, the participants have extensive histories of trauma experiences both within families and without. When one's early interpersonal relationships consist of violence and uncertainty within an unsupportive environment, it is difficult to be in the world as an adult in a way that feels safe. Reilly (1993) states that homeless people wander because healthy patterns of relating to others have not been learned within the context of family. Pervasive violence that occurs in the family results in children having difficulty socializing and forming connections with family and community (Herman, 1992). In adulthood, women who have survived abuse generally view the world as a hostile and dangerous place, a place in which others cannot be trusted. As a result of this, one is at increased risk for experiencing social isolation. In addition, patterns of violence, aggression, unpredictability, and abuse do not provide

homeless women with the skills necessary to form social networks and effective interpersonal relationships (Reilly, 1993). This has implications for how homeless women interact with others in their environment. The participants talked about not feeling able to be authentic or genuine in the context of relationships as they did not trust that others would understand their difficulties or would remain in their lives long enough to be of assistance. The women who participated in this study also spoke about their difficulty trusting others because of the abuse they have experienced in the past. Trust becomes a central issue when working with women who have trauma histories and when assisting with reconnection (Herman, 1992). The participants were afraid that they will be hurt again as they were in earlier times, and as such preferred to be alone than potentially to re-experience suffering and pain in the context of relationships.

The women in this study indicated that professional supports are one of their only, if not the only source of connection in their lives. Some of the women talked about considering suicide as the only alternative if not for the presence of the supportive staff at shelters or other professional connections. This has critical implications for staff as they may be a woman's only link. This underscores the importance of available and caring staff who understand and value a relational model of care. This also speaks to the essential role of professionals in aiding homeless women to become reconnected to themselves, others, and the larger community so that healing and growth may be fostered (Brown & Ziefert, 1990).

#### Meaning of Being Without a Home

The stress of homelessness is overwhelming. Concerns that are present in the lives of housed women are significantly magnified for homeless women. Matters such as safety and trust take on a different meaning when one does not have a home as do stress and coping. The

meaning of homelessness was expressed in the following themes: a) violence. b) vulnerability. c) hypervigilance. d) lack of space and privacy. e) distress. and f) positive perspectives.

Violence. A shared experience of the participants was that of violence and victimization. For most of the women this was not a phenomenon that existed only in their homeless situation. Many, as outlined in personal narratives of the women, had long histories of abusive relationships with both significant others and strangers, with some women becoming homeless as a direct result of violence. Because the participants' trauma histories have already been addressed, what follows in this theme are experiences of violence and victimization while enduring homelessness.

The fear and experience of abuse by Bridget's partner kept her out on the streets where she often was again the victim and observer of violence:

I've lived in some really, really bad crack houses....I've seen people beat within an inch of their lives and all kinds of things happened. I've seen people beat in the head with axes and, you know, while people continue to smoke [crack] just like you were watching a movie or TV or something like that.

\*\*\*\*

In an earlier episode of homelessness, Dana was the victim of repeated sexual violence beginning on the first night she ran away from home:

I went to the bus station and bought my ticket and got on the bus and nobody even asked me how old I was or where I was going, you know if my parents knew or anything. But I just got on the bus and um, I don't how I remembered to come to T---. There were all

these tall buildings around me and I didn't know which way to turn, what street to go down. I ended up in a coffee shop over here on --- Street. Um, I met somebody there who told me I'd be safe if I wanted to go check this place out with them in S---. I didn't even know where S--- was and if it was safe out on the streets. I thought this guy was really nice so I went out there and he raped me.

\*\*\*\*

Dana continues to speak about the violence she experienced:

In the first few months that I was here I had a gun held to my head. This black guy I met at a club he told me he needed somebody to go with him over to ---- here to pick up some drugs or something and he'd give me some money. So I went with him and we got in the stairwell and he wasn't about to go into the apartment building, the apartment place. He made me give him, um oral sex....One time I fell asleep in an abandoned house and I woke up it was total darkness, there was stuff all over the place. My clothes were off, all my money was gone. It was horrible, it was horrible.

\*\*\*\*

Franca denied physical abuse by her partners, however she did speak about severe verbal and emotional abuse by two of her partners that left her completely controlled, silenced, and emotionally empty:

He would yell at me because he wasn't getting enough from me. He wasn't getting enough of my energy so he felt like he had to spew out all his anger...He would take a toke and just go aaaahhhhhh [screaming tone] like vent all his frustration and anger at women on me....So emotionally I did not find that fulfilling at all. I was basically

emotionally dead. Just like no feelings at all a lot of the times.

\*\*\*\*

At the time Christie was interviewed, she had not been the victim of violence while homeless, however she had a history of abuse in the context of family. Several weeks following the interview, the investigator encountered Christie again and learned of a recent gang rape. Christie was attempting to return to the shelter one evening. She realized that she lost her only bus ticket and did not have any money to pay the fare, therefore began to hitch hike. She was picked up by a van of 5 men and raped by all of them.

Homelessness requires an existence in overcrowded and chaotic shelters, or the alternative of living on unsafe streets. Thus the threat of violence lingers constantly and issues of safety become paramount to survival. Consistent with the results reported in the literature, the prevalence of violence in the lives of homeless women is extremely high compared to housed women (Anderson, 1996; Bassuk & Rosenberg, 1988; North & Smith, 1993; Redmond & Brackmann, 1990; Shinn, Knickman & Weitzman, 1991). The implications of such are devastating and far reaching. The terror involved in sexual and physical assault has the potential for serious long term psychological sequelae such as feelings of shame and guilt, low self-esteem, and interpersonal difficulties (Herman, 1992). Violence may also result in serious and permanent injury or death. Distrust of others, the view of the world as hostile and unsafe, and one's fear of future harm may limit interpersonal relationships, therefore it should not be a surprise that the participants of this study were disconnected from important relationships with others. If trust is violated to the degree that it is with childhood sexual abuse and violence in adult life, it follows that women may be more reticent in forming relationships. One may be continually on guard for the next potential violation and have

suspicious about all who attempt to become close. The heightened risk of self injury that may exist among women with a history of trauma was observed in some of the participants through their high risk behaviors and use of substances. Herman (1992) states that this may be viewed as symbolic or literal reenactment of the initial violation with the function to relieve emotional pain. Thus, self-soothing strategies and issues of self-care are intensified with many homeless women.

Vulnerability. Vulnerability existed in many forms in the lives of the participants. Dana spoke about feeling a lack of security in her situation:

If I feel totally safe, like nobody can do anything to hurt me then I feel good about myself, then I feel secure. Security is a great big thing for me. If I don't have that, then I don't have anything.

\*\*\*\*

When asked if she felt she had security at *agency name* Dana responded that she did not feel safe and began to cry.

Bridget's vulnerability resulted in her compromising in a relationship:

You're a lot more vulnerable... I got into a relationship that turned into a codependent and dysfunctional relationship and I think basically it was because I was clinging because I needed somebody who had more than me materially and could provide me with the things I needed and it wasn't crack and that was all he wanted to provide, right. I wanted a home. I wanted a relationship. I wanted something normal and I found that that's just a cycle on a washing machine that's not what really happens in real life.

\*\*\*\*

Bridget also felt vulnerable because of her physical appearance:

When you get out there looking as good as I do because I've been clean now for awhile so I look healthy, so right away they [drug dealers and users] want to pull you down with them. You know they'd be giving it [crack] to me.

\*\*\*\*

Vulnerability was also discussed by Bridget in the context of safety while living on the streets:

...there was a sugar shack, they call it a sugar shack it was on a railroad track in --- it was a place where the heroin junkies were down you know like close to us and the fire engines were close so you have to hide, you have to hide all the time. It's a life of hiding. Not to let the CN or CP cops find you up there, not to let the police or anybody or other street people know that you live up there all hiding. Hiding this way. Even when I sleep out on the streets or in abandoned cars and stuff, it was always hiding or somebody was hiding from me, right. Like the glue sniffers would come into my truck. That was my truck, okay. I didn't park it there, but it was my truck. And I'd take them out cause I was stronger than them, but meanwhile I was hiding from bigger, badder people that were roaming around looking for a woman to rape or something or somebody's money to steal or some more crack to smoke, so it's always somebody is hiding, right.

\*\*\*\*

Embedded in this is also an element of hypervigilance. Home to Bridget was the truck. Housed persons guard against potential intruders by taking safety precautions such as locking doors. Because this was not a possibility while homeless, Bridget did what she needed to ensure her space was protected and at times this would involve physical removal of people.



Bridget has noticed a change in the level of safety in the shelters and talks about having to guard her belongings more than she had to in the past. She said:

It's a lot rougher here. Like, I was complaining earlier about my belongings being stolen right when they're under staff supervision.

\*\*\*\*

It is widely recognized that homeless women are more vulnerable than their housed, and resource rich counterparts for several reasons. Perhaps the most obvious is their absence of home or a physical space to call their own. From this arise many problems such as exposure to elements, insecurity, greater risk of physical harm, and lack of community ties. Hodnicki, Horner, and Boyle (1992) state that homeless women have exhausted all resources therefore are vulnerable to any mishap that may occur. Small difficulties are magnified when one is without a home. For example when clothing becomes soiled or food runs out, a homeless woman must depend on others to provide these basic needs. Relying on the goodwill of strangers places the woman at risk of others taking advantage of her (Bassuk, 1995; Brown & Ziefert, 1990). Agencies that provide some of the basic necessities are often open limited hours therefore a woman may go for several days without appropriate clothing during the winter, or without any food. However vulnerability manifests itself, the likely result is to remain on guard.

Hypervigilance. The participants described giving careful attention to circumstances so as to avoid danger or misfortune. One woman spoke about hypervigilance in terms of the extra caution she must take, due to her brain injury, so that she is not physically harmed.

Gilda stated:

The lifestyle I live in you better be careful, you know what I'm saying because I can't see very well and I can't take a lick on the back of my head you know and stuff. I have to move right.

\*\*\*\*

For Dana hypervigilance meant behaving in such a way that ensured she may remain a resident in the shelter:

This is basically a last stop for you before the streets. You always got that in the back of your mind you know. You always watch your step or make sure you don't say the wrong thing or bug the staff too much cause you don't want to get kicked out....[I feel] on edge cause you never know if they're going to need the bed for somebody else or they're gonna rip you off. You just don't want to go through the intake thing all over again and all that stuff. I just get tired of it.

\*\*\*\*

Dana also talked about the power struggles that are common in shelters and that one must constantly be on guard so as not to become involved and put oneself in a dangerous position.

About potential conflict in the shelter Dana stated:

I get scared. I'm 29 but I get really scared...I don't want to get hurt. Anything you do or not do or look the wrong way or anything or it doesn't matter, if they don't like it, they don't like you. It's really scary. When I walk out of this door I can breathe.

\*\*\*\*

Christie found that she had to monitor her expressions and actions where others were concerned:

Another thing that I found very difficult, it's because I'm such an open person, and I could go like this [reaching arm out to someone], you know I'm very expressive, whatever, and they told me at the shelters never to go to someone and assume it's okay to put your hand on their shoulder and that, because a lot of them come from abusive situations...I found I had to keep myself guarded inside, you know. I had to watch how I reacted to people and everything.

\*\*\*\*

Hypervigilance was ongoing for Franca while she lived in her van for a period of two years. It was necessary for her continually to monitor her activities and location to avoid contact with the authorities and so that her basic needs could be met:

Some people have romantic notions about having a van, camping out here and there. But you know like try dealing with it on a daily basis you know. Here you are trying to survive off welfare. Okay you don't want to pay for insurance. Oh oh, you know. Like for awhile I didn't have money to insure the van so I had to just park it on the street and kind of be careful about like where to park so that the license plate in the back was kind of covered up so that the cops wouldn't like... just stupid little things you gotta really be careful about. Um, well, like you have to sort of park somewhere where you can be near a bathroom and you know you have to go out and do that. In --- sometimes I could park in the wilderness and be by a stream or something. I'd get chased around. I got chased out of a couple of places for like parking on the dock. I couldn't park there for a while.

\*\*\*\*

Hodnicki and colleagues (1992) discussed guarding and hypervigilance as resulting from homeless women's increased vulnerability. Homeless women have an intense need to be on

alert for potential dangers. Hodnicki and colleagues state that strategies such as recognizing and avoiding unsafe situations while attempting to meet basic needs as well as learning to deal with time spent on the streets are employed by homeless women. They found that guarding is a constant activity of homeless women and is necessary to ensure safety, mental, and physical health. As with the participants of this study, Hodnicki and her colleagues revealed that regular activities of hiding, so as to avoid danger, were commonplace. While living in shelter, concerns for safety were never eliminated either as shelters are not immune to the dangers that exist on the streets. Power struggles easily mount when several people are confined to small living quarters. In addition, the strong presence of substance abuse contributes to conflict within shelters. Women may attempt to gain entry into shelters when under the influence of drugs and can become easily provoked and combative in the company of staff or other women.

Lack of space and privacy. The nature of homelessness is the existence in the public domain, thus space and privacy are scarce. A lack of a place to call one's own and the absence of a space in which to be alone were common struggles of the participants. Christie talked about the stress of having little space to store her belongings and the need to conceal possessions to ensure they are not stolen:

[At one of the shelters] there was like 14 women on one floor and then all you've got is two small little drawers that's all you've got. You're only allowed a two bag limit.... You always have to make sure that everything is out of sight so that people don't see what's around and that's a strain.

\*\*\*\*

Christie longs for the private time and space that she once had:

Now, I do need time. I find I need more private time, but you can't have that in a shelter.

Privacy, it's the biggest thing I miss about the shelter.... We have no privacy here, none whatsoever. You can't even go to a coffee shop and have privacy because there are people there.

\*\*\*\*

Bridget spoke about the reality of existing in a confined space while living on the street:

I slept in the back of --- on a futon. I had a bunch of blankets. They had a sandbox at that time and I had my clothes all in the sandbox and garbage bags.... At one point I lived in this corrugated tin thing that they put in ditches, dug out ditches. You've seen them the culvert wrappings well this guy attached two of them together with rope and put a piece of tarp over it and we had a mattress inside. You know, this is how you live.

\*\*\*\*

Franca also experienced the lack of a place to call her own. While her van was home to her, she did not have a permanent place for it, thus was continually on guard and moving. She expressed frustration and anger about not having her own place beyond the tiny confines of her van, a space in which she could not even stand up straight.

The busyness and crowded nature of shelter life was difficult for Evelyn to become accustomed to. While she acknowledged that being in a shelter was a home of sorts, it is not one's own space and surroundings, therefore it is difficult to feel settled.

Consistent with the literature, privacy is a central concern to homeless women (Baumann, 1993; Brown & Ziefert, 1990). Privacy was found to be a theme among homeless women by Baumann (1993) in that they longed for a place to call their own where they could be by

themselves whenever they wished. The absence of a private space is taxing on one's coping mechanisms and increases the already high stress level among homeless women. Baumann states that not only is the space in which homeless women exist limited, but the lack of physical boundaries increases one's vulnerability in terms of personal effects and physical safety.

Loss of control and independence. The inability to determine the course of one's life while in a shelter was described by the participants. This was discussed best by Christie who became frustrated with losing her control in the shelter system and being reduced to a child:

I found some of the staff at some of the shelters very controlling, condescending, very parental, you know and that in itself takes away my sense of dignity as a grown woman here you know to be treated like a child, you know....I think a lot of us in the shelter system, we regress, we regress back to being children because we feel like we're being treated as children and sometimes we are, depending on where you are and who you're with and um, I think that takes away your dignity more than anything.

\*\*\*\*

Christie believes that the shelter system is structured so that it is difficult for women to retain their independence and control:

So the way I see it it's very easy for people to fall into a trap of being taken care of and because everything is taken care of you know including your emotional needs if we have a problem or whatever.

\*\*\*\*

As a result of relinquishing control, Christie's sense of self has been affected:

I feel like I'm not worth anything sometimes, that I'm just a number in the system that I'm just you know something that can be brushed over and not looked upon....That's the end of the line for me as far as how I feel about shelters. The shelter's where you have no home and nowhere to go and you have to rely on other people for all your needs, your medications you have to give in....I understand totally, but again when you're the type of person that you know in your heart that you're not like that, again it takes a little of your self-esteem away.

\*\*\*\*

The theme of relinquishing control and independence while living in a shelter is consistent with the findings in the literature (Baumann, 1993). Baumann, in a qualitative study of homeless women, described participants feeling like their self-determination was being taken away by the shelter rules and environment. He also described women's fears of becoming too dependent on the system and becoming "career homeless women", much in the way that Christie feared she may become a "shelter woman". Kline and Saperstein (1992) also reported the need for control in the lives of homeless women. While women generally appreciated the need for rules and regulations, they often felt this was at the expense of their autonomy.

Distress. The fear, lack of dignity, and loneliness of being without a home was described by many of the participants. This pain was intensified by the disconnection from home, family, and community that the women were already enduring.

Franca talked about intense feelings of loneliness that result from being homeless:

Well, sometimes it just feels lonely....it just feels kind of like you're wasting away.

It's very dark. It's more like dying than living. It's sad, so I try not to think about it.

\*\*\*\*

Dana became tearful when she spoke about the desperation associated with homelessness: I know what it's like to feel desperate and I don't like feeling that way. Before I didn't care. I was too far gone, but now I really do care. I don't want to be like this....I feel cornered. There's no way to go home. I don't know where I'm going to get the money to pay my rent cause I'm not going to do what I did before. I'm not. I'll die first. I won't do it....I'm so desperate. The people, when you're walking down the street, know that you don't have your self-esteem because- I just hate the feeling that people know you're desperate and look that way....It just feels terrible, like a big black hole.

\*\*\*\*

About being back in a homeless situation after being housed for several years, Dana stated:

It scares the hell out of me...There are women in here you know, that talk to themselves and you know picking at themselves...I haven't had to deal with that for quite sometime you know and it's scary.

\*\*\*\*

Christie found herself exposed to new kinds of people in the shelter system and often would become frightened by women with mental illnesses:

You couldn't talk to people with schizophrenia and emotional problems and that. I found that hard to deal with because I've never really been exposed to that, you know. Like people talking to themselves and walking around, you know. I know they hear voices, but it's still really hard to cope with if you've never been exposed and a lot of women and



myself included, when I first got there I was afraid. I was afraid.

Positive perspectives. All of the participants managed to retain some measure of hopefulness, were able to see positive possibilities for their future, or were able to look upon their homeless experience with gratefulness. Bridget talked about her life being different now because she is clean and has hope. For her future she sees possibly attending university on a part-time or full-time basis and living independently in a place where her children could visit. She constantly reminds herself that she is worth it. She recognizes that her experiences have made her stronger and this will prove to be an asset in recovery:

I figured that out [her personal strength] maybe a year ago that to have lived through what I have been through. And I ended up telling the guy that abused me that I'm stronger than you. Sure you grabbed my kids from out from under me and you've raised them and been through hard times with them, but you could not have survived what I've been through and still been here and sitting and talking reasonably and intelligently, you know. You'd have been gone a long time ago.

\*\*\*\*\*

Bridget spoke about being grateful for the strength that she gained from being a homeless woman:

I'm just grateful I'm in the place I'm in now and I'm grateful for a lot of my experiences too. I don't think I'd really trade them. They're what made me probably as strong as I am, and as determined as I am.

\*\*\*\*\*

Christie expressed gratitude for her experiences and what they have taught her:

I look at it as a very good learning experience and look at it like my God you've experienced a lot over the past 3 months. I've experienced more than I've experienced in all my life. It's been a rewarding experience too because it's kind of nice to understand how other people feel and how they think and got there....it was a good experience for me to go through the shelters because now I know where I don't want to end up. And you always think it can't happen to you, well you listen to enough stories out there and you know it can happen to you. So it's confirmation every time, every time and for that I'm grateful.

\*\*\*\*

For her future, Christie desires a peaceful and calm existence and wishes not to become insensitive and hardened by her experiences:

I'd like to live in a little house by the ocean and that's all I want....To me I like being with nature and you know with the ocean waves crashing against the shore. All this is so soothing....I feel I don't want to lose sight of the fact that I'm a human being and I'm a very feeling and sensitive human being. I don't want to lose that part of myself and I never want to become that cynical as some of the girls have become, you know. I don't want to lose that because I think you hurt yourself so much inside in the long run when you can't open up and you can't share anymore....I've been clean all my life except for 3 years. So that's the image I hold onto all the time, to one that's responsible.

\*\*\*\*

Annie plans to open up a small business with the settlement money she receives:

I know that I've got my settlement coming and I know that things can happen. I know good stuff can happen and I can make it happen with a little help.

\*\*\*\*

Gilda looks upon her experiences as something she would like to write about and have others learn from:

The reason I'm going on all this drug shit and all this stuff is cause I'm going write something that's gonna make a difference. I believe that there is a reason for everything and I've got to go through all these hard knocks and I've got to meet all these people and I've got to go through this lifestyle of being homeless....I want to write something about my drug days. I just know it, that's my purpose. I can just feel it. I want to write something that can be used in NA [Narcotics Anonymous] meetings or something that's going to make a purpose somewhere, that's gonna make a change for people. That's why I've gone through all this.

\*\*\*\*

About the difficult times of her life Gilda is grateful:

I thank God for the hard times. I thank God for the hard times because the hard times showed me that I've got stuff. And I'll always respect myself and have a real deep sense of security for having stuff, okay.

\*\*\*\*

At earlier points in Gilda's life she thought of herself as just surviving. She now talks about moving beyond survival to achievement:

When I thought of myself as a survivor it was great for like 10, 15 years cause I survived and I survived through some bitchin times and some tough times, and among very tough

people....But now I've decided that I want to be an achiever and so when I decided to be an achiever, consciously decided to be an achiever and actually voiced it a few times, probably within a year after that I got stock and I bought my mother all new furniture and I said mom have \$10,000 cause I want you to, you know what I mean. Yeah, the money was given to me but when I was just a survivor, that money didn't come to me....I think if I still thought of myself as just a survivor, when that money came to me I think the money would have gone to totally different use. So I thank God that I was thinking of myself as an achiever and that money did not come until I was thinking of myself as an achiever because I achieved some dreams. And I got to do that dream, you know.

\*\*\*\*

Dana wishes the following for the future:

...to have a nice home so that my daughter would be with me. Basically living comfortably, not much more than that. Not having to take bargains in any aspect of my life. To have my dignity.

\*\*\*\*

Dana gets through the day "sometimes one hour at a time". She continually tells herself that her situation will improve.

....this is gonna get better. Things are gonna turn around. That was one thing I learned at the meetings, this too shall pass. This too shall pass. I have to keep saying that. If I don't I'll give up. Things will get better. Don't worry, it's just a little bit longer. Things will only be this way for a while longer. You know, something good is gonna happen.

\*\*\*\*

Evelyn looks forward to getting back into an apartment and being reunited with her children. She talks about her situation as being a good learning experience and raising her awareness to the struggles that many women face.

Franca finds strength in her spiritual connection to nature. She enjoys seeing the moon and having trees nearby as she states, "It inspires me. It kind of makes me feel thankful and grateful".

All of the participants were able to envision overcoming the devastating circumstances of homelessness. The women saw light and hope in their future amidst an existence of isolation and turbulence. While the lives of homeless women are tragic, they all choose to view their experiences as meaningful. Montgomery (1994) reported that homeless women possess great personal, interpersonal, and transpersonal strengths which enabled them to move in a positive direction toward health and self-actualization. Similarly, Hodnicki and colleagues (1992) found that homeless women describe their situations as one of growth. The stories of hope, growth, and gratitude which were told by the participants of this study are suggestive of incredible strength, strength that can be summoned when aiding homeless women in their reconnection to home and community.

### Limitations

This study is limited by the setting as the participants were drawn from only one shelter. Women who reside at other shelters were excluded as well as those who do not utilize the services of any shelters. It is important to recognize that shelters vary considerably in terms of policies and procedures, service delivery, physical environment, staff training and expertise, hours of operation, and availability of resources, thus the diversity of people may

vary among shelters. Residents may also vary in their experience depending on the shelter in which they reside. The agency at which this study took place is considered by professionals and the women who utilize the services to be of superior quality. therefore it is possible that a limited view of the experiences of homeless women was obtained. In addition, the experience of women who do not use shelters, those who live on the streets, was not accessed in this study. While many of the women in the study have been “literally homeless” as recently as the same week in which they were interviewed, the experience of the subpopulation of homeless women who tend not to use shelters at all is likely much different than those women who were interviewed in this study.

Another limitation of this study is that single interviews were conducted with each participant. A second interview with the women would have aided in clarification of certain experiences or concerns that emerged from the first interview. Additional interviews would have also provided an opportunity to explore new areas or previous questions in further depth. Although the researcher felt that most of the women were comfortable disclosing information about themselves, further contact may have increased trust and enabled them to speak even more freely, thus rendering a heightened understanding of their lives.

## **Chapter 7**

### **Implications and Conclusion**

The purpose of this study was to explore homeless women's experiences of sense of self-in-relation. The participants spoke about a lack of important relationships and connections in their lives and what being homeless meant to them. What follows are the implications for nursing practice and research. The action orientation, consistent with feminist inquiry, is also included.

#### **Implications for Clinical Practice**

The homeless shelter as an arena of practice is particularly clinically relevant to community health and mental health nurses. While "street nurses" have developed programs to deliver effective physical care to homeless persons, their mandate does not include the incorporation of broader concerns such as relationships and issues of self. The findings of this study suggest that homeless women lack connections and important relationships with others, which may deprive them of the ability to experience psychological growth. When nurses are educated about the importance of connections and relationships in the lives of all women, they may begin to assist homeless women in rebuilding former connections and preventing the demise of existing relationships. This must be done with caution as homeless women are often disempowered by experts who enter their lives for a brief period to assume control and attempt to "fix their problems" (Baumann, 1993). A feminist and collaborative approach that is mutually empowering and authentic, which aims to understand the experiences of the individual, and that focuses on identifying strengths will likely be most successful. Incorporated into this must be the recognition of the broader social and political environment which has influenced homeless women's experiences and limited their potential.

The role of poverty and stigma in their lives should also be addressed as factors that further marginalize an already oppressed group. Many mental health nurses are educated to deliver this kind of specialized care in the form of individual therapy, supportive counseling, or case management.

Group work, a domain of many nurses, would be immensely helpful for homeless women as it not only would be validation of their experiences, but it would also encourage connections with others who have common experiences as well as reconnections to themselves. Additionally, the experience of a group may aid in decreasing the profound feelings of isolation and loneliness in many of their lives and would be a forum in which to reestablish trust within themselves and with their peers (Brown & Ziefert, 1990). The self esteem issues which arise out of a history of trauma could be addressed in the group as well as issues of self care and self nurturing. The application of feminist principles would be particularly useful in this forum because general issues of oppression could also be examined here as they would be in individual work. The "personal is political" can be used to help women understand how they may take political knowledge to help empower themselves (Johnson & Lee, 1994). The concern with group work and individual therapy with homeless women is that of transiency. Because the population is ever moving and shifting, commitment becomes difficult, thus creative and flexible ways to plan and conduct work with homeless women need to be considered.

### Implications for Research

The findings of this study indicate that homeless women have few close connections and relationships in their lives. Consistent with the theoretical framework of this study, it follows that these women are not afforded the opportunity for psychological growth because they lack



connections with important others. Continued research is needed to fully understand the effects of disconnection in the lives of homeless women. This would include examining the role of disconnection in one's pathway to homelessness as well as exploring the most appropriate complement of services that should be available once one has become disconnected. The experience of women after leaving a shelter and returning to stable housing is also important in gaining a full understanding of the complexity of homelessness, outcomes of the experience, and possible solutions to the problem. The factors that assist women to become housed, including the role of connectedness, must be investigated so that appropriate interventions can be implemented to aid homeless women to return to housing in an timely manner. Further investigation into the prevalence and outcomes of trauma in the lives of homeless women needs to be undertaken. Exploring the impact of violence and victimization in all domains of the lives of homeless women is essential.

Homeless women who have addictions is also an area that warrants immediate investigation. Johnson and Lee (1994) state that shelter workers are very aware of substance abuse as an important factor in homelessness, however it is rarely reported in the literature. Substance abuse treatment is a necessary prerequisite to obtaining stable housing. Substance abuse is also intricately tied to the quality of one's relationships. Thus, in order to address the tasks of housing women and aid them in exploring how to develop mutually enhancing relationships, further research needs to be done on the prevalence of substance abuse among homeless women, whether substance abuse is a cause or an effect of homelessness, and how to design specialized treatment programs to meet the needs of this specific population. When the women in this study spoke about their addictions, substance abuse seemed to be linked to their relationships with male partners and was both a cause and an effect of homelessness.

While the investigator calls for exploring means whereby connections in the lives of homeless women can be enhanced, one must be cautious about with whom homeless women are connecting. It would be detrimental to the well-being of a homeless woman with an addiction, or a woman in recovery, to be in a relationship that would promote her drug use or other self-harm behaviors. To complicate the issue of substance abuse, it is often related to domestic violence as seen in the stories of some of the participants of this study. Therefore, the relationship between substance abuse, relationship patterns, and sense of self is also an area that requires investigation.

Very little is known about the subpopulation of homeless women who do not utilize services of any kind, women who were traditionally referred to as “bag ladies”. Further investigation about this population is necessary so that services can be planned and delivered that meet the needs of all homeless women.

A final area for future investigation is the use of paraprofessionals, women who have a history of homelessness and who now wish to be trained to aid homeless women. Many of the participants of this study stated that they have difficulty trusting their peers and only look to professionals for a sense of connection. Paraprofessionals are in the unique position of having an increased understanding about the lives of homeless women by virtue of personal experience, while at the same time not being viewed as untrustworthy peers. Research endeavors should compare the effects and outcomes of using paraprofessionals versus professionals in addressing issues such as violence and substance abuse in the lives of homeless women.

### Action Orientation

As part of the social action that feminist inquiry is responsible to, the findings will be communicated to those who currently work directly with homeless individuals as well as those professionals who may come in contact with the homeless population in the scope of their practice. This includes emergency room clinicians, mental health professionals, community health workers, "street nurses", and shelter staff. It is essential that these individuals are aware of their own views of homeless people and can begin to examine how one might alter their thinking to incorporate a broader contextual understanding of homelessness. This will likely involve challenging the meritocracy of the dominant culture. The notion that those in positions of powerlessness and vulnerability get what they deserve serves only to blame and punish individuals.

Involvement at the political level to work for increasing the supply and accessibility of shelters for homeless women, especially women with children as few facilities exist that will house families, will be undertaken. In addition to increasing supply, the quality of current shelters must be addressed. Many shelters have substandard conditions and strict rules that serve to perpetuate disconnection and disempowerment of homeless women.

### Conclusion

The intent of this study was to explore homeless women's experiences of sense of self-in-relation. The research purpose and questions, theoretical framework, and data collection and analysis methods were consistent with inquiry in a feminist mode. The use of personal narratives and thematic analysis resulted in themes in two domains: themes that describe how relationships unfold when one is without a home, and themes which represent the meaning of being without a home. The results provide a beginning for understanding the lives of

homeless women. If we are to provide effective service and care for this population we must to recognize what is important to them. For the women in this study, connection to others emerged as being critical, especially connection with service providers. Being with and being there for homeless women is essential as clinicians attempt to reconnect homeless women with themselves, their families, and the broader community.

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## APPENDIX A

In addressing the research question of how relationships unfold when one is without a home, the following probes were used while recognizing that variation was exercised to accommodate each participant and situation.

- I would like to hear about how you spend a typical day.
- Tell me about the people in your life.
- Who do you see/who are you in contact with during your day?
- Do you spend time with this person (people)?
- How do you spend your time together? What sorts of things do you talk about?
- Do you share things about yourself?
- Do you look forward to seeing this person?
- Do you consider this person to be a regular part of your life?
- Do you think about them much?
- Do you have somebody in your life now who you can count on?
- Do you have somebody in your life who you can go to when you are having a rough time?
- I would like to hear about the people who were a part of your life when you were growing up.
- How did they impact you?
- Who was most helpful to you/who were you closest to?
- What sacrifice did that person make on your behalf?

- Who gave you the most trouble?
- How did this affect you?
- Is this person still a part of your life?

In addressing the research question, what is the meaning of being without a home, the following probes were used to elucidate meaning while being cognizant of variations across situations and participants.

- I'd like to hear about what it's like to be homeless?
- What does it mean to you to be without a home?
- Has being homeless affected the way you feel about yourself?
- What things are most important to you now?
- Have these things changed since you became homeless?
- What helps you to feel good about yourself?
- What is going on in your life when you don't feel good about yourself?
- What were your dreams and wishes before you were homeless?
- Have these changed now that you are homeless?
- How do you cope with your situation?

## APPENDIX B

### Study Introduction For Agency Staff

I am Tracey Tully. Most of you know me as a volunteer here at *agency name*. I am also a Registered Nurse and a graduate student in the Faculty of Nursing at the University of Toronto. As a part of my program, I am responsible for conducting a research study under the supervision of Dr. Ruth Gallop, Associate Professor at the Faculty of Nursing, University of Toronto. I am interested in studying how the experience of homelessness affects the way women feel about who they are. More specifically, I am interested in looking at the connections and relationships in the lives of homeless women.

All residents and drop-ins are eligible to participate in the study if they meet the selection criteria as follows: 1) the woman sees herself as homeless; 2) the woman is able to tell her story 3) the woman is fluent in English; and 4) the woman is able to give informed consent.

It would be much appreciated if you could inform the residents and drop-in women who meet the selection criteria that I am conducting a study and invite each woman to contact me to learn about the study so she may decide whether or not she would like to participate. It is important that the women understand that you are not seeking their consent to participate. Rather, your role is to put the women in touch with me so they can get more information about the study.

A good time to speak to the women about this may be at morning meetings when all of the residents are present and again at lunches and/or suppers so that drop-in women may also be informed about the study. A sample of what you might say is :

There is a research project being done here at *agency name* which inquires about the experiences of homeless women. The researcher is Tracey Tully and she is interested in meeting with anyone who might like to hear more about the study. After Tracey gives you more information about the study you may or may not decide to participate. Please note that meeting with her will not obligate you to participate. If you decide to participate, Tracey will arrange an interview with you which will take 1-2 hours of your time. Tracey will pay you \$15. If you are interested in speaking with Tracey, please approach one of the staff members so that we can arrange a meeting.

Thank you.  
Tracey Tully RN, BScN  
(416) 923-3829



## APPENDIX C

### Information Form For Prospective Participants

#### ON BEING HOMELESS: WOMEN'S SENSE OF CONNECTION

**Principal Investigator:**

Tracey Tully RN, BScN Telephone Number (416) 923-3829

**Thesis Supervisor:**

Dr. Ruth Gallop, Associate Professor, University of Toronto  
Telephone Number (416) 978-2852

**Introduction**

My name is Tracey Tully. I am a Registered Nurse and a graduate student at the Faculty of Nursing, University of Toronto. I am also a volunteer at *agency name*. As part of my degree requirement, I am conducting a study to learn about what it is like for women to be without a home. In particular, I am interested in finding out about the past and present relationships in the lives of women without a permanent home.

**The Study**

If you agree to participate, you will be asked to have an interview with me at a time that is convenient for you. This interview will take place at *agency name*, or at another location of your choice. The interview will take 1 to 2 hours during which time I will give you the opportunity to discuss how your experience of being without a home has affected who you are and your relationships with others. If you agree, I will audio tape the interview to help me remember and understand what you have said. These tapes will not have any names or identifying features on them. No one else will hear or have access to these tapes except for myself and the person who will type the words from the tapes to paper. During the interview, you can refuse to answer any questions that you do not want to answer. You can also ask me to stop the interview at any time. You will be paid \$15 for the interview.

**Possible Benefits to You**

You may not receive any direct benefits from participating in this study. However, some women find it helpful to talk about sensitive experiences knowing that their personal experience is valued. In addition, I hope that the information you share with me will be helpful in the future for planning services for other women who are experiencing situations similar to yours.

**Possible Risks to You**

It is possible that you may find it difficult to talk about certain experiences. You may be reminded of uncomfortable feelings from your past or you may find it difficult to talk about your current circumstances. You may refuse to answer any questions you are not comfortable with. You can also stop the interview at any time.

**Confidentiality**

All of the information that will be shared during the interview will be kept confidential. *Agency name* staff will not be informed of any information that is shared during the interviews. Care will be taken to ensure that no information will be released that would disclose your personal identity. Audio tapes will only be heard by myself and the person who transfers the information from the tapes onto paper. After the audio tapes are transcribed to paper, they will be kept in a locked cabinet. No identifying information will appear on the tapes.

## APPENDIX D

Consent To Participate in StudyON BEING HOMELESS:  
WOMEN'S SENSE OF CONNECTION**Principal Investigator:**

Tracey Tully RN, BScN Telephone Number (416) 923-3829

**Thesis Supervisor:**Dr. Ruth Gallop, Associate Professor, University of Toronto  
Telephone Number (416) 978-2852

I \_\_\_\_\_ have been asked to participate in a study conducted by Tracey Tully, a Registered Nurse and graduate student at the Faculty of Nursing, University of Toronto. The study is in partial fulfillment of the Master of Science in Nursing degree and is under the supervision of Dr. Ruth Gallop, Associate Professor at the University of Toronto.

I acknowledge that the study has been explained to me and that my questions have been answered to my satisfaction. I understand that the purpose of this study is to gain insight into how the experience of homelessness affects the way women feel about themselves and their relationships with others. I understand that participation in this study involves a minimum of 1 interview. I understand that, with my permission, the interviews will be audio taped and then later typed out on paper. I further understand that all copies of the tapes will be destroyed on completion of this study.

I understand that all of the information will be kept confidential and that care will be taken to ensure that no information will be released that would disclose my personal identity. I understand the possible risks and benefits of the study. Furthermore, I acknowledge that I am free to withdraw from the study at any time without affecting the services I receive at *agency name*. I am aware that I will be paid \$15 to participate in this study.

I hereby consent to participate in this study.

\_\_\_\_\_ Participant's Name

\_\_\_\_\_ Participant's Signature

\_\_\_\_\_ Date

## APPENDIX E

Consent For Audio TapingON BEING HOMELESS:  
WOMEN'S SENSE OF CONNECTION**Principal Investigator:**

Tracey Tully RN, BScN Telephone Number (416) 923-3829

**Thesis Supervisor:**

Dr. Ruth Gallop, Associate Professor, University of Toronto  
Telephone Number (416) 978-2852

I give my permission for Tracey Tully to tape record the interview with me for her study on the effect of homelessness on women's relational self. I understand that I have the right to refuse taping at any point during the interview, or to request to have parts of the tape erased. I understand that these tapes will be typed out on paper. The audio tapes and transcriptions will be kept confidential without any identifying information.

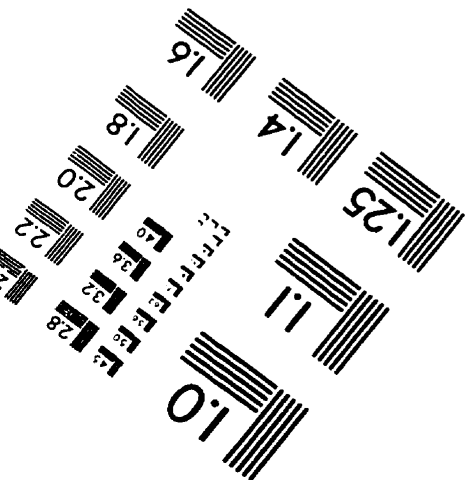
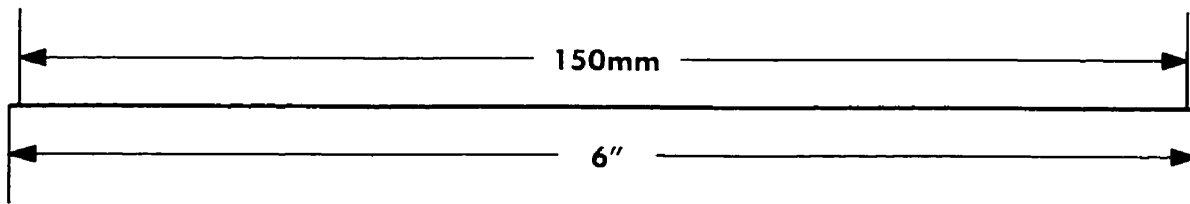
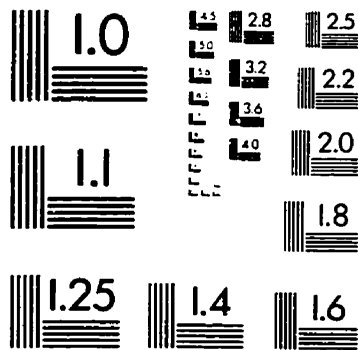
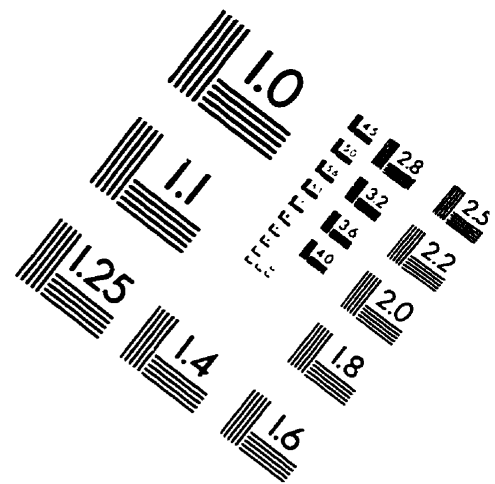
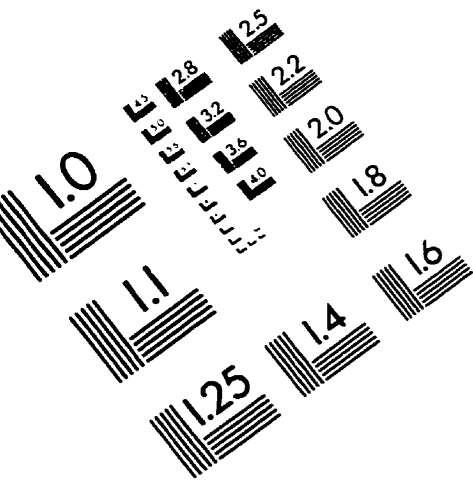
I hereby consent to have this interview audio taped.

\_\_\_\_\_ Participant's Name

\_\_\_\_\_ Participant's Signature

\_\_\_\_\_ Date

# IMAGE EVALUATION TEST TARGET (QA-3)



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