

Othering Homelessness:  
How Lone Mothers Manage Housing Insecurity  
in  
Prince Edward Island, Canada  
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## Abstract

Homelessness is a complex socio-economic and political problem that impacts health status and continues to challenge researchers and policy makers in Canada. Individuals and families who lack safe, affordable shelter are heterogeneous and represent almost every facet of society. Although living in poverty is a common denominator for those who experience homelessness, researchers report multiple contributors to housing insecurity including poor mental health, addiction, family violence, unemployment, and insufficient wages. Many of these contributors are understood to be consequences of individual circumstances rather than stemming from much broader socio-economic and political conditions.

Research that has explored homelessness in Canada has predominantly been conducted in large urban areas. However, in Prince Edward Island, a province with a high percentage of rural residents, there is no research that has examined housing instability among any population, including lone parent mothers. This knowledge gap is a critical omission concerning women, especially for those who live in rural Canada as there is limited understanding of their daily challenges.

The research question for this study was: How do lone parent mothers manage their lives while living homeless in Prince Edward Island? The methodology used was constructivist grounded theory. Similar to classic grounded theory, constructivist grounded theory aims to create a theoretical understanding of the basic social processes at play that are contributing to a social phenomenon, and how participants respond. The purpose of this doctoral study was to create a theoretical understanding of how and why homelessness among lone parent mothers in PEI is a problematic social-economic problem and how they managed in response to their circumstances.

Fourteen lone mothers who had experienced homelessness were interviewed at a place and time of their choosing. Following ethics approval, data generation and analysis began immediately and continued in an iterative process until no further discernments were identified. By understanding the lone mothers' behaviours in response to their socio-ecological circumstances, a social process became apparent which culminated in behaviours of othering the experience of homelessness. A theory titled *Othering Homelessness: How Lone Mothers Manage Housing Insecurity in Prince Edward Island, Canada* was created based on data analysis to explain this social process.

## **Preface**

This thesis is an original work by Janis MacLellan-Peters The research project, of which the thesis is a part, received research ethics approval from the University of Alberta research Ethics Board, Lone Parent Mothers and Homelessness in PEI, No.61424, 1/14/2016

## Dedications

This thesis is dedicated to the fourteen women participants who welcomed me and willingly shared their experiences about homelessness in

Prince Edward Island, Canada.

These lone mothers chose the pseudonyms: Renee, Alice, Mary, Marie, Lucinda, Catherine, Rae, Lilly, Riley, Angie, Felicia, Alison, Ashley, and Roberta.

It was a privilege to spend time with you and I carry each of you in my heart.

It is my hope that others will take notice from what we have learned.

This thesis is also dedicated to the memory of

Lisa Elizabeth Theresa (MacDonald) MacLean (1985-2018).

Lisa advocated for people who were not always able to do so for themselves.

Her devotion to the most vulnerable citizens of

Prince Edward Island, including those who were homeless,

had a profound effect on me and many others.

Lisa remains a reason for us to ensure that

all Islanders live with dignity, respect, and with housing security.

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## Chapter I

### Introduction

There is limited research on homelessness among families in the Maritime Provinces of Canada (Halifax Regional Municipality, 2013; New Brunswick Housing Corporation, 2010; The John Howard Society of PEI, 2013; The Homeless Hub, 2014b.). This is despite homelessness being inextricably linked with poverty and limited employment prospects (Gaetz, Donaldson, Richter, & Gulliver, 2013; Hallstrom, Coates, Mundel, Richter, & Finseth, 2013; Kennedy, Agbenyiga, Kasiborski, & Gladden, 2010; Sandy, 2014), and Nova Scotia, New Brunswick, and Prince Edward Island having among the highest unemployment rates in Canada, averaging 7.8% compared to 5.6% nationwide in 2017 (Statistics Canada, 2017a). In some high income countries including Australia (Parry, Grant, & Burke, 2016), Canada (Benbow, Forchuk, & Ray, 2011; Gaetz, Dej, Richter, & Redman, 2016; Novac, 2007), the United Kingdom (Paquette & Bassuk, 2009; Scott, 2017; Tischler, 2008;), and the United States (Grant, Gracy, Goldsmith, Shapiro, & Rediener, 2013; Hodge, Moser, & Shafer, 2012; Weinreb, Nicholson, Williams, & Anthes 2007; Wilson & Squires, 2014), women and children have become increasingly more visible among homeless populations. As this phenomenon is also evident in Canada's smallest province (Nishka Smith Consulting, 2015; The John Howard Society of PEI, 2015), I have examined how lone parent mothers who are, who have been, or who are at risk of becoming homeless in Prince Edward Island (PEI), manage their lives.

I begin with definitions of terms followed by a literature review. The research problem, research purpose, and research question are presented next as they stem directly from the appraisal of the published literature. Constructivist grounded theory, the methodology for this research, is explained and justified. The findings and analysis are presented and include the theory that was constructed from this study titled *The Othering of Homelessness: How Lone*

*Mothers Manage Housing Instability in Prince Edward Island, Canada*. The final chapter includes a discussion of the findings, implications for policy, suggestions for further research, and implications for nursing. Limitations of the study are also included in the last chapter along with some final reflections

### **Definition of Terms**

The following terms, *homelessness*, *family homelessness*, *poverty*, and *lone parent mother*, were relevant to this proposed study and are defined to promote clarity. The verb *manage* is also defined as it is used in the research question. Manage was chosen to describe lone parent mothers' response to homelessness, or their concerns about encountering problems being housed or maintaining housing in the future.

### **Homelessness**

Definitions of homelessness vary worldwide (Gaetz et al., 2012; Speak, 2012; United Nations, 1998), and lack of agreement has presented significant challenges when attempting to define homelessness as a social phenomenon that requires intervention (Canadian Observatory on Homelessness, 2015c; Speak, 2012; The Homeless Hub, 2012; Tipple & Speak, 2005). In Canada, only recently has consensus among some researchers, policy analysts, and practitioners been achieved in relation to how homelessness is manifested and how it might be understood (Gaetz et al., 2012).

For the purposes of this study, homelessness was defined as the inability of an individual or family to find and secure “stable, permanent, appropriate housing or the immediate prospect, means and ability of acquiring it” (Gaetz et al., 2012, p. 1). This definition stemmed from the collaborative effort of a working group comprised of leaders in the area of homelessness across Canada. This understanding of homelessness has also been used in point in time caseload

reviews in the cities of Charlottetown and Summerside, PEI (the province where this study was conducted) (Nishka Smith Consulting, 2015). Under this broad definition is a typology describing experiences of homelessness ranging from persons with no shelter to those who are inappropriately housed (Gaetz et al., 2012). Included are the unsheltered, the emergency sheltered, and the provisionally accommodated (Gaetz et al., 2012).

**Unsheltered.** The unsheltered homeless occupy spaces not fit for human habitation such as parks, vacated buildings, and shacks, and they seek suitable shelter only in extreme weather conditions (Gaetz et al., 2012). Their circumstances are sometimes referred to as “sleeping rough” (Novac, 2009, p. 1), meaning they overnight on park benches, in alleyways, or sleep in stairwells. In Canada, it is estimated that 20 people live unsheltered for every 100 who access some kind of sheltered support system (Canadian Observatory on Homelessness, 2015a).

**Emergency sheltered.** People who seek emergency shelter are suddenly unable to secure or maintain safe and appropriate housing and are provided with short term accommodation, often by volunteer organizations or faith communities (Gaetz et al., 2012). Estimations in Canada suggest 14,400 people seek emergency shelter on any given night (Born, Yui, & Tepper, 2014). Their circumstances may have been triggered by incidents of family violence, extreme weather conditions, or natural disasters (Born et al., 2014). Places of refuge for those in need of emergency accommodation include violence against women shelters, hostels, and sometimes hospitals. There are also outreach programs that are delivered using mobile vehicles designed to offer an emergency response to the unsheltered where volunteers offer food, water, and appropriate clothing for protection from the elements. However, this collage of programs and services, intended to address the immediate needs of the homeless, has been widely criticized as being a band-aid solution. Calls for more concerted efforts to address the complexities of



homelessness are well documented (Benbow et al., 2011; Born et al., 2014; Fortin, Jackson, Maher, & Moravac, 2015; Gaetz, Gulliver, & Richter, 2014; The Homeless Hub, 2014b.). Among recommendations proposed by Benbow and colleagues (2011), are opportunities for nurses, especially those who work on the front lines of mental health, to advocate for lone mothers by highlighting the discrimination and injustices they experience and seeking ways to enhance their supports. Other authors called for more programs to prevent homelessness along with a nationwide increase in affordable housing (Gaetz et al., 2014).

**Provisionally accommodated.** People who are homeless and provisionally accommodated find themselves only temporarily housed for the short term with no access to permanent shelter. Their circumstances may include interim housing, couch surfing, or being housed within institutions (Gaetz et al., 2012).

Compared to emergency shelter, interim housing is usually arranged for an extended period of time, may offer more security along with emotional and tangible supports, and can assist in the transition from unsheltered homelessness to permanent housing (Canadian Observatory on Homelessness, 2015c). The nature of short-term accommodation, usually ranging from a few months to a maximum of 3 years, suggests an expectation that people will move on to a permanent housing solution. However, the assumption that housing solutions are possible is unrealistic in many areas of Canada, as most provinces have limited affordable housing (Canadian Association to End Homelessness, 2014; Government of Nova Scotia, 2013; New Brunswick Non Profit Housing Association Inc., 2014). Rural areas are severely lacking in opportunities for the homeless to access any form of transitional housing (Waegemakers Schiff & Turner, 2014).

Couch surfing refers to individuals or families making temporary arrangements to stay

with friends, relatives, or strangers. As many who couch surf prefer to remain statistically anonymous, they are often referred to as the hidden homeless (Canadian Observatory on Homelessness, 2015a). As with emergency shelter systems, couch surfing offers no long-term housing security. Although exact numbers for hidden homeless populations are not known, a telephone survey was conducted in a large urban area of Canada to determine the exact number of individuals who were being precariously housed at each residence (Eberle, Krauss, & Serge, 2009). Results indicated that of 1,027 households contacted over a 2-month period, eight residences were housing twelve people who were hiding their homelessness, with five of these persons being of no relation to the household members. The authors then projected these results to the 817,225 total households in the metropolitan area and proposed there were 9,196 homeless persons couch surfing at the time of the 2-month survey, while 23,543 individuals were couch surfing in the previous year, most of whom were of no relation to their host household (Eberle et al., 2009). Whether couch surfing in rural areas of Canada is similar is not presently known and research is needed to better understand housing needs of rural communities.

When there is a likelihood that a person will be homeless if discharged from a prison, hospital, or mental health facility they are considered institutionally accommodated. These circumstances may become apparent as a result of previous homelessness, lost accommodations prior to admission, or an inability to return to former living arrangements because of changes in one's physical or psychological needs (Canadian Observatory on Homelessness, 2015b).

**At risk of homelessness.** Although individuals and families at risk of homelessness may be in permanent housing, their personal security and housing stability are under threat. This may be due to their impoverished circumstances, overcrowding, poor mental health, discriminatory practices of landlords, family violence, or personal crises such as unexpected job loss (Gaetz et

al., 2012). Several of these variables may also occur simultaneously, increasing the likelihood of homelessness. The Canadian Mortgage and Housing Cooperation (CMHC) has defined a household as being in need of core housing when their current accommodation “falls below at least one of the adequacy, affordability or suitability standards and (they) would have to spend 30% or more of (their) total before-tax income to pay the median rent of alternative local housing that is acceptable (meets all three housing standards)” (The Homeless Hub, 2012, p. 201). This broad definition recognizes that the complexities of homelessness do not necessarily begin with poverty and that being at risk of homelessness must be understood within each individual or family context.

Similar to imminently at risk of homelessness are those who may be considered precariously housed as they live in danger of becoming homeless (Gaetz et al., 2012). Persons thought to be precariously housed have no permanent housing “or their current housing situation is tenuous” (Lewit & Baker, 1996, p. 146). To live in precarious housing also typically means having minimal access to essential services and opportunities such as employment, health care, education, and child support (Gaetz et al., 2012).

**Missing diverse populations.** While the definitions cited encompass a wide variety of homelessness scenarios, the challenges faced by diverse subpopulations including residents of rural Canada, youth, lone parent families, those suffering with mental illness, the disabled, and immigrant populations are not made explicit. Yet these groups sometimes face unique challenges that stem from their particular health needs, their age and gender, the configuration of their family of origin, their cultural practices, or their geographic locations (Benbow et al., 2011; Berman et al., 2009; Cosgrove & Flynn, 2005; Hallstrom et al., 2013; Peressini, 2007; Reid, Berman, & Forchuk, 2005). In the definitions proposed by Gaetz, 2012, there was no reference

to rural homelessness or how housing insecurity was manifested in less populated areas of Canada that are similar to PEI. Yet in 2011, 19% of Canadians were living in rural areas, representing 6,329,414 citizens (Statistics Canada, 2011). Proposed solutions that stem from limited definitions of homelessness are not necessarily addressing the adequacy, affordability, and suitability of housing, especially in rural Canada where the degree of poverty is sometimes invisible and access to services, including public transportation is lacking (Forchuk et al., 2010). Additionally, rural residents generally have a lower economic status and lower education levels when compared to their urban counterparts (Canadian Population Health Initiative, 2006), increasing their vulnerability to become homeless. As a result, people living outside major populated areas sometimes find themselves uprooted and needing to relocate to urban centres in order to access affordable housing that is safe along with mental health and other social support services (Forchuk et al., 2010).

### **Family Homelessness**

A report on the state of homelessness in Canada revealed that even though the annual number of individuals using shelters did not significantly change between the years 2005 and 2009, the number of families with children seeking shelter had increased by more than 50%, from 6,205 to 9,459 during this 5-year period (Segaert, 2012). Families' average length of stay was 50.2 days, representing a 50% increase during this timeline, and is more than three times greater than the average stay of the total population of those experiencing homelessness (Segaert, 2012). Whereas historically homelessness was associated with single men who were older, more women and families are now experiencing housing insecurity and accessing shelters (Gaetz et al., 2016). Based on these statistics, and point in time counts that determine as much as possible the extent and magnitude of homelessness in a given geographic area or population during a

specified 24 hour period (Prince Edward Island Community Advisory Board on Homelessness, 2015), the number of homeless families in Canada is increasing (Segaert, 2012). Yet there is a lack of understanding concerning family homelessness, especially those families headed by lone parent mothers (Canada Mortgage and Housing Corporation, 2003; Novac, 2007; Segaert, 2012).

For this research the following definition of family homelessness was used: a family with at least one parent or a legal guardian and one or more children under the age of 18 who live or sleep outside, in emergency shelters or hostels, live in transitional housing, stay temporarily with others, or rent a hotel or motel room on a monthly basis (Canada Mortgage and Housing Corporation, 2003). Included in this definition was an understanding that a lone parent mother who was at risk of homelessness and anticipated difficult housing choices in her near future could be a participant. Additionally a lone mother participant and her child(ren) who were under the age of 18 years may not necessarily be occupying the same living space.

### **Poverty**

In Canada, there are primarily three measurements to determine degrees of poverty: 1) the low-income cut off (LICO), calculated to be 20% more of pre-tax income needed to secure basic needs such as food, clothing, and shelter than the average Canadian family and adjusted for community size (Statistics Canada, 2015d); 2) the low-income measure (LIM), defined as one half of the median household income and used primarily for international comparisons (Statistics Canada, 2015e); and 3) the market basket measure (MBM), which determines low income using the cost of a specific basket of goods and services that represent a basic standard of living (Statistics Canada, 2015f). Although the Government of Canada does not endorse any one definition to calculate poverty levels (Library of Parliament, 2008), researchers, policy makers, and anti-poverty advocates usually reference the LICO rates (Library of Parliament, 2008). It is

estimated that the income levels of those who are poor in Canada are two-thirds that of the proposed LICO (Citizens for Public Justice, n.d.). National LICO and MBM rates were used to guide this study.

### **Lone Parent Mother**

Lone parent and single parent are two terms that are regularly used interchangeably. Both expressions normally refer to a person raising one or more children with no partner (Canadian Oxford Dictionary, 2004b.). However, while parenting as a single person may or may not include another adult who assists with childcare, lone parent suggests parenting on one's own. Statistics Canada (2015b) defines lone parent as "Mothers or fathers, with no married spouse or common-law partner present, living in a dwelling with one or more children". Lone parent mother was used for the purposes of this study to refer to a woman who is 16 years or older and is, or has been, the primary caregiver for a child or children under the age of 18 years. A lone parent mother in this study may also have been a member of the lesbian, gay, bi-sexual, transgender, or queer (LGBTQ) community. In 2012, eight out of ten lone parent families were headed by women, representing 12.8% of all families in Canada (Statistics Canada, 2014).

### **Manage**

To *manage* and to *cope* are often defined similarly as they both suggest an ability to be successful at dealing with one's problems, even in adversity (Canadian Oxford Dictionary, 2004a.; 2004d.). However, *manage* suggests "to handle and direct with a degree of skill . . . to achieve one's purpose" (Merriam-Webster's Dictionary and Thesaurus, 2014b., p. 664), while *coping* proposes a response where one would "struggle to overcome problems or difficulties" (Merriam-Webster's Dictionary and Thesaurus, 2014a., p. 236.). The former suggests some degree of assertiveness to manipulate and respond proactively to environmental stimuli the latter

can be interpreted as a more passive and reactive response to environmental stressors. Given these definitions, to manage is in keeping with symbolic interactionism “which posits that people are active and shape their worlds through meaning-making” (Dr. R. Schreiber, personal communication, August 6, 2014). Symbolic interactionism is foundational to constructivist grounded theory, the methodology used for this study. Symbolic interactionism asserts that people continually interpret and create meanings from the situations they encounter within their life circumstances (Eaves, 2001). This leads to their interpretation of their environments and influences their choices of how to respond within them (Blumer, 1969). For this study, I chose the word *manage* to describe lone parent mothers’ “efforts to minimize, avoid, tolerate, change, or accept a stressful situation (they attempt) to master or handle in (their) environment” (Lyon, 2000, p. 11).

In conclusion, causes of unstable housing in Canada are not well understood, and it is only recently that a consensus about how to define homelessness was reached. In the Maritime provinces of Canada, there are no studies that have examined the impact of unstable housing for any population, or how people respond within these disadvantaged circumstances. Yet among those who experience housing instability are women, some of whom have children. Understanding how these mothers managed homelessness was the focus of this present study.

## Chapter II

### Literature Review

Homelessness across all age groups has become a complex socio-economic and political problem that impacts health status and continues to challenge researchers and policy makers in Canada (Berman et al., 2009; Daiski, 2007; Frankish, Hwang, & Quantz, 2005; Grenier et al., 2016; Osuji & Hirst, 2013; Webb & Gazso, 2017). Individuals and families who lack safe, affordable shelter are heterogeneous but rather represent almost every facet of society. Whether a person is housed or homeless can fluctuate depending on support systems, affordable housing, access to health services, and employment opportunities (The Homeless Hub, 2017b.). People who experience homelessness often want or need to remain hidden out of embarrassment or fear, and this is especially true for women who leave their home because of family violence. Difficulties arise for researchers to gain an understanding of how many Canadian citizens are affected by homelessness in order to explain causes and consequences, and for policy makers to create programs and services in response to individual, family, and societal needs. Although researchers report multiple contributors to homelessness, reasons for housing insecurity are too often understood as resulting from individual failings rather than stemming from much broader socio-economic conditions (Benzies, Rutherford, Walsh, Nelson, & Rook, 2008; McNeil, Guirguis-Younger, Dilley, Turnbull, & Hwang, 2013; Tutty, Ogden, Giurgiu, & Weaver-Dunlop, 2014).

The following review of the literature is organized around individual vulnerabilities that present pathways into homelessness followed by broad socio-economic influences that create risk factors associated with shelter insecurity, which are consistently identified as common experiences among homeless populations. Discussion highlighting the lack of empirical evidence



concerning homelessness among women in Canada, along with a critique of some programs and services that are available, are presented. Although there are references that stem from the United States, the United Kingdom, and Australia, most citations are based on Canadian literature and peer-reviewed research published from 2000 to 2018.

### **Individual Pathways into Homelessness**

Over the past several decades, people in Canada have focused on individual attributes and lifestyle choices in an attempt to promote a better understanding of why some people become homeless (Benbow et al., 2011; Chambers et al., 2014; Mercier & Racine, 1995; Montgomery, Brown, & Forchuk, 2011; Morrell-Bellai, Goering, & Boydell, 2000; Oliver & Cheff, 2012; Ruttan, Laboucane-Benson, & Munro, 2012; Torchalla, Strehlau, Li, & Krausz, 2011). These can range from biology and genetic makeup to mental health and social connectedness. For the purposes of this research, living in poverty, poor mental health and addiction, family violence and abuse, and limited social support networks have been chosen as the areas of focus, because they are most frequently cited in literature. What is less examined in literature is the role of gender in relation to homelessness and how women manage their experiences of housing instability.

**Living in poverty.** Having limited resources, especially with regard to income, is a common denominator within the lives of most if not all homeless people (Canadian Association to End Homelessness, 2014; Daiski, 2007; Daiski, Halifax, Mitchell, & Lyn, 2012; Frankish et al., 2005; Gaetz et al., 2013; Morrell-Bellai et al., 2000; The John Howard Society of PEI, 2013, 2015, 2017). Child and family poverty rates have been steadily increasing in Canada over 25 years, reaching 19.1% in 2012 compared to 15.8% in 1989 (Campaign 2000, 2014b) and coming down slightly in 2017 ( Campaign 2000, 2017). This was despite the Canadian government

pledging in 1989 to eradicate child poverty by the year 2000 (Library of Parliament, 1989).

Women in Canada, including lone parent mothers, revealed that being poor contributed to their inability to adequately provide basic food, clothing, and shelter for their children and was one of their primary paths into homelessness (Canada Mortgage & Housing Corporation, 2003; Morrell-Bellai et al., 2000; Paradis, Novac, Sarty, & Hulchanski, 2010; Shier, Jones, & Graham, 2011; Walsh, Hanley, Ives, & Hordyk, 2016). Additionally, concerns have been expressed about the inadequacy of social assistance benefits for families that fall short of LICOs (Benzies et al., 2008; National Council of Welfare Reports, 2011; Women's Action Coalition of Nova Scotia, 2011). The Child Tax Benefit (CTB) that was implemented in 2015 is expected to reduce child poverty by 40% in 2 years (Campaign 2000, 2017). However, fully indexing this benefit with inflation, while ensuring that every poor family in Canada is eligible, are still goals that non-profit organizations are demanding of governments (Campaign 2000, 2017).

Although reports for PEI suggest overall positive gains in reducing poverty across all populations between 2000 and 2009, the incidence of low-income for particular subgroups, including lone parents and children, remained unchanged during this interval (Statistics Canada, 2014). Moreover the rate of child poverty in PEI rose from 13.8% in 1989 to 17.5% in 2012, representing the third highest provincial rate increase nationwide during the 14-year time period (Campaign 2000, 2014c). The greatest impact was for lone parent families, 44.9% of whom were living in poverty (Campaign 2000, 2014c). A lone parent living in PEI with two children fell deeper into poverty between 2013 and 2014, from \$7,911 to \$8,301 respectively (Campaign 2000, 2016). Although the island's poverty gap is slightly better than the national average by about \$200, PEI remains a poor province and this meagre difference means little to women and children trapped in a cycle of poverty (Campaign 2000, 2016). Given that poor children live in

poor families that are primarily headed by women (The Vanier Institute of the Family, 2010), I was interested in examining research about how lone mothers who are homeless, have been homeless, or are at risk of becoming homeless in Prince Edward Island (PEI) managed their lives.

On October 1, 2016 the minimum hourly wage on PEI rose to \$11. This increased on April 1, 2017 to \$11.25, and again on April 1, 2018 to \$11.55 (Prince Edward Island Department of Justice and Public Safety, 2018). If employed full time, at 40 hours per week for 12 consecutive months, this before-tax income of \$24,024 is inadequate to support more than one person based on the latest available MBM, which was as high as \$33,016 in 2015 (Statistics Canada, 2015e). Additionally, the unemployment rate for women on PEI was 8.7% in 2016, compared with 6.2% for women nationally (Statistics Canada, 2017b). Lone mothers are often only able to find and maintain part-time employment (Prince Edward Island Advisory Council on the Status of Women, 2015). Advocates for the poor have stressed that low hourly wages are inadequate to ensure a livable income for families in PEI and remain critical of the provincial government's lack of initiative to address poverty (Prince Edward Island Advisory Council on the Status of Women, 2017). Calls for a guaranteed basic income have received much attention including a citizens' forum of stakeholders, politicians, and low-income islanders held in Charlottetown, PEI (Cooper Institute, 2017).

**Poor mental health and addiction.** Poor mental health, along with substance use, is cited as a common challenge for many individuals who are homeless (Dawson, Jackson, & Cleary, 2013; The Homeless Hub, 2017b; Morrell-Bellai et al., 2000; Strehlau, Torchalla, Li, Schuetz, & Krausz, 2012; Tutty et al., 2014). One Canadian study that targeted women who had lived with abusive partners reported that close to 30% of the 62 research participants were living

with an addiction, while 13% revealed previously being institutionalized in hospitals, prisons, and mental health institutions (Tutty et al., 2014). Illicit drug and alcohol use have also been described as an essential survival strategy for women who experience trauma when faced with child custody battles (Caragata & Liegghio, 2013).

Mental health instability has been identified as both a cause and a consequence of homelessness (Chambers et al., 2014). Researchers consistently identify problems with mental health and illicit substance use as part of cumulative risk factors that end in homelessness for mothers with children (Benbow et al., 2011; Cosgrove & Flynn, 2005; Dawson et al., 2013; Hodge et al., 2012). A study that examined the prevalence of poor mental health among mothers who were homeless in Canada (Chambers et al., 2014) concluded that over half of the 522 women participants had either a mental health or substance use problem in the 12 months prior to the study being conducted, compared to 11% of women in the general population (Chambers et al., 2014). Researchers in both Canada and the United States have proposed that poor mental health among women who are homeless is linked to longer episodes of homelessness, poor self-esteem, mal-adaptive coping behaviours, and an inability to demonstrate nurturing and supportive parenting toward young children (Montgomery et al., 2011; Paquette & Bassuk, 2009).

In PEI, between the years 2001 and 2011, more than 20,000 people were treated for mental illness, with 57% of this number being women (Prince Edward Island Department of Health and Wellness, 2013). Rates of mood and anxiety disorders including depression have been slowly increasing since 2006 for both genders, with the majority of diagnoses occurring in women (Prince Edward Island Department of Health and Wellness, 2013). Moreover, alcohol use continues to be a problem with the percentage of heavy drinking among island citizens

higher than the national rate in Canada. The percentage of women classified as heavy drinkers on PEI exceeded the national rate, rising from 9.4 % in 2010 to 13.6% in 2012 (Statistics Canada, 2016a). Although reasons for the increases have not been examined, the provincial government has cautioned that reported percentages of mood and anxiety disorders along with rates of alcohol misuse are likely underestimated (Prince Edward Island Department of Health and Wellness, 2013). Reasons for limitations in data include that only those persons diagnosed by a medical physician are counted statistically. Those who seek treatment with a private psychologist, or anyone who chooses not to seek treatment for poor mental health or substance misuse, are not captured. Additionally, use of illicit drugs, over-the-counter medications, and prescriptions were implicated in increasing suicide rates in the province since 2006 (Prince Edward Island Department of Health and Wellness, 2013).

**Family violence and abuse.** There is growing concern in Canada that victims of family violence, especially women and children, are increasingly representative of those who are homeless (Daoud et al., 2016; Lenon, 2000; Novac, 2007, 2009; The John Howard Society of PEI, 2013; Tutty et al., 2014). Although homelessness must be understood as originating from broad social housing and income inequities, knowledge of the degree of violence that many women experience must also be highlighted. Research has demonstrated that when housing and income policies are implemented, women, including lone mothers, are undeservedly disadvantaged because of their gender (Bryant, 2009). Women in general earn less income than men earn and are disproportionally affected when governments implement regressive policies in relation to housing affordability and employment prospects (Bryant, 2009). As more women than men live poor, they are also more affected by cutbacks in unemployment and social assistance rates (Bryant, 2009).

Women experiencing domestic violence often live in precarious circumstances prior to fleeing their homes (Daoud, 2016; Echenber & Jensen, 2012; Gaetz et al., 2013; Tischler, Rademeyer, & Vostanis, 2007), and vulnerable women are simultaneously accessing homeless shelters and violence against women supports in their communities (Tutty et al., 2014). In Canada, spousal victimization is the most common type of family violence reported to police and accounted for almost 50% of reported incidents (Statistics Canada, 2015c). Women aged 30 to 34 years were disproportionately affected and represented greater than two-thirds of those identified as victims (Statistics Canada, 2015c).

Women living through family dysfunction and domestic abuse are at an increased risk of hidden homelessness, as violence can lead them to first seek refuge in women's shelters where they can be protected from further partner aggression (Echenber & Jensen, 2012; Gaetz et al., 2013; Homeless Link, 2018; Novac, 2007, 2009), or find temporary shelter with other family members or friends before becoming visibly homeless (Segaert, 2012). For this reason, women are more likely to be those who represent the hidden homeless compared to men (Reeves, Casey, & Goudie, 2006; Whitzman, 2006). Women also report that remaining hidden from view when homeless is necessary to ensure protection from further violence, including sexual assaults (Reeves et al., 2006; Whitzman, 2006). In her book *All Our Sisters: Stories of Homeless Women in Canada* (2007), author Susan Scott suggested that violence was a persistent and universal theme that was evident in the lives of every woman participant. She wrote, "Violence pervades all homeless women's lives, in some cases from before the cradle—if their mothers were beaten while pregnant" (p. 41). Scott also warned that violence was evident across all socio-economic and racial divides in every Canadian city where she conducted her study (Scott, 2007). Although family violence is considered a major contributor to homelessness among women, most

Canadian statistics are not inclusive of the numbers of women and children who access Violence Against Women shelters (Gaetz, 2013), and so this vital information remains unknown.

In PEI, a report commissioned by a family violence prevention group highlighted that of 17 women who were interviewed about their experiences while homeless, all reported fleeing their homes either because of family violence and abuse or because they had been seeking shelter in unstable and unsafe environments (Nishka Smith Consulting, 2015). Becoming homeless may be a last resort for women experiencing family dysfunction and abuse and used as a strategy to escape living with violent partners (Lenon, 2000).

Researchers in Canada who examined the connectedness among housing instability, poor health, and intimate partner violence experienced by low-income women suggest that all government policies and follow-up interventions should be specific enough to address housing insecurity along with social determinants of health including social supports, education, employment, and income (Daoud et al., 2016). The lives of women who live in poverty while experiencing family violence are very complex. Their ability to flee from abusive partners means that support services should be integrated and introduced simultaneously (Daoud et al., 2016).

**Limited social support networks.** The Canadian Mental Health Association (CMHA) refers to social support as, “The physical and emotional comfort given to us by our family, friends, co-workers and others. It’s knowing that we are part of a community of people who love and care for us, and value and think well of us” (CMHA, n.d.). If support networks are limited during childhood development the result may be poor interpersonal skills and minimal support from one’s family of origin in adulthood (Morrell-Bellai et al., 2000; Murthi, Servaty-Seib, & Elliot, 2006). Isolation from family and community promote feelings of loneliness and an inability to create future plans or make significant life decisions (Nishka Smith Consulting, 2015;

Murthi et al., 2006. Homeless men and women who participated in one Canadian study revealed that they felt excluded from their communities and they subsequently began volunteering in drop-in centres or lending acquaintances money in order to enhance their social connections (Daiski et al., 2012).

The collapse of social supports and shelter insecurity often occur simultaneously (Osuji & Hirst, 2013) and are commonly reported by women who find themselves homeless (Benzies et al., 2008; Berman et al., 2009; Chambers et al., 2014; Morrell-Bellai et al., 2000; Sandy, 2014). Moreover, mental instability experienced by women living with and without children in Canada has been linked to perceived lack of access to support networks, including those needed for the management of poor mental health (Chambers et al., 2014). Researchers in western Canada examined the needs of residents staying at a homeless shelter to determine their social support needs amidst rapid economic growth in the province (Benzies et al., 2008). Recommendations from Benzies and colleagues' research included ensuring additional supports and resources were available to reduce feelings of isolation and loneliness for all participants.

In PEI, agency workers report that local women experiencing homelessness have special needs (i.e. coping with mental illness, managing finances, parenting, and self-care) that require enhanced advocacy, ongoing mentoring and support, and improved referral services (Nishka Smith Consulting, 2015). Non-profit groups in this province are committed "to the design and delivery of a sustainable and comprehensive continuum of supports to help homeless individuals and families to move toward self-sufficiency and to prevent those at risk from becoming homeless" (Nishka Smith Consulting, 2015, p. 16).

### **Broad Socio-economic Influences Associated With Homelessness**

Broad socio-economic influences stem from how society is structured and how public



wealth and resources are distributed (Public Health Agency of Canada, 2008). Increasingly, determinants such as income, access to housing, and employment opportunities have been linked to social conditions that disadvantage some populations more than others (McNeil et al., 2013). These inequities in how goods and services are disseminated among citizens have contributed to housing insecurity among populations living in both urban and rural areas of Canada. For the purposes of this research, lack of affordable housing, poverty due to low wages, limited employment opportunities, and inadequate social assistance benefits are discussed.

**Lack of affordable housing.** Housing is defined as affordable when it does not require in excess of 30% of household income (Gaetz et al., 2014; New Brunswick Non Profit Housing Association Inc., 2014). Canada is presently experiencing a crisis with affordable housing as too many rentals exceed the incomes of average workers and families (Canadian Association to End Homelessness, 2014; Government of Nova Scotia, 2013; New Brunswick Non Profit Housing Association Inc., 2014). In rural areas of Canada, including areas of the Maritime Provinces, there are fewer opportunities for low income residents to access subsidized housing units because dwellings tend to be single unit homes and developers are not committed to building multi-unit affordable housing in areas with small and scattered populations (Nishka Smith Consulting, 2015; Waegemakers Schiff & Turner, 2014).

Most families who are homeless and seek safe, affordable shelter in Canada are headed by lone parent mothers (Gaetz et al., 2013). Yet priority access to supportive housing for women, including mothers living with or without their children, is not presently evident in most public housing policies (Tutty et al., 2014), even though women and children are considered among the most vulnerable when they experience housing instability (Reeves et al., 2006; Tutty et al., 2014; Whitzman, 2006).

In PEI the provincial government created The Family Housing Program in 1993 (Prince Edward Island Department of Family and Human Services, 2015). This program is offered in nine communities and aims to provide affordable housing for low-income families who are inappropriately or inadequately housed. Rent is normally based on 25% of total household income, although special circumstances such as illness may result in rental payment modifications (Prince Edward Island Department of Family and Human Services, 2015). In 2014, there were 419 individuals waiting for affordable housing while living within the cities of Charlottetown and Summerside (The Homeless Hub, 2015b). The number of corresponding rural residents is not presently known.

Nanegkam Housing is a not-for-profit housing organization created in 1974 by Indigenous leaders in PEI (The Native Council of Prince Edward Island, 2014). Assistance is offered to Indigenous people of any gender living off reserve to help them secure affordable and adequate housing. Although it is not known how many Indigenous people living in PEI are homeless, they are disproportionately represented among the urban homeless in Canada (The Homeless Hub, 2015a). Across all provinces even less is known about Indigenous people who are homeless and living off reserve in rural areas.

**Poverty due to low wages.** Although the percentage of children and working-age adults who live in poverty has fluctuated with the ups and downs of the Canadian economy, there has not been a significant reduction in poverty rates for these populations over the last several decades (Campaign 2000, 2014a, 2014b, 2014c, 2015, 2017; National Council of Welfare Reports, 2011). One in four adults still work in low-paying employment and is not earning enough income to be considered above the poverty line, let alone support other family members (Canadian Labour Congress, 2014).

Chronic poverty is aligned with an inability to secure shelter (Gaetz et al., 2013). Low-incomes are often the consequence of insufficient wages for both part-time and full-time employees (Morrell-Bellai et al., 2000), making it impossible for some people to sustain rent payments while also securing other basic necessities like food and clothing. These new categories of fully employed people are among those who are accessing homeless shelters in Canada, as the connection between poverty and experiencing a housing crisis becomes ever more evident (The Homeless Hub, n.d.). Calls from labour and non-profit organizations for the Canadian government to improve public policies that influence wages and household incomes (Campaign 2000, 2014a; Canadian Labour Congress, 2014), and guarantee that employment earnings are calculated based on a living wage to reflect the true cost of living for individuals and families have been evident (Canadian Broadcasting Corporation Prince Edward Island, 2015; Living Wage for Families Campaign, n.d.).

Although employed women in Canada have reportedly gained ground in their hourly wages, there are still gaps between the genders (Canadian Women's Foundation, n.d.b). Wage parity between men and women is considered a strong indicator of economic equality and yet on average in Canada, a woman working fulltime earns 74 cents for every dollar earned by a fully employed man (Canadian Women's Foundation, n.d.a.). Other literature highlights that since the 1990s, women's average annual earnings have been closer to 71% of men (Status of Women Canada, 2015). In 2011, women employed as both part-time and full-time workers earned an average annual income of \$32,100 compared to \$48,100 for men (Status of Women Canada, 2015), clearly indicating the gender wage gap continues to disadvantage women in Canada.

Based on LICOs, child poverty rates in PEI are estimated to be half the Canadian national average, yet the more regional sensitive MBM indicated that low-income rates for children in

PEI are higher than the national average (MacEwen, 2011). Non-profit organizations on the island have been frustrated with the lack of consultation with local communities to help create a poverty reduction strategy that will guarantee a basic income for the most vulnerable citizens, including women and children (Prince Edward Island Advisory Council on the Status of Women, 2015).

**Limited employment opportunities.** Poor employment prospects contribute to people moving in and out of being and becoming homeless (The Homeless Hub, 2014a). In 2011 the province of Alberta provided the best opportunities to secure employment, averaging 1.7 applicants for each job opening, while in the Maritime Provinces there were 11.1 persons applying for each available position (Statistics Canada, 2012).

In 2014, the employment rate for women in Canada 15 years and older was 57.3%, in contrast to 65.5% for men (Status of Women Canada, 2015). Nationally, most part-time employees are women working less than 30 hours per week (Status of Women Canada, 2015). Women often must choose part-time and seasonal work in order to be free for other family responsibilities, including caring for children. Many of these jobs are low paying with no security or health benefits (Canadian Women's Foundation, n.d.a).

Poor job prospects have limited the ability of individuals in the Maritimes to find meaningful employment to generate adequate income. In PEI this has become increasingly evident as primary wage earners of families leave to seek employment in Canada's richer provinces of Alberta and Saskatchewan (Canadian Broadcasting Corporation Prince Edward Island, 2013; Murray-Arsenault, 2014). The Maritime provinces also report the highest rates of food insecure households in Canada (Tarasuk, Mitchell, & Dachner, 2014). Non-profit organizations continue to press both municipal and provincial governments to guarantee a livable

income for the working poor (Canadian Broadcasting Corporation Prince Edward Island, 2015; Prince Edward Island Advisory Council on the Status of Women, 2015).

In June 2015, the unemployment rate for PEI was 11.1%, which was significantly higher than the national rate of 6.8% (Prince Edward Island Department of Finance, 2015). Between June 2014 and June 2015, the percent increase in the unemployed on the island was 1.2%, representing 1,000 more unemployed citizens. In comparison, the unemployment rate decreased across Canada during the same interval by 0.2% (Prince Edward Island Department of Finance, 2015). More recently, in February 2018 unemployment in PEI was at 10.1%, representing the second highest rate in the country and closer to Newfoundland's 14% unemployment rate and very distant from British Columbia's 4.7% (Prince Edward Island's Statistics Bureau, Department of Finance, 2018).

**Inadequate social assistance benefits.** Social assistance rates in Canada vary by province and are well below LICO (Benzies et al., 2008; National Council of Welfare Reports, 2011; Women's Action Coalition of Nova Scotia, 2011). Research in Nova Scotia examined the affordability of a nutritious diet for families in receipt of social assistance. The authors describe "an urgent need . . . for the development and implementation of integrated, progressive and sustainable social welfare policies" (p. 187) to ensure those who rely on social assistance have sufficient income for their basic needs (Williams et al., 2012).

Women who depend on social assistance in Canada, relying on social benefits along with other government programs and services to support their families, are often lone mothers and they are more vulnerable to poverty compared to men (Baker, 2006; Gurstein & Vilches, 2010; Mayan, Gray, Lo, & Hyshka, 2011; Power, 2007; Spitzer, 2005). The need to care for and nurture children adds complexity to lone mothers' abilities to manage with limited resources

(Caragata & Liegghio, 2013). Yet there appears to be little progress in helping women and children exit poverty and limitations on welfare eligibility are now common place (Baker, 2006; Canadian Feminist Alliance for International Action, 2010). In 2009, the United Nations called on Canada to set minimum standards for social assistance rates and make them applicable for the provinces, territories, and at national levels, but there has been no progress (Canadian Feminist Alliance for International Action, 2012). Moreover, Mayan and colleagues (2011) highlighted how government policies in some provinces in Canada can create a rift between the needs of vulnerable clients and the goals of service providers in preventing fraud and abuse of the welfare system. Authors have highlighted that Canadian citizens who rely on social benefits must endure the consequences of living poor, along with complying with strict rules and regulations of eligibility, to maintain access to government assistance programs (McKeen, 2012; National Council of Welfare Reports, 2011).

A point-in-time caseload review in PEI concluded that of 209 clients who were homeless, few had consistent employment, while 33% had no identified income, and 31% were relying on some form of income assistance (Nishka Smith Consulting, 2015). The director of Fitzroy Centre, a facility that supports individuals with mental health challenges, reported that social assistance rates for a single person in Charlottetown, PEI allow \$535.00 per month for a rental unit while the average cost for a one bedroom apartment is \$625.00 per month (B. Thompson, personal communication, February 11, 2015). As a result, many social assistance recipients in PEI are using portions of their food allowance funds to remain housed and avoid eviction by landlords. The government of PEI has been criticized for maintaining a “social assistance program with rates that fail to allow recipients to meet basic needs for safe shelter, healthy food, and basic comforts” (Prince Edward Island Advisory Council on the Status of Women, 2015, p.

18).

In 2015, 5,335 individuals who lived in Charlottetown and Summerside, PEI received government assistance (The Homeless Hub, 2017a). The number of corresponding rural residents is not presently known. Social assistance rates in the province for lone parent families were \$18,172 in 2013, \$1,928 below the after tax LICO (Campaign 2000, 2014c).

### **Lack of Empirical Evidence Concerning Homelessness Among Women in Canada**

Single adult males between 25 and 55 years of age comprise the largest group of homeless individuals on any given night in Canada at 47.5% (Segaert, 2012). Although homelessness among women is reported to be rising (Chambers et al., 2014; Gaetz et al., 2016; Lenon, 2000; Novac, 2007, 2009; Strehlau et al., 2012; Torchalla et al., 2011; Walsh, Rutherford, & Kuzmak, 2009), including among lone mother families (Benbow et al., 2011; Canadian Mortgage and Housing, 2003), there is limited recent empirical evidence available to support these claims. A study published in 2012 exploring mental health, coexisting disorders, and use of health services by homeless women in three cities in Canada referred to 2001 statistics when reporting that nationally, women comprised 10 to 25% of those who were homeless in the urban settings (Strehlau et al., 2012). Research published in 2011 examining mental illness among mothers who were homeless relied on 2003 data from the city of Toronto when reporting that on any given night 42% of beds in shelters were occupied by mothers and children (Benbow et al., 2011). Also in 2011, an examination of substance use and predictors of dependence referred to 2001 data when stating that homelessness is on the rise for women (Torchalla et al., 2011). Nationally, determining the exact numbers of homeless among populations based on gender has been and continues to be problematic (Osuji & Hirst, 2013).

The lack of statistical evidence concerning homelessness among women is linked to their

need to remain undetected (Echenber & Jensen, 2012; Gaetz et al., 2013). Although historically the socio-economic needs of lone mothers and children have been a challenge for most governments in western societies (Lessa, 2002), shelter insecurity along with the invisibility of these families has been acknowledged as a rising concern in Canada (Daoud et al., 2016; Gaetz et al., 2013; Hallstrom et al., 2013; Sev'er, 2002).

Two underlying reasons why women want to remain undetected in enumeration data have been identified in the literature. First, lone parent mothers who live without permanent shelter report a need to remain out of sight in order to keep custody of their children (Reeves et al., 2006; Whitzman, 2006). Mothers report hiding their insecure accommodations in order to avoid being stigmatized by child welfare workers and to prevent their children from being teased at school (Whitzman, 2006). Second, women account for many of the hidden homeless because of domestic violence and abuse, attempting to ensure violent partners are not privy to their whereabouts (Echenber & Jensen, 2012; Gaetz et al., 2013; Novac, 2007). Yet even though family violence is a common experience among women and children who lack housing security, these data are not reflected in Canadian statistics associated with homelessness (Gaetz et al., 2013).

Although women who live with shelter insecurity have described strengths they developed from their experiences, their accounts are hardly reflected in the literature. However in Canada, researchers used photovoice and engaged five mother participants who were either homeless or had past experiences with homelessness. They became involved in qualitative analysis of their photoblogs which explored how they viewed their lives. Using reflective dialogue, the young women identified nine themes that illustrated they felt positive about themselves as mothers and in their abilities to parent young children (Fortin et al., 2015). Less



recently in the United States, other ethnographic research highlighted the strengths of 15 women participants who were able to care for and keep their families together while homeless (Thrasher & Mowbray, 1995). Also in the United States, 137 women participants ranging in age from 18 to 64 years had participated in a variety of health promotion activities, indicating their commitment to maintaining their own health despite also experiencing homelessness (Wilson, 2005). This research examined how lone mothers managed while living homeless and revealed assets participants gained while living in poverty.

### **Women who are poor and homeless in Canada**

Shelter insecurity is concomitant with economic disadvantage and an indication that a person is living in very deep poverty (Benzies et al., 2008). Women who are poor, including those who are lone mothers living with children, are consistently identified as being among those who suffer most from economic hardships. Poverty has been cited as the reason why some mothers were not able to provide adequate food, clothing, and shelter for their children and is a contributing factor to their homelessness (Canada Mortgage & Housing Corporation, 2003; Morrell-Bellai et al., 2000; Paradis et al., 2010; Shier et al., 2011). The consequences of living in disadvantaged circumstances for these families are also multiple, often resulting in social isolation and exclusion. A Canadian study highlighted that women participants reported feeling discriminated against by landlords and potential employees because they were poor and without shelter security (Benbow et al., 2011). Other research that examined the strengths and assets of young mothers who were homeless reported that participants stated they were labeled by some family, friends, and service providers as lazy and incapable of finding employment, caring for their children, or furthering their education (Fortin et al., 2015).

Although increasingly research explores the circumstances of women who are homeless

(Berman et al., 2009; Chambers et al., 2014; Reid et al., 2005; Richter & Chaw-Kant, 2010; Tutty et al., 2014; Walsh et al., 2009), an examination of how women who are lone parents manage in response to their living conditions along with the social practices that contribute to their homelessness is needed. Programs and services that are in place for women are usually short term emergency responses to crises (such as violence against women shelters, hospital emergency services, and food banks). Little was known about these women's needs and whether strategies aimed at this particular population were effective or useful. The following discussion highlights some programs and services created to offset difficulties experienced by homeless populations; some of these interventions are aimed at all people who lack housing stability while others are specific to women.

**Programs and services for homeless people in Canada.** The National Homelessness Initiative (NHI) established by The Homeless Individuals and Families Information System (HIFIS), is a model that was created to help ensure men and women in all communities had access to programs, services, and supports in order to alleviate and prevent homelessness in the provinces and territories of Canada (Pye, n.d.). Reportedly, this federal government initiative had gained significant attention from the international community and its efforts “have served to build the infrastructure for a variety of data-sharing networks among and between shelters and their other stakeholders, including the NHI” (Pye, n.d. p. 5). This initiative was dismantled in 2007 due to a lack of commitment from government to continue its funding. Although the reason for the demise of the NHI is not clear, financial support for all project initiatives implemented under this umbrella organization over the 6-year period (1999–2006) totaled over \$1 billion (Pye, n.d.).

The Homeless Intervention Programme (HIP) was established in 2001 to address the

needs of elderly men and women who were either homeless or at risk for homelessness (Ploeg, Hayward, Woodward, & Johnston, 2008). Although the HIP has been a success in the facilitation of care to recipients, researchers concluded there was no indication that it made any difference in what was determined to be intolerable life circumstances, and the authors called for more research on preventative strategies, particularly for the elderly (Ploeg et al., 2008).

A longitudinal study by Klodawsky, Aubry, Nemiroff, Bonetta, and Willis (2007) examined factors in a Canadian city that either facilitated or prevented men and women who were homeless from accessing stable housing. According to the results, study participants' ability to qualify for subsidized housing was the key factor in whether they were able to access stable housing (Klodawsky et al., 2007). Other areas examined included the participants' individual economic challenges, interpersonal supports, substance use, and experiences with front line professionals. However, the authors suggested that further analysis of programs and services provided by health and social services, including supportive housing, substance abuse rehabilitation, problem solving between tenants and landlords, counseling, decisions about who qualifies for subsidized housing, and case management needed more exploration, especially given the myriad assortment of provincial and municipal rules and regulations (Klodawsky et al., 2007).

Daiski (2007) proposed a need for society to address the ineffectiveness of homelessness reduction strategies. These recommendations stemmed from research that concluded shelters in one Canadian city provided little counseling and limited support for men and women who were homeless (Daiski, 2007). Furthermore, based on findings demonstrating that once people enter into the cycle of poverty and homelessness it is very difficult to exit, Daiski and colleagues (2012) proposed the inclusion of distributive social justice as an underlying philosophy when

creating interventions to address homelessness in the suburbs. Recommendations suggested the need to promote human dignity and equity along with the rights of all citizens to inhabit our cities, regardless of income (Daiski et al., 2012).

Housing First (HF) is a federally funded initiative in Canada under the *Homelessness Partnering Strategy* (Employment and Social Development Canada, 2014, 2015, 2016). This strategy aims to prevent and reduce homelessness by promoting the establishment of structures and supports for the homeless and those at risk of homelessness in order to encourage their independence and full membership in Canadian society (Homelessness Partnering Strategy, n.d.). HF is based on a philosophy that all citizens have a right to safe, affordable shelter as rapidly as possible with follow-up supports to establish housing stability (Waegemakers Schiff & Turner, 2014). HF began as a strategy to end homelessness in urban areas and its effectiveness therefore in rural parts of Canada is not yet known. In April 2015, The Canadian Mental Health Association was successful in their application for HPS funding to pilot the first HF program in the cities of Charlottetown and Summerside, PEI.

**Programs and services for women who are homeless in Canada.** Women are less likely than men to access shelter systems created specifically for the homeless (Segaert, 2012). In 2009, a national survey in Canada reported total population access was comprised of 73.6% male and 26.2% female (Segaert, 2012). If statistics included violence against women shelter access by women and children, the numbers would have been much higher (Segaert, 2012). Gaps in available statistics have created difficulties in sampling and profiling women populations in order to create preventative programs (Richter & Chaw-Kant, 2010). The following discussion describes some research that has examined attempts to address the needs of women who are homeless in Canada.

Reid and colleagues (2005) advocated for the creation of facilities within a Canadian city that would be capable of ensuring the safety of girls and young women following research participants' disclosures of being vulnerable when staying in homeless shelters. The young women's needs related to health care, housing security, employment, income assistance, and safety were emphasized in an attempt to educate health and social services personnel about ensuring gender-based care that was both appropriate and effective for young women living on the streets (Reid et al., 2005).

Sexual identity among homeless women in Canada has been explored with results indicating variations in participants' opinions concerning gender separation in shelters, the use of sex to ensure financial security and emotional support, and sexual orientation (Loates & Walsh, 2010). It is important to include the normative sexual needs of women and men in shelter design (Loates & Walsh, 2010). Other researchers have provided recommendations for health care providers to practice culturally competent care and positive messaging concerning sexual health provided to young women living on the streets of a large urban Canadian centre (Oliver & Cheff, 2012). These recommendations followed revelations that female clients reported feeling judged and discriminated against when seeking treatments and preventative services (Oliver & Cheff, 2012).

Two studies in Canada examined particular experiences of women, such as displacement and 'uprootedness' among girls who were homeless (Berman et al., 2009), and mothering and mental health challenges while homeless (Benbow et al., 2011). Among several recommendations in the first study was a need to provide safe spaces free from violence in order for girls who were uprooted and homeless to discuss the circumstances that led them to a life on the streets and encourage them to contemplate their future aspirations. In the second study,

Benbow and colleagues (2011) found participants were subjected to discrimination, racism, and humiliation while trying to secure housing. Although references were made to service providers, their actual roles related to interventions and supports were not made explicit and conclusions suggested general recommendations for the nursing profession, especially in regard to advocacy (Benbow et al., 2011). Neither study critically appraised programs and services aimed specifically at homelessness reduction, or whether efforts to support individual women were effective.

A qualitative study conducted in Canada over a 2-year period examined the experiences of young women trying to exit homelessness once they discovered they were pregnant or when their baby was born (Ruttan et al., 2012). The study's aim was to uncover both internal and external assets used by the mothers while they coped with living in and transitioning out of homelessness (Ruttan et al., 2012). Although the authors presented credible evidence demonstrating that 18 young women's motivation to exit living on the streets was directly related to their (impending) parenthood, and that drop-in counseling services were instrumental in promoting good choices related to self-care and parenting, there was no indication that any government initiated program or service was any more influential than support received from fellow participants. Neither was it clear just how many of the women actually did secure and subsequently maintain safe housing (Ruttan et al., 2012).

Ensuring children attend school while living homeless with their family is not easy (MacGillivray, Ardell, & Curwan, 2010), as unstable housing creates problems with identifying a place of residence among other school enrollment expectations. A pre-school literacy program provided mothers and children living in shelters in one of Canada's largest cities with an education curriculum that was tailored to their individual needs with respect to culture and

language (Di Santo, 2012). The program goals were two-fold: 1. to provide learning experiences for the children that would enhance their exposure to reading and writing, and 2. to promote the mothers as the first literacy educators of their children. Based on retention rates of 100% for the families participating at the time of the study, this service was considered hugely successful and an important ongoing resource for women experiencing homelessness while caring for young children (Di Santo, 2012).

### **Homelessness in Prince Edward Island, Canada**

PEI is Canada's smallest province with a total population of 142,907, representing an overall population increase of 1.9% between 2011 and 2016 (Statistics Canada, 2015a). Homelessness in PEI is not well understood and until recently there had been no examination of the extent of homelessness in this geographic area. At the request of the John Howard Society of PEI and the PEI Community Advisory Board on Homelessness, 103 service providers representing 22 organizations took part in a point-in-time caseload review for clients living in the cities of Charlottetown and Summerside during a designated 24 hours in January, 2015 (Nishka Smith Consulting, 2015). Representation stemmed from acute health care services, mental health and addiction services, youth development and public education sectors, a provincial correction facility, the Salvation Army, Veterans Affairs Canada, family violence services, and the justice system.

Seventy two percent of participating service providers (74/103) identified 209 individuals who fit the criteria of homelessness in the cities of Charlottetown and Summerside (Nishka Smith Consulting, 2015). Of these caseload clients, 73% (138) were male and 34% (71) were female, with the majority (58%) between the ages of 18 and 35 years (Nishka Smith Consulting, 2015). Education levels ranged from completion of elementary school (8%), junior high (27%),

high school (29%), and college graduate or undergraduate university degree (3%) along with 21% as unknown (Nishka Smith Consulting, 2015).

Thirty-three percent of clients (69) had no income, while 31% (64) were receiving income assistance or a personal care allowance. The remaining clients were known to have income support from family and friends (5%), casual or seasonal employment (5%), to a lesser extent part-time employment (4%), and odd jobs or involved with criminal activity (1%) (Nishka Smith Consulting, 2015).

Ninety-two percent (192) of clients who met the criteria of homelessness were known to have a disability including addictions/substance abuse (59%), mental illness (47%), some type of learning disability (20%), and/or a physical disability (14%). The remaining clients were reported to be living with some form of brain injury, fetal alcohol syndrome, or were pregnant. There were no data related to disability available for 8% of identified clients (Nishka Smith Consulting, 2015).

Although the number of rural residents has been steadily declining in PEI, 74,661 citizens representing 53% of the total population live outside the two identified urban areas (Statistics Canada, 2011), but were not included in the point-in-time caseload review (Nishka Smith Consulting, 2015). While addressing the needs of the homeless in PEI is now becoming a priority (Prince Edward Island Community Advisory Board on Homelessness, 2015), it is evident that there is limited understanding of the particular circumstances of lone parent mothers, either in rural or urban areas of the province. Moreover, a report on women and homelessness in PEI conducted in 2014 included focus group discussions with 16 women participants but did not address family homelessness (Steve McQuaid, personal communication, November, 2014), despite all participants identifying as mothers who were living with or without their children (P.



Matusiewicz, personal communication, October 28, 2014). The more recent report in PEI exploring homelessness for both genders in the cities of Charlottetown and Summerside identified that 12% (25/209) of clients who were known to be homeless were also known to have dependent children (Nishka Smith Consulting, 2015), and yet there was no reference to, or definition of, family homelessness. Families experiencing homelessness in Canada are more often headed by lone parent mothers than fathers (Gaetz et al., 2013), and research is needed to promote an understanding of how lone parent mothers manage while living homeless in PEI.

### **Conclusion**

Homelessness in Canada is a complex problem that too often is attributed to the failings of individuals to secure and maintain their own housing, rather than being recognized as a consequence of much broader socio-economic conditions in society. Only recently has consensus among researchers, policy analysts, and advocates for the homeless for a Canadian definition of homelessness been reached (Gaetz, et al., 2012).

The literature review I conducted highlighted the lack of affordable housing, especially in rural areas of Canada (Waegemakers Schiff & Turner, 2014), the differences in employment rates between the province of PEI and the Canadian national average (Prince Edward Island Department of Finance, 2015), the tension that exists between those who are recipients of social assistance and those employed to administer income support programs, the ineffectiveness of services created to address the needs of people who are homeless (Mayan et al., 2011; McKeen, 2012; National Council of Welfare Reports, 2011), and the lack of statistical evidence concerning women who are homeless in order to address their socio-economic needs (Daoud, 2012; Gaetz et al., 2013; Hallstrom et al., 2013).

Moreover, women some of whom are lone parent mothers living with or without their

children are increasingly affected by homelessness (Gaetz et al., 2016). Although researchers have examined coping strategies used by lone parent mothers in response to some aspects of being unsheltered, I was not able to find research that more broadly examined how they manage their lives in the context of homelessness in Canada.

Across all Canadian provinces statistical evidence indicating the number of lone parent mothers who are homeless is limited, and there was no empirical evidence for lone parent mothers experiencing homelessness in PEI. What was available included a first ever point-in-time caseload review conducted in January, 2015 by service providers and advocates for the poor in the two cities of Charlottetown and Summerside. Among the conclusions highlighted was evidence suggesting that increasingly women and families are experiencing homelessness. The focus of this study was to examine how lone parent mothers who had been homeless, who were presently homeless, or who were at risk of becoming homeless managed their lives in urban and rural PEI, Canada's smallest province.

### **Research Problem**

Although there is some research that has examined the circumstances of lone parent mothers experiencing homelessness in Canada (Chambers et al., 2014; Di Santo, 2012; King, Ross, Bruno, & Erickson, 2009; Russell, Harris, & Gockel, 2008; Ruttan et al., 2012; Tutty et al., 2014), these studies have predominantly been conducted in large urban areas. Moreover, in PEI, a province with a high percentage of rural residents, there is no research that has explored homelessness among any population. Yet anecdotal descriptions, along with two province-wide reports, have highlighted that homelessness among women is a significant problem in this province (Steve McQuaid, personal communication, November, 2014; Nishka Smith Consulting, 2015). As a result, there exists a knowledge gap concerning the basic social processes that are

creating and maintaining homelessness among women, some of whom are lone parents in this geographic area of Canada.

### **Research Purpose**

Using constructivist grounded theory as a methodology (Charmaz, 2009, 2014), the purpose of this doctoral study was to create a theoretical understanding of how and why homelessness among lone parent mothers in PEI is a problematic social-ecological phenomenon and how they manage in response to their circumstances.

### **Research Question**

As originally proposed by Glaser and Strauss (1967), and consistent with constructivist grounded theory (Charmaz, 2014), the starting point in a grounded theory study should be a single overall question that asks what is going on within the context of participants' lives. However the researcher must also be attuned to the need to alter the research question(s) as data are coded and categorized and other questions are found to be of greater importance (Charmaz, 2014). The researcher therefore begins with "a broad sweep of the landscape . . . and shorten(s) (the) focal points to bring key scenes closer and closer into view" (Charmaz, 2014, p. 26). In this way the relevant and most significant questions are derived from ongoing data analysis (Schreiber, 2001). My initial research question was: How do lone parent mothers manage their lives while living homeless in Prince Edward Island?

Data generation and analysis began simultaneously and included verbatim transcripts, memos, and field notes, along with initial insights and interpretations that guided changes to both interview questions and probes over the course of the study (Schreiber, 2001). My ultimate goal was to construct a theoretical explanation of the processes at play within the lives of lone parent mothers that may have promoted and maintained their homelessness, and how they managed

their lives in response to these circumstances in PEI, Canada.

## Chapter III

### **Methodology**

In this chapter I will introduce *Grounded Theory* (GT), and more specifically *Constructivist Grounded Theory* (CGT) as the methodology used to conduct this study. My philosophical, epistemological, and ontological influences are summarized to demonstrate congruence with CGT. The strategies used to generate data and the methods for analysis are outlined and justified. The criteria for evaluation, adherence to rigor, and ethical considerations are presented.

### **Grounded Theory**

Grounded theory is a qualitative research methodology that was first proposed by Glaser and Strauss (1967) as a way to conduct scientific inquiry of social systems to address “how the discovery of theory from data systematically obtained and analyzed in social research can be furthered” (p. 1). In contrast to deductive reasoning where a hypothesis is drawn for testing from a pre-existing theory, Glaser and Strauss proposed an inductive approach to study phenomena. In this way grounded theory is a methodology where researchers begin to make sense of phenomena that has not been organized and understood in a particular way, or from a particular perspective.

In Prince Edward Island, a province with a high percentage of rural residents, there was no research that had explored housing instability among any population. This knowledge gap was a critical omission, particularly in relation to women with children (especially for those who live in rural Canada) as there was limited understanding of their daily challenges and their responses to their socio-ecological environments. Consequently, grounded theory was appealing to me as a methodology to explore this phenomenon.

Researchers choosing grounded theory aim to create understanding through the process of simultaneous data collection and analysis in an attempt to propose a new explanation of what is actually happening within the social settings of people (Corbin & Strauss, 1990). This synchronized approach is an iterative process where the researcher goes back and forth between data and analysis, searching for new interpretations with the help of early analytic writing, at the same time using theoretical sampling (a process of data collection based on the analysis of emerging theory) to give direction for where to seek new data (Charmaz, 2014; Glaser & Strauss, 1967). Data that are generated using grounded theory help focus and specify strategies for analysis rather than ongoing collection methods (Morse, 2001). This is regardless of the version of grounded theory chosen as all grounded theorists “conduct data collection and analysis simultaneously in an iterative process” (Charmaz, 2014, p. 15). In addition, using these methods for data generation was in contrast to other qualitative methodologies because the emphasis in grounded theory is on “synchrony instead of sequence” (Stern & Covan, 2001).

### **Constructivist Grounded Theory**

While grounded theory was developed as a methodology that allowed researchers to answer questions from an interpretive stance, overall Glaser and Strauss (1967) adhered to their individual philosophical and methodological beliefs of positivism and pragmatism respectively. However other scholars, including Kathy Charmaz, who was a student of Glaser and Strauss, began to develop a broader view. Charmaz (2009, 2014) suggested that grounded theory could be envisioned as an umbrella that covered variations in how grounded theory could be conducted and could lead to alternate ways for researchers to conceptualize data. Along with asking what is happening (Glaser, 1978), what is this a study of (Glaser, 1978; Glaser & Strauss, 1967), and what theoretical category does this datum fit (Glaser, 1978), Charmaz (2000) added questions

about what the results are suggesting and from whose point of view. In doing so, Charmaz (2014) advocated to generate data that were descriptive and rich in detail while ensuring they also reflected the significant situational and social context from which they were created.

Charmaz's approach began to develop in the early 1990s at a time when positivism was dominant, with its underlying objectivist underpinnings, the belief in one external reality, and authoritative practices that privileged the position of the researcher (Higginbottom & Lauridsen, 2014). In contrast, Charmaz (2000) argued that social realities were subjective and multiple and knowledge was neither discovered nor magically emerged from data, but rather constructed between researchers and participants with the overall goal still being to interpret the meanings that participants ascribed to their social realities. Charmaz (2000) named this new approach CGT and the ontology and epistemology associated were relativism and subjectivism. This difference in the very understanding of what precedes and generates new knowledge remains a significant difference between CGT and classic GT (Charmaz, 2014; Heath & Cowley, 2004; Lakeman, 2011).

### **Relativism, Subjectivism, and Pragmatism in Constructivist Grounded Theory**

In an attempt to develop a compelling and robust research design, a researcher must choose a research paradigm that is consistent with their beliefs about the nature of reality. To achieve this congruency, one must constantly, and consciously, subject their own views to an ontological and epistemological interrogation (Mills, Bonner, & Francis, 2006). It is through this ongoing self-reflection that I came to know my ontological and epistemological stance. Shaped by context, culture, and circumstance, reality is individualized within a social relational sphere and cultivated over time. Relativism, subjectivism, and pragmatism are integral to constructivist grounded theory, a methodology where the researcher is actively transposed to a reconstruction

of experience and meaning (Mills et al., 2006). The following explains each of these influences in more detail and justifies my alignment with them during the process of data collection and analysis.

**Relativism.** Relativist ontology holds that all plausible claims of existence stem from unique and particular worldviews which, in turn, construct our interaction with that world (Patton, 2002). Prior to meeting with participants, I proposed that despite living in low socio-economic circumstances, one lone mother experiencing homelessness may anticipate opportunities for self-improvement through the enhancement of social support networks, education, and employment prospects while another may perceive barriers too great to overcome, interpret challenges as overwhelming, and be prone to despair. Throughout this study, contrasts among all participants concerning their existence as women who had experiences with homelessness and judgments regarding any ability to alter their circumstances were relative to each lone mother's mental construct of that existence. This understanding was forefront in my mind when first contacting potential participants, when meeting them face-to-face during the interviews, when recording field notes and memos, and when engaging in data analysis.

**Subjectivism.** Subjectivism reflects a belief that mental constructs are contextually located and human beings create their own realities (Denzin & Lincoln, 2000; Guba & Lincoln, 1989). Research methodologies that reflect subjectivism, including CGT, are predominantly qualitative in nature and are committed "to the naturalistic perspective and to the interpretive understanding of human experience" (Denzin & Lincoln, 2000, p. 7). Reality is subjectively constructed within this paradigm and truth becomes a consensus reached by those who live the reality and are most competent to inform and refine a construction of that reality (Guba & Lincoln, 1989).



As a philosophical underpinning of CGT, subjective epistemology proposes that researcher and respondent have individual views and biases that enable them to co-create an understanding of a particular phenomenon under study (Denzin & Lincoln, 2000). Reflexivity on the part of the researcher deems the research process itself as a focus of inquiry, laying open preconceptions and intimate awareness of situational dynamics in which the interviewer and respondent are jointly involved in knowledge production. The researcher not only acknowledges subjective interpretations ascribed to the individual worlds of participants, but also how his or her personal subjectivity and biases as the observer may influence analysis throughout the research process (Guba & Lincoln, 1989).

I engaged in memo writing and reflexivity at the end of each interview and frequently during data analysis. Writing memos helped me remember the physical setting where I met with participants [e.g., in their homes, shelters, whether children or others were present, conditions of housing, clothing that was worn, the objects that were visible (e.g., coffee containers, cigarettes, cell phones, carrying bags, books, glasses, toys, books, newspapers), and some of the non-verbal nuances that were not captured through audio recordings (e.g., looking tired, appearing stressed or anxious, looking red eyed, or poorly nourished). At the commencement of each interview I also introduced myself as a Registered Nurse, a nurse educator, and a PhD student. I explained that as a former practitioner in public health nursing I had worked with many low-income families who were predominantly led by lone mothers and it was during these times that I felt most effective as a nurse. I acknowledged that although I believed I understood the causes and consequences of poverty, I had lived in a middle income family during my formative years, raised my own children with a partner in a stable relationship, and never experienced homelessness. I explained that participant personal accounts and opinions were of utmost

importance to this research and I would do my best to represent their views and the significance behind individual understandings. It was in this way that a theoretical understanding of how lone parent mothers managed homelessness in PEI was co-constructed between myself as a researcher and participants.

**Pragmatism.** Pragmatism purports that capacity for thought as human beings is shaped by social interactions and that self-identity and personal narratives are greatly determined by relationships with others (Crooks, 2001). Pragmatism, as a philosophical tradition, views human beings to be actively engaged in their own existence (Charmaz, 2014). The pragmatist assumes individuals respond to encountered problems creatively and, through the responses, come to know and understand the world (Charmaz, 2014). Since truth is assumed to be enacted and not discovered, and is measured by its practical application to real life events, pragmatism is also understood to be congruent with constructivism (MacDonald, 2001).

I approached interviews with lone parent mothers and the analysis of data with an interpretive understanding of the participants' pragmatic understanding of how they managed their experiences of homelessness and living in poverty. By this, I mean I was interested in how they responded to their socio-ecological lives realistically in a way that was practical rather than theoretical.

### **Symbolic Interactionism**

Symbolic interactionism is the foundation on which grounded theory rests and has its origins in pragmatism (MacDonald & Schreiber, 2001). Symbolic interactionism proposes that people continually interpret and define situations as they move from one circumstance to another (Eaves, 2001). Symbolic interaction interprets society by addressing the subjective meanings that people impose on objects, events, and behaviours. Subjective meanings are given primacy

because it is believed that people behave based on what they believe and not just on what is objectively true. Thus, society is thought to be socially constructed through human interpretation.

Blumer (1969) coined the use of the term symbolic interactionism as a way to label the study of group life and human conduct. He suggested symbolic interactionism stems from three basic principles:

1. Individual reactions toward exposures/encounters are subject to the perceived meaning that each of these things holds,
2. Social interactions with others give meaning to exposures/encounters, and
3. The meanings that derive from exposures/encounters in our environment arise from the receiving, interpreting, and modifying of the intent of interactions at each exposure/encounter.

For Blumer (1969) however, interpretation was not an automatic response from a list of established meanings but rather “a formative process in which meanings are used and revised as instruments for the guidance and formation of action . . . (and) meanings play their part in action through a process of self-interaction” (p. 5). These notions are in contrast to realism which suggests meanings simply arise from things once we recognize their physical presence or become conscious of them (Blumer, 1969). In addition, Blumer contrasted realism with the global understanding of meaning as “psychical accretion” (p. 4), referring to the psychological responses that surface in reaction to things (for example how we perceive objects, use repression toward something, or transfer particular feelings to things we encounter).

Blumer (1969) also proposed that basic ideas or root actions of symbolic interactionism are based on the nature of: 1. human groups or societies, 2. social interaction, 3. objects, 4. the human being as actor, 5. human action, and 6. the interconnection of the lines of action. These

root actions help us understand why “social organization is a framework inside of which acting units develop their actions” (Blumer, 1969, p. 87). In other words, features that reflect social organization such as one’s culture, our individual roles, or how individuals are stratified according to socio-economic status, shape the situations in which individuals are human actors, but do not dictate personal actions. These features provide symbolic reminders or *sign posts* to help interpret contextual location (Blumer, 1969). Human beings purposefully interpret environments and then choose how to respond within them (Blumer, 1969). In essence, meaning is derived from personal interpretation of an interaction with individuals, events, and inanimate objects within personal environments and, from these experiential encounters, day-to-day realities are constructed.

As a methodology, constructivist grounded theory is consistent with my personal ontological and epistemological positions. My beliefs pertaining to what is knowable are understood from personal interpretations of my own reality, and this same relativism sanctions how I subjectively understand knowledge creation. This does not suggest what might be true is always relative or that I believe in a reality that is always a moving target (Stajduhar, Balneaves, & Thorne, 2001). However, my desire to understand events, perspectives, and behaviours of others and myself emerges from a relativist perspective to comprehend meaning. This understanding was used when conducting every interview with participants, during memoing and reflective writing, and during every stage of data analysis. Symbolic interactionism, as foundational to constructivist grounded theory, helped in understanding homelessness among lone parent mothers because the way in which participants managed challenges of housing insecurity was revealed in their interpretations and responses to social norms, systems, and structures that were imposed on them.

For example, in Canadian society there is an expectation that parents will care for their children and ensure they have adequate food, clothing, and shelter. However, income support in the form of social benefits falls short of guaranteeing that basic household incomes are sufficient for all of these provisions (Benzie et al., 2008; National Council of Welfare Reports, 2011). Lone parent mothers did respond to their homelessness by accessing food banks and hiding their lack of security rather than exposing their inability to provide these necessities for their children. Understanding this human behaviour requires an examination of that which is visible and that which is hidden, including participants' overt and covert behaviours (Milliken & Schreiber 2001). Through symbolic interactionism, social encounters create human conduct and become a process that is dependent "on spoken and unspoken shared language and meanings" (Charmaz, 2014, p. 266). Consequently, how lone parent mothers interpreted meaning from their interactions within social environments and their behavioural responses to visible and concealed expectations to manage their lives helped reveal how they constructed the realities of their everyday worlds (Blumer, 1969; Corbin & Strauss, 1990). Symbolic interactionism and constructivist grounded theory were congruent and aligned with this research because both are based on a commitment to close examination of participants' social worlds (Aldiabat & Navenec, 2011; Blumer, 1969).

### **The Literature Review**

Although Glaser and Strauss (1967) originally proposed to avoid a review of pertinent literature prior to conducting a grounded theory to prevent undue bias from having too much influence, this expectation is rarely observed and more importantly near impossible to abide by. We do not develop as blank slates and our research endeavors stem from our interest in the social world in which we are immersed. It is more often advisable to critically appraise what

knowledge already exists and begin to contemplate how published research may inform a developing concept (Charmaz, 2014; Mayan, 2009; Mills et al., 2006). If a variable or phenomenon appears to be significant at any time during the research process, the investigator examines what other authors may have contributed toward the phenomena under study (Stern & Covan, 2001). Thus, acknowledging by citing “the most significant points of convergence and divergence” (p. 308) from other work before, during, and at completion of constructivist grounded theory research is crucial in the development of a unique theory, but also in creating one that enhances understanding in relation to other relevant literature that is already established as credible (Charmaz, 2014).

The initial review of literature that I conducted regarding homelessness in the Maritime provinces revealed a lack of data and limited understanding of why shelter insecurity continues to be on the rise. This heightened my awareness of where knowledge gaps existed, especially in relation to lone parent mothers. Furthermore, despite there being commonalities among people everywhere who are homeless (Morrell-Bellai et al., 2000; Segart, 2012; The Homeless Hub, 2012, 2013, 2017b; Tutty et al., 2014), there was no research that had been conducted in PEI with any homeless population. I wanted to examine the circumstances associated with homelessness in this predominantly rural area of Canada that may not have been revealed in findings from inquiries conducted in larger urban centres.

While researchers are advised to continually question how existing literature may enhance the development of a new theory, they are also cautioned to be aware of how pre-existing explanations of a phenomenon, especially in relation to their own biases, may also constrain any creative endeavors they may be considering (Strauss & Corbin, 1998), as they strive to see data in brand new ways (Charmaz, 2014). I used reflexivity to scrutinize the

research experience and analyze my interpretations and any subsequent decisions I made (Charmaz, 2014). I wrote memos and kept field notes that reflected initial insights and interpretations, but I also conceptualized how my own past experiences influenced data analysis. Reflexivity not only enhanced my awareness of how assumptions and biases that stemmed from my nursing practice background and my personal experiences of raising a family influenced data analysis (Hall & Callery, 2001), but also helped inform how I conducted the inquiry, how I related to informants, and how I represented lone mother participants (Charmaz, 2014).

### **Feminist Lens as a Sensitizing Concept**

Sensitizing concepts stem from our theoretical perspectives and influences our stance toward our research (Charmaz, 2014; Strauss & Corbin, 1998). Blumer (1954) wrote that as opposed to definitive concepts that clearly indicate what we are to see, sensitizing concepts can “suggest directions along which to look” (p. 7). Although influential and helpful for guiding data analysis, it is also an expectation that we recognize and scrutinize our own assumptions that originate from these exploratory viewpoints that we may choose to align with and use them appropriately to go beyond our own preconceptions (Schreiber, 2001). A feminist perspective is one such theoretical influence that I do align with.

In the early 1990s, when constructivist grounded theory was being conceptualized by Charmaz, there were several epistemological foundations identified as being congruent between grounded theory and feminist theory (Keddy, Sims, & Stern, 1996; Wuest, 1995) and others that came in the decades that followed (Kushner & Morrow, 2003; Plummer & Young, 2010; Wuest, Merritt-Gray, Berman, & Ford-Gilboe, 2002). Among the foundations was recognition that 1) women’s experiences mattered and are credible sources of knowledge; 2) the nature of knowledge is influenced by context and relational practices and can uncover how social

processes are created within social structures; 3) *the personal is political*, which is consistent with how theoretical representations created in constructivist grounded theory are grounded in and not separated from generated data; and 4) researcher biases influence both the creation of interview questions and data analysis (Wuest, 1995).

Research that is guided by a feminist perspective strives to understand the world using a critical social lens that centers emphatically on the subjectively rendered experiences of women (Reinharz, 1992; Streubert & Carpenter, 2007). My aim was to promote a mode of inquiry that more easily uncovered issues experienced by women who were disadvantaged and marginalized (Plummer & Young, 2010). This was a critical aspect of this study because literature highlights that inequities in gender relations and ideologies do influence public housing policies that reinforce social and economic disadvantages for women (Saugeres, 2009). Conducting constructivist grounded theory using a feminist lens assisted in my understanding of how social experiences of oppression among disadvantaged women (Wuest, 1995) may have contributed to their homelessness and how gender may have influenced perceptions and interpretations of how lone parent mothers managed homelessness. Women, especially those caring for children, more often live in poverty when compared to men and are more vulnerable to the negative effects of many determinants of health, including income and education (McKeen, 2012; Mikkonen & Raphael, 2010; Russell et al., 2008; Tyler-Viola & Cesario, 2010). Gender, therefore, became an important factor as at the time of this research women continued to be overly represented among those who lived in poverty (Carriere, 2008; Cosgrove & Flynn, 2005; Echenberg & Jensen, 2012; Gaetz et al., 2013; Tyler-Viola & Cesario, 2010). A feminist perspective was also consistent with both constructivist grounded theory and symbolic interactionism because it honoured subjective experience, considered it vital to the research process, and challenged the



traditional patriarchal view that research and science must be entirely objective (DeMarco, Campbell, & Wuest, 1993; King, 1994).

### **Bronfenbrenner's Ecological Systems Theory as a Sensitizing Concept**

There are several theoretical models for exploring relationships that exist between and among individuals and their environments. These ecological perspectives propose that multiple levels of influence exist, that layered systems work in concert, and that the levels of influence are interactive (Golden & Earp, 2012). For example, a socio-ecological model examines relationships at the intrapersonal, interpersonal, institutional, community, and public policy levels (McLeroy, Bibeau, Steckler & Glanz, 1988), and has been used to guide public health practice (Golden & Earp, 2012). Stokols (1995) suggested that influences stemming from these social, physical, and cultural environments are cumulative in their effects and influence health outcomes.

Bronfenbrenner (1979) developed the *Ecological Systems Theory*, which proposed examination of one's ecological setting at the micro, meso, exo and macro levels of influence in order to comprehend the meaning associated with "... aspects of the environment beyond the immediate situation containing the subject" (p. 514), to better understand the role of bio-psycho-social influences on human development. At a later date, Bronfenbrenner (1986a; 1986b; 2005) included the chronosystem, which recognizes the function and influence of time on human development. Bronfenbrenner (1979) was one of the first researchers in psychology to examine individual child development within the complexities of multi-layered systems. Bronfenbrenner (1977) defined his ecology of human development as

The scientific study of the progressive, mutual accommodation, throughout the life span, between a growing human organism and the changing immediate environments in which it lives, as this process is affected by relations obtaining within and between these

immediate settings, as well as the larger social contexts, both formal and informal, in which the settings are embedded (p. 513).

Bronfenbrenner understood the environment to be an arrangement of structures that were multidimensional, nested in successive levels at the microsystem, mesosystem, ecosystem, and macrosystem (Bronfenbrenner, 1977), and influenced by change over one's lifetime (Bronfenbrenner, 2005). As a researcher, he helped widen the lens of analysis of human development from an individual, single dimensional entity to an understanding of the interconnectedness of systems (Ungar, 2013).

Bronfenbrenner's definitions of the various levels of influence are as follow: The first layer of the nested system is the *microsystem*, which refers to the relationship between the developing person and her immediate environment. A microsystem could be a place such as a women's home or workplace, or a particular acquired role such as mother, daughter, or partner. The second layer *mesosystem* is understood to be interactions that occur between and among an individual's microsystems. For a lone mother who is homeless, these may include interactions among family members and neighbours or peer groups that she may associate with through a women's shelter. In these interactions, a degree of interconnectedness and interdependency occurs. An *exosystem* extends beyond the mesosystem and is inclusive of other formal and informal social structures. The exosystem is known to influence the developing person while existing external to her immediate reference sphere. For example, societal institutions, mass media, government agencies, and those networks that distribute goods and services are examples of exosystems. For a lone mother who is homeless, her exosystem would include child protection workers, housing authorities, income support agencies, and the availability of affordable childcare. Finally, the *macrosystem* is the prototype created to oversee and create the patterns for societal structures and activities. Macrosystems include socio-economic, educational, political,

and legal arrangements that in turn are manifested through micro, meso, and exosystems.

Macrosystems also reflect one's culture and sub-culture and include societal ideologies. A lone mother who is homeless would for example experience the influence of a macrosystem when she attempts to legally challenge missed child support payments, is refused entry to an educational upgrading program, and perhaps when she becomes complacent on voting day because she feels her voice is never heard. As a later addition, Bronfenbrenner added the chronosystem to recognize that one's internal and external environments (i.e. significant illness versus death of a parent respectively) are in constant flux rather than static, a function of time, and capable of changing the dynamics between and among persons and their environments. I chose Bronfenbrenner's socio-ecological systems theory to help illuminate factors in the daily lives of participants that were influencing and often limiting choices available to them.

### **Ethics**

Ethical approval was received from the University of Alberta Health Research Ethics Board and Health PEI to conduct this research. Approval from the various service agencies was granted based on authorization from the aforementioned organizations.

Streubert and Carpenter (2011) emphasize that regardless of methodology and methods used, protection of participants must be of the utmost primary importance in all research endeavours. This is especially true when conducting studies that involve disadvantaged populations (Silva, Goering, Jacobson, & Streiner, 2011). Women who are homeless may be especially vulnerable to exploitation, as the ways and means they may need to employ for their daily survival might be unconventional and involve risk behaviours (Carriere, 2008; Lazarus, Chettiar, Deering, Nebess, & Shannon, 2011; Reid et al., 2005). As a researcher, I ensured that I maintained "alertness to the possibility of anticipated ethical dilemmas" (Streubert & Carpenter,

2011, p. 56), by being sensitive and attentive to the nature and building of trusting relationships. As an example, several women became very emotional when describing abuse they had endured especially during their childhoods. I offered to interrupt the recording and gently reminded them that the interview could be stopped at any time. Although three women chose to have the audio momentarily turned off, they also chose to continue with the interviews as did all other participants. At the end of the session, every lone mother was given written contact information for counselling if required (Appendix H).

The Canadian Nurses Association (CNA) has a *Code of Ethics* based on seven primary values to guide nursing practice, education, administration, policy, and research (2017). The seven primary values are: 1. Providing safe, compassionate, competent and ethical care; 2. Promoting health and wellbeing; 3. Promoting and respecting informed decision making; 4. Honoring dignity; 5. Maintaining privacy and confidentiality; 6. Promoting justice; and 7. Being accountable as a Registered Nurse. I was committed to upholding the code in every aspect of this research. Lone mothers chose the location where they wanted to be interviewed. I created a relaxed non-threatening atmosphere by first introducing myself and reviewing all information concerning the study. We discussed why there was a need to examine homelessness in PEI. I also made sure that all participants could read and understand the consent form prior to providing their signature. I was sensitive and responded to their emotions, their non-verbal communication, and when and if they seemed to be uncomfortable, I suggested taking a break or ending the interview if it was their preference. No participant asked to withdraw from the study or stop the interview prematurely.

At the first interview, the study was explained to mothers and they were encouraged to ask questions. They were given written information on the purpose of the study, rationale, time

involved, who was able to participate, risks and benefits, and how I was collecting information from them (Appendix D). I explained to each participant that my analysis would be my interpretation of their interpretation of their life experiences. In doing so, I asked for clarifications of their stories, whether their experiences with homelessness transformed them as individuals, influenced their approach to parenting, altered how they interacted with others, and how they viewed the world. In this way the lone mothers and I were co-constructing an understanding of who they were as women with children who had experienced homelessness, or who lived in fear of their future housing security. As the interviews continued, I became aware that most participants were gradually constructing an identity where poverty and housing insecurity no longer existed for themselves and families.

I discussed with all participants that I had a duty to report any suspicions concerning the abuse or neglect of vulnerable persons including children to the appropriate authorities at any time during the study. Written informed consent, including permission to audiotape the interviews, was obtained (Appendix E). Mothers were given a copy of the signed consent form along with my contact information in case they had future questions or concerns.

The participants were informed that they could refuse to answer any questions. Although there were no known risks as a result of choosing to participate in the research, the interviews did involve the disclosure of personal and sensitive information and this held potential risk. I provided names and contact information of counseling services (Appendix H) and community resources to all participants. The women were advised that they could withdraw from the study at any time and this would not affect services they received. I also ensured participants understood that choosing to withdraw from the study would mean that I would not collect any new information about them, but I needed to keep the data that was already generated. I further

explained that this was because the collection and analysis of grounded theory data began immediately, was synchronized, and greater than the sum of each individual interview, requiring all data to remain with the study.

Transcribed interviews were coded and stored with audiotapes in locked cabinets in my office. Consent forms were stored in a separate location. Only my supervisor and I had access to transcripts. Participants were assured that there would be no identifying information in the dissemination of written reports or future publications and each of the women chose a pseudonym. Transcript data and analysis were encrypted and password protected and stored on computers owned by myself and my supervisor. All data and transcripts, with no identifying information, are being stored for an undetermined amount of time for possible secondary analysis.

### **Data Generating Methods**

Data generation and analysis for this study began simultaneously and included verbatim transcripts, memos, and field notes, along with initial insights and interpretations that guided changes to both interview questions and probes over the course of the study (Schreiber, 2001). For example, although every interview began with the overall research question about how lone mother participants managed homelessness, data analysis and initial insights from the first five participants indicated all had experienced intergenerational poverty and childhood trauma. I therefore added questions and probes to expand on these areas including: What was your childhood like? Who cared for you? How did you come to be homeless? What was going on in your life at that time? How would you describe the person that you were then as compared to now? My ultimate goal was to construct a theoretical explanation of the processes at play within the lives of lone parent mothers from their perspective that may have been promoting and

maintaining their homelessness, and how they managed their lives in response to these circumstances. Examination of data began immediately after the first interview, while I also began coding, categorizing, conceptualizing, and writing ideas about what the data meant. Through these processes, I then sought direction as to how and where to generate new data (Charmaz, 2014; Streubert & Carpenter, 2007).

How a grounded theorist researcher approaches a field of inquiry to collect data, including data generating methods (e.g., one-one interviews, document analysis), coding of data, how categories are first linked and then integrated, memo writing, and the final construction of a theory “are all guided and integrated by the emerging theory” (Glaser, 1978, p. 2). The best data are rich in detail, focus, and fullness and will reflect the context and structure of the informant’s experiences (Charmaz, 2014). For this research, I conducted in-depth face-to-face semi-structured interviews, engaged in reflexivity, wrote detailed memos, and recorded field notes.

In 2014, I relocated to Prince Edward Island to teach nursing at the University of Prince Edward Island. I began establishing working relationships with community agencies including but not limited to the Canadian Mental Health Association, The John Howard Society of Prince Edward Island, Salvation Army Charlottetown, and Prince Edward Island Family Violence Prevention Services. I am also a voluntary member of the Prince Edward Island Community Advisory Board on Homelessness along with several key stakeholders who represent a cross section of agencies and organizations committed to addressing homelessness. These connections, and the relationships they continue to foster, played a key role in my ability to recruit lone parent mothers for this study.

### **Sampling**

Applying parameters around who has firsthand knowledge of the phenomenon of

homelessness helped me identify a starting point and guided the process for the initial generation of data. Charmaz (2014) refers to this initial stage of conducting a grounded theory study as “a point of departure” (p. 197).

I started with purposive sampling, which refers to the selection of participants based on their experience with the phenomena of interest (Streubert & Carpenter, 2011). Criteria for inclusion were women who were lone parenting, 16 years or older, and who were able to speak and understand English. Their children, who were less than 18 years of age, may or may not have been living with them. Determining homelessness was based on the definitions as described at the onset of this dissertation. At the time of being interviewed, two participants were couch surfing, one was staying in an emergency shelter, five were in transitional housing, and six participants considered themselves in stable housing, although fears of their future housing instability remained a constant concern. In addition, one participant became homeless again during this research and one lone mother was evicted from her apartment and left the province. In order to strategically select participants who had experiences relevant to the research question (Charmaz, 2009, 2014), informants were either homeless at the time of the study, had personal experiences with homelessness, or were at risk of homelessness. Establishing precise sample size was inconsistent with the basic methodological underpinnings of grounded theory as it was not possible to know beforehand the exact number of participants who should have been recruited (Dr. K. Olson, personal communication, June 16<sup>th</sup>, 2015; Stern 2007). I became aware that data saturation was evident with interview eleven, but I continued with my commitment to meet with three additional participants who had expressed interest and were tentatively scheduled. As this was my first attempt using grounded theory I also wanted to be confident that I had generated enough data to justify my decision to end the recruitment of participants.



Recruitment was initiated with the help of practitioners and volunteers from various agencies in the province of PEI. These included the Canadian Mental Health Association, a family violence prevention shelter for women and several corresponding rural outreach units, a public health office in Summerside, a correctional facility, several family resource centres across the island, food banks, a faith-based organization, the John Howard Society, and a pregnancy support centre. I also posted information flyers (Appendix K) in all of these various locations throughout the province, including soup kitchens. Additionally, and with the assistance of various service providers from the above mentioned service agencies, I had information packages (Appendix B) available for distribution to mothers who requested more information. The study was further explained by service providers who acted as intermediaries and obtained a *Statement of Interest in Study* form (Appendix C). The most effective means for recruiting participants was evident from family resource centres, a non-profit faith based organization, and a family violence shelter for women. Although the reason was not clear, given that they were all non-profit organizations with specific programs created for women in need of supports, I suspected that perhaps trusting relationships were very well established.

### **Research Setting**

I met with participants at a time and place most convenient and of their choosing. The women selected places that were accessible for them and private including a women's shelter, transitional housing unit, a university library, and at participants' housing units within Charlottetown, Summerside, and in rural areas of the province. As noted, at the onset of each interview I was able to ensure a relaxed environment and this helped establish mutual trust between myself and the participants that was fundamental to the research process (Olson, 2016). All women were given \$20 per interview session to help with any incurred costs such as

childcare and transportation, along with a \$20 gift certificate that was redeemable at a local grocery store.

The very nature of homelessness suggested no permanent address. I was aware that changes in circumstances and other reasons for mobility may create challenges in the recruitment and retention of participants. Acknowledging these possibilities at the start of interviewing and as much as possible creating plans with participants for follow-up contact was a priority. However, I was unable to contact one potential participant who twice expressed interest in participating as her phone service was constantly changing and I did not receive any response directly from her. Another participant who had been released from a correctional facility expressed interest in the study but cancelled our scheduled session with no explanation or request for follow-up.

All interviews were audio recorded with participants' consent and lasted between 75 and 120 minutes. I transcribed the initial interview in order to immediately become familiar with the flow of conversation and to begin data analysis. As more interviews were conducted, I employed a transcriptionist who signed a confidentiality form (Appendix I). I then listened to the audio taping while reading the transcriptions. This analytical process, along with written memos and field notes immediately after meeting with each lone mother, assisted in highlighting nuances that were not verbally expressed. Participants were also made aware that I may request a follow-up interview for the purpose of member checking.

Charmaz (2014) describes *intensive interviewing* for data generation along with ongoing memoing and writing field notes (Glaser & Strauss, 1967) when employing constructivist grounded theory for research. Intensive interviewing refers to in-depth exploration of participants' worlds with the researcher respectfully guiding the mostly one-sided conversation

(i.e. participants talk, researcher listens), with “emphasis on understanding . . . perspectives, meanings, and experience” (Charmaz, 2014, p. 56). I was aware that the quality of the data generated depended on my ability to skillfully conduct interviews while providing a sensitive and welcoming environment for each individual participant. I was alert for unexpected revelations when meeting with lone mothers, both hidden and explicit, which at times required further elaboration or future follow-up (Charmaz, 2014; Schreiber, 2001). For example, some mothers were in and out of homelessness during the months that the interviews were being conducted. I re-interviewed one of the initial participants at her request as she and her children were evicted from their apartment because of late rental payments. After an unsuccessful search for another apartment, she was able to stay at a family violence shelter for a few weeks until she once again established housing.

### **Data Analysis**

Five lone mother participants were initially interviewed. The transcripts were coded and 1,478 initial codes were created, with 374 included as examples (Appendix L). Gerunds were used with the codes in an attempt to capture how participants were actively responding within their socio-economic environments. Charmaz (2014) refers to this process as a way to cultivate *theoretical sensitivity* because it helps “nudge (the researcher) out of static topics and into enacted processes” (p. 245). I continued with focused coding to identify and refine categories and subcategories. The following sections highlight the process of data analysis.

**Substantive (open) coding.** I started with *substantive coding* by reading and re-reading words and phrases from the first five interviews, coding as many instances into as many categories as possible, and looking for new ways to understand data (Charmaz, 2014). I used line-by-line examination of concrete events to identify similar concepts and understand

underlying patterns (Streubert & Carpenter, 2011). As stated, this analysis resulted in 1,478 codes. My goal was to remain open to any theoretical directions based on my reading and understanding of the data that in the beginning was descriptive (Charmaz, 2014), but my aim was to explain and create a theoretical understanding of what was actually going on within the lives of the low-income, lone parent participants.. Fragments of our conversations, including the words chosen by participants and the incidents they described, were closely examined (Charmaz, 2014). I also aimed to include what was not necessarily stated but nonetheless implied when interacting with participants. This approach was consistent with symbolic interactionism because my encounters with participants created social interactions that depended on what we expressed both verbally and non-verbally, along with my interpretation of the meanings behind these ways of communicating (Charmaz, 2014). It was therefore important for me to be sensitive and show awareness of occasional incongruences in what was being stated and what was being communicated by the behaviour of the participants.

**Focused coding.** The next stage was *focused coding* where I tentatively categorized large segments of data based on what made the most analytical sense (Charmaz, 2014). This process involved examining, synthesizing, conceptualizing, and re-examining large categories of data stemming from my initial coding (Charmaz, 2014). This was very time consuming as I continued to question whether identified codes were conceptually significant. I contemplated what might be revealed but what I may not have been recognizing (Charmaz, 2014). I continuously returned to my original research question and contemplated: 1. What is happening in this data?, 2. How do these lone mothers respond?, 3. How do they enact their agency?, 4. How do they manage in their life circumstances, and 5. What is the basic social process? It was also in this way that data analysis using constructivist grounded theory was iterative rather than linear.

Focused coding also helped me determine the adequacy of my initial coding as I moved back and forth within the data. For example, in the early part of analysis I began to think that the lone mother participants had not managed homelessness or were not able to manage housing insecurity at all. There were so many instances of their children being apprehended, of their return to illicit drug use, of their hospitalization for escalating mental health challenges, and of their inability to follow through with completing addiction or educational programs. However, as my research progressed and I had discussions with my supervisor, I realized that the mothers were indeed enacting their agency and managing within their socio-economic environments by pushing back at societal constraints and eventually wanting to dissociate themselves from the label of the *homeless mother*. This management of their experiences of homelessness was not necessarily conventional but it was definitely a strategy used by them and one they believed worked by boosting their confidence and giving them hope for a better future. As one participant stated,

You would think I was the happiest person in the world. Nothing bad ever happened.

But when I started telling you some of my stories, you would be like, you have done that?

You have been through that? Yeah, yeah, I have. It just makes you stronger. (Alison).

**Theoretical coding.** Glaser (1978) described *theoretical coding* as “how the substantive codes may relate to each other as hypotheses to be integrated into a theory” (p. 72). Theoretical coding assisted me in conceptualizing relationships between and among substantive codes and gave theoretical direction to my analysis (Charmaz, 2014). I used theoretical coding to help create hypothetical statements about how categories were linked in an attempt to generate sound data analysis that was comprehensive (Charmaz, 2014). For example, lone mother participants in this research described traumatic upbringings as children. They were raised in poverty,

experienced abuse and neglect, and often felt that as children no one in their adult worlds really cared about their health and wellbeing. Yet they were now lone mothers trying to avoid many of these disadvantages from being repeated within the lives of their own growing families. I began to recognize connections among the women's struggles; their growing up in poverty, their experiences of homelessness as lone mothers, and how they were currently managing their everyday lives. There was a social process they were enacting as they described particular events that occurred over time (Charmaz, 2014). For example, participants displayed behaviours that included a gradual push back toward their outer socio-ecological systems where they had little to no influence. Over time, they also were working toward a disassociation of the assumptions and labels levied on them by society as homeless mothers, by redefining themselves and reclaiming their own identities.

### **Theoretical Sampling and Saturation**

As analysis continued, developing concepts began to guide me about where further data could be found and I used *theoretical sampling*. Theoretical sampling helped to address gaps in particular categories that were not fully developed (Charmaz, 2014; Schreiber, 2001; Strauss & Corbin, 1998). The following outlines how I used theoretical sampling while I progressed with data analysis.

Eventually, as women described similar experiences with homelessness and how they were managing within their socio-ecological circumstances, I became aware that no new properties or discernments were contributing to a developing grounded theory (Bryant & Charmaz, 2007; Stern, 2007), and that *theoretical saturation* had been achieved (Charmaz, 2014). This was not to discount the uniqueness of each participant in relation to her own experiences of homelessness, but rather to demonstrate that I was able to account for and explain

relationships between and among all established categories that stemmed from data analysis.

**Constant comparative analysis.** Each stage in this proposed study included *constant comparative analysis* between and among generated data, codes, categories, and concepts (Charmaz, 2014). Constant comparative analysis is undertaken by a researcher to align data that characterizes similar facets of concepts into related categories (Streubert & Carpenter, 2011). The final comparison that took place in this study was when major theoretical categories were evaluated against relevant scholarly work from the literature (Charmaz, 2014).

### **Reflexivity**

Reflexivity has been described as “the capacity of language and of thought, of any system of signification to turn back upon itself, to become an object to itself, and to refer to itself” (Babcock, 1980, p. 2), for the purpose of getting at the assumptions of both the researcher and participants that will influence understanding of the data (Hall & Callery, 2001). This process of examining how the investigator may influence all areas of the research route is relatively new, as in the past there was a tendency to view any revelation of self as risking contamination of the research endeavor, and the responsibility was to minimize and control any potential intrusion (Fine, Weis, Weseen, & Wong, 2000). Yet the question of how “to be both the gazer and . . . the one gazed at” (Mayan, 2009, p. 137) is not easy to reconcile. Reflexivity is an exercise that must be managed within an awareness of how it gives both the power to see and critique and the power to determine what will remain without scrutiny (Fine et al., 2000). Lone mother participants who I interviewed were painfully explicit about many of the horrendous circumstances of their lives. After every interview, I used reflexivity to think deeply about what was revealed to me, the words and phrases spoken, and the emotions and sometimes visceral responses displayed as participants’ stories unfolded. For example, after interviewing Lucinda on

August 23, 2016 I wrote,

Lucinda was a pleasant women but a person who also carries a lot of pain from her past. At times during our interview she spoke aggressively and waived her arms. At another point she broke down and wept as she described her earlier life and it took a few minutes for her to regain her composure. I found this meeting particularly difficult as I felt so helpless. Yet as we continued Luncinda revealed strengths she had developed “I take care of myself and son”.

Qualitative research from a feminist perspective uses reflexivity to acknowledge that the study of phenomena is, in fact, political, as examining factors that influence individual behaviours creates an awareness of the institutional and social factors that persuade and constrain choices. This process enhances awareness of the power dynamics between the researcher and participants and disrupts this process as much as possible (Dr. R. Schreiber, personal communication, August 6<sup>th</sup>, 2014). Reflexivity also enabled me to re-examine my historical self, enabling a better understanding of the contextual origins and development of my perspective (Plummer & Young, 2010), while adding to the truthfulness and relevance of the research results (Hall & Stevens, 1991).

Reflexivity is consistent with the tenets of constructivist grounded theory because it “informs how the researcher conducts his or her research, relates to the research participants, and represents them in written reports” (Charmaz, 2014, p. 344). Reflexivity is in keeping with symbolic interactionism which, in its essence, has respect for subjectivism and the accumulated knowledge of the researcher while encouraging self-revelations that may enhance research findings and interpretations (Plummer & Young, 2010).

In conducting research with mothers who are homeless, I used memoing to identify how my assumptions and biases may have affected data generation, along with ensuring the research analysis and interpretations were consistently organized around the mother’s narratives (Hall & Stevens, 1991; Reutter, Neufeld, & Harrison, 2000). The following are examples of memos I



wrote during the early and later stages of data collection and analysis:

DATE	CIRCUMSTANCE	MEMOING EXAMPLES
August 2016	After completing Interview #3	When I started this research, I expected there would be more support for women who are homeless in this small province as compared to larger urban centres in Canada, like Toronto, Calgary and Vancouver. So far I am completely wrong!
October, 2016	After meeting with Deputy Minister	When I met with the Deputy Minister, I described to her the challenges I had getting through security in the Shaw government building, the photo ID, cell phone number, stating my business, needing her permission to get past security. It was intimidating. I can't imagine the barriers this presents for people who are poor. They probably just don't get in.
February 2017	After completing Interview #5	All of the first five women interviewed have experienced some kind of trauma in their childhood. I am really not surprised. I remember in practice as a PHN, when working with low-income families. Many (not all) were living similarly to what they experienced as children when they were poor...growing up witnessing alcoholism/drug addiction, in foster care, etc.
February 2017	After meeting with an employee from a Humanitarian Organization	(Name) spoke about the spiral down for many of the women she works with. She also recognized the 'pushing back' that was evident in my analysis so far. We spoke about how easily a women's stability can be thrown off when she is dealing with so many negative life events, including housing instability. Women who are incarcerated face multiple issues upon release. One of their first challenges is re-establishing old or creating new support systems that will see them return to their former way of life. Of course safe affordable housing is foundational. What a formidable challenge.

Table 1: Examples of memos during the early and later stages of data collection and analysis

### **Rigour**

Providing criteria for rigour in qualitative research is important if researchers wish to claim that their theories constitute a basis for social action (Hall & Callery, 2001). While judging rigour in both quantitative and qualitative research is part of establishing credibility, the “trinity”

of validity, generalizability, and reliability as defined by the quantitative research tradition has long been replaced with more suitable language to align with qualitative research methodologies (Janesick, 2000). In 1967 Glaser and Strauss, who were among the first to dispute the process of determining credibility superimposed by quantitative proponents, suggested “criteria of judgment (for qualitative research) be based instead on the detailed elements of the actual strategies used for collecting, coding, analyzing, and presenting data when generating theory, and on the way in which people read the theory” (Glaser & Strauss, 1967, p. 224). All qualitative studies, including those conducted using constructivist grounded theory, must adhere to and demonstrate some degree of rigour or trustworthiness in order to satisfy critiques of the research process or risk being ignored. Credibility, originality, resonance, and usefulness as outlined by Charmaz (2014) were used to establish rigour in this research that examined how low-income, lone parent mothers managed homelessness in PEI.

**Credibility.** Credibility was established when the theoretical findings I proposed made sense to participants and the data were accurately represented (Mayan, 2009). I addressed credibility through member checking and ensured that I generated enough data to support my claims while also demonstrating strong linkages between data and my analysis (Charmaz, 2009).

I met with Alice in 2018 who was the second mom I initially interviewed in 2016. After reviewing my initial findings with her, Alice confirmed that my analysis and understanding of the data generated were consistent with her interpretation of her own experiences. I also reviewed my findings with participant Catherine during a telephone interview. Prior to the telephone meeting, I emailed her a summary of the categories and subcategories along with two visual representations of my analysis. Catherine validated the findings of this study and had recommendations for government programs that have been included in the final chapter.

**Originality.** Originality was scrutinized by questioning how my study “challenge(ed), extended, refine(ed) current ideas, concepts and practices” (Charmaz, 2014, p. 337) surrounding homelessness among lone parent mothers. This examination of how low-income, lone parent mothers managed homelessness in PEI highlighted their strengths and determination that have not been documented explicitly in other Canadian literature; nor has a similar study ever been conducted in the context of PEI.

**Resonance.** I aimed for resonance by determining whether my constructed grounded theory made sense to participants. I planned to illuminate processes at play within the lives of the lone mother participants who were homeless, who were at risk of homelessness, or who had been homeless in the past. I explored with participants whether my data analysis offered insights into their lives that have not been previously revealed and were poorly understood. The following summarizes my main sources of data:

Data Sources	#	Interview Types
Purposive Sampling	14	Low-income, lone parenting mothers who identified as having experiences with homelessness or who feared for their future housing security
Theoretical Sampling	1	Employee, Humanitarian Organization who assisted women to reintegrate back into society when they were released from incarceration
	1	Employee, Family Violence Prevention Services
	4	Employees, John Howard Society
	1	Housing First Employee, Canadian Mental Health Association
	1	Deputy Minister and Special Advisor Executive Council Office, PEI Government
	2	Follow-up interviews with participants
	8	Family Resource Centre (Staff)

Table 2: Main sources of data

**Usefulness.** When originality and credibility are clearly established, the resonance and

usefulness of a grounded theory are more clearly comprehended, respected, and valued (Charmaz, 2014). I created an understanding of how this research could contribute to knowledge about lone mothers and homelessness in Prince Edward Island. Additionally it is hoped that the findings of this study will promote further research (Charmaz, 2014) with lone mothers or other sub-populations experiencing homelessness in different geographic areas of Canada and beyond.

### **Dissemination of Findings**

Conducting qualitative research in communities has been shown to be beneficial in identifying at-risk populations and exploring various definitions of health and illness amongst aggregate groups (Morse, 1991). My goal is to share findings of this study with lone mother participants and other key stakeholders in Prince Edward Island. I will offer presentations and consider any other format that may be requested. I have already used social media (e.g., Twitter) and I have been interviewed twice by CBC PEI to help promote the study. I will continue to use these media forums as much as possible to share the results, implications, and recommendations. Segments of this dissertation will also be submitted for publication in peer reviewed journals and presented at conferences, workshops, and in health care settings.

I have been a member of the *Community Advisory Board (CAB) on Homelessness for PEI* since re-locating to the island in 2014. CAB meets monthly to review and address updates from government and volunteer organizations related to homelessness, organize Housing First Forums and Magnet Events, review proposal applications for PEI Housing First Partnership Initiatives, and review numerous submission requests from community agencies for Housing Partnership Strategy (HSP) funding to address issues related to homelessness on the island. Results and recommendations from this research will be shared with this committee, used to guide future initiatives, and offered in any requested format to people who are concerned about homelessness

in PEI, including lone mothers.

In summary, this chapter presented CGT as the methodology chosen to conduct this study and included an explanation of how methods of participant recruitment, conducting interviews, and decisions related to theoretical sampling and data saturation were achieved. In the next chapter, I present the findings and analysis of data including an explanation of broad categories and corresponding sub-categories that began to explain what was going on in the data.

## Chapter IV

### **Constructing a Grounded Theory: Findings and Analysis**

What causes homelessness among lone parent mothers raising their children in PEI? What keeps these women struggling in poverty? What experiences from their past do they carry close to their hearts? What are their present realities? What are their hopes and future aspirations? How do they manage in the circumstances they live in? These were some questions I had when I first began exploring experiences of homelessness among lone mothers in PEI.

This chapter presents my findings and analysis of data that gradually created a grounded theory. Included are an explanation of the social processes at play that are revealed in four broad categories and their corresponding sub-categories, along with visual depictions of how the categories were used to construct the grounded theory.

The data from fourteen lone mothers who were homeless at the time of being interviewed, had experienced homelessness in the past, or who were at risk of housing insecurity while living in PEI, was simultaneously collected and analyzed to understand how they managed in their life circumstances. Participants were purposefully recruited through various organizations and agencies across PEI based on their experiences with homelessness and their fears of future housing instability. As noted theoretical sampling resulted in feedback from eighteen community people, all of whom were familiar with the socio-ecological circumstances of mothers who have experienced poverty and homelessness, including the impact of insufficient social assistance rates, unsuitable and unaffordable housing, poor mental health and addiction, and IPV. Memos and field notes helped glean initial insights and interpretations that guided and expanded upon both the initial interview question and probes over the course of the study. My goal was to construct a theoretical explanation of the social processes at play within the lives of

the lone mother participants from their point of view, in order to understand what factors were promoting and maintaining their homelessness, and how they managed their lives in response to these circumstances.

I had reviewed extant literature on resilience and socio-ecological influences on human development to assist in the analysis of data. These two constructs are interconnected and can be cross referenced when trying to understand their degree of influence at certain human developmental milestones over time. Understanding resilience helped me recognize and appreciate the many strengths and protective factors that helped lone mothers manage their poverty, live with multiple social disadvantages, and respond to ongoing challenges with their housing security. By acknowledging socio-ecological influences, I was able to recognize synergy between and among their past experiences of socio-economic disadvantage, their present attempts to mitigate barriers to financial and housing stability, and their fears of a future that would include ongoing and repeat generation hardships for themselves and children. In this way Bronfenbrenner's socio-ecological systems theory helped reveal factors in the daily lives of participants that were influencing choices available to them.

All lone mother participants in this research recounted traumatic upbringings as children that were associated with intergenerational poverty. Memories of abuse and neglect and believing no one cared when they were children were vividly described. They related that isolation and having minimum support added to their own challenges with mental health and addiction later in life. Fear and stress stemming from family violence was also a common memory shared by many of the participants. The lone mothers believed that the culmination of these influences contributed to their own feelings of hopelessness and despair.

However, what was also understood from the findings was that the lone mothers were pushing back and rejecting a system described by them as unfair, uncaring, unreasonable, and detrimental to their well-being and that of their families. They rejected the labels they were given, the discrimination they felt, and the inexorable judging they were so accustomed to from society. The mothers demonstrated many strengths and developed resilience despite the daily challenges of living in poverty and the anxiety of housing insecurity. They honored their children who were described as the meaning and focus of their lives. Most salient were their expressions of hope that they must and will move on to a better life. In addition, a disassociation that I have named *The Othering of Homelessness* is the core category that surrounded the management strategies used by participants in their attempts to separate themselves from the label of “the homeless mother”.

The concept of othering is defined as “that process which serves to mark and name those thought to be different from oneself” (Weis, 1995, p. 17). More specifically, othering is understood to be the “undesirable objectification of another person or group.” (Macquarrie, 2010). With difference at its very core, the source of othering represents the struggle for identity. Scholars identify othering as central to the establishment of a sense of “me” and “not me” (Macquarrie, 2010). The known self becomes the measure against which all others are compared; the appraisal of the other serves to fortify the bounded sense of self. As a means of binary division of humanity, others are evaluated against criteria that identifies one as the norm (valued and desirable) and the other as not the norm (devalued and susceptible to discrimination). Those with power determine the evaluation criteria and consequently who belongs.

Othering has always been evident in the discourse on colonialism but not openly acknowledged. Dimensions of othering include, but are not limited to, religion, sex, race,



ethnicity, socioeconomic status, functional capacity, sexual orientation, and skin tone. For example, during the Colonial Period ‘whiteness’ was used by colonizers to distinguish between self (colonizer) and others (colonized). Those in and with power unilaterally defined a set human qualities and characteristics to distinguish between the two groups, skin colour being one example. Those who were seen as different had their land and resources expropriated for political and economic gain by those deemed acceptable (Weis, 1995). Despite the natural tendency for human beings to define groups, the groups themselves and the significance of the groups are socially constructed rather than natural (Powell & Menendian, 2018).

Othering has also been conceptualized as a way to know ourselves through the eyes of the other. Charon (1992) stated “it is through others that we come to see and define self, and it is our ability to role play that allows us to see ourselves through others” (p. 107). He suggests we can better know ourselves from how we are reflected in others, and we define others by how we identify them through our didactical interactions (Charon, 1992). In this present study, the behaviours of participants represented both an identification with those who lived in poverty and an attempt to de-identify from the stigma ascribed to this life style.

The concept of othering among the lone mothers influenced the sense of self and a means to distance themselves from the ‘homeless mother’ and all that it encompasses. The participants, in an attempt to shed the label of ‘homeless mom’, re-identified themselves as competent parents. However, in doing so, they also engaged in othering persons who they believed were unable to provide security for their children, at least in the present. As a management strategy, the lone mothers longed to separate from whom they did not want to be known as, while ascribing these same characteristics to others who still struggled with poverty and housing insecurity.

All participants chose their own pseudonyms to ensure their privacy. As recommended by Charmaz (2006), field literature that expanded my understanding of what was beginning to emerge through the process of data analysis is included. This use of extant sources of knowledge meant that both inductive and abductive approaches were gradually merged; the former referring to my construction of an evolving theory grounded in data generation and analysis, and the latter referring to my attempt to heighten my awareness of the possibilities being revealed (Lo, 2016).

The following analysis includes summaries of the life circumstances for the participants, including verbatim accounts of their experiences as children, their daily challenges, their attempts to mitigate their precarious circumstances, and how they responded and enacted their agency. Although I have created categories and subcategories for the purpose of data analysis and reporting, it is important to understand that all categories are interconnected and contributed to a web of experiences, so that no area of discussion is meant to be understood in isolation.

PEI is a sparsely populated but well connected province of just over 150,000 citizens. Communities on the island have relatively small populations and there can be close associations among one's family, friends, and practitioners. In addition, all lone mother participants were active on social media. For these reasons, I have included some self-identified demographic information about participants without compromising any area of their anonymity. As a result, fourteen women who were lone mothers at the time of their interviews participated in this research. Ten of the lone mothers self-identified as Canadian, two as Indigenous, and two as immigrants. All participants were between 20 and 60 years of age, with one to more than four children. They had experienced homelessness at least once before we met and all but one had concerns about her future housing security.

I have created two sections to report findings and analysis, Part A and Part B. The purpose of Part A is to promote an understanding of the everyday lives of the participants including their accounts of trauma from their past. Part A includes two broad categories: *Remembering Traumatic Childhood* and *The Seen and the Unseen*, which have three and four subcategories respectively. The purpose of Part B is to further answer the research question by explaining how the lone mother participants managed homelessness while living in PEI. Part B is comprised of three broad categories: *Pushing Back*, *Showing Resilience*, and *Reclaiming Own Identity*, all of which include subcategories. Part B also includes *The Othering of Homelessness*, which represents the culmination and final category in the process of managing homelessness for lone mothers who were interviewed.

## **Part A**

### **Understanding homelessness and fear of housing instability among lone mothers in PEI:**

#### **Remembering Traumatic Childhood**

This first category of analysis under Part A, *Remembering Traumatic Childhood* encompasses three subcategories titled *Abuse and Neglect*, *Intergenerational Poverty*, and *When I was Young, No One Cared*. These sub-categories are the analysis of data collected during interviews when participants described their early life experiences and their understanding of how these experiences may have influenced their decisions in adulthood that contributed to their housing instability.

#### **Abuse and Neglect.**

*If a child is seeing abuse, that's what they are going to know. (Lucinda)*

The first subcategory is based on recollections from participants about their traumatic experiences in childhood and adolescence from abuse and neglect. Children commonly experience attachment and healthy relationships from trusting adult caregivers within their

family of origin (Anderson & Rayens, 2004). These experiences help form the basis of affectionate interpersonal and familial relations as they transition into adulthood (Anderson & Rayens, 2004). Childhood experiences involving physical, emotional, or sexual abuse can impede a child's ability to develop caring, intimate relationships later in life, in addition to hindering the establishment of social support networks (Murthi, Servaty-Seib & Elliot, 2006). Along with being exceptionally stressful life events that are often chronic in nature, childhood abuse and neglect are known to lead to substance use disorders later in life (Afifi, Henriksen, Asmundson & Sareen, 2012).

Long term consequences of all forms of child abuse and neglect have been well documented in the United Kingdom, United States, and Canada (Krayner, Seddon, Robinson, & Gwilym, 2015; Martin, Rabi, Labella, & Roisman, 2017; Cyr, McDuff, & Wright, 2006). Using narrative inquiry, researchers in the United Kingdom identified three themes following interviews with thirty women survivors of child sexual abuse: the worthless self, the self as unknown, and the potential/developing self. What participants reportedly found most difficult was integrating their experiences into a newly constructed positive perception of themselves (Krayner et al., 2015).

In the United States an examination of the long term impact of caregiving experiences during childhood in 164 individuals, half of whom were women, concluded that experiences of abuse/neglect might conceivably increase risk for non-suicidal self-injury. In addition, worried states of mind stemming from memories of childhood caregivers and intimate adult partners were associated with more frequent/severe non-suicidal self-injury (Martin et al., 2017). Canadian researchers concluded that females with histories of sexual abuse during adolescence may exhibit aggression and enter into relationships that include violence (Cyr et al., 2006).

Similar associations among early life trauma and difficulties coping in adulthood were described by participants in this present study. Lone mothers vividly described disturbing childhoods that involved being physically, emotionally and/or sexually abused. Participants believed these early experiences of trauma influenced their future lives of disadvantage that included poverty, difficult relations with other people, mental illnesses, and housing instability.

Lilly was a lone mother in her twenties with two young children when we met for her interview. She had a history of poor mental health, illicit drug use, and alcoholism. Lilly was raised in a divorced family, living off and on with her parents who had separate houses. She revealed that being shuffled around in precarious home situations was all she really knew growing up.

Lilly's father lived with an alcohol addiction, and out of necessity he stayed with his own father, who was her paternal grandfather. She lived with them off and on during her childhood and adolescence along with her younger sister. She described being sexually abused by her paternal grandfather during these stayovers.

My father was an alcoholic. (My parents) separated when I was I think ten years old. When I was seven or eight I was molested by my biological grandfather up until I was sixteen. I continued to be molested because the fact that my alcoholic father had nowhere else to live so he had to go live with him ... I continued on getting abused until I was sixteen when I hit my teens. So, I was pretty much molested for eight, nine years, give or take, on a regular basis.

Sexual abuse is defined as “any sexual conduct or contact of an adult or significantly older child with or upon a child for the purposes of the sexual gratification of the perpetrator” (Hornor, 2009, p. 358). Children who are victimized are known to develop problematic behaviours often to shield themselves from hurt and shame (Afifi & MacMillan, 2011; Murthi et al., 2006). Lilly attributed many of her problems as an adult to being sexually abused in her

formative years, “So that’s where the PTSD comes from because I never coped with it”. When introducing herself, she revealed that she had had a troubled life, was in and out of very difficult relationships, and struggled with poor mental health and addictions.

With myself, I made poor decisions and was ... on the drugs and managed to get pregnant with my first child ... (and) ... throughout my life I was always in an unstable situation. I was going from couch, to couch, to couch making poor life decisions ... I had PTSD until I was eighteen and now I will be soon twenty seven and (they) still can’t find a proper medication for me. So I had to fight with welfare to try to get a bus pass so I could make it to my appointments. That was the whole reason I put my kids into daycare, was so I could go take care of my mental health.

Lilly had been homeless several times in the years prior to our meeting. She spent many nights couch surfing and often would overstay her welcome. She was in constant battles with social support workers and was rarely satisfied with any housing that would be arranged for her. She complained that rental units were not suitable because they were too small or too expensive. She also resented that rental locations organized for her were too far away from services including childcare, mental health counselling, and grocery stores.

Lilly was involved in several dysfunctional relationships in that they were abusive and involved illicit drug use. She had two children who were removed from her care at least twice. At the time of our interview, they were living with her maternal grandparents, who were also the children’s guardians. Lilly was living temporarily in this home, but because of her drug use, she was not allowed to be with her children unsupervised. As a lone mother, she resented how she was forced to relinquish her parenting role and acknowledged feeling helpless. Lilly referred again to being sexually abused when she disclosed how the trauma of losing custody of her children resulted in her significant weight loss, a suicide attempt, and her hospitalization during this time in her life:

So like my grandmother would go out and buy their milk and everything and I felt helpless too. So actually I landed in the hospital on (date), because the month my kids

were taken away I wasn't eating, I lost over thirty pounds, (and) I tried to kill myself which is out of my nature. Even being sexually abused for all the years, killing myself was never an option.

Lilly was emotionally and physically overcome with sorrow when her children were removed from her care. She believed that her experiences of being sexually abused in adolescence paled in comparison to the anguish she experienced when losing custody of her own children.

Lucinda, another lone mother, was very emotional during her interview when we met in her apartment and frequently had episodes of crying. Yet she was adamant that she would tell me about her difficult life experiences as a child, as a middle class married mother with three children, and now as a divorced woman who has experienced poverty and homelessness. She revealed being raped when she was young but chose not to discuss the circumstances or person(s) involved. Rather, she spoke about her trauma in ways that brought back memories of her emotional pain in childhood:

I grew up in a home, I've survived so many things ... (including) rape ... I went down, and I hid behind a school bus and I was crying. I just felt lonely and sad and scared and nobody came for me because they were too busy trying to get everything together at home meals.

Lucinda connected her trauma in childhood to the unfolding of her many other negative life events when she became an adult. She eventually married and had three children. Although she wanted to contribute to the household income she stated, "I couldn't work because of my anxieties and my panic attacks that all extended from my childhood with an abusive father". Lucinda also referred to her relationship with her partner as abusive and described the toll that abuse had taken, "I was mentally abused. I had no self-esteem ... (and) ... all the anxieties I had throughout my life now were intensified".

Lucinda became homeless following her divorce and described how she was left with nothing, "my ex-husband walks away from our house and the bank took it, and all the beautiful

things I saved for all my children and my grandchildren were all thrown in a dumpster”. In describing her circumstances, Lucinda stated “I live this in my sleep, when I eat, when I watch TV... something could trigger something, some abuse or whatever. I have social anxiety. I think that everything I want to do ... I’m going to fail”. During our interview, Lucinda repeatedly disclosed thoughts of the abuse she experienced over a lifetime. She believed many of these incidences triggered her mental anguish, causing her to relive emotional pain, and feel paralyzed at the prospect of moving forward.

Experiences of sexual abuse in childhood have been associated with the development of psychiatric disorders that continue into adulthood (Afifi et al., 2014; Reyome, 2010; Hornor, 2009). A Canadian forensic evaluation using a retrospective chart review of young children who experienced sexual abuse, highlighted that non-offending caregivers who were usually the child’s biological mother, described their own complex histories of abuse, trauma and poor mental health (Azzopardi, Madigan & Kirkland-Burke, 2014). Two thirds of the caregivers’ files under review revealed victimization in relationships where intimate partner violence had occurred, and nearly half reported being victims of sexual abuse at some time in their life (Azzopardi et al., 2014).

Sexual abuse as experienced by Lilly and Lucinda does not usually happen in isolation but is often perpetrated along with other forms of mistreatment, including physical and emotional abuse and neglect (Hornor, 2009). Ignoring a child’s basic need for human caring and warmth, nutritious food, adequate shelter, and an emotionally present caregiver can also adversely affect healthy child development. These experiences of trauma in childhood have been shown to be harmful in the creation of attachment to one’s own future children (Anderson & Rayens, 2004), negatively affecting a person’s ability to parent (Hornor, 2009).



This seemed to be true for Renee, who I met while she was staying at a family violence shelter because she had nowhere else to go. Renee resented being raised as a “government baby”, and although not all her foster parents were uncaring, she described lacking stability much of the time. “I was raised in foster care, so I don’t really have family. (I was usually) ... transitioning from going from being in the right homes to being in the wrong homes”. Renee most resented her own mother and directed much of the blame for her life in poverty toward the woman who gave birth to her but was absent in her childhood, “I do (blame) my mother because ... she’s like, she’s greedy, she wants everything for herself. She wouldn’t want to have to buy me a fucking loaf of bread”.

Now in her early twenties, Renee had three children from two different relationships. Her youngest was still an infant when removed from her care by *Child Protection Services* and her two eldest were in the custody of an ex-partner. Renee’s children were removed from her care because of her drug use and lack of housing stability:

This is the second time that I was homeless. The first time I became homeless I was four months after I had lost my kids and I decided to get sober, because I was abusing. But once I didn’t have my kids they cut me off, and I lost my apartment and I hit rock bottom and I had nowhere to go.

Adult caregivers of children are expected to respond appropriately to the child’s needs in a sensitive and caring manner, yet Renee described being unable to do so in part due to the continued violence between her and her partner at the time:

My kids were taken three months later and I’m glad they were cause I wasn’t a bad mom yet, but they knew (partner) was there and took them ... I don’t look back and regret those three months, I regret the fact that I was an addict and that I lost my kids, but I wasn’t a bad mom ... but I would have been, it always happens.

Renee was well aware of the consequences when a mother’s addiction supersedes the care of her young children. She longed for housing stability where using drugs was forbidden:

That's why (name of shelter) is a great place, it really is like you can be homeless and not get your kid taken cause they have a place like this, it's great. But you can't use, which is also great cause they can start you off in a good home.

Another lone mother participant was Felicia who recounted no family stability as a child or teenager. Although she lived off and on with her father and grandmother, she had little contact with her own mother. She described herself as bitter about this absence, "My mother was never in my life. She was in and out ... I saw her every now and then but my father was pretty much my mother and father at the same time". Felicia struggled in school and began using drugs and alcohol at a young age, "After (name of father) died things started (in a) down(ward) spiral for me. I was a bad teenager and ended up in a group home for a year and a half". After leaving the group home, Felicia went to western Canada where she was mistreated by a relative, "I moved out to Alberta with my (relative) who kind of treated me like garbage. I don't want to get into details, but I was kind of abused, not physical abuse but some (other) kind".

Felicia contemplated suicide before and after becoming a mother because she struggled with depression and anxiety. At times before her pregnancy, she would also use self-harm to relieve some of her mental anguish:

I just feel the need for pain and to see blood. It relieves stress, like that. I know it is a horrible stress reliever and I need to find a better one.

Like suicidal behaviours, self-harming is an emotional disorder signifying a person's response to stress (Brown, 2014). Self-harming in adolescence is believed to be evidence of earlier difficulties forming relationships with family and others, resulting in insecurity of attachment (Briggs, 2002). Felicia believed the absence of her mother in formative years contributed to her poor mental health, issues with addictions, and self-harming in adulthood.

Another lone mother was Alison who had one child. Alison moved back in with her mother and her mother's partner out of necessity as her low-income was insufficient to support

her and her son. She had experienced emotional abuse as a child and described her relationship with her own mother as strained, “I dealt with a lot of ... abuse ... not like physical but more like emotional abuse growing up so it’s not ideal for me to stay here”. Alison also had learning difficulties in school, was bullied by classmates, and experienced limited support at home. She alleged that being in and out of abusive relationships and living in poverty stemmed from the insecurity she felt as a child. Alison spoke about never dealing with her difficult upbringing that included her parents separating, emotional abuse at home and school, and lack of emotional support, “(My parents) were yelling all the time and screeching. (They) split up and I never dealt with that, always a lot of problems”. Alison described how she was in and out of abusive relationships before and after becoming pregnant and giving birth to her son. At the time of our interview, she was working full time for minimum wage and often referred to being unable to deal with the stress in her life:

I don’t take stress very well. I deal with a lot of things and I hold a lot of things in and don’t let a lot of things out and then it seems when you do let a lot of things out it backfires on you.

By backfiring, Alison was referring to her experiences of depression and anxiety, for which she was eventually diagnosed and received treatment. When asked how she managed her housing insecurity Alison replied:

You just kind of go day by day. Just figure it out as you wake up. It’s just stress. You have stress all the time. You are always thinking where are you going to go? What are you going to do, how you’re going to get through it.

Lone parents often experience social conditions that can cumulate in chronic stress, sometimes referred to as allostatic load (Johner, 2007), which can cause physical ‘wear and tear’ on the human body. This was Alison’s existence as she lived daily with a constant worry of how poverty and housing instability intersected for her and her son.

Participants believed that the impact of trauma stemming from experiences of child abuse and neglect contributed to their poor mental health, issues with addiction, and an inability to create and sustain intimate partner relationships. Similar associations have been cited in literature linking adverse childhood experiences with depression and anxiety, substance dependence, and unhappiness in adult relationships.

### **Intergenerational Poverty.**

*We're not given a chance. We're just piled in the corner you know, be quiet or don't talk about it. But it's evident and we're stuck in it you know, that poverty mentality that I'm never going to get out of this (Alice)*

Every lone mother who participated in this research lived in poverty and every participant's family of origin was of low-income. Consequently, the fourteen women participants experienced disadvantage from conception. This second subcategory reflects participants' views that deprivation in their childhood was being repeated in their adult lives, and their problems were similar to the struggles of their own parents. They spoke about their present challenges living with minimal income, the strategies they used to manage daily, and how they unintentionally replicated some of their own parent's less than desirable choices when describing "repeated patterns" (Catherine), how poverty is a "generational thing", (Rae), is "recycled" (Lucinda), and how "a lot of people that are on the system grew up that way" (Mary).

As an immigrant, Rae had lived in PEI for 20 years. She was a lone mother with several children ranging in age from newborn to adolescence. Before moving to Canada, Rae remembered living homeless in her country of birth with her mother and other family members:

It did all started with my mom. My uncles have all been homeless at some point too, but they climbed off my mom's back because my mom knew the struggle and supported them through it, at a detriment to us you know. You know my mom, I'm pretty sure she would have given everything to help us, if she had anything. But she couldn't dig her way out. My mom was actually a drug addict and an alcoholic, so it does follow. My brother

actually still lives with my mom and he has been homeless. Definitely, it's a generational thing.

Rae also lived homeless with her mother after arriving in Canada:

We've been homeless out in (city in western Canada) me and mother. She had money for a moderately affordable apartment. But we just couldn't find one. We literally slept on the streets despite having rent money in our pocket because we couldn't find anywhere.

At the time of our interview Rae was living with her children in a house that was desperately in need of repair. Her kitchen sink was split in two and held together with duct tape. The home she rented was in a rural area with no access to public transportation. Rae believed that her present reality was to care for her young children as best she could while relying on social assistance. She didn't believe she had much control over her circumstances:

Sometimes the only thing you can do is control how you cope, you know? Nothing's really assured and I think unfortunately I have that view point because of what I've been through. Most people feel secure because they've chosen their apartment or home and they can control the situation if something were to happen. (But) when you're living cheque to cheque on borrowed money, you don't have any control.

Catherine was another participant and she first became homeless at sixteen years of age. She had two children from different relationships and she revealed that the fathers of both her children exhibited poor mental health, addiction, and violence. Despite her early setbacks she was an educated woman with a post-secondary diploma. Yet because of no transportation, lack of reliable support, and low self-esteem she said she was unable to maintain permanent employment. "I've worked on and off, I've gone to school but I struggle with PTSD and I struggle with coping a lot and trusting people".

Catherine was striving to provide safe and affordable housing and feed her children all the while remaining dependent on social assistance. Yet she recognized and described patterns of behaviour that were similar to her own upbringing and acknowledged making the same poor

choices she first witnessed from her parents, especially her own mother. She entered into intimate relationships at an early age after becoming homeless. These arrangements were unstable, failed within two to three years, and involved physical and emotional violence:

I ... feel like it's because of my childhood, how my parents treated each other, how they treated me. They fought constantly and I was their pawn. My mom had a whole bunch of failed relationships and I feel like I'm repeating the failed relationships where I just rush into things because I don't want to be alone. And then it makes things worse. It's just another pattern. This happened this time; it's like a pattern to me. Everything in my head just becomes this pattern.

Catherine tried to feed her two children while living in poverty but acknowledged how difficult it was while relying on social assistance. The discussion also brought back memories of her own upbringing as a teenager when nutritious food was not a priority.

Part of my problem is we don't eat very healthy. Healthy food is really expensive; I grew up on packaged foods. I'd make supper for my family whenever my parents were at work. I can't really afford to get decent food.

During our interview, Catherine made regular connections between her own past growing up in poverty and her present reality as a low-income parent who had limited choices similar to her family of origin.

Felicia was lone parenting her daughter at the time we met for an interview. Both her biological parents were poor and as highlighted she barely knew her own mother. For most of her life, Felicia was raised by her paternal grandmother. Her father had to live in the same house as he couldn't afford a place of his own. Although the timelines are somewhat unclear, Felicia recounted that shortly after her father finally did secure housing, he died in a car accident and she moved back with her grandmother.

I pretty much lived with (grandmother) my whole life. My dad lived with her because he was struggling too. Eventually...before he died he did actually get his own place and could afford us kids. At that time, he was only supporting three kids and ... he finally got

his own place and then a month later he passed away in a car accident and I had to go back to my grandmother.

Although Felicia described always being close to her grandmother she also revealed that she became a troubled teenager who began drinking and misusing drugs and was placed in a group home.

Eventually she (grandmother) couldn't handle me because I got into the drugs and drinking and stuff like that. I was a bad teenager and ended up in a group home for a year and a half.

After living in western Canada with her aunt, Felicia returned to PEI, moved back in with her grandmother, and in time became pregnant. When she was two months gestation, her grandmother was hospitalized. Felicia had to leave the home they shared as there was an expectation that her grandmother would lose possession. This began a period of homelessness for Felicia where she moved between cities and towns, staying with friends and couch surfing:

After (my baby) was born, after two weeks I decided to move to (name of town) with a friend who let me stay with her until I found an apartment. So it was kind of horrible, jumping from couch to couch. I did have social services call on me because the people found out I didn't have a home and that I was jumping from couch to couch and not having a proper home for my child.

Felicia's housing instability continued after giving birth and being discharged from hospital until eventually social services helped find affordable housing for her and her newborn. She lived every day in poverty and compared her struggle to her dad's when he was a single parent. She recounted that for many years as a single father, he was completely reliant on Felicia's grandmother to ensure housing for his three children. Felicia recalled how difficult this was for him and she believed she was following a similar course now as a lone mother:

I needed to learn how to do it on my own as a single parent... I couldn't imagine what my father went through when he was a single parent, so I had to learn to suck it up and deal with it.

Lucinda expressed worries about the future especially for her grandchildren who were the third generation in her family experiencing poverty and homelessness. She also compared her adult experiences of poverty to her own mother's life caring for many children while living with multiple disadvantages:

I grew up in the same way in poverty and my mother had 14 children so I know what I know, how to survive, I learned it from her, learned many things from her to survive....then had a half decent life and then I went down in poverty again.

Lucinda believed her childhood, and her experiences with housing insecurity after her divorce, were being reflected in the homelessness now being experienced by a grandson:

It's just recycle it is, it's like the same thing, like I see it in my own family, my grandkids like my oldest grandson he's grown up in a hard life of partying and drugs with his parents and now he's eighteen and he's left home and he's living somewhere on a couch out of school.

Another participant was Marie who was a lone mother with several children, four of whom were living with her. She relayed how difficult it was to feed and clothe them while simultaneously finding and maintaining an affordable home. She recently moved into subsidized housing in one of the two cities in PEI. This enabled her to have access to public transportation and her children could walk to school. However she regretted having to rely on government assistance, especially because she had been there before when growing up in a family who was poor, and she vowed never to return. Yet now as an adult, Marie acknowledged repeating her dependence on social assistance:

You can't eat healthy if you don't make big bucks, it is ridiculous. Like it's not my choice or whatever to be on welfare, I (grew up ) on welfare in (country of birth) that's why, well they paid for my school....that's the whole reason why I went back to school and got a job and got off welfare cause I was never gonna be on it again, and now I am.



Riley who was previously introduced lived with uncertainty as a child and revealed, “I would never do what my parents did and not care about (my) kids”. Her parents’ separation, their problems with addiction, being abandoned by her family, and landing in a group home as a ward of the government, left her with an unwavering commitment to her infant daughter’s needs for stability in parent-child relations and housing.

All lone mothers in this study spoke about living poor in childhood. They also linked their early deficiencies to their present lives as adults who were again struggling financially, except now they were the caregivers of children. Although participants lived with multiple disadvantages including housing and food insecurity, they also displayed deep disappointment suggesting this was not the way they anticipated their life courses to unfold.

### **When I was Young, No One Cared.**

*And so from when I was six till I was twelve I had no rules, I could  
do whatever I wanted, it didn’t matter. I don’t know how I wasn’t killed.  
I was never home. (Catherine)*

The third subcategory under *Remembering Traumatic Childhood* is based on many participants’ memories of not feeling cared for in childhood by their parents, immediate families, or guardians. Some lone mothers were placed in foster care or group homes, while others were shuffled among different relatives or chose to leave home at a young age.

Attachment theory emphasizes the role a child’s connection with their primary caregiver(s) plays in determining internal working notions of self, of others, and any ongoing formation of relationships (Tardif-Williams, Tanaka, Boyle & MacMillan, 2017). When remembering her own upbringing in foster care, Renee referred to her mother when she stated “she (has been) in and out of my life constantly, she thinks I don’t need her which I do, she doesn’t need to know that cause it wouldn’t matter anyway”. Researchers propose that parental

visitation with their child placed with a foster family is critical for the development and maintenance of secure attachment relationships (Haight, Kagle & Black, 2003). However, as outcomes of parental visitation can vary widely among children, the quality of time spent should be regularly assessed to ensure the parent(s) has the competence to provide appropriate and safe care to their child. Renee had minimal contact with her biological mother or father while she was living with foster families; her mother lived out of province while she stated her father “does do good to get by himself, he eats at the soup kitchen like you know he’s on welfare, he deals with a lot of anxiety big time”.

Another participant was Riley who had one child and described her upbringing as very complicated. Her parents divorced when she was young and she spent most of her time at her father’s house with a stepmother and younger half siblings. She remembers life as chaotic, especially when her father would be gone for days on alcoholic binges. Riley did not feel cared for by her parents or by anyone in the group home where she was eventually placed at fourteen years of age:

He would leave us with his friends and we had no idea who they were. He just left us in random places...This was like just me and my older brother, my younger (siblings) were with their mom, they were just babies. But we were in ...school; we knew what was going on. I think by the time I hit fourteen, I was in a group home because I was too old to be in a foster home...and we had staff that just did not care about stuff.

Renee and Riley were removed from their families as young children or during adolescence. Children and youth taken into foster care or housed in group homes on advisement from child protection workers often suffer separation and loss at being disconnected from their families and peers (Kufeldt, Simard & Vachon, 2002). If separation experiences of these children are prolonged, serious problems can often develop (Kufeldt et al., 2002). Being disconnected from those who are familiar affects a child’s identity and often results in behaviours that reveal

anger, sadness, and confusion. Furthermore, there is lack of evidence to demonstrate "...that even the best foster families can entirely compensate for such vulnerability: regardless of length, stability, and quality of their placements, 'looked after' youths often feel peripheral to the families that care for them" (Kufeldt et., 2002 , p.45). Both Renee and Riley were estranged from their own parents and spoke about how difficult their relationships with them had always been.

There is little disagreement that the priority in child apprehension scenarios must be the safety of children. Government policies that include monitoring parental choices before and after their children are apprehended are often applied swiftly in cases where a child is considered at risk. Yet in the midst of removing children from families experiencing dysfunction there are often relational attachments among the parents, their children, and extended family members that need to be considered (Haight et al., 2003; Kufeldt et al., 2002). Results from research in Canada strongly recommended that when determined to be in their best interest, children in foster care should be in regular contact with their family of origin, with arrangements in place for supports and counselling as needed (Kufeldt et al., 2002). Whether such considerations would have made a difference for Renee and Riley is not known. Yet both women resented not having enough supports in place during their childhoods to develop meaningful familial bonds that could be carried into adulthood.

Lucinda came from a very large household in another province. Her family was poor and Lucinda and her siblings would sometimes be without food and warm clothing. However, she revealed that her most difficult memories were of being a vulnerable child who felt unprotected. Lucinda chose not to reveal details but wept uncontrollably when describing some of her experiences and she clearly continued to feel traumatized:

I remember feeling that ... I didn't feel attached to anything and when you start thinking when you're ten years old, you start thinking about running away that's sad, that's really sad.

Although Lucinda would sometimes move from the past to the present during our interview, she believed there were dire consequences for families who live harsh lives in poverty and children who suffer neglect. She implied that while some families may feel it necessary to use desperate means for subsistence, the individual needs of children within the household may become secondary as a consequence:

It's like, they didn't you know. It's like we're not focused, everybody is looking around like trying to find a way out of the situation that they're in, and kids are being lost in the cracks of the system before they even grow up.

Catherine expressed regret and dismay at the lack of parental care she was denied when she was very young:

I was going to this exhibition when I was seven by myself at night, my mom didn't care where I was. Then I went to my dad's house where I wasn't allowed to leave the yard, wasn't allowed to have any friends, I wasn't allowed to go anywhere. And then I got a little wild when I was a teenager. I just wanted attention from men when I was like fifteen.

The physical and social environments of children contribute to their bio-psycho-social development and gradually influence factors related to their health and well-being during adulthood. As suggested by Lilly, Lucinda, Renee, Felecia, Catherine, Rae, and Riley in this present study, both positive and negative life trajectories can be created. A Canadian study demonstrated an independent association between adverse childhood experiences and parental distress later in life, regardless of socio-economic status (Steele et al., 2016). Afifi & MacMillan (2011) referred to child maltreatment as a public health problem that extends across the lifespan. Although it is not within the scope of this study to positively link participants' adverse childhood

experiences to their difficulties later in life, lone mothers interviewed clearly made these connections when referring to their troubled early life experiences and similar to Lucinda, their longing for socio-economic and housing security.

### **The Seen and the Unseen**

The broad category titled *The Seen and the Unseen* reflects how lone mother participants found it difficult to accept the visibility of their lives in poverty while simultaneously working to keep many of their struggles hidden. Concealing daily challenges was considered helpful in avoiding embarrassment, retaliation from ex-partners, or being reported to social agencies who had the power to remove children from their custody. Lone mothers spoke about the strategies they used including self-imposed isolation, changing addresses and cell phone numbers, and moving frequently within PEI and to outside provinces.

Four subcategories continue under this title. The first three are *Feeling Isolated/No Support*, *Experiencing Intimate Partner Violence (IPV)*, and *Living with Poor Mental Health and Addiction*. These initial sub-categories reflect elements of invisibility as described by participants including being secluded from supports and social contacts, covering physical and emotional scars from abusive encounters with intimate partners, and concealing their poor mental health and issues with addiction. The fourth category titled *Feeling Hopelessness and Despair* reflects the felt consequences of living in these circumstances. The lone mothers also spoke about what it was like to be struggling alone while simultaneously being watched and under constant surveillance. Many felt abandoned by family while others resented “the system” for being hierarchal, judgmental toward them, and holding them responsible for circumstances that were beyond their control.

### **Feeling Isolated/No Support.**

***Me and my mom moved here as refugees from abuse. My mom is from Canada and I have my citizenship. I've been here since I was four. They asked if my mom was still a support for me and I said no, because she wasn't. (Rae)***

This sub-category gives an account of how lack of social supports was instrumental in rendering lone mother participants as invisible and as not in need. They especially resented having no support from family and friends, which made lone parenting so much more difficult.

An early publication exploring how social supports may influence human health and well-being was written by a physician who was interested in how environmental factors influenced disease etiology, "...one of the more important, and hitherto unconsidered, aspects of the environment for man (from a disease etiology point of view) may be the presence of other members of the same species." (Cassel, 1974, p.1040). Cassel (1974) proposed that disease processes could be interrupted by providing group support and protection from physiological and psychological stressors at the level of the individual. A decade later, Ell's (1984) expanded definition proposed social support was "the emotional support, advice, guidance, and appraisal, as well as the material aid and services, (which) people obtain from their social relationships (Ell, 1984, p.134). Authors continue to examine the importance of social connections for the promotion of one's physical and psychological health, which are now understood as stemming from different levels (i.e. micro versus macro), and areas of influence (family versus community) (Berkman, Glass, Brissette, Seeman, 2000; Hurdle, 2001; Manuel, Martinson, Bledsoe-Mansori & Bellamy, 2012; Rose, Campbell & Kub, 2000). As a well-established determinant of health, the World Health Organization (WHO) (2018) maintains that the more social support received from families, friends, and communities the better one's overall health.

Social support can be defined as having four components: informational, appraisal, emotional, and tangible (Campbell-Grossman, Hudson, Keating-LeFler, & Fleck, 2005; Keating-

Lefler, Hudson, Campbell-Grossman, Fleck, & Westfall, 2004). Informational support involves sharing facts in order to enhance knowledge and understanding, appraisal support is affirmation and positive feedback from others and is beneficial for self-evaluation, emotional support involves the establishment of trust and the promotion of positive self-esteem, and tangible support is providing actual assets such as transportation, financial assistance, clothing, or food (Keating-LeFler et al., 2004; Campbell-Grossman et al., 2004). Given the complexities of poverty and homelessness, it came as no surprise that lone mothers in this study identified a need for a variety of supports suited to their individual circumstances that represented all four components.

Lone mother participants spoke about experiencing isolation and a lack of connection with partners, family, friends, and social support workers. Some partners were violent and abusive while others were mentally unstable, dealing with addiction, and under investigation by child protection workers. Family members were described as being absent “not in my life” (Renee), non-communicative “my mother doesn’t speak to me” (Riley) and judgmental, while friends were often depicted as being absent when times became tough. Broader social supports that included some government workers, the systems they represented, and at times community based organizations were portrayed as capable of lacking empathy and being insensitive.

Catherine did not have a healthy relationship with anyone in her family, especially her parents. When she first became homeless at sixteen, she described having no knowledge of support networks and believed she had little choice but to move in with her twenty two year old boyfriend:

I had nowhere to go. I wasn’t aware of any support. I wasn’t aware of income support. I wasn’t aware of anything. So it was like I live with him or I live in a cardboard box, I have no idea what to do. I’m trying to go to highschool and it was really hard.

As an immigrant Marie recounted, “I didn’t think there was anybody out there to help because I had been told by social assistance that ... I am not a permanent resident”, while Riley wished someone had helped her learn some basic budgeting skills “If I would have had someone to tell me to pay all my bills on time and help me budget and stuff I wouldn’t be in this, but I mean, there was no one there”.

Catherine feeling forced to live with a boyfriend at sixteen years of age, Marie being ineligible for benefits and any form of assistance because of someone’s interpretation of her citizenship status, and Riley feeling vulnerable because she had limited knowledge of some basic life management skills were all described in detail during the interviews. These issues that accompanied participants’ housing insecurity were complex and varied between and among them as individual women.

Similar disclosures have been reported in research. A longitudinal study in the United Kingdom identified the complex needs of women who were homeless or at risk of homelessness (Cameron, Abrahams, Morgan, Williamson & Henry, 2016). Although participants had endured numerous intersecting negative life events, the services offered to them tended to be fragmented, incompatible with their personal context, and did not always meet their needs (Cameron, et al., 2016). They described some services as not being helpful, advice as being inconsistent, and many group sessions intimidating and difficult to attend (Cameron, et al., 2016). Furthermore, the complex adverse experiences described by the participants, which were both causes and consequences of their experiences with homelessness, were also contributing to what authors are calling “deep social exclusion” to describe the profound impact of marginalization that so often accompanies poverty and housing instability for already disadvantaged women (Cameron et al., 2016; Fitzpatrick, Johnsen, & White, 2011; Sacks, McKendrick, & Banks, 2008). Canadian



researchers have also warned that being denied social supports often leads to exclusion from participation in other aspects of society, including employment, access to education, and cultural resources (Mikkonen & Raphael, 2010). Despite how varied participants' challenges first seemed, the commonality shared among those in this present research was the consequence of their increased vulnerability in all aspects of social engagement, including their ability to apply for and maintain affordable, acceptable, and safe housing.

Minimal supports were most evident in how lone mother participants were dealing with their poor mental health. Every participant described experiencing stress, anxiety, and depression stemming from their socio-ecological conditions and revealed the toll on their well-being. Yet there were only limited offers of help from their partners, family members, or friends. Some participants spoke about being abandoned by the fathers of their children while others disclosed they received no help of any kind from family, including their own mothers.

Emotional supports developed through healthy relationships are known to improve the psychological well-being of low-income women during pregnancy and post-partum, while supports provided by their husbands/partners have been found to be the most beneficial (Zachariah, 2004). Yet when Felicia became pregnant, her relationship with her partner ended and she felt deserted by the person she hoped was going to support her throughout her pregnancy and after her baby was born. She expressed fear about how she would ever provide for all her child's needs:

Like when I was pregnant I was overwhelmed and crying (all) the time because I didn't know if I would have a place for her or me to stay. Just the thought of me, that I am not enough for her, she needs more but I know I can't give her more because the father doesn't want anything to do with her and it is just me and she will have to just stick with me and deal with me.

Lilly expressed frustration at being abandoned by the fathers of both her children:

I only had enough money for the formula and I remember when the kids were born, with the youngest his father wasn't around until he was six months old so I got no support from him. And then my oldest, her father was on welfare, he was always trying to bum money off me. I always had to fight with him.

At times Rae said she was desperate for help and expressed fear that she may need to rely on a former partner in order to continue to raise her family:

I am scared that I will have to count on someone I've never been able to count on. I know my ex can't afford this place. I actually make more on income support than he does working and I know that won't help us if we're together.

The lone mothers found that parenting in isolation with no opportunity for a pause or break in their caring work was a regular concern. Compounding their frustrations was knowing that the fathers of their children had abandoned them and were ignoring their childrearing responsibilities.

Researchers have proposed that for low-income women with no supportive partner, positive interactions and validations from their own mothers during pregnancy and postpartum, along with support groups comprised of women in similar circumstances, were beneficial for mental well-being (Zachariah, 2004). In contrast, lone mother participants interviewed in this research described being left on their own during critical times when they were first experiencing motherhood. Ashley's requests for help from her own mother were ignored:

It is hard to shower with two children running around. That's like my neighbour, her mother in law is amazing. If she needs an hour to herself to think, the mother in law steps in to take the child. She will take her to the park or take her for her to shower and I am like you've got it made. Because if I asked my mom, if I called her and told her I needed to shower she would tell me they are my kids.

Ashley resented her own mother's lack of empathy toward her life in poverty. She seemed bewildered at how disinterested her mother was in the wellbeing of the grandchildren. Ashley's bitterness was noticeable in her facial expressions and heard in her angry tone of voice.

An American study examined the effect of stress and social support on depressive symptoms for mothers parenting young children (Manuel et al., 2012). Results suggested that the combined worry of living in poverty while parenting and experiencing poor physical health increased the likelihood of depression among low-income urban mothers with young children (Manuel et al., 2012). Protective factors identified as stemming from partners offering support and others that were described as tangible were identified as possibly reducing the negative effects of stress, but only to a certain degree (Manuel et al., 2012). As with most woman in this present study, Ashley regularly dealt with depression and attributed her unhappiness to the stress and anxiety of lone parenting.

Catherine also battled depression for several years and described how difficult it was to cope with no family support:

My family's still not supportive. My mom's very selfish. I'll say 'Can you watch the kids?', 'I work tomorrow'... I see other people struggling but their mom takes their kid everyday while they go to work or they drive them, or they do this, or they help them out financially. I wish my mom would do a tenth of what your mom does. It's hard to watch, she doesn't want to do anything. My dad and my stepmom, they're the same way.

Catherine wanted to be employed and hoped her depression would improve. However as a lone mother she had conflicting thoughts about how she would manage a job and be available for her children, "If I had a job I would feel better about myself instantly. Even just a part time job (but) someone needs to be there after school".

Depressive symptoms, along with other mental illnesses are consistently cited as barriers to finding and securing employment for lone mothers in addition to lack of affordable and accessible childcare (Caragata & Liegghio, 2013; Coiro, 2001). Moreover in Canada, part time employment is usually accompanied by little to no benefits (Caragata, 2003; Caragata &

Lieghio, 2013), as opposed to social assistance payments that often cover prescriptions, basic dental, and vision care (Government of Prince Edward Island, 2018).

Mary was the mother of two adult children and a third child who was ten years old at the time of the interview. She spoke at length about never having reliable support when raising any of her children:

Some partners, some family members, that's a lot where my support goes down the tubes, that's why my struggle, I may sound like a snarly person personally but the struggle with me is I was pregnant when I was 17, I dropped out of school, it's been a struggle to try to come on top and to come back out on top because I didn't have a supportive family way. The people that I should have counted on I can't count on.

As with other participants, Mary's struggles were complex and unique to her individual context. For example, her son had a learning disability and she had regular confrontations with the school he attended in attempts to advocate for him to have access to more teaching and learning supports. She realized that with marginal supports she would be on her own in how she parented her son "I look after myself, I look after my son the way I want it to be". She was also employed at minimum wage for three weeks but was dismissed because she had no understanding of paperwork she was supposed to complete. Mary was missing rental payments for her apartment and was seeking help from a social worker to access more funding to pay outstanding debts. Mary's social support network was marginal at best and she described her lifelong challenges trusting others "you gotta be careful of homelessness somewhat ... cause sometimes it's the name of survival and you don't want people knowing that you're in that situation".

Supports from the broader community including food banks, free clothing depots, counselling sessions, and family resource centres were referred to by participants. They were able to receive various commodities such as healthy food and hygiene products, effective parenting advice from family resource staff, and assistance with resumes. Although many of

these organizations were helpful and compassionate about giving to those who were less fortunate, some participants did have negative encounters. Catherine had an experience with a community support agency where she felt treated with disdain:

My neighbour and I went to the food bank.... I had an appointment or something. She doesn't drive, so she asked me 'Can you drive me?' and I was like well, I may as well while we're there I may as well do it too. I really hate it. She called (name of foodbank) and said we're not going to get in until right when you close, is that ok? They were like 'fine'. The ladies were off in the background and they were saying 'What the hell are they doing here? We already closed.' I could hear them, and they were really pissy, they were mad that we were there. I said to the guy 'I could hear them talking. It's really hard for me to come here as it is and I can hear them saying stuff about us'. That makes it really hard for me.

As will be further discussed in the subcategory 'rejecting discrimination', prejudicial treatment from others was sometimes projected from social supports in their communities. The only participant who spoke positively about receiving regular support was Angie who depended on her own mother and what she described as some "wonderful neighbours". Although her mother lived in a different province, Angie made frequent visits with her children. In turn Angie's mother would visit PEI as much as possible to spend time with her grandchildren. Neighbours also helped care for Angie's family when she was late getting home from work. They also helped kill rats that had infested her home, choosing to shoot rodents when the children were in school. Angie recalled responding to their offers of help when she first moved to a rural area and neighbours found out she was a lone mother, "Yes I'm here alone and I've got rats. Can you help me"?

Results from a recent examination of supports among Canadian adults eighteen years and older proposed that adults with mood and/or anxiety disorders who report high levels of well-being, also acknowledge higher levels of social support and coping alongside lower levels of perceived stress (Orpana et al., 2016). The authors concluded that encouraging Canadians to

build strong social support systems in the presence of mood and anxiety disorders might help achieve overall well-being and a better ability to cope while living with mental health challenges (Orpana et al., 2016). Although every lone mother interviewed for this study described significant mental health issues that impacted their ability to manage in poverty, all but one also expressed regret about having minimal supports that could help alleviate their distress.

### **Experiencing Intimate Partner Violence (IPV).**

*My first daughter's father, I was sixteen he was twenty-seven so it was just one thing after another and then as I got older he (was) very mental...verbal(ly) abusive (Mary)*

This sub-category is about lone mother participants' experiences with IPV and how they often hid physical and emotional wounds inflicted by their intimate partners. IPV is characterized by control and power exerted by the perpetrator (usually male), who works toward the social isolation of the victim (usually female) from her family, friends, and neighbours (Lewis, 2018). When women experience IPV their social support and familial networks play a key role in determining whether they are able to successfully resolve the conflict to their satisfaction (Rose et al., 2000). However as conferred, participants in this study recounted that they often lacked social supports from the fathers of their children, their familial ties, and even at times from their own communities.

When Catherine was living with her first partner and expecting their baby he became violent toward her and she miscarried in her first trimester. She had no support from anyone in her family and felt she was on her own trying to deal with an abusive partner:

It got to be where he'd drive on the wrong side of the road and threaten to kill us. He'd have knives at my throat trying to, really, like right up to my throat pressed up against my throat trying to kill me while I was holding her. He'd punch me in the face while I was holding her. He'd threaten to take her, threaten to kill her. It was horrible for almost 3 years.

It is well documented that women may become more vulnerable to IPV during pregnancy and postpartum, (Daoud et al., 2012; Kendall-Tackett, 2007). Results from a Canadian study indicated that the prevalence of abuse is higher among young mothers who are alone and living poor when they conceive, and recommended close monitoring before, during and after giving birth (Daoud et al., 2012). Kendall-Tackett (2007) concluded that women who are victims of violence during the perinatal period are at higher risk for depression, post-traumatic stress disorder, and poor health outcomes during antenatal and postpartum, all of which can also negatively impact a woman's decision to breastfeed. Although Catherine ended her first relationship, her next partner who she described as being mentally unstable also became violent:

It just kept getting worse and worse. He (second partner) wasn't taking his medication, he had significant mental health issues. I started to struggle with depression and if people saw me I'd have bruises all over me. My mom, I wasn't really close to anyone in my family but if she did see me I'd just make up an excuse and be like 'Oh, a box fell on my arm at work'.

IPV has been consistently implicated in preventing women from securing stable housing for themselves and their children and understood to be an underlying cause of their homelessness (Baker, Lalonde, & Tibibi 2017; Dauod et al., 2016; Gilroy, McFarlane, Maddoux & Sullivan, 2016; Maki, 2017). This was the case for some lone mothers in this study. Ashley revealed, "I was in a domestic violence home. My parents were abusive to each other. Mentally my mom was abusive to me. My dad was physically (abusive) toward my brother".

Ashley was nineteen years old when the father of her first child who lived with a drug addiction became violent toward her, "The cops were involved. I came to PEI to escape and he followed me and there was a domestic dispute at my residence and then I had to move in with my Dad for about a month and a half". Her second relationship also involved a partner with addiction issues and the accumulation of IPV experiences seemed to be taking its toll:

He had an addiction issue he had to deal with, so now we are dealing with probation officers and counsellors and stuff to make the family work, but it puts a wedge in my living situation because we can't live together with the children right now so we have to keep two houses maintained and it's absurd. ...with my history of parents with domestic violence and being in a domestic violence relationship with my oldest girl's dad and then he passed away...so it's been one thing after another.

Ashley was overwhelmed with her parenting responsibilities as a lone mother. Compounding her stress was not being able to live with her new partner because of restrictions that accompanied her supportive housing. He was in a recovery program for drug use and had a history of violence. Consequently he was banned by court order from being on any property where Ashley lived with her children. Yet for Ashley, this meant further isolation while parenting alone with minimal supports, "I (am) depressed and I sit in the house all the time by myself and I mean it's no life to live".

Mary experienced abuse as a child. Although her life story was challenging to follow, when referring to schizophrenia in her family she commented, "You ask medical professionals ... could it be caused by abuse throughout her life because these are the people I had to depend on when the younger (siblings) were growing up". Mary also knew what it was like to live in a house with a violent partner. When she was sixteen, she began living with a man who was at least ten years her senior. She referred to being mistreated by him just after her first child was born but also spoke as if needing to dissociate from these memories, "as far as mental and verbal abuse goes, it's just some people have no other choice in it right? Just depends on how you deal with it". She also described the following incident:

(first partner) can be very mean and nasty, he's a cruel person. That man literally screamed at me one time for 45 minutes! I timed it, 45 minutes he bellowed and screamed at me (until) finally he grabbed me by the shoulders and he shook me.

Mary's relationship with this partner gradually ended "I grew up and (he) didn't want to see that. He's talked to me briefly once or twice. We just got nothing to say to each other".



Women who were abused as children, and then go on to experience violence within their adult relationships, may have intense anger and a greater tendency to be physically aggressive toward their partners in return (Swan, Gambone, Fields, Sullivan & Snow, 2005). This was familiar to Renee who referred to herself as both a victim and perpetrator of violence when she was caught up in a world of addiction, “I was violent, he was emotional. He tortured my brain so bad that I would just want to hit him. He was very hurtful with his words; it was hard to deal with that relationship”.

Alison described being exposed to IPV several times in her life along with how she protected herself from her partner’s aggression:

I’ve dealt with a lot of abuse in my relationships. I have dealt with physical abuse, I’ve dealt with verbal abuse. I have dealt with it probably ten times. When (ex-partner) actually... punched the windshield out of my car and then took a hold of me and was like trying to push me in the ditch, I actually was stronger than him and actually defended myself.

Alison was one of three lone mothers in this study who believed she gained strength by surviving physical abuse from intimate partners. This was not to imply that she sought out these relationships, only that she described developing strategies for self-protection while creating plans to leave violent circumstances

So when someone actually comes and it is a man and tries to do things ... like I am going to stick up for myself. I guess if they beat me, they beat me. They probably are women beaters, but when I stick up for myself they are like, oh God, this is one I can’t do anything to and then they get kind of scared because they are like what just happened? She actually stuck up for herself. Like I think they just go into shock kind of and don’t do as much as they have done to other women and it makes them kind of realize it’s not good what you just did. You can’t do those things.

Alison did not reveal these incidents to any person or organization who might have been able to help her like a family violence shelter, “I keep a lot of things to myself just because of the fact that there are just certain things they don’t need to know”. She also spoke about not trusting law

enforcement, “basically you don’t tell the cops nothing because they don’t do nothing, they really don’t”.

On the other hand, Angie did not experience family violence in childhood but was verbally abused and felt physically threatened by her first partner, “If you said something to him and it wasn’t right he’d fly into you. He didn’t bother taking his medication half the time”. Angie feared the angry outbursts that were unpredictable and ended her marriage out of fear that her children were at risk.

Multiple forms of violence were common experiences among lone mothers in this research and left them with physical and emotional scars that were mostly concealed. Although not all participants described growing up in homes where violence was a common occurrence, every participant experienced some form of abuse in adulthood. Some participants like Alison lived in fear that IPV would result in the apprehension of her children. Others choose to hit back and believed that by responding with their own form of violence they were able to develop effective ways to retaliate these abusive encounters.

### **Living with Poor Mental Health and Addiction.**

*It’s just one day at a time. I try not to dwell on the past but with the PTSD I have no control over it. I have no control over my panic attacks.  
So it’s like it is one day at a time. (Lilly)*

As noted at the onset of this chapter, life as a lone mother comprised many intersecting categories of experience, none of which are to be understood in isolation. But poor mental health underscored each one and all participants described chronic or episodic mental health challenges. Childhood trauma, poverty, homelessness, and fears of future housing instability were consistently identified as underlying contributors. Illicit drug use, self-harm, and alcohol consumption were ways used to self-medicate in order to cope with depression, anxiety, post-

traumatic stress disorder (PTSD), and suicidal thoughts. Fearing homelessness and living in poverty while raising a family are challenging but lone parenting adds another dimension of stress that can exasperate an already difficult way of life.

Participants described depressive symptoms that occurred before, during, and after giving birth and throughout child rearing. All situations recalled included some kind of lost identity, loss of self-worth, or lost relationship that would accompany feelings of depression. For example, Alice shared times when lone-motherhood seemed overwhelming "...when you go through three kids and you're like who am I now? Whoa you know like you forget and you lose yourself sometimes in identity and like depression and anxiety and bipolar".

The association between family type and increased risk of poor mental health is well recognized, with authors reporting that lone mothers are known to suffer more mental health disorders than mothers who are partnered (Cairney & Wade, 2002; Crosier, Butterworth & Rodgers, 2007; Gucciardi, Celasun & Stewart, 2004; Lipman & Boyle, 2005; Peden, Rayens & Hall, 2005). Higher rates of psychosocial distress and psychiatric disorders (Cairney & Wade, 2002; Lipman & Boyle, 2005) are commonly seen in mothers parenting on their own, while they are twice as likely to receive a diagnosis of clinical depression than the general population (Crosier et al., 2007; Peden et al., 2005; McIntyre, Officer & Robinson., 2003).

Parenting four children alone was difficult for Rae. She was under treatment for depression and had been hospitalized for suicidal thoughts. She described her experience in hospital and said she was dealing with depression since her teen years:

I was (admitted to a hospital) for a short while. It made me worse. I mean I was in there for five days without seeing a counsellor. I had my phone privileges revoked when I asked to speak with my family doctor. I wasn't allowed drawstrings or shoelaces so I walked around in sock feet in my hospital gown, with people screaming all the time. I was suicidal when I was a teenager, I've already been through this before.

Rae's familiarity with homelessness, living poor, and her regular bouts of depression occurred simultaneously. Moreover she linked her depressive moods, which would prompt her to seek help, as causing her recurrent loss of self-worth and confidence:

It's awful and terrifying. If you already struggle with depression it's almost hopeless. If you don't, you're going to know what depression feels like. You can't avoid it. It challenges people a lot more than you'd imagine it would because you have to ask people for help, and if you don't you're pretty much screwed. It doesn't leave much for dignity or pride or anything.

Mary wept when she made an association between some of the trauma associated with her experiences of loss. She remembered how a lost relationship with someone she deeply cared for affected her and how she resented being labelled as a "mental breakdown":

Whether it's the best friend that you never had and found in the future, (if) something should happen to them, you become very close and attached to that person because it's like you finally found a happiness that gets you past anything that you've lived through in the past. But you still live with that fear, even though your kids have grown up that you'll lose it so when you do lose somebody close like that it often causes breakdowns or depressions because you've just hit your breaking point of stress ... so when something like that happens it becomes very difficult and a lot of people get described as, you know mental breakdowns and stuff like that. It's not, it's depression and you've hit your breaking point and everybody's gonna crack or break...what a lot of people don't realize is (that) it can lead to homelessness and it can lead to addiction....most don't realize what the battle is.

Mary was eventually diagnosed with depression and anxiety that gradually contributed to her housing instability and her spiral downward into homelessness. She also implied that she had issues with addiction but preferred not to elaborate during the interview.

Felicia recalled being so depressed that she wanted to be either hospitalized or take steps to end her life:

I've thought, you know, signing myself into unit nine (psychiatric ward) thinking that I was going to end my life. It is difficult when you don't have a place to call your own.

Although as noted Felicia was eventually able to rent a low rental apartment after a period of couch surfing, she lived in fear of eventually losing her home once employment insurance ended.

She felt under constant stress and smoked cigarettes regularly in response. Roberta also lived with poor mental health, struggled with drug dependence, and used unconventional ways to pay for her habit including theft and prostitution. Although she tried to end her drug use, she was often overcome by the power of addiction, struggling to stay clean but becoming overwhelmed with her drug dependence. She described the devastation she felt when her relationship ended with the very person who was helping her stay clean from intravenous drug use.

We are not together now, we broke up there in October. But we broke up basically from me being in and out of jail. It started to be the past year when it started to be really bad, where I would be in jail, get out, use, because I had nowhere to go, steal, use, have nowhere to go, try to use to cover up the pain. Like if (using)... make(s) me feel better and I will be motivated to do this and that, but when you do... you are depressed as hell and I have no money and it's like what am I doing? That's when I started going in and out of the hospital. I started getting depressed. I would have thoughts of suicide and with the drugs on top of it, it didn't help, made it worse and you know I would need to be admitted.

Roberta was incarcerated many times for theft but regretted having to resort to crime to pay for street drugs, "It's not me at all, I don't think about stealing or anything like that when I am in my right mind. It was completely just for drugs". She also linked her psychological pain and her addiction:

You feel like, you are at the point of not even existing. It's like why am I even here if I am not really here? I don't know how to explain it .... They are stealing for their addiction to cover up the feelings that they have, you know, and that was me.

Lilly lived with post traumatic stress disorder but also found herself in the midst of a crisis when she used marihuana that was spiked with other drug components:

My son was gone for the day, my daughter was at her father's place and I smoked weed. I don't get stoned from it, it keeps me level headed. I went through the hardest consequence...that I ever in my life had to deal with...it just happened that joint was

laced with meth and DMA and ecstasy. Child protection w(ere) at my door at 7:00 o'clock saying I was under the influence. The RCMP had to take me to the...hospital and make me do a urine sample on the spot.

Lilly's children were removed from her care and she was required to enter a drug treatment program. She was hoping to stay clean in hopes of regaining child custody rights.

Poor mental health and personal use of drugs and alcohol intersected for eight participants. The remaining six women did not partake for reasons that included a family history of addiction, not wanting to be out of control as a parent, and the cost of street drugs. However they had lived or were living with people who battled addiction, usually their male partners and close friends. Struggling to parent young children while living with poor mental health, and regularly confronting addiction through personal use or because of partners, friends, and family members were familiar experiences to every lone mother participant in this research. The familial instability that accompanied this reality inhibited participants' abilities to care for themselves and children while seeking and securing safe and affordable housing.

### **Feeling Hopelessness and Despair.**

***I have no other choice. So it's either stay here or go on the street and that's not something you can do when you have a child. (Alison)***

This final sub-category in Part A represents the time during every interview when the lone mothers hit their lowest point, when they felt there was nothing left, no way out, and no possibility of change. The culmination of all their struggles to mitigate negative life events left them feeling empty, friendless, and labelled as homeless moms. Although I was in the role of interviewer rather than as counsellor, I did believe it was their time to express their unhappiness and grieve lost opportunities. Most participants also resented that they were born into poverty and had so few opportunities to find a way out.

Hopelessness is derived from the adjective hopeless, defined as “having no expectation of good or success; incapable of solution, management, or accomplishment” (Merriam-Webster, 2018). Hopeless also suggests despair, defined as “the cessation of effort or resistance and implies acceptance or resignation” (Merriam-Webster On-line Dictionary, 2018). The lone mothers expressed hopelessness and despair when describing the bleakness of their penurious circumstances. Each women’s storied life included experiences that are known to diminish the human spirit and cause misery. Misuse of drugs and alcohol, involvement in crimes, and contemplation of suicide only promoted their suffering and mental distress. Their familiarity with homelessness and housing insecurity, relentless poverty, lack of social supports, poor mental health, and continuous exposure to IPV created dire circumstances, isolation, and social exclusion. Yet both participants and I knew these events and consequences were in opposition to what should have been society’s compassionate and unwavering commitment to support them as lone parents with children.

As highlighted, eight of the fourteen women used illicit drugs and alcohol. They sought counselling for addiction just prior to or during the two years of being interviewed. Six participants engaged in illegal activities including petty crime and prostitution as a direct result of their addiction. Eight women contemplated suicide and three were hospitalized as a consequence of serious attempts to follow through. Every woman had a history of homelessness, or was living homeless at the time of their interview. All participants experienced various forms of IPV at some point in their lives and each woman had suffered poor mental health, mainly self-identified stress, anxiety, and depression.

Lone mothers in this study were living with depressive symptoms as part of their day to day realities. Feeling hopelessness and despair would sometimes mean they would contemplate

who they could turn to and where they could seek help. They questioned whether there was a person or an accessible organization where understanding and assistance might be available. However in exchange, they did not want to be required to give daily accounts of who they were spending time with, or status updates on education prospects, job seeking, and financial transactions. Too often their memories of feeling judged and ostracized created impediments to reaching out for support.

Renee remembered feeling defeated and losing control of her life and everything she held dear:

I hit rock bottom and I had nowhere to go so I went to detox because having a sober mind was easier to manage being homeless... Like before I would just be couch surfing or going anywhere as long as I could still get high, I would just go anywhere like you know?

Renee was evicted from detox for theft and other violations, which began another cycle of drug use, homelessness, lost child custody, and seeking approval to enrol in yet another detox program.

Participants contemplated suicide as one option to escape their feelings of hopelessness and despair. Lucinda described being hospitalized, “I wanted to die. I wanted to commit suicide and I ended up in the hospital and so I picked the paper up and I held it up. I said you see this? I said this could be a suicide note”. Catherine felt similar desperation when travelling alone one day, “There was a day, it was probably in the winter time ... I was driving on the highway ... and there was a transfer truck coming and I literally swerved at the last second. I was going to kill myself; I didn’t want to live anymore. I couldn’t deal with it”. Although such considerations by lone mother participants were in opposition to the needs of their dependent children, they openly and honestly revealed how desperate they sometimes felt.



In Canada, major depressive disorder (MDD) was found to be of higher prevalence in unmarried, unemployed women than men (Patten et al., 2015). Although rates declined with age, women's depressive symptoms were accompanied by suicidal ideations, substance use disorder, and generalized anxiety disorder (Patten et al. 2015). Authors warned that MDD was common among adults in Canada, burdensome for those with the diagnosis, and too often accompanied stigmatization (Patten et al. 2015). Lone mothers in this present study were living these realities as they worried about how to provide basic amenities for their families and resented discrimination from a number of people they encountered.

Lucinda lived with social anxieties that created fear when she was with others, including in a health clinic. Consequently, she avoided medical help, which only exasperated her symptoms and contributed to her despair.

I have no doctor. You go into a walk-in clinic with anxieties like I have? I'm pretty much a hermit because of everything in my whole life. I just am to go sit in a clinic with twenty, thirty people, sitting there for an hour, or two hours, or three hours to go in and see a doctor ... and try and explain to him in a couple of minutes (that) this didn't just happen overnight, that I just had an anxiety attack. I don't like being around a lot of people at all anymore.

Furthering her education used to be one of Alison's life goals until she lost confidence and the self-assurance necessary to commit to updating her skills.

I stopped going (to a community college) ... and worked at Wendy's full time and just said no to school. Even though I really wanted to do that but it was just too hard and I knew if I went farther, I would probably fail from being like (an) academic failure so I would be like, yeah, I might as well get out now.

Alison believed her ability to secure her own housing would not be determined by what she was able to achieve in the way of a career, but by whether or not she could establish another intimate relationship:

Like I would rather have my own place, my own spot, my own things. But I know that even though I have a good job, even though I have a wonderful son, it's probably not going to happen in my lifetime unless I find another partner that can help me out.

Ashley resented living in poverty and missed having social connections that would help with emotional and tangible supports. She suffered from depression and her unhappiness was clear:

It's like I sit here all day and do nothing. Even when they are in school and daycare, I don't have friends to hang out with; I sit here so it's frustrating. I am not in harm's way, I'm not threatened, I am just stuck here until something else comes available...that I can afford.

Rae was resigned to her present life in poverty with no possibility of change in her near future:

Short term planning is unfortunately a ridiculous side effect of poverty; we forget to look far ahead for planning. It seems like a danger to me that I want to pursue my own goals, that I want to be a paramedic and then a counselor, because it's going to be years down the road before I can afford that you know.

Mary's mental distress affected her ability to function and she expressed little hope of her life improving:

I have shut myself down so many times and locked myself in and walked around hugging myself wondering what is wrong with me? Why can't I be normal? You're caught amongst so much downness, that it's like you get tired and you get stressed and it's like I'm not like you, I can't do it any longer, I give up.

Lone mother participants revealed distressing circumstances that robbed them of hope for their own futures and that of their children. They continued to struggle in poverty and have complex socio-ecological needs that were not being addressed. They became accustomed to social exclusion that affected their ability to maintain their own mental health and care consistently and effectively for their children.

## **Part B**

### **How Lone Mothers Manage While Living Homeless in PEI**

The experiences shared by the lone mother participants for this research were profound and described what it was like to live in poverty and experience homelessness. However I also needed to understand by what means they were able to manage their lives in the midst of so many struggles. A fundamental area of this analysis was aimed at understanding the degree of influence and control lone parent mothers were able to exert over their socio-ecological milieus, most especially in relation to their housing security. My awareness of their past, where and how they were situated in the present, and an understanding of their future aspirations was necessary. This was in keeping with my commitment to understand the difficulties they regularly confronted in relation to housing. Additionally as highlighted at the onset of this research, I was guided by ecological systems theory (Bronfenbrenner, 1977, 1979) and a feminist perspective (Reinharz, 1992; Streubert & Carpenter, 2007), both of which illuminated just how little decision making power and choices the lone mothers held within their grasp.

The third broad category in this analysis is titled *Pushing Back*, and has two sub-categories titled *Rejecting (Excuses for Unfulfilled Promises, IPV, and Discrimination)* and *Claiming Children as Life's Focus*. Rejecting excuses for unfulfilled promises, IPV, and discrimination may not have resulted in more housing options in the short term, but lone mother felt obligated to create family stability within whatever accommodations were made available to them. These rejections were ways for the mothers to push back and feel like they had some degree of control. They believed confrontation was helpful as they tried to manage housing instability.

Lone mother participants cherished their children. Their young families were the reason they were so determined to confront government rules, leave circumstances of IPV, and reject

discrimination. The need to care and protect their dependent children was the motivation for the women to push back and move on while envisioning a better future in the absence of poverty. Their children kept them focused, committed to their own housing security, and hoping for the re-unification of their families.

Participants spoke at great length about societal structures, government rules and regulations, imposed restrictions on their behaviour, others' opinions about how they cared for their children, and what they had to do in order to amend their dire circumstances. Most of what they heard came from the unsolicited views and opinions of people they barely knew. They chose to conceal many of their challenges and to share information only when required. They worked hard to resist any intrusion into their lives and dismissed the misinformed attitudes of others.

## **The Push Back**

### **Rejecting**

***We're all exactly the same. We want security, we want stability, we want humanity and dignity and we're not getting it! (Rae)***

*Rejecting Excuses for Unfulfilled Promises.*

All participants revealed their frustrations with government rules and regulations and held strong opinions about the unfairness of many social policies. The lone mothers were also determined to be heard in order to send messages to politicians about government agendas that more often constrained rather than enhanced their housing choices.

Alice and her children became homeless again during this study, although she willingly brought her experiences of unstable housing to community forums created to advise government on affordable housing. Her frustration was intense:

I know I kind of hit the wall, like I'm done talking! I'd like to have some action. I'm almost to the point where I'd like to stampede or protest you know to bring awareness. I do believe that we're back to square one where we need adequate housing.

Alice described feeling pressured to get a job by social assistance workers and some of her family members. Although she did secure fulltime employment, the cost of childcare and transporting herself and family early in the morning became too much for her to organize continuously. She missed paying rent and was evicted twice from separate apartment units. In the midst of this turmoil, Alice became most concerned about the consequences this cycle of relocating would have on her children. She worried about whether they could stay in the same school and daycare and feared the judging they all would inevitably experience from others.

Episodes of homelessness as experienced by Alice and her children are known to have different consequences for individual family members based on their age and developmental milestones (Sylvestre et al., 2018). Children of homeless families often have difficulties with cognitive, emotional, and behavioral regulation alongside poor physical health, which may increase their risk in areas of psycho-social adaptation (Barnes et al., 2017). Alice revealed that one of her children suffered from social anxiety, first manifested when his father abandoned the family. Yet she also believed she was able to manage the consequences of her family homelessness by being a stable presence:

In that turmoil that was happening, I was talking through that and communicating with them. They were happy. But I was instructing them what to do in the moment, like that reality. What do we do when we get money? We pay bills. So they don't really worry about it.

Alison was unable to pay for a rental unit and was frustrated at the lack of affordable housing when she described herself as sometimes "feeling desperate". She also expressed anger and resentment toward "the system" for refusing to recognize that minimum wage was not sufficient income for a lone mother to provide for her family.

There is nothing I can do but stay with my parents or stay with my friends because I don't have the money or the means to have my own house. And being a single mom, yeah I have a good job but it's still not going to be affordable ... I am going to have to be in an apartment ... and I might not even be able to afford an apartment because they are like nine hundred to a thousand dollars. That's like one cheque!

Alison focused on stability for her child, but she maintained strong opinions about what government should be considering for people who are poor, especially women with children:

There is not too much out there really to help you. Like I said about the daycare subsidy, you aren't going to get any help there and low (cost) housing, it is probably a year or year and a half for you even (to) get looked at so it is very discouraging. Like when you know you will have to stay here for awhile, you have no other choice. But they have to do a study of single mothers or single parents and figure out what would be the best income for us.

Angie resented the intrusion and constant monitoring of her parenting abilities by government, "Welfare was after me all the time, checking on me, making sure the children had enough food and had enough clothes". She described herself as being totally dedicated to her family and made many sacrifices to ensure their basic needs were met. She had no social life and very few friends, but never regretted her choices. She took her children with her everywhere, to the grocery store, to the park, and when possible to visit their grandmother who lived in another province. Angie's focus was her children and whatever was required to maintain a stable living environment for them.

Rae lived in a rundown home when we met for her interview but she expressed gratitude to be housed with her four children. She described what her life was like when she had no income to pay rent and she ended up homeless with her kids. She said she had to "fight back" and demanded help from the provincial government:

At the end of it I had my MLA lobby me for me because at that point (landlord) could not hold my apartment. I hadn't paid rent for two weeks. I lived in my car for a week. I stayed with my friend and his kids. I couldn't stay (with my kids) because sleeping on his couch meant something might happen.

Rae also reproached politicians for not taking action on the need for affordable housing:

It's not that there aren't suitable places; it's that it's so much work for them to even bother changing policies to make it affordable in the budget, in the plan, in by-laws. I mean yeah it's going to take some work, but you literally have people couch surfing and losing their children"

Rae called her latest partner a good father but due to restrictions imposed by child protection workers, he was not allowed to live with her while she was receiving social assistance.

Ashley's housing arrangement was similar to Rae's in that the father of one of her children was not allowed in her home or on her property because of his history of drug use and IPV. Although she acknowledged negotiating the restriction in order to qualify for supportive housing, she spoke at length about her struggles as a lone mother with two children, both of whom had disabilities. She was very unhappy and waiting in what she described as "a state of uncertainty" for more affordable housing where she might be reunited with her partner and have help with parenting:

I wake up in the morning and I go I guess. It is more that I know it has to get done. If I go to bed with a heavy head or not, I know I have to get breakfast in the morning. I have to get the oldest off to school and get this other child out to daycare. So I know that it's got to be done".

Mary held nothing back when she made demands on government to examine social assistance rates:

We're not getting adjustments from the government to keep (the) basics. Like they can say what they want but they're denying families that income to be able to afford ... milk for the whole month, food for the whole month. If (politicians) still wanna take claims to this, show me! Not the poverty stricken people, show me (a politician) that would take \$200, not another nickel but \$200 and they will feed themselves that whole month, I'm not even asking them to do it with kids and I'm only asking it to be a test once ... Instead of standing here and snow jobbing me when I'm living the life and I know I'm not getting enough to provide food to pay for my bills, to pay my rent! ... I'm not even asking (them) to go through the motions of the whole process that we have to go through on a monthly basis. I'm asking (politicians) to take the \$200 limit that we got for groceries and make it last a month. If they can do it then they can show me that they

know more than I do and they can show me how it needs to be done. If they don't want to step up to the plate and show that, then adjustments need to be made.

It is well known that affordable housing is critically needed in PEI. The wait list for family housing units has been growing steadily from 390 households in fall 2016, 499 in August 2017, and 569 in February 2018 (The Prince Edward Island Government, 2018). In the meantime, low-income families are living in inappropriate housing, couch surfing, or paying well over thirty percent of their income on rent. Moreover, for lone mother participants it was exasperating to have no meaningful input into family housing policies, particularly when they were caring for children, an obligation that is still performed predominantly by women. This caring work is difficult and a long term commitment that receives minimal accolades despite being foundational to the maintenance of society. Participants in this study held various levels of government responsible for their inability to secure housing and grew weary of promises that were never fulfilled.

#### *Rejecting IPV.*

Struggling to create housing stability while living with IPV is not possible because they are incompatible and lone mother participants rejected abuse they were experiencing. Yet women who leave violent relationships sometimes return to perpetrators because they are not able to access affordable housing and lack few other safe housing options (Daoud et al., 2016; Russell, Harris & Gockel, 2008). Research consistently demonstrates that housing instability is one of the main reasons cited by women for returning to their abusive partners (Little, 2015). Lack of safe housing is a significant cause of stress for women experiencing mistreatment (Little, 2015). Some lone mothers in this research left abusive partners and chose to live alone with their children, while others entered into new relationships that in time included a recurrence of IPV.



The most common IPV described by participants was psychological. There were also instances of actual and threatened physical violence that some lone mothers resisted regularly. Several participants rejected violence by moving on while others fought back. Although authors advise that women must not only resist their abuser's mistreatment but the very socio-ecological environments that uphold "social and cultural norms of violence against women" (Crann & Barata, 2016, p. 860), for a lone mother living in poverty this can be much easier said than done. Yet when interviewed all women described resisting IPV and choosing to leave unsafe households in their own time.

Mary, a lone mother who was familiar with IPV and the world of illicit drugs described her many painful experiences living with her first partner:

A lot of the violence is mixed up in the drug and alcohol world and I've seen it and a lot of it is you know the girls that are ending up with three, four kids on their plate. They're young and they can't deal with it. Then they have the boyfriend (and) the only break or survival they're seeing is in this guy and he's not doing his part and there's drugs and alcohol involved. Then the abuse starts, whether it be abuse towards her or abuse towards kids, it can be verbal, it can be neglect. There is a time that some people will start avoiding that is happening I guess, or ignoring that it's happening because it's like you know, well the drugs are in the bedroom, let's go have a puff and she's trying to keep him away from the kids and then the abuse starts going on her. It's just a never ending cycle is what it is.

Mary recalled her final message to her abusive partner just before she moved on without him for the second time:

If you think you're trapping me by putting a diamond on my finger and I'm going to let you abuse me for the rest of my life, you need help.

Roberta experienced psychological abuse when her ex-partner began communicating with her in a threatening manner during her pregnancy:

During my nine months pregnant, (from) the very beginning, my son's father wasn't very nice to me. He would send me emails saying you are this and that and you should be in the water, I should have drowned you in the water, kill you. So there was a lot of emotional abuse.

Roberta ended the relationship mainly for the sake of her child, “I wanted my son to have good memories and if his father is going to be, you know, doing this or whatever, I don’t want any part of that, right?”

Marie said she was not physically abused but experienced psychological torment from her partner. She described how it took being mentally and physically away from him to realize how poorly she was being treated:

There wasn’t any physical, it was all mental and emotional and financial and crap. And things had just been getting worse and worse and I just had the baby. I was over in (out of province city) at a hospital, which was a blessing in disguise because I was away from it and I realized, I had time to think and be away from it all. My god that’s not supposed to be happening, he shouldn’t be talking to me that way.

When interviewed, Marie was anticipating ending her marriage:

I’m pretty sure we’re going to get divorced. He’s supposed to be going to (counselling session), it’s a group for abusive men. He is adamant that he’s not abusive because he doesn’t beat me or the kids, I’m like there’s all kinds, it’s still there.

Similar to Marie, Alice was experiencing psychological abuse from her second partner and at the time of our first interview, she was contemplating legal action against him “I’m thinking about giving him a peace bond. I’ve never done that before. He’s not violent, he’s just very verbally and emotionally abusive”.

A Canadian study concluded that women who were victimized by IPV experienced physical and psychological trauma that stemmed directly from their fears of housing instability (O’Campo, Daoud, Hamilton-Wright & Dunn, 2015). Moreover study authors proposed that it was most often psychological trauma that was overlooked (O’Campo et al., 2015) by practitioners and others offering support to women in need.

IPV has become closely associated with social inequities and as an established prevalent societal problem that has serious implications for women's health in Canada (Comeau & Davies, 2012). Researchers have found that depressive symptoms in response to IPV occur more often among women with a high school education or less, those who are unemployed, and those receiving social or disability assistance (Comeau & Davies, 2012). Moreover, consequences of IPV including depressive symptoms, post-traumatic stress, and engaging in self-harm are known to continue well after the abusive relationship ends (Comeau & Davies, 2012). These studies that are cited parallel the experiences of lone mothers interviewed in this present study.

Catherine, who was physically and psychologically battered by two different men, believed that emotional abuse was the most difficult to contend with because there were no visible scars, "I think emotional abuse is awful. All abusive is awful but emotional abuse really gets to you. It gets to your self-esteem; it gets to your ... everything". Catherine moved on and out of province to begin a new life in order to protect herself and her children.

Alison's response to physical aggression was to resist and counter violence with violence for her own protection:

I know the signs now when you go into a relationship. I know the flags to watch out for; I know the things to watch for because I have dealt with it so many times. And then they get a surprise when they go to hit me and then I defend myself or fight back and they are like oh this one actually fights back and it is like yeah I am not going to take your abuse. You might hit me but I am going to hit you back.

Alison had revealed experiencing abuse as a child and described how being mistreated continued into adulthood:

I've dealt with a lot of abuse in my relationships. I have dealt with physical abuse, I've dealt with verbal abuse. I have dealt with a lot of that ... they get a surprise when they go to hit me and then I defend myself.

Lone mothers spoke at length about their experiences living with physical and psychological abuse from intimate partners. In the midst of their turmoil, all the women described fleeing their homes where family violence occurred to protect themselves and their families. Although this meant entering into homelessness or unstable housing, participants believed it was the only way they could maintain custody of their children, manage what their families were exposed to, and uphold some degree of dignity. Eventually some participants returned to former abusive partners while others entered new intimate arrangements where they once again began experiencing abuse.

*Rejecting Discrimination.*

Lone mother participants in this study felt stigmatized and discriminated against by society. They rejected being treated with condescension in social settings and resented the contempt directed toward them in some government offices and volunteer organizations. The PEI Human Rights Commission (2010) defines discrimination as being the:

...unequal, prejudicial treatment of persons based on a personal characteristic. Discrimination can be a difference in treatment such as a punishment, a denial of a service or employment, or harassing someone because he or she belongs to a certain group. At the same time, discrimination is not always about treating everyone exactly the same. It can also mean failing to treat someone differently by not accommodating their needs.

Ashley described how difficult it was to not only find affordable housing but to find an apartment where she could care for her family:

It is absurd that you look on Kijiji and you see that you are not allowed to have children. That is crazy. How can you discriminate against a human being? I get pets, and I get no smoking. I don't smoke in my home, I smoke outside my home. But no children, how can you be discriminated against for having children and keeping the world going?

In PEI, it is illegal to refuse to rent a housing unit to a person just because they have children (Prince Edward Island Human Rights Commission, 2010). However landlords continue to use

discriminating language including “adult building”, too small for a family, and “seeking mature couples” (CBC News, 2015). In order to oppose this kind of discrimination, an ability to pay substantial legal fees is normally required. Lone mothers who live in poverty do not usually have the ways or the means to access such funding.

Lucinda rejected others’ stereotypical views and was adamant that she would not allow people to judge her or in fact any other person who lived a marginalized life:

I’m glad I did this (interview). That’s a big part of who I am anyway. I (will) fight even if it’s my last breath when it comes to people that’s down and out. ... judging people and that kind of thing, it’s easy to do people, it’s easy to judge people! Some of it is ignorance and some of it is people don’t care because they’ve never been there, they don’t understand it.

Lucinda believed there was an actual image she needed to represent in order to be deemed worthy of social assistance and housing support:

I had a new case worker and she was really nice and that but it was so degrading you know? Like, don’t put your lipstick on too dark and don’t put your hair down and make it look like you had a stressful night. Like that’s how I felt you had to be when you went in there, you had to look the part.

Shielding herself from societal glares was a strategy familiar to Rae:

It’s humiliating being on income support. When you go out in public and you know people are glaring at you because you’re poor or your boyfriend left you or you just lost your job. I don’t like dealing with that, the stigma and people judging. It literally does affect your life

Riley described her experiences in this way:

I definitely ... I feel like people are talking about me. Like you have mat leave why are you here? Why are you asking for help? And it’s like if you only understood the fact that I can’t manage it all myself. My boyfriend wasn’t living with me ... so like every bill that was in this house was on me. I just felt like a lot of people looked and didn’t understand why I was asking for help, and almost told me that I should be ashamed asking the government for help because I had my own money.

Research has revealed how low-income mothers used both ‘overt’ (complaining to caseworkers, appealing reduced benefits), and ‘covert’ (withdrawal and disassociation)

resistance to re-define themselves, promote a sense of empowerment, and challenge the derogatory stereotypes ascribed to them (Luna, 2009). Other authors similarly proposed that low-income people believed their assigned identities were not in keeping with valuing them as human beings (Reutter et al., 2009). Behaviours that included confronting discrimination, isolating themselves from others, and concealing personal financial information were strategies used to reject others' treatment toward them (Reutter et al., 2009).

Participants in this present study used similar ways of managing discriminatory practices. Lone mothers were especially vocal toward caseworkers, school officials, and politicians when advocating for their families, while at other times they were dismissive of administrative rules, negotiated improved housing with the help of non-government organizations, and accessed informal networks. This was displayed by Mary when she described her response to the way she was treated at times, "I know people judge me. Do I care if people judge me? That's what gets me into trouble, they know I don't care and I will tell them that". In doing so Mary and most other lone mothers were better able to manage with the consequences of living in poverty while sheltering themselves and their children from their stigmatizing experiences (Luna, 2009).

*Claiming: these are my children, they are the focus of my life*

***I want to show my daughter that school is important so we can set her up in life where she can carry herself and doesn't have to worry about stuff.  
I don't want her to think that it's normal for people to go through this even though a lot of people do. (Riley)***

Society expects mothers to be the primary care givers of their children. There is also an expectation that citizens work toward their own economic security. Public discourse lacks consensus about whether low-income mothers should have a right to choose to care for their young children without fear of reprisal and punishment from social assistance agencies, rather

than be employed in minimal waged jobs (Dodson, 2007; Luna, 2009; Pulkingham, Fuller, & Kershaw, 2010).

Lone mothers in this present study were well aware of why they lived in poverty and they attempted to improve their social economic circumstances by seeking reasonable means to address their housing insecurity, increase their incomes, enhance their social supports, and upgrade their employable skills and education. However their primary focus was the welfare of their children and this meant that some of the above-mentioned goals were not just difficult to achieve but often unattainable. Participants felt scorned and looked down upon because as citizens they believed in the importance of contributing to their own economic wellbeing. Although being socially dependant was not a legacy they wanted to leave for their families, neither did they want to be known as mothers who failed and were forced to succumb to the system so others could parent their children. They attempted to reverse the misconceptions by voicing their concerns to anyone who would listen.

As a lone mother, Catherine had no support with parenting and felt a need to be available for her school-aged children. She sometimes struggled to come to terms with her decision, which meant being unemployed and receiving social assistance, yet her children's needs consistently influenced all decisions concerning her own future prospects:

I feel like sometimes I'm not dependable because my kids come first, because I don't have support. If my kid is sick, or needs a drive somewhere, who else is going to take them? They have to go, they have to go home. I need to be able to do that.

Rae verbalized that her goal was to get a decent enough life so her children would not follow the same path that both her and her family lived. She stated, "I'd sell my soul for them to not ever go through this". Angie spoke about how her children were always her main concern and required all of her attention and care: "I wasn't interested in freedom; I needed to make sure the children

were fed properly and dressed properly. When the winter came (they) were getting bigger and needed more food”.

Reasons why a young women with limited resources would want to have a child when involved in an insecure relationship, living in poverty, and facing unstable housing may be a mystery for those who live more securely. However, a Canadian study concluded that pregnancy among female youth may have been a motivating factor to exit homelessness (Ruttan et al., 2012). Other researchers have proposed that young women who are unstably housed may associate having a baby with improved intimate partner relationships and the re-establishment of familial ties (Begun, 2015; Tucker et al., 2012). Although most women who experience homelessness may seek to avoid or end a pregnancy due to their dire circumstances, others may choose pregnancy and childbirth as a way to access social and financial supports they otherwise would not qualify for, or as a motivating factor to create positive lifestyle changes (Begun, 2015). These rationalizations may have been reasons why some participants in this present study choose motherhood.

Roberta, who had been incarcerated several times was motivated to improve her life circumstances for the sake of her son, and he was her motivating factor:

You know, I have a son who I love. I fought for him in the beginning to make sure he was brought up good and everything. I wanted him to have a great childhood and everything he needed, you know, it wasn't about me anymore, it was about him.

Similarly, Felicia who had struggled with addiction and self-harm behaviours voiced being happier than ever before because of her infant daughter:

Honestly, all I could ever think about was where would I lay my head or where would I have a home for her because I didn't want my kid taken away. Literally she is the best thing that has ever happened to me. If she was taken away, probably I wouldn't know how to live without her.



Of the fourteen women who participated in this study, not one regretted choosing motherhood while living poor and facing homelessness, whether their circumstances were dire at the onset of their pregnancies or developed over time. Additionally all participants credited their children for giving them the strength to carry on and work toward exiting poverty and establishing secure housing.

### **Showing Resilience.**

The fourth broad category is *Showing Resilience*, which includes two sub-categories titled *The Need to Moving On* and *The Need to Reconcile with Self*. Participants regretted some decisions they made and many of the failed relationships with partners, friends, and family, and often referred to these incidents as ‘past mistakes’. They believed many of these experiences made them resilient and more determined as they worked toward reconciliation with themselves in an attempt to move away from poverty and homelessness.

### **The need to move on.**

*Well I would like to go back to school. I want to go back to work. I am not working right now ...but I want my family back together. (Ashley)*

Lone mother participants were determined they would prevent further experiences of homelessness for their families and be able to exit poverty. Their aspirations included furthering their education, finding meaningful employment, and developing new intimate and social relationships in hopes to gain some control over their lives.

For several lone mothers, returning to school was a fundamental goal as they recognized the difference upgrading their skills could make for future employment prospects. Riley was one participant who was hoping to advance her education:

I am going to go to upgrading which starts in October and then I plan on going to UPEI (to take) psychology and sociology. I am not quite sure on what field I want to work but I kind of know that university takes you on different paths.

Riley was cautious and had spent time thinking about how she was going to manage the dual roles of student and mother:

I am only going to take a few classes after I finish my upgrading to see how it is and once I realize if I can do it...it's going to take me longer by doing just a few classes at a time".

Renee was adamant about enhancing her education:

I want to go back to school; working 8 to 4 would be perfect. Like I want to do REACH (Recovery Employment Assistance Courage Hope) so bad and then after about six months or so I want them to help me get into school cause they will, and I want to do RCW (Resident Care Worker), but I want to make sure I'm not going into school and (then) relapsing. I want to be in a sober environment and REACH is a sober environment. Nobody there can say "let's go smoke a joint after work". It's just good to help build me and then I'll know I will be strong enough to go back to school.

Renee recognized that one of her biggest obstacles was her drug dependency. She was committed to dealing with her addiction and finishing a detox program in order to move on:

I went into transition thirteen weeks ago and I got kicked out and then I went into (rehab) and got kicked out. I'm going back into transition and I'm going to finish it. I don't care what it takes, I'll stay in my room all the time.

Although Catherine was very dissatisfied living in a rundown condo, she knew she was qualified for middle income employment with her advanced certification. She was hoping to feel well enough physically and mentally to seek employment with the government or another reputable employer:

I hate living where we are. I hate where I'm at right now. I'm not working, I'm by myself. I want to make changes; I'm trying to feel better.

Catherine acknowledged both what was absent and what was needed for her to permanently move on "I just need more understanding, more help, more supportive people in my life".

Ashley had been communicating regularly with her counsellor about how she wanted to improve her life:

(Counsellor's name) knows I know what I want and am going for it. I told her I want to be an addictions counsellor because I have seen it my whole life and I helped (others) get clean.

In order to move on and away from poverty, lone mother participants were committed to improving their economic circumstances by seeking access to educational programs and finding meaningful employment. They described strategies they had already considered and hoped to have in place in the foreseeable future.

### **The need to reconcile with self**

*For me it was just the place where I was at, it was the situation I was in. I'd make the most of it ... because I was doing what was best for my kids and myself. (Marie)*

Participants wanted to come to terms with their life circumstances and some past regrettable decisions. They managed this task with self-awareness and determination. They were also well acquainted with choices made by other lone mothers who were homeless and the consequences other women had experienced.

Riley had regrets but expressed kindness toward herself and believed she had matured into a caring human being:

I have had a few of my friends tell me that I've changed due to what I have gone through. I am a more relaxed person as well, but I also am more caring about what I have in my life now because I don't want to lose what I have.

Catherine was aware of her mental health challenges that she believed stemmed from her original family that she referred to as "dysfunctional", her teenage pregnancy, and the abusive relationships that still preoccupied her state of mind. She spoke about a need to arrange psychological counselling for her children and seek more support for herself as a lone mother in order to exit poverty and deal with her depression. She stated "I know what I'm doing wrong, and I need to fix this ... but I can't always fix it. And that really bothers me".

Renee regretted many of her past behaviours especially when she was teenager and a ward of the provincial government. She was also coming to terms with some of the drawbacks of her childhood and teenage years when she was placed with strict foster families.

I was way too curious about everything cause I never got to experiment (with) anything as a teenager you know? I would have got punished and learned my lesson and I wouldn't do it again. I'm not getting punished as an adult you know? Like it's so different. (because) apparently I was living my teenage years as a mom and then like that's what messed me up.

Renee knew she possessed leadership skills and wanted to take charge of her future and be less dependent on others. When referring to her biological parents she revealed

You know they don't want to help ...and... that just is what makes me so strong cause I know what I have to do and I'm the only person that will get me through it. Enough is enough!

Renee spoke about her past strengths that included her leadership qualities, which she now wanted to stimulate in order to help create positive change in her life:

I was in leadership too in school, like I was always wanting to be the leader. That's why it's so easy for me to just take charge of my own life because I can't rely on anyone else, I gotta do it for myself.

Initially, Felicia lacked confidence to become a lone mother and considered opting out. It took a few close friends to help build her confidence. She decided that despite her past mistakes, she had the capacity to care deeply for her infant daughter and decided to keep on trying.

I was on depression medication, I was on sleeping pills, I was on ADHS medication. I was on everything and then one day I woke up and realized I needed to have a better life and I stopped taking everything, every single drug I was taking and eventually I found my strength and became a better me.

I thought about giving her up for adoption because I thought I couldn't do it and then I have my people saying stop talking so foolish, you're doing great.

Felicia was also proud that she had no recent episodes of depression that would give rise to cutting, "I haven't self-harmed in two years".

Angie did not dismiss her history of struggling with housing security and the drawbacks that accompanied her life in poverty. Rather she chose to embrace her Indigenous community and work through the hostilities that would sometimes cause her distress:

I went through some really rough times with my housing, just gives me nightmares to think about it. I used to be bitter but ... I started to take a course last year every week and it helped me deal with things that happened.

Mary had endured a lifetime of abuse, poverty, unstable housing, and poor mental health. Yet she spoke at length about coming to terms with past mistakes and legitimate reasons for broken relationships.

One of the hardest things to do in life is acceptance because you always got that little notion, (a) feeling inside of you that says never give up ... there's hope somewhere and you're gonna find it.

Ashley believed that the sharing of experiences between her and other mothers living with depression and poverty was mutually beneficial:

So if I could help more people it would be great, and with my depression, helping others is what helps (me). Like knowing that I have made someone else's day makes mine ten times better.

Participants felt a need to forgive themselves for past mistakes, including some who described their anger and unkindness toward others that resulted in terminating personal relationships. Allowing themselves to let go of earlier wrongdoings was liberating and opened possibilities for a more hopeful and prosperous future. However these attempts to let go by reconciling with themselves was not a onetime session of positive self-talk. Rather, participants expressed a need to gradually get on with their lives and use the strengths they had developed over time to more positively manage future encounters amid their daily struggles in poverty.

### **The Othering of Homelessness**

***It's hard for them to get back to stability and ... they are so depressed and so lonely that they don't care about anything else you know? They can't get happy enough to want to be happy you know what I mean? To want to have a home ... they couldn't care less. (Renee)***

The most compelling means by which lone mother participants managed past, present and future risks of homelessness in PEI was by detaching themselves from the label of a homeless mom. This strategy of dissociation was used to help keep their dignity intact, depression under control, and anger at bay. While empathy for women in similar circumstances was very evident during the interviews, participants began referring to the experience of homelessness as something that others might be going through but they had survived and absconded.

The very nature of homelessness brings about feelings of loss; loss of housing security, social connections, and sometimes children (Begun, 2015; Daoud et al., 2016). These events in and of themselves are ways one may become detached or “separate from something else or from others especially for a purpose” (Merriam-Webster Dictionary, n. d.). However the mental images and emotional pain that accompanied these same experiences were what participants desperately wanted to dissociate from because they represented memories of losing what they held most dear. The lone mothers also recognized that homelessness meant being vulnerable to abuse, violence, discrimination, hunger, and ridicule. They understood that to be a homeless mother was to be a woman exposed to these traumatic circumstances, but also judged as a parent who failed to protect her family. Homelessness meant future barriers to a child's education and financial security. These were familiar consequences of participant's own upbringings, which they did not want repeated for their children.

Yet by no means were participants' behaviours an attempt to deny their experiences involving housing insecurity, nor were they rebuffing others whose circumstances were similar;

in fact it was the opposite. Participants described reaching out and wanting to help other women find housing, mitigate government programs, and access community supports while at the same time othering their own experience of homelessness. Although they all shared a familiarity with housing insecurity, participants worked at distancing themselves from the labelling it summoned.

Riley was insightful about how her experiences of homelessness and living in poverty changed her attitude about who she was as a woman along with how she treated others, “I am a more caring, understanding person because of it. I don’t judge people. I try to make people ... understand I am not here to judge you. I have probably gone through what you have gone through”.

Lucinda spoke compassionately about the most vulnerable in society and how they were in need of advocacy:

Give people that are down and out some dignity back. Stop judging them, make them feel like there’s hope... try to help them now so they, they’re not going to be hopeless and ...figuring that drugs are the answer and somebody’s couch to sleep on... sleeping in a tent...sleeping in a campground or sleeping on a bench or under a tree down the road. Give them, give them a road that...you know to a future, not to what I grew up in my whole entire life.

Alice described how she was known as a resource for other women because she had developed survival skills over the years. She defined herself as a networker who had contacts and she was more than willing to assist others:

I’m a networker, I know where to go and when someone needs something they come to me like even ... a few days ago ... someone approached me about finding an apartment for them. So it’s like, I have people that I have actually looked around for them and helped them (look) for their apartment and also for support for myself, I just know where to go.

At the same time Renee, who had a lot of experience with couch surfing and staying in shelters, wanted to give others a reality check when she stated:

I know in the addiction community there's a lot of homeless, a lot and it's not that they can't get a place, it's that they won't cause their mind's on one thing only. Once they get there, they just stay there cause they get used to that lifestyle. It's in a way then all their money can go to what they want and not something else, and it's hard for them to get back to stability. They can put it in their head 'Oh I can leave but I will be homeless so I won't' ... and then one day it's just impulsive, they're gone and homeless...like they don't see it coming.

Renee may have been projecting her own experiences of not anticipating the possibility of homelessness during times of her illicit drug use, "I was abusing but I still maintained my home because I was on assistance", because eventually she did lose her children, her home, and she no longer qualified for government assistance.

Rae had several ex-partners who were biological fathers of her children. Despite all the housing upheavals and broken relationships she had gone through, she knew the importance of stability for families. Yet she also spoke as if disconnected from her past experiences. Her thoughts seemed to be reflecting outward when she stated, "I look around and I see all these broken families and behind them it's usually child protection and income support. You know that's always looming around these broken homes". Nor did Marie include herself among the homeless population when she stated:

There is a lot of homeless and they are all shapes and sizes (and) colors. Some look homeless and others (don't), but they were still out there. I think there was a couple and their daughter that were squatting in someone's abandoned house or something like that and they had to be removed.

Lone mothers in this study had endured lives of disadvantage that they desperately wanted to leave. As part of this process, participants chose to dissociate from their experiences of homelessness and any future threats of unstable housing by seeing in others what they wished to detach from their own identities. They wanted to be understood as mothers who were successful at solving problems of housing instability and understood to be capable of mothering their own children.



In conclusion, lone mothers in this study revealed disturbing accounts of their lives in childhood and intentionally resented the labelling associated with being poor while recognizing the difficult choices other women had been forced to make. They managed homelessness by pushing back, rejecting intrusion, and condemnation from society, claiming their children as their own, envisioning different futures for themselves, striving to forgive themselves for past mistakes, and disassociating from being labelled a “homeless mom”. Their intent was and remains to secure and maintain safe and affordable housing for their children and establish themselves as women deserving of respect and admiration.

This chapter presented data analysis and findings based on interviews with fourteen lone mother participants, two of whom were interviewed twice, along with sixteen employers, employees, or associates who acutely familiar with the hardships encountered by women in poverty. The final chapter is a discussion of these findings, a description of the grounded theory that was constructed, and ends with recommendations in areas of policy, research, and nursing.

## Chapter V

### Discussion and Implications

The purpose of this research was to create a theoretical understanding of how and why homelessness is a problematic social-ecological phenomenon among lone parent mothers in PEI and how they managed in response to their circumstances. The initial literature review summarized causes of homelessness that are thought to originate at the level of the individual followed by broad societal conditions that are also believed to create and maintain housing insecurity. Data generated for this study stemmed from one on one interviews with fourteen lone mothers who shared their life stories. As the researcher, my aim was to remain true to the context and structure of their experiences to generate ‘rich data (that was) detailed, focused and full’ (Charmaz, 2014, p.23).

Using CGT to examine how lone mothers managed homelessness revealed the complexities of their daily struggles. Consistent with symbolic interactionism, participants interpreted and defined the meaning behind the day to day situations they encountered (Eaves, 2001). In doing so, they came to interpret and understand their environments which influenced how they responded within them (Blumer, 1969), all the while living with limited resources. It also became clear that living in poverty and struggling with housing insecurity diminished much of the individual control participants believed was necessary to influence the trajectories of their own lives. It was by understanding the lone mothers’ behaviours in response to their socio-ecological circumstances that a social process became apparent, which led to the construction of a theory to explain how they managed homelessness.

### The Theory

As noted, reasons for homelessness are sometimes understood to be consequences of individual circumstances rather than stemming from much broader socio-economic conditions. However analysis of data that was generated indicates that this was not the case for participants in this research. The daily lives of all lone mothers interviewed were subject to influences within their socio-ecological milieus that were beyond their control. They believed it was this inability to steer the course of their own lives that created their constant challenges with insecure housing. Moreover their incomes, how they cared for their children, who they lived with, and how they managed mental health and addiction challenges were all under surveillance and scrutinized by citizens and practitioners to ensure compliance with societal expectations and government policies.

Living as lone mothers in poverty meant often living with daily turmoil. Owing to the chaos and instability within their lives, participants initially did not appear to be managing episodes of homelessness or the threat of insecure housing. However with further analysis, ongoing interviewing, memoing, and reflexivity, it became clear that participants were gradually demonstrating that their management of unstable housing was perhaps unconventional to others, but appropriate for them, even though they regularly encountered uncertainty about where and for how long they could occupy low-income units. This shift in my understanding began shortly after the first few interviews and when I subsequently broadened the research question to include the significance of past and present life events such as early childhood experiences, circumstances that contributed to housing insecurity, and participants' responses toward the behaviours of others within their socio-ecological circumstances.

The main concern of participants in this study was the negative connotations associated with being labelled a homeless mom. As a result, the core category, which explains most of what

was going on in the data is titled *The Othering of Homelessness*. Othering homelessness is the management strategy used by participants in an effort to separate themselves from being known as a mother who had failed to provide housing security for her children. Participants tried to dissociate from the consequences of this discrimination and stereotyping using processes that included recognition that they were not totally responsible for their lives in poverty. They also attempted to disrupt the labelling by pushing back and rejecting discriminatory behaviours toward them.

The following discussion describes the basic social process that culminated in a theoretical understanding and follow-up framework of how lone mothers managed while living homeless and under threat of housing instability. This social process is composed of four major categories titled *Pushing Back*, *Showing Resilience*, *Reclaiming Own Identity*, and lastly, *The Othering of Homelessness*. I understood the othering of homelessness to be behaviours that were occurring simultaneously, each of which relied on, and were influenced by, all other actions (Illustrations 1, 2, 3, 4.)

### **Theoretical Framework**

The first stage in the process of othering homelessness is titled *Pushing Back*. The behaviours associated with pushing back included rejecting (excuses for unfulfilled promises, IPV, and discrimination), and claiming (children as their life's focus). Pushing back was a strategy used by participants in an attempt to gain some degree of control over their lives in areas of poverty, housing, and IPV. The behaviours associated with claiming were meant to be a reminder to others that participants were mothers who had both a right to care for their children and a right to access adequate supports in order to do so.

In Canada, parental authority is understood to mean “parents' rights and responsibilities toward their children from the minute they are born until they turn 18. Under their parental authority, parents make decisions that affect their children's well-being” (Educaloi, 2018). These rights and responsibilities include, but are not limited to areas of supervision and care, health and safety, religious affiliation, education, and where a child lives and are usually addressed under provincial legislative acts. (Educaloi, 2018; Government of Prince Edward Island Child Protection Act, 2017). Lone mothers in this present research were well aware of their rights and responsibilities toward their children but also wanted society to understand how difficult their lives were in hopes that negative attitudes would change, more supports would be available, and labelling would cease. These behaviours stemmed from their frustrations with not being listened to or understood.

## **Rejecting**

**Rejecting excuses for unfulfilled promises.** Participants rejected excuses for promises of future affordable housing and increases in social assistant rates that were never realized, especially when politicians would be canvassing door to door for upcoming elections “I’ve watched you guys come to the door for too many years now and I have yet to see a change”, (Mary). Rejecting excuses for unfulfilled promises was a way to be heard and do some pushing back. Even if little change became apparent in the short term, participants were instilled with a sense of power to confront expectations that they should express gratitude and engage in “self-criticism rather than social criticism” (Dej, 2016, p. 121).

As citizens, we interact with other individuals and groups within our social worlds that are familiar to us (McCarthy, 2001). Though these interactions may help define where we are located at a microsystem level within society, influences that stem from greater authorities at a

much broader macro level also impact how we understand ourselves and others with whom we have contact. In other words, social, political, cultural, and economic ideologies help create “narratives people tell about others and about themselves in their day-to-day lives”, (McCarthy, 2001, p. 256). As a result people can be understood in certain ways and be situated within particular contexts, such as those who live poor and have had experiences with homelessness. Those who are understood in these ways find it difficult to undo and change the narratives.

For lone mothers in this study, the political knock on the door requesting support for (re)-election, or the image of a person with the power to remove children from their care, were met with anger and disdain. Participants knew that they were regarded as social dependents with children. They also knew these narratives were repeated and perpetuated by those in power who in turn needed to locate and define themselves within their own particular narrative. By rejecting excuses for unfulfilled promises the lone mothers were able to confront authority, demand accountability, and challenge the excuses they believed were attempts by authoritative individuals to justify their own failures.

**Rejecting IPV.** Participants rejected IPV and all lone mothers left partners who were abusive to safeguard themselves and children, “my best friend took me in because my ex-boyfriend bet the crap out of me one night. Smashed my cell phone and everything”, (Alison).

Standing up to a violent partner and leaving home required inner strength and a degree of confidence that participants did not always claim they possessed. However, participants developed a gradual awareness of their capacity, which provided inspiration to get past the violence they had experienced. They aimed to protect their children from adults who were demonstrating confusing and frightening behaviours. This is not to suggest that all lone mothers responded with the same degree of resistance or that all fared equally well. Rather and as

previously outlined, there was diversity in the ways the lone mothers choose to deal with IPV and how and by what means they escaped further abuse.

Participants described their understanding of how IPV escalated, and most episodes involved circumstances familiar to them that included deteriorating mental health (lone mother, her partner, or both), illicit drug use, or a need for male partners to establish power and authority. What participants continued to grapple with was how the relationships they were initially committed to spiraled out of control and eventually collapsed, leaving them to cope as a lone parent who was now facing housing insecurity. Due to these aftermaths and over time, some participants returned to former abusive partners while others developed new relationships where IPV began to reoccur. Three lone mothers also described IPV where they and their intimate partners were both recipients and perpetrators of abuse.

Feminist activists and scholars have been credited with bringing IPV to public awareness as an urgent social problem where criminal aggression has had dire consequences for individuals, families, and social order (Eisikovits & Bailey, 2016; Messing, Ward-Lasher, Thaller, & Bagwell-Gray, 2015). Traditionally, patriarchy has been identified as the underlying reason for IPV with women positioned as victims and men as the sources of violence in intimate relationships (Messing et al., 2015). Yet battered women syndrome (BWS) as a self-defense has only recently been admissible in court hearings to give meaning to an abused woman's actions toward a violent partner; specifically the United States in 1979 and Canada in 1990 (Schuller, Wells, Rzepa & Klippenstein, 2004). Supportive interventions based on what has been described as a woman as victim/man as perpetrator model (Eisikovits & Bailey, 2016), are often implemented to promote emotional and financial independence for the woman, and rehabilitation that includes anger management for her former male partner. Yet these interventions offered in

the midst of IPV are gradually demonstrating their ineffectiveness as divisions are created within family members including children, and the primary focus aimed at addressing individual flaws (Finley, 2010; Messing et al. 2015). Moreover, an examination of broader macro structures of society including historical, cultural, and socio-economic influences (Finley, 2010; Messing et al. 2015) reveals that women have been encouraged to be submissive to men while men are expected to show dominance over women (Eisikovits & Bailey, 2016).

Participants' needs in this present study remained complex and multi-layered. Responding to IPV in isolation from poverty, health and behavioural issues of children, unstable housing, coping with poor mental health often attributed to living with daily stress, and difficulties finding and maintaining employment, would neglect these broader needs for lone mothers parenting alone in disadvantaged circumstances. Finding solutions to these complex needs requires an examination of their broader influences of governance.

This was made clear by some participants who revealed that rejecting individual experiences of IPV did not necessarily improve their lives in the long term. Catherine did not regret leaving two previous violent partners but described “not wanting to be alone”, and when asked about anticipated changes she said “I’m by myself. I want to make changes, I’m trying to feel better”. Others anticipated that resuming former relationships that included IPV meant receiving tangible supports such as help with childcare, “he’s a great dad, he watches the kids anytime I need him to. ... not everybody hates their kids dad” (Rae), or sharing rental costs “living apart we are paying for two houses, two families when we are all one family. It’s crazy not being able to share a home” (Ashley). Alice was visibly distressed when remembering how she had to choose to either live with her partner or force him to leave in order to receive social assistance:



I really needed stability for the baby and so I had to make a choice and (I) chose assistance. It was sad to even have to have that notion, this person's that's been in my life and to kick him out because he's not working, so I could have adequate funding to get a place.

Although not all women displayed misgivings similar to Catherine, Rae, Ashley, and Alice it was evident that resolving IPV was more complex than changing residences.

**Rejecting discrimination.** Participants rejected being targets of discriminatory practices in public places, especially by some social support workers and volunteers with charitable organizations. Being poor and in need sometimes brings forth demeaning messages from those who do not live in circumstances of disadvantage. Deliberately or not, practitioners and others can communicate using negative connotations that may be subtle but have a direct impact on the intended recipient (Lavee, 2017; Liegghio & Carragata, 2016; McIntyre, Officer & Robinson, 2003), “you know she’s staring at me these looks like what are you doing in here”, (Lucinda). These verbal and non-verbal actions are often referred to as micro-aggressive behaviors and are understood to be “everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, which communicate hostile, derogatory, or negative messages to target persons based solely upon their marginalized group membership” (Sue, 2010, para. 2).

Similar to participants’ disclosures in this present research, others have found that practitioners who determine social benefits may communicate indifference in their tone of voice and attitudes along with using demeaning remarks when processing claims for lone mothers (Lavee, 2017; Liegghio & Carragata, 2016). As an example, a study in Canada proposed that behaviours of services providers may have been preventing the most vulnerable from returning for social assistance to avoid having their personal choices scrutinized and critically examined (Mayan et al, 2011).

In this present study participants reported that rather than being treated as citizens who were in genuine need, they were made to feel as if they were not entitled to assistance, “I tried to explain my story and they are like you have a lot of income”(Catherine). They responded with anger “They made me feel like I was sucking off the system” (Alison) and by advocating for themselves “I am like listen, I have 5 weeks left dealing with you guys, we are supposed to be in my transition stage. Where’s my privileges?” (Lilly). Murray (2004) referred to these derogatory practices toward people who are poor as embedded in the programs that “construe vulnerable populations as disturbances in mainstream health, social, and economic norms, and as threats to order and stability” (p. 52). Participants rejected being treated differently than higher income citizens who did not appear to represent the stigma of poverty and homelessness.

**Claiming.** Participants claimed their children as their motivation to move forward. They insisted decisions on matters of importance were always in their children’s best interest and asserted they were best equipped to provide guardianship, “it was (maybe) in the best interest of my son to have a good family that can provide a home and everything and all that he needs, but in the end I couldn’t live with myself for not even trying”, (Roberta). They also held the title roles of mother and caregiver in high regard and these designations had become rooted in their identities, “she isn’t lacking anything. I give her the most attention that she needs. I give her the love that she needs. She might lack the men love, but hey, mother love can be more than a father’s love” (Felicia).

Fortin and colleagues (2015) concluded that lone mothers experiencing homelessness have demonstrated their commitment to their children by making sacrifices in order to ensure the needs of their families came first. McIntyre and colleagues (2003) determined that lone mothers in Nova Scotia, whose low-incomes limited their ability to purchase food for their families,

choose to restrict their own diets so their children would not go hungry. Similar disclosures came from participants in this present study, “I don’t care how much it is, I’ll go without food to make sure they get to do hockey” (Catherine).

Lone mothers in this present research felt compelled to claim their children as their own especially in response to incidents where they were removed from their care by child protection workers. Reasons for their children being apprehended were usually related to illicit drug use, IPV, housing instability, and to a lesser degree prostitution and incarceration for petty crimes. Although participants who went through these experiences were distressed, they also acknowledged that in the short term it was in the best interest of their child. However, they also expected the return of their children once issues had been resolved and more supports were in place. This was not often the case as family reunification is usually a complicated endeavour with assessments and ongoing monitoring organized and implemented prior to the return of children to their family of origin.

### **Showing Resilience**

The second stage in the process of othering homelessness is titled *Showing Resilience*, and includes behaviours associated with moving on and participants’ attempts to reconcile with themselves. This is the time when the lone mothers clearly knew they wanted to permanently exit poverty and cycles of housing instability, both of which had become overwhelming. This is also when they spoke about forgiving themselves for what they referred to as past mistakes.

Although there is no consensus on an operational definition of resilience, researchers continue to question how some people are able to cope better than others in the presence of negative life circumstances (Anderson & Danis, 2006; Herrman , Stewart, Diaz-Granados, Berger & Jackson, 2011; Newsom & Myers-Bowman, 2017). Despite the lack of unanimity,

there is an understanding that the level of resilience or vulnerability of a child, adolescent, or adult can be determined by the multifarious interplay of their individual characteristics and the social context in which they live (Herrman et al., 2011). Resilience is also a complex process that encompasses contextual factors occurring before, during, and after traumatic experiences (Morano, 2010). Consequently, the developments involved in the creation and maintenance of resilience must be understood as multidimensional (Ungar, 2015).

Many participants in this study had undergone lives of cumulative stress. Assuming their ability to cope or not stemmed only from their individual capacity would have ignored the broader influences that originated from their social-ecological environments (Ungar, 2013). From the onset of this study, my perspective was in keeping with this understanding. I used symbolic interactionism (Blumer, 1954; 1969) and ecological systems theory (Bronfenbrenner's, 1977; 1979) to guide data generation and analysis. By doing so, resilience on the part of participants was not viewed as an individual trait that was void of social context (Flynn, Sotirin & Brady, 2012). Rather, understanding how participant behaviours were enacted in response to their socio-ecological milieus became clearer. Additionally, approaching data generation and analysis in this way revealed compatibility between the two aforementioned theoretical influences.

**Needing to Move On.** In order for participants to exit poverty and prevent further homelessness they required various forms of support to be in place. However, because their needs were so multifaceted, it was not as easy as seeking increased allowances to supplement their very low-incomes, seeking help to end IPV, or trying to improve how they responded to poor mental health and addiction challenges they regularly encountered. Rather they required intense supportive interventions that were acceptable and realistic given the complexities of

predicaments they endured. As an example, participants dealt with multiple problems with their children, many of whom they believed were in need of counselling. Several women spoke about learning disabilities “she doesn’t want to do anything because (she has) ODD (oppositional defiant disorder) and ADHD (attention deficit hyperactivity disorder)” (Ashley). Others expressed concerns about significant behavioural problems their children were exhibiting in response to disruptive home lives, which was attributed to IPV and parental separation, “my two older daughters, they are in counseling (and) my eleven year old tried killing herself because she doesn’t have contact with her biological father” (Marie). Still other lone mothers expressed concerns that their meager incomes did not cover the cost of prescriptions for themselves or families. As a result, they either went without, “my anti-inflammatory that I needed cost fifty five bucks so I didn’t even take it” (Lilly), or used rent or grocery money to help defer the cost, “I am paying \$170 dollars a month for my oldest daughter’s important medication” (Ashley).

The daily challenges the women in this study encountered required multiple interventions from caring sources, ones that were void of discriminatory and stereotypical responses that label those who live poor as not being deserving. Yet all forms of support were seriously lacking for almost every participant. Their frustrations were very evident during interviews as they expressed their inability to make choices in relation to their housing, educational advancement, and employment opportunities in order to move on. Affordable housing options, skills upgrading, and job opportunities in PEI are entrenched in expansive policies that are created and implemented through government departments. Realistically, by virtue of her socio-economic status, a lone mother living in poverty is constrained in any attempt to influence the decision makers in these jurisdictions. Yet as was consistently evident throughout this research, broad societal systems controlled, coerced, and dictated how and by what means participants cared for

themselves and their children. Enforcement of policies was assured through fixed social assistance rates and rental supplements. Participants were adamant in insisting the dollar amounts allotted for housing, food, and other basic amenities were not enough to maintain their human dignity., making it immeasurably difficult to move on.

**Reconciling with self.** In order to move forward, participants expressed a desire to forgive themselves for what they called past mistakes. This self-reconciliation included a self-identified need to acknowledge they had used poor judgment in the past.

Self-forgiveness has been defined “as a willingness to abandon self-resentment in the face of one’s own acknowledged objective wrong, while fostering compassion, generosity, and love toward oneself (Enright, R. D., & The Human Development Study Group, p. 115). Self-forgiveness can be understood as both intrapersonal (forgiving oneself for harming oneself), and interpersonal (forgiving oneself for harming another) (Peterson et al., 2016). Recent literature focuses mainly on forgiving oneself for wrongdoings committed toward others. However for several lone mothers in this present study there was an expressed need toward self-forgiveness by way of recognizing they had engaged in risky behaviours that had caused physical and psychological harm to themselves, “I was getting way too into drugs ... not everyday use but it was bad when I was doing it” (Lilly), cutting “I haven’t self-harmed in two years”, (Felicia), prostitution “I have done some things that were illegal to bring in an income (but) it wasn’t a world I wanted to be caught up in” (Mary), and petty crimes may have also inadvertently caused harm to their children by exposing them to situations deemed not suitable. Roberta relayed an experience she had one evening with her son who was acting out as a toddler before his bedtime while she was experiencing withdrawal from her use of opioids:

I remember my son, you know (he) didn’t want to go to bed and I was having a hard time with it and crying and I was sick from the pills and I remember just getting so

stressed out so you know I just wanted to blow up. I didn't want to do it anymore. This incident prompted Roberta to want to quit her drug use. She was admitted to detox and her partner's mother cared for her child until her discharge.

Although most participants spoke about mistakes from the past, it was important to also contemplate why they felt so compelled to engage in such self-depreciation. Dej (2016) questioned why those who are homeless feel obliged to frame their storied lives as a series of personal choices that went wrong, and remain void of any social, structural, or historical contexts. The poor and disadvantaged, many of whom are among the homeless, have historically been made to believe that failures they experience emerge because they are intrinsically abnormal (Dej, 2016; Mathieu, 1993). They are expected to get on with fixing their shortfalls (Webb & Gazso, 2017), in order to be re-established citizens who are capable of contributing to the common good. Regardless of how effective or not forgiving oneself was for participants, they expressed a need to engage in revisiting their pasts in order to move forward. This was evident during interviews when almost every participant responded to questions about their individual histories and their present realities with minimal prompting. It took inner strength for the lone mothers to recount personal trauma while displaying emotional and sometimes visceral responses during these disclosures.

### **Reclaiming Own Identity**

The third stage in the process is *Reclaiming Own Identity* and included behaviours associated with how participants redefined themselves. This is the time when the lone mothers were working toward moving beyond who they had been labelled as, imagining the door of poverty was closing and a new reality was on the horizon. They were anticipating positive change and envisioning how things could be different. They also enacted stages of preparation

such as planning to go back to school, arranging to complete detox programs, seeking employment, considering new relationships, and “finding a nice place to live”. They believed when these changes came to fruition they would be considered devoted mothers, successful women, and gain respect.

Blumer (1969) suggested we derive meaning from personal interpretations of dealings with others within our environments, along with events and inanimate objects that are familiar to us. It is through these daily encounters that our realities are constructed and we are able to create both our individual and social worlds (Blumer, 1969). However, at a more extensive level western countries also construct messages about how homeless individuals are to be understood, and present these interpretations through macrosystems including those representing social, cultural, economic, justice, and education (Boydell, Goering & Morrell-Bellai, 2000). As an example, in order to maintain law and order, people who live homeless are generally understood as being in need of continuous monitoring for their own safety and for the protection of others (Boydell, Goering & Morrell-Bellai, 2000). This surveillance was familiar to lone mothers in this present study when practitioners were “checking up” and “always having to know”.

Foucault (1994) described how at the heart of all disciplinary systems there is a small penal mechanism that is privileged, determines its own laws, creates parameters, and determines what is acceptable. This same system creates hierarchies, quantifies the value of each human life, and creates the outer boundaries beyond which the abnormal exists (Foucault, 1994). Foucault proposed that normality is taught using standardized education through coercion and this is seen in the medical profession, industries, hospital organizations, and justice systems (1994).

Similarly, as a social theorist, Rose (2001, 2007) also put forth that because we now have the technology to see, manipulate, and change everything right down to our genes, there is a political



entity that has determined they have the authority and the power to take on the task of managing life for everyone. This suggests that someone's judgement is authorized to compare and contrast, determine who counts, what life is valued more and what life is valued less, who is included, who is excluded, and what to do with each (Rose, 2001, 2007). These are the places where narratives are created and disseminated about people who are poor and homeless. These portrayals also surrounded participants in this present study and became fixed in their identity. Using symbolic interactionism as a guide for interpretation, it was clear that participants created their own subjective meanings from encounters with persons who had ascribed to negative narratives about people who were poor. Although participants were never shielded from these messages, they were determined to re-write their own life stories to alter the negative identities bestowed upon them. These new identities they aimed to create for themselves would represent them as competent mothers of their children.

### **The Othering of Homelessness**

The final stage in the process of how lone mothers managed homelessness is titled *The Othering of Homelessness*. Barkan (1994) wrote "By not being Others we define ourselves. We have always done so" (p. 180). In this present study, othering occurred once participants went through a mental process of imagining another identity for themselves. Yet in this dissociating, they also created a "me versus them" and wanted separation from the labels associated with unstable housing and poverty. By identifying who they did and did not want to be, they were constructing a perception of themselves where poverty, homelessness, and all the disadvantages that encompassed such a lifestyle no longer existed for themselves and their children.

For participants in this present study, othering behaviours were unidirectional, that is from themselves toward other people who were experiencing homelessness. The behaviours

exhibited by participants became acts of detaching from what they most disliked about themselves, which was the perceived inability to shelter and care for their children. However unlike other research findings (Pemberton, Fahmy, Sutton, & Bell, 2016), they were more than willing to reach out and assist another who required help acquiring stable housing.

In conclusion, lone mother participants in this study spoke about how poverty was repeated within generations of their families and how these difficult circumstances created environments where as children, they often felt no one cared about their well-being. They lived with mental health challenges and drug addiction, described as sometimes originating from their own demons but also as consistent problems they encountered from family members and friends. As lone mothers they were also in need of various forms of support to help them care and nurture their children.

Participants were familiar with both the physical and psychological consequences of IPV. Strengths and resilience were apparent as they recounted decisions made in the past albeit at times with regret and sadness. They were adamant that change must happen because they were entitled to better lives. They enacted their agency, defined as “the sociocultural mediated capacity to act” (Campbell and Mannell, 2001, p. 2), by resisting, claiming their children as their own, wanting to re-define who they were as women who were lone parenting, and understanding homelessness as an experience they were no longer associated with but recognized in others and willingly reached out to offer support.

### **Implications**

Based on data analysis from this study there are several implications and follow-up recommendations for consideration.

#### **Implications for Public Policy**

**Enhancing Supports.** Homelessness is still often viewed as the failure of an individual to establish their own housing security, as if individual qualities determined the complexities involved in where and under what circumstances a person is able to live. This was evident when analysis of data for this study illuminated how few options lone mothers were offered in relation to housing. Participants consistently resented the bureaucracy that they could not hold accountable for the poverty they lived in with their children. Bureaucrats are at the centre of far-reaching decisions that determine access to affordable housing, rental rates, safety, and the availability of public transportation. Yet these examples of broad public policies that are debated at various levels of government are well beyond the reach of individual citizens, and are not normally where women who are poor can be found contributing to conversations where policies that determine their life choices are created. Although every participant in this present research expressed dismay about how their individual decisions were consistently and critically examined, their opinions were rarely invited nor their voices heard in the boardrooms of government. Listening to the opinions of lone mothers who have lived homeless and poor is a fundamental step in addressing their housing insecurity.

Lone mothers in this present research have also demonstrated resilience and strength in how they managed challenges associated with their experiences of insecure housing. A deeper understanding of the intricacies of resilience in the midst or aftermath of adversity must include an examination of the bio-psycho-social circumstances where people live. Clearly, resilience stems both from within and external to individuals, so further understanding of the interconnectedness among people and their socio-ecological settings is necessary. As proposed by Ungar (2013), these socio-ecological milieus may then be enhanced to ensure supports are in place for positive adaptation and recovery.

**Moving from Surveillance to Care.** Macro political systems can shield authoritative individuals from public view. Yet these people maintain the power necessary to create and implement social policies that are disseminated within various levels of socio-ecological influence; that is through citizens' microsystems, mesosystems, and exosystems. When framed in this way, limitations on individual choice from a systems perspective must be acknowledged especially for those living with minimal resources, who are labelled as lacking in their ability to manage their own needs.

In this present research, every lone mother stressed that she was doing the best she could despite living with very low-income and being under continuous surveillance. In order to promote positive alternatives, a shift must happen from monitoring how a lone mother manages with social and economic disadvantage, to examining how her broader community might care enough to ensure she and her children have adequate supports to manage successfully. This transference could begin to address the critical omission in understanding the causes and consequences of homelessness among women in PEI.

Additionally, lone mothers living with housing instability are parenting children who share their burdens. Children need to feel secure in knowing they are being cared for safely in healthy, nurturing environments. They also need stability in housing with limited upheavals when increases in rental fees make their home no longer affordable. Long lasting trauma was revealed by some participants when describing how they had witnessed their own mother's stressed responses to poverty. In order to address the needs of children who live poor and with housing insecurity, their mothers need help. In order to intervene and solve intergenerational poverty, society will need to consider the consequences of maintaining the status quo and how to appropriately and effectively implement change.

**Responding to IPV.** Addressing the needs of women who are disadvantaged and live with IPV can be a complicated undertaking as families living with violent members have many complex needs. Moreover, to only ensure stable housing for lone mothers will not fully address their needs as women who have experienced IPV (Daoud, 2016). As an example, there is a need to examine the interconnectedness among IPV, poverty, and government programs designed to promote the financial independence of women who live with low-incomes, as there may be unintended dire consequences for themselves and children (Purvin, 2003; Scott, London & Myers, 2002).

These concerns are illustrated when minimum wage rates in PEI are not adequate to lift women with children out of poverty who may be living with an abusive person (Statistics Canada, 2015d, 2017b). Consequently, for women who have experienced IPV, seeking employment as the alternative to welfare assistance may actually create unintended dependency on an abusive partner. Economic independence may therefore foster re-engagement with former abusive partners in attempts to ensure an ability to make ends meet (Kim & Gray, 2008; Purvin, 2003; Scott et al., 2002). Researchers have also proposed that violence is sometimes deliberately used to prevent the economic independence of women (Kim & Gray, 2008; Riger & Krieglstein, 2000), regardless of her income level.

In this present research, all participants had experienced IPV and most had aspirations of gaining economic independence, being employed, and not requiring welfare assistance of any kind. This was evident during the interviews and was part of the new narrative lone mothers were constructing for themselves. Undoubtedly with the best intentions these expectations were also perpetuated by caseworkers who encouraged participants to seek paid work. However limited education was a reality for all but one participant, so hopes of finding a well-paying job

to alleviate their family poverty may not have been a realistic expectation. Additionally, several of the lone mothers did not receive any child support from the fathers of their children. Although they were not able to afford the cost of initiating a court order, they also felt that taking these steps might jeopardize any tangible support they might receive from former partners, including occasional help with childcare. These inadvertent consequences must be considered when policy makers are referencing reasons for decisions about reducing social assistance rates and limiting housing supplements.

### **Implications for Nursing**

Vanderplaat (2002) suggests that health care providers who practice at the community level need to create mutual relationships with clients whereby both parties become equally the agent and subject in a process of empowerment. This joint participation becomes a mutual activity that creates both a process that is supportive of change and a means to address the social structures that shape and constrain human potential, especially in relation to their own health and wellbeing (Vanderplaat, 2002). These social structures cited as capable of constraining or enhancing human potential include those directly related to safe and affordable housing. Consequently, and as noted previously, the philosophical underpinnings of the *Housing First* program in Canada is based on a philosophy that all people in Canada have a right to safe, affordable shelter with follow-up supports to establish and maintain their housing stability (Waegemakers Schiff & Turner, 2014). By virtue of how nurses work in communities, where social determinants of health guide policy and practice, preventing homelessness and advocating for safe affordable housing fits within this scope of practice (CNA, 2013).

Additionally, the Canadian Nurses Association (CNA, 2009) has proposed that in the application of social justice to health, nurses are not just referring to what transpires during the

provision of direct client care. Rather social justice includes being cognizant of the need for all citizens to access resources that can have a positive effect on life including secure housing, food security, employment and adequate income, and social inclusion. For the nursing profession, social justice includes taking action to reduce systemic differences experienced by disadvantaged groups that hinder their ability to realize security within their life circumstances in order to access resources that enhance their own health (CNA, 2009).

The recognition that inequities in power and individual access to available resources are the present reality in Canadian society (CNA, 2009) is a fundamental first step toward addressing homelessness. However, it will take a greater commitment from nursing organizations nationally, in partnership with other professions and volunteer organizations, to really make an impact on the lack of affordable housing in PEI and Canada. The CNA statement that “All societies suffer from broad, systematic inequities and oppression that, due to their uneven and unfair nature, impose themselves on some people more than others (CNA, 2010, p. 12), should be a reason to take notice. Nursing is able to challenge social segregation generated and supported by public policies that create social divides and exclusionary practices that create housing instability in Canada.

### **Implications for Future Research**

By choosing to share their life stories, lone mother participants in this study have given meaning and understanding to what it is like to live without stable housing. Yet they also demonstrated resilience and revealed management strategies they developed to maintain their own dignity as they aimed to move forward.

Future research is needed to examine the impact of trauma when women who live in both rural and urban areas of Canada experience IPV, poverty, housing instability, and social stigma

intersect. Results may help in our understanding of how self-identity is affected by experiences of homelessness and living poor, and contribute to the creation and fine-tuning of support programs to address the complex needs of lone mothers. Differences that might exist among women who live in rural versus urban areas could lend suggestions to how support services could be adapted to address the individual contexts of those who live in disadvantaged circumstances.

Managing homelessness despite all the negative consequences is a feat few people would embrace, yet lone mothers in this study developed ways to directly address their insecure housing. Examining whether the ways and means used to confront housing instability differed during particular developmental times of the mothers, their children, or their families might give meaning to our understanding of how resilience is established despite living with adversity, and why strength in coping is prevalent in some individuals and families, but not in others.

Longitudinal studies might better capture the effect of passing time on how lone mothers manage homelessness. Seeking feedback and suggestions from older generations of women might be helpful in anticipating particular issues for younger mothers. In addition, are there differences between women with children versus those who are childless, and do fathers with children exhibit similar behaviours? There are undoubtedly countless areas to explore homelessness among many populations and across many scenarios as it is a phenomenon that is only recently become better understood.

In conclusion, it takes more than caring to address such a complex problem as homelessness and the root causes are embedded as much in the political as well as the socio-ecological aspects of everyday life. It became evident during this research that although homelessness among lone mothers in PEI is considerable, it is also mostly hidden. Hiding



housing instability is a strategy of survival for women who seek protection from the scrutiny of practitioners who determine social assistance rates and enforce rules around child protection.

Lone mothers in this study also stressed the importance of hiding in order to reject discriminatory attitudes from society and IPV that were both part of their ongoing realities. Yet under this cloak of invisibility were women who were desperate to redefine themselves as caring mothers who just needed some extra help managing daily roles and responsibilities to properly care for themselves and children. By othering homelessness, participants were redefining who they were with hopes that the future would include stable housing and no more poverty.

### **Study Limitations**

There are limitations to this study. First, this research examined the management of homeless among fourteen lone mother participants, all of whom self-identified and willingly gave their contact information. However, experiencing housing instability is a traumatic event, and the experience can have long lasting consequences for individuals and families. Recounting these events may bring forth emotional responses and painful memories. Not every lone mother who has firsthand knowledge is willing or able to meet with a complete stranger to reveal her experiences. As a result, women who I interviewed may have developed management strategies that are not necessarily applicable to other lone mothers in PEI. That being said, theoretical sampling with two of the lone mothers who were originally interviewed, and sixteen persons acquainted with consequences of housing instability, acknowledged the findings of this study were similar to behavioural responses of clients with whom they were in contact.

Secondly, unstable housing is accompanied by no permanent address while contact information is often changing. Although there was no problem recruiting participants for a first interview, I did encounter challenges when trying to do second interviews as part of theoretical

sampling. In the end and as noted, I conducted second interviews with only two lone mother participants instead of the four to six that I originally was aiming toward.

Thirdly, this study was conducted specifically with lone mothers who self-identified as having had experiences with homelessness. Credibility was established because results made sense and according to two participants, their voices were well represented. Resonance was established when feedback from participants acknowledged the study findings represented insights that were reflected in their day to day lives. Additionally, practitioners acknowledged being familiar with the research findings and stated they commonly observed the lone mothers responding as described. However, as analysis and findings were based on the personal accounts of what fourteen lone mothers endured, results from this constructivist grounded theory are not generalizable to all lone mothers who have been homeless in PEI or elsewhere.

### **Final Reflections**

Given my former nursing practice in public health, I had some understanding of what conducting this research would involve. However, I did not anticipate the level of despair and distress revealed by participants. Their stories were difficult to hear and yet I felt honoured to be the person who was bearing witness to descriptions of very difficult events in their lives.

This research has revealed strengths and resilience of lone mothers who experienced homelessness, feared future housing stability, and struggled in poverty, all the while striving to maintain the integrity and dignity of their families. It is hoped that the results of this study will inform and influence bureaucrats who create and implement policies that address poverty and homelessness for lone mothers, and all citizens who experience homelessness.

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## Appendix A

### Information Letter for Service Providers

Title of Research:	<i>Lone Parent Mothers and Homelessness in PEI</i>
Principal Investigator	Janis MacLellan-Peter PhD(c), RN PhD Student University of Alberta 902-870-2906 (cell) 902-566-0749 (office) jmaclellanpeters@upei.ca
Supervisor	Solina Richter PhD, RN Professor, Faculty of Nursing University of Alberta 780-492-7953 (office) mrichter@ualberta.ca

Date: July 5<sup>th</sup>, 2016

To: Administration and Staff  
 Prince Edward Island Family Violence Prevention Services,

My name is Janis MacLellan-Peters. I am conducting research as part of my doctoral studies at the University of Alberta. I also teach nursing students at the University of PEI. I am interested in understanding how lone parent mothers manage homeless in PEI or their concerns about finding and maintaining housing in the future. The purpose of this letter is to request your assistance in identifying mothers who may be interested in participating in this study.

The mothers I want to interview will be lone parents, 16 years or older who are presently homeless, have been homeless in the past, or are at risk of becoming homeless. They will have at least one child under the age of 18 years who may or may not be living with them. They will be able to speak and understand English. If a participant has special needs the interview setting will be adapted to accommodate these needs as much as possible. For example, for a participant with a visual impairment I will provide larger print on the informed consent and other documents and also read all information about the study out loud. I will make accommodations for a non-English speaker who requests participation by arranging for an interpreter to be present during the interview(s).

I want to meet with lone parent mothers who live anywhere on the island including areas outside Charlottetown and Summerside. Recruiting mothers from both urban and rural areas will help ensure that information that is specific to less populated areas are included in data collection and analysis.

As part of the recruitment process, I am asking that you give the attached information letter to mothers who express interest in participating. If a mother has low literacy, I am asking that you read the information letter to her and give her a copy. In order to maintain confidentiality, I will provide white envelopes that mothers can seal after inserting their contact information forms. I will also provide yellow envelopes for mothers to place the white envelopes in that I will pick up at a later date. I will then contact those who have expressed interest in participating in the study and meet with them at a time and location that is convenient for them to determine their eligibility. The study will also be described in more detail and they will have an opportunity to ask questions. I am able to offer \$20 per interview session to a maximum of \$40 to help with childcare costs if applicable. When all interview sessions have been completed, a \$20.00 gift certificate will be offered to all mothers to thank them for taking time to participate in the study.

If any mother does not feel comfortable discussing their experiences during the interview(s), they are free to refuse to answer any question or withdraw from the study. This will in no way affect their health care or social services they receive.

It is not possible to know all of the risks that may happen in a study, but I have taken all reasonable safeguards to minimize any known risks to participants. I will also provide contact names and numbers for counseling and/or support services. As a citizen and a Registered Nurse, I do have a duty to report any suspicions concerning the abuse or neglect of vulnerable persons, including children, to the appropriate authorities at any time during this proposed study.

I am not sure what personal benefits mothers might gain from their participation. This study may help some mothers understand why they are having challenges with their own housing security. Their participation may help service providers, policy makers, and researchers understand challenges that lone parent families experience in relation to housing security and act upon them.

I am available to provide an information session for you and/or your agency to introduce myself and explain this study in more detail. If you would like further information you can contact me by phone at any time at 902-870-2906 (cell). Also you may contact my supervisor, Dr. Solina Richter at the phone number, address, or email provided.

If you have any questions about the rights of a lone mother as a research participant, please contact Dr. Kathryn Bigsby, Chair of the PEI Research Ethics Board at 902-569-0576

The plan for this study has also been reviewed for its adherence to ethical guidelines by a Research Ethics Board at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Research Ethics Office at (780) 492-2615.

Thank you for your interest in this study.

Sincerely,  
Janis MacLellan-Peters

## Appendix B

### Information Letter for Potential Participants to be used by Service Providers

Title of Research: *Lone Parent Mothers and Homelessness in PEI*

Principal Investigator Janis MacLellan-Peter PhD(c), RN  
PhD Student  
University of Alberta  
902-870-2906 (cell)  
902-566-0749 (office)  
jmaclellanpeters@upei.ca

Supervisor Solina Richter PhD, RN  
Professor, Faculty of Nursing  
University of Alberta  
780-492-7953 (office)  
mrichter@ualberta.ca

Date: \_\_\_\_\_

Dear: \_\_\_\_\_

My name is Janis MacLellan-Peters. I am conducting research as part of my doctoral studies at the University of Alberta. I also teach nursing students at the University of PEI. The purpose of this letter is to invite you to become a participant in this research.

#### **What is the reason for doing the study?**

The reason for doing this study is to understand how lone parenting mothers manage homelessness in PEI. By homeless I mean problems finding and maintaining housing.

#### **Who should participate?**

I want to interview lone parent mothers, 16 years or older who are presently homeless, have been homeless in the past, or are concerned that they might become homeless in the future. These women may be living anywhere on the island including areas outside Charlottetown and Summerside. The mothers who participate in this study will have at least one child under the age of 18 years who may or may not be living with them. They will also be able to speak and understand English. I will also make accommodations for a non-English speaker who requests participation by arranging for an interpreter to be present during the interview(s). Additionally, if a participant has special needs, I will adapt the interview setting for these needs as much as possible. For example, for a participant with a visual impairment I will provide larger print on the informed consent and other documents and also read all pertinent information out loud.

#### **What will I be asked to do?**

You will be asked to participate in a face-to-face interview with me that will last about 60-90 minutes. We will choose a time and location that are convenient to you. This interview will be

audiotaped. During this interview, you will be asked to describe to me your experiences with homelessness or your concerns about finding and maintaining housing in the future.

**Who will be conducting this research?**

I am the main researcher. I am a Registered Nurse with practice experience from public health nursing. I also teach nursing at the University of PEI. I am doing this study as part of my doctoral nursing degree at the University of Alberta.

**Possible risks and discomforts:** It is not possible to know all of the risks that may happen in a study, but I have taken all reasonable safeguards to minimize any known risks to you. If you do not feel comfortable discussing your experiences during the interview, you are free to choose not to answer any question. It is possible that some things that you want to talk to me about are upsetting for you. I will provide contact names and numbers for counseling and/or support services that you can access if required.

**What are the benefits to me?**

You are not expected to get any benefit from being in this research study. However, you will be given a chance to talk to me about your experiences with homelessness, or your concerns about finding and maintaining housing in the future, without being judged. Information from this study may help other mothers who are homeless in PEI.

**Do I have to take part in the study?**

Being in this study is your choice. If you decide to be in the study, you can change your mind and stop participating at any time, and it will in no way affect the health care or benefits that you are entitled to. Choosing to withdraw from the study will mean that transcripts of your interview(s) will be destroyed and data in the form of quotes will not be used. This will remain in effect until April, 2017.

**Compensation/Reimbursement:**

If you require assistance with childcare, I will offer you \$20 for each interview to help with the cost to a maximum of \$40. When all interview sessions have been completed, a \$20.00 gift certificate will be offered to you to thank you for taking the time to participate in the study.

**Will my information be kept private?:**

During the study I will be collecting information about you. I will do everything I can to make sure that this information is kept private. Sometimes, by law, I may have to release your information with your name so I cannot guarantee absolute privacy. However, I will make every legal effort to make sure that your information is kept private. If I use direct quotes from you I will use a pseudonym (false) name.

**What if I have questions?**

If you have any questions or concerns about the study you can contact me, Janis MacLellan-Peters at 902-870-2906 (cell) or 902-566-0749 (office). My supervisor Dr. Solina Richter can be reached at 780-492-7953.

If you have any questions about your rights as a research participant, contact Dr. Kathryn Bigsby, Chair of the PEI Research Ethics Board at 902-569-0576

The plan for this study has also been reviewed for its adherence to ethical guidelines by a Research Ethics Board at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Research Ethics Office at (780) 492-2615.

If you are interested in more information about this study, please complete the enclosed form, put it in a white envelope that is provided and seal it. Please place your white envelope in the larger yellow envelope that I will pick up at a later date. I will then contact you so that we can choose a time and place for a private discussion. Please include a number where I may contact you. If you do not have a phone, please let me know how you may be contacted.

Thank you for your interest in this study.

Sincerely,

Janis MacLellan-Peters, PhD(c), RN



**Appendix C**

## Statement of Interest in the Study

Title of Research: Lone Parent Mothers and Homelessness in PEI

Principal Investigator: Janis MacLellan-Peters PhD(c), RN

If you are interested in participating in this study, please complete and sign this form or you may contact Janis MacLellan-Peters on her cell phone at 902-870-2906 or her office at 902-566-0749.

I have received a copy of the 'Information Letter to Potential Participants' and I am interested in participating in this study.

My name is \_\_\_\_\_

I can be contacted at \_\_\_\_\_

Phone Number \_\_\_\_\_

If you do not have a phone, please let me know how I may reach you:

\_\_\_\_\_

Please place this information sheet in the white envelope provided and seal it. Do not include any of your information on the front or back of envelope.

Please then place your sealed white envelope in the larger yellow envelope provided.

These envelopes will be picked up and opened only by the researcher, Janis MacLellan-Peters.

## Appendix D

### Information Letter for Participants to be used by Researcher

Title of Research: *Lone Parent Mothers and Homelessness in PEI*

Principal Investigator Janis MacLellan-Peter PhD(c), RN  
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780-492-7953 (office)  
mrichter@ualberta.ca

**Why am I being asked to take part in this research study?** I am inviting you to participate because you have had experiences with being homeless, you are presently homeless, or you are at risk of being homeless. Before you make a decision, I will go over this form with you. You are encouraged to ask questions if you feel anything needs to be made clearer. You will be given a copy of this form to keep.

**What is the reason for doing the study?**

The purpose of this study is to understand how lone parenting mothers manage homelessness in PEI. By homeless, I mean problems finding and maintaining housing.

**What will I be asked to do?**

If you agree to take part in this study you will be asked to participate in a face-to-face interview with me that will last about 60-90 minutes. We will choose a time and location that are convenient to you. The interview will be audiotaped. This will ensure that the information is accurately recorded. The recording will later be typed word for word by me or a professional typist who will sign a confidentiality form. There is nothing for you to prepare before the interview. During the interview, you will be asked to describe to me your experiences with homelessness or your concerns about finding and maintaining housing in the future. in the future. I also may want to contact you at a later date for a follow-up interview or in case you want to add further information.

**Who can participate in this study?**

You can participate in this study if you are a lone mother, 16 years or older living in PEI, lone parenting at least one child under the age of 18 years, and speak and understand English. Your child may or may not be living with you at the time of this study. If you have special needs I will adapt the interview setting for these needs as much as possible. For example, if you have problems with your sight I will provide larger print on the informed consent and other documents

and also read all information about the study out loud. If you do not speak and understand English I will arrange for an interpreter to be present during the interview(s).

**Who will be conducting this research?**

I am the main researcher. I am a Registered Nurse with practice experience from public health nursing. I also teach nursing at the University of PEI. I am doing this study as part of my doctoral nursing degree at the University of Alberta. I do not work for any government agency. No one from employment services, income support, immigration, or any other government agency or volunteer organization is involved in this study. I was able to leave information about the study with these organizations and some of the workers have agreed to share the information with mothers who might be interested in participating.

**Possible risks and discomforts:** It is not possible to know all of the risks that may happen in a study, but I have taken all reasonable safeguards to minimize any known risks to you. If you do not feel comfortable discussing your experiences during the interview, you are free to choose not to answer any question. It is possible that some things that you want to talk to me about are upsetting to you. I will provide contact names and numbers for counseling and/or support services to you. As a citizen and a Registered Nurse, I do have a duty to report any suspicions concerning the abuse or neglect of vulnerable persons, including children, to the appropriate authorities at any time during this proposed study.

**What are the benefits to me?**

You are not expected to gain any benefit from being in this research study. However, you will be given a chance to talk to me about your experiences with homelessness or your concerns about finding and maintaining housing in the future. Information from this study may help other mothers who are homeless in PEI.

**Do I have to take part in the study?**

Being in this study is your choice. If you decide to be in the study, you can change your mind and stop participating at any time, and it will in no way affect the health care or benefits that you are entitled to. All identifying information about you will be destroyed. Audio tapes of our conversations will be deleted and printed transcripts will be shredded. Choosing to withdraw from the study would mean that I would not collect any new information about you, but I need to keep the data that was already generated. Data in the form of quotes will not be used. This will remain in effect up to April, 2017.

**Compensation/ Reimbursement:**

If you require assistance with childcare, I will offer you \$20 for each interview to a maximum of \$40 to help with the cost. When all interview sessions have been completed, a \$20 gift certificate will be offered to you to thank you for taking the time to participate in the study.

**Will my information be kept private?:**

During the study I will be collecting information about you. I will do everything I can to make sure that this information is kept private. Sometimes, by law, I may have to release your information with your name so we cannot guarantee absolute privacy. However, I will make every legal effort to make sure that your information is kept private.

If I use direct quotes from you I will use a pseudonym (false) name so you can not be identified. Your name will not be written or mentioned in my thesis, publications, presentations, or reports as a result of the study. No information that could identify you, your family, friends, or support agencies will be provided. Any information discussed with my supervisor for the purpose of understanding homelessness will not have any information that might identify you. All materials collected during the study (documents, recordings) will be kept in locked storage, and available only to me and my supervisor during the study. If a typist is employed, he/she will not see your name. They will sign a confidentiality agreement to make sure they never reveal any information. At the end of this study, all identifying information about you will be destroyed.

**What if I have questions?**

If you have any questions about the study you can contact me, Janis MacLellan-Peters at 902-870-2906 (cell) or 902-566-0749 (office)

If you have any questions about your rights as a research participant, contact Dr. Kathryn Bigsby, Chair of the PEI Research Ethics Board at 902-569-0576

The plan for this study has also been reviewed for its adherence to ethical guidelines by a Research Ethics Board at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Research Ethics Office at (780) 492-2615.

## Appendix E

### Participant Consent Form Signature Page

Title of Research: *Lone Parent Mothers and Homelessness in PEI*

	<u>Yes</u>	<u>No</u>
Do you understand that you have been asked to be in a research study?	<input type="checkbox"/>	<input type="checkbox"/>
Have you read and received a copy of the attached Information Sheet?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand the benefits and risks involved in taking part in this research study?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had an opportunity to ask questions and discuss this study?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand that you are free to leave the study at any time without penalty, without having to give a reason, and without affecting your future medical care/employment, or other services you receive?	<input type="checkbox"/>	<input type="checkbox"/>
Has the issue of confidentiality been explained to you?	<input type="checkbox"/>	<input type="checkbox"/>

I give permission for the researcher to audiotape all interviews. Yes ☐ No ☐

I give permission for the researcher to use quotations. Yes ☐ No ☐

I agree to take part in this study:

Signature of Research Participant \_\_\_\_\_

(Printed Name) \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Witness \_\_\_\_\_

*A Witness line is only required if you anticipate that your participants will be unable to read the consent for themselves. If so, an impartial witness (i.e. not associated with the study team) must be present during the entire informed consent discussion and is witnessing that the participant understood what was discussed (i.e. not just witnessing the signature process).*

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

Signature of Investigator \_\_\_\_\_ Date \_\_\_\_\_

**THE INFORMATION SHEET MUST BE ATTACHED TO THIS CONSENT FORM AND A  
COPY GIVEN TO THE RESEARCH PARTICIPANT**

**If you have any questions about your rights as a research participant, contact Dr. Kathryn  
Bigsby, Chair of the PEI Research Ethics Board at 902-569-0576**

**Appendix F**

## Interview Guide

Title of Research: *Lone Parent Mothers and Homelessness in PEI*

### **Introduction:**

Before the interview begins, I would like to take this time to thank you for agreeing to participate in this study. Your story is valuable for learning because knowledge that you share with me may help others have a better understanding about women's experiences with homelessness in PEI, or their concerns about finding and maintaining housing in the future.

Please feel free to ask questions at any time. You are also free to stop this interview or withdraw from this study with no consequences to you.

I want to first review this consent form with you and if you are in agreement with the form, we will both sign it.

### **Prompt:**

Please describe to me your experiences with homelessness in PEI, or your concerns about finding and maintaining housing in the future.

## Appendix G

### Post Interview Debriefing for Participants

Title of Research: *Lone Parent Mothers and Homelessness in PEI*

I want to sincerely thank you for participating in this research. You have provided very valuable information concerning your experiences as a lone mother who is (or has been) homeless.

I am continuing to meet and interview other lone mothers. I will be putting all of the information together and examining it very carefully to better understand what is causing and keeping some lone mothers and their families homeless in Prince Edward Island. When I am finished this study, I will share what I have learned broadly with people who will listen. I also want to use the results of this study to present recommendations to policy makers and others in positions of power, about what might help women who are homeless find safe, affordable, and accessible housing for themselves and their families.

Some of the information you shared with me was difficult for you to say. I want you to be assured that everything you have told me will remain confidential. No one will ever know who you are or your family or your friends. The information that you gave me (your name, how to contact you), will be destroyed as soon as I am finished examining all the information I have collected from all mothers who participated in this study. If I use your words in any presentation, there will always be a pseudonym (false) name attached to protect your identity as we have discussed.

I am also giving you some contact names and numbers in case you need support or counseling or if you are ever in need of emergency shelter in the future.

Do you have any questions for me?

Is there anything that is confusing, anything that you don't understand?

Thank you again and I hope that you and your family will be in stable and safe housing as soon as possible.....

## Appendix H

### Contact Information for Counseling

Title of Research: *Lone Parent Mothers and Homelessness in PEI*

**Island Help Line: 1-800-218-2855** confidential telephone service that provides information, support or help to Islanders who are in a crisis.  
Available 24 hours, English and French

**Anderson House Crisis Line: 1-800-240-9894**  
Substance-free emergency shelter for women and their children



## Appendix I

### Confidentiality Agreement for Transcriber

Title of Research: *Lone Parent Mothers and Homelessness in PEI*

I, \_\_\_\_\_ have agreed to keep the information contained within the audio recordings for the above research strictly confidential. I will not relate any segment of this information to another person, nor will I discuss the contents with anyone other than the researcher, for purposes of clarification in transcription.

**Transcriber** (print name) \_\_\_\_\_

**Transcriber** (signature) \_\_\_\_\_

**Date** \_\_\_\_\_

**Principal Investigator** (signature) \_\_\_\_\_

**Date** \_\_\_\_\_

**Appendix J****Confidentiality Agreement for Interpreter**

Title of Research: *Lone Parent Mothers and Homelessness in PEI*

I, \_\_\_\_\_ have agreed to keep all information revealed during interviews for the above research strictly confidential. I will not relate any segment of this information to another person, nor will I discuss the contents with anyone other than the researcher, for purposes of interpretation and clarification.

**Interpreter** (print name) \_\_\_\_\_

**Interpreter** (signature) \_\_\_\_\_

**Date** \_\_\_\_\_

**Principal Investigator** (signature) \_\_\_\_\_

**Date** \_\_\_\_\_

## Appendix K: Information Flyer

### Lone Parent Mothers and Homelessness in PEI



#### **What is this about?**

This is a study to understand how lone parenting mothers manage homelessness in PEI, or their concerns about finding and maintaining housing in the future.

#### **Who should participate?**

You are invited to participate in this study if you are a lone parent mother 16 years or older who:

- is presently homeless
- has been homeless in the past
- is concerned that you might become homeless in the future
- have at least one child under the age of 18 years who may or may not be living with them.
- lives anywhere on the island, including areas outside Charlottetown and Summerside
- can speak and understand English

#### **What if I have special needs or cannot speak English?**

If you have special needs, I will adapt the interview setting for these needs as much as possible. For example, you have problems with your sight I will provide larger print on the informed consent and other documents, and also read all information about the study out loud. If you want to participate but you cannot speak English, I will arrange for an interpreter to be present during the interview(s).

#### **What will I be asked to do?**

You will be asked to participate in a face-to-face interview that will last about 60-90 minutes. We will choose a time and location that are convenient for you. During this interview, you will be asked to describe your experiences with homelessness, or your concerns about finding and maintaining housing in the future.

#### **Who will be doing this study?**

I am the main researcher. I am a Registered Nurse with practice experience from public health nursing. I also teach nursing at the University of PEI. I am doing this study as part of my doctoral nursing degree at the University of Alberta.

#### **Where can I get more information?**

Please contact:

Janis MacLellan-Peters

902-870-2906 (cell)

902-566-0749 (office)

[jmaclellanpeters@upei.ca](mailto:jmaclellanpeters@upei.ca)

Twitter: @JMacPeters

If you have any questions about your rights as a research participant, contact Dr. Kathryn Bigsby, Chair of the PEI Research Ethics Board at 902-569-0576

The plan for this study has also been reviewed for its adherence to ethical guidelines by a Research Ethics Board

at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Research Ethics Office at (780) 492-2615.

## Appendix L

### Some Examples of Initial Codes (Interviews 1-5)

Recounting Traumatic Childhood

Needing Supports and Feeling Isolated

Repeating Generational Poverty (I've changed this and included in Recounting Traumatic Childhood)

Living with Poor Mental Health & Addiction

Experiencing Family Violence & Abuse

Moving Forward/Resilience/Strengths

Employment

1. Accepting what we cannot change
2. Acknowledging emotional pain
3. Acknowledging support
4. Acknowledging need to address addictions
5. Advocating for self
6. Anticipating positive future outcomes
7. Acknowledging suicide as an option for some people
8. Acknowledging that times get rough
9. Acknowledging violence
10. Appreciating shelter for women
11. Asking that women not be blamed for IPV
12. Asking for another chance
13. Avoiding ex
14. Becoming emotionally unstable
15. Becoming suicidal
16. Being an immigrant with no support
17. Being controlled
18. Being evicted by in-laws
19. Being familiar with the process
20. Being familiar with street life
21. Being knocked down
22. Being treated unfairly
23. Beginning life in poverty
24. Believing abuse leads to substance misuse
25. Believing homelessness is an unforeseen circumstance
26. Believing the homeless are reactive, not proactive
27. Believing there is always hope
28. Believing in own potential
29. Believing punishment is needed to learn life lessons
30. Blaming gov't
31. Blaming others
32. Breaking up family
33. Burning bridges
34. Challenging gov't system

35. Changed by experiences
36. Choosing between employment and childcare
37. Choosing poverty over abuse
38. Circle of life
39. Claiming PEI I belongs to all its citizens
40. Comparing past and present
41. Conflicting criteria
42. Concerned about children
43. Concerned about labelling
44. Considering suicide
45. Contemplating suicide
46. Coping through humour
47. Coping with addiction
48. Coping with food insecurity
49. Couch surfing
50. Couch surfing to help others
51. Creatively managing
52. Crying
53. Dealing with depression and suicidal thoughts
54. Dealing with evictions
55. Dealing with here and now
56. Dealing with job insecurity
57. Defying stereotype
58. Demanding gov't action
59. Demonstrating self-awareness
60. Demonstrating insight into poor decisions
61. Demonstrating concern for others' suffering
62. Demonstrating strength
63. Describing conflict between IS and employment
64. Describing abusive relationship
65. Describing barriers
66. Describing community supports
67. Describing mental illness in family
68. Describing the toll
69. Describing unhealthy relationships
70. Describing spiral downward
71. Describing unsafe home
72. Determined to be successful
73. Developing special strengths (resilience)
74. Difficulties describing abuse
75. Difficulties managing
76. Distinguishing between wants & needs
77. Dreading the red tape (of gov't services)
78. Dreaming of what could have been
79. Drifting
80. Educating gov't
81. Educating society

82. Establishing trust between mother & son
83. Ensuring everyone has their basic needs met = human rights
84. Exercising caution
85. Expecting dissolution of marriage
86. Experiencing emotional abuse
87. Experiencing hunger with child
88. Experiencing isolation
89. Experiencing long-term housing instability
90. Experiencing loss
91. Experiencing repeat generation poverty
92. Experiencing violence
93. Exploring ways to connect, network
94. Expressing honesty about shortcoming due to addictions
95. Expressing anger & resentment
96. Expressing hope
97. Gender differences within family
98. Fearing failure
99. Fearing the future
100. Fearing past, present & future
101. Fearing poverty
102. Fearing reaction from others (if wanting to seek employment)
103. Fearing the future
104. Fearing unsheltered homelessness
105. Feeling abandoned
106. Feeling able to give back, to contribute
107. Feeling abnormal
108. Feeling alone
109. Feeling assault (by gov't system)
110. Feeling a complete alone mom
111. Feeling anxious
112. Feeling betrayed
113. Feeling a change
114. Feeling compassion toward panhandlers
115. Feeling controlled
116. Feeling defeated
117. Feeling different (than others)
118. Feeling guilty
119. Feeling freedom
120. Feeling frightened
121. Feeling frustrated
122. Feeling hurt
123. Feeling let down
124. Feeling defeated
125. Feeling degraded
126. Feeling defeated
127. Feeling despair
128. Feeling desperate

129. Feeling discrimination
130. Feeling embarrassed
131. Feeling forever changed (for the better) by being involved
132. Feeling guilty
133. Feeling haunted by abuse
134. Feeling healthy
135. Feeling hope
136. Feeling injustices
137. Feeling judged
138. Feeling labelled
139. Feeling loss
140. Feeling marginalized
141. Feeling mistreated
142. Feeling misunderstood
143. Feeling no one understands
144. Feeling no way ahead
145. Feeling othered
146. Feeling out of control
147. Feeling overcome
148. Feeling overwhelmed
149. Feeling poverty is worsening with age
150. Feeling pride
151. Feeling rejected
152. Feeling resentment
153. Feeling silenced
154. Feeling stigmatized
155. Feeling so much pain
156. Feeling so isolated
157. Feeling threatened
158. Feeling threatened by IS system
159. Feeling unwanted
160. Feeling us & them
161. Feeling worth is based on employment status
162. Feeling victimized
163. Feeling victimized by ex's decisions
164. Feeling women power
165. Finding support from other women
166. Focusing on negative
167. Focusing on strengths
168. Foreseeing positive future
169. Frustrating minimum wage jobs
170. Getting a peace bond
171. Getting caught in the grip of addiction
172. Getting out of control
173. Getting over it
174. Getting stuck in homelessness
175. Getting stuck in poverty

176. God's different plan
177. Grieving so much loss
178. Grieving the loss of maternal roles
179. Growing up in poverty
180. Going inward
181. Harmful consequences
182. Having employable skills
183. Having limited options
184. Having ongoing struggles and conflict
185. Having to choose IS over partner
186. Heading west for employment
187. Helping others
188. Hiding homelessness
189. Hiding relationship
190. Hitting rock bottom
191. Hoping for a better future
192. Hoping for improvements
193. How easily life can change
194. Identifying support
195. Isolated from children & grandchildren
196. Invisible homelessness
197. Justifying actions
198. Justifying panhandling
199. Keeping things invisible, hidden
200. Knowing family violence
201. Knowing gov't must work with the people
202. Knowing human rights, the right to safe housing
203. Knowing life isn't over
204. Knowing something's wrong with the system
205. Knowing some need drugs to cope
206. Knowing the addiction world
207. Knowing time is a factor
208. Lacking confidence
209. Lacking essentials
210. Lacking family support
211. Lacking social contacts
212. Lacking support for emergencies
213. Lacking voice, influence & consideration
214. Lamenting who she used to be
215. Learned female versus male roles within family
216. Learning how to adapt to being poor
217. Linking addiction and lack of choice
218. Linking addiction, depression and despair
219. Linking drugs, alcohol, & family violence
220. Linking poor mental health & abuse
221. Living through many kinds of abuse
222. Living with anxiety



- 223. Living with anxiety + medications + poverty for years
- 224. Living with depression
- 225. Living with mental health challenges
- 226. Looking for stability
- 227. Looking for support
- 228. Looking the part
- 229. Losing ability to chose
- 230. Losing confidence
- 231. Losing faith
- 232. Losing privacy
- 233. Losing youngest son
- 234. Losing 3<sup>rd</sup> child
- 235. Losing contact with children
- 236. Loss as stress
- 237. Losing so much
- 238. Making difficult choices
- 239. Making my mind hurt
- 240. Making own choices
- 241. Managing adversity
- 242. Managing drug addiction
- 243. Managing homelessness means making the most of it, doing what's best for kids and &
- 244. self
- 245. Managing homelessness means prioritizing from one moment to the next
- 246. Maturing in age & judgement
- 247. Meeting others' expectations
- 248. Money management as a skill
- 249. Mothering a suicidal child
- 250. Moving on
- 251. Needing access to basic technology
- 252. Needing a safety net
- 253. Needing her own mom
- 254. Needing human contact
- 255. Needing guaranteed minimum income
- 256. Needing to be high
- 257. Needing to be resourceful
- 258. Needing to be invisible
- 259. Needing to care for self
- 260. Needing to establish own identity
- 261. Needing to fit the stereotype
- 262. Needing to hide strategies for survival
- 263. Needing to live it to understand it
- 264. Needing to maintain own dignity
- 265. Normal life included so much more
- 266. Only anticipating short term
- 267. On my own
- 268. Overdosing
- 269. Planning for reunion with son

270. Poor mental health
271. Poverty as burden
272. Poverty equalling limited choices
273. Praising other's work
274. Presenting issues to politicians
275. Protecting children from partner's shame
276. Protecting son from the stigma of poverty
277. Protecting children from poverty
278. Pushing back at stereotyping, accusations
279. Putting children first
280. Questioning decisions
281. Rationalizing ex's behaviours
282. Rationalizing staying in abuse
283. Rationalizing using needles for drug use
284. Really feeling judged
285. Receiving reassurance
286. Receiving support
287. Receiving unconditional support
288. Recognizing own history of struggle
289. Recognizing the pain in others
290. Recounting difficult past
291. Recounting police involvement
292. Recounting reactions from others
293. Recycling compliments
294. Refusing to give up
295. Regretting past decisions
296. Relating to other moms at shelter
297. Relying on charities
298. Relying on food banks
299. Remembering abuse
300. Remembering abusive father
301. Remaining anonymous
302. Remembering being hungry in school
303. Remembering co-dependency relationship
304. Remembering fear of pregnancy
305. Remembering food insecurity
306. Remembering good times
307. Remembering humiliation
308. Remembering her successes and abilities
309. Remembering lost love & attachment
310. Remembering own mother's struggles
311. Remembering own upbringing in poverty
312. Remembering pain & fear
313. Remembering struggles of own mom
314. Remembering the struggle to learn
315. Remembering transitioning from alcohol to opiates
316. Repeating poverty

317. Rescuing others
318. Resenting ex
319. Resenting the clawing back of wages
320. Resorting to petty crime
321. Resorting to illegal activities
322. Responding with counter threat
323. Restricted by rules & regulations
324. Revealing consequences of poverty
325. Risking loss
326. Sacrificing self when having to commit crime
327. Seeing strengths in children
328. Seeking support for hsg security
329. Self blame
330. Setting priorities
331. Showing empathy to others who are poor (if she was in power)
332. Showing resilience
333. Stopping victim blaming
334. Spinning out of control
335. Still a human being
336. Struggling to keep going
337. Struggling with food insecurity
338. Struggling with housing situation
339. Suffering in poverty
340. Suggesting resentment can lead to family violence
341. Suggesting some women are ashamed
342. Suggesting some women are in denial
343. Suggesting some women self-blame
344. Supporting other lone moms
345. Tensions over child custody
346. Thinking of the future (for children)
347. Tired of waiting for change
348. Trivializing
349. Troubles magnified when left ex
350. Trying to cope
351. Trying to be a good mom
352. Understanding the system
353. Understanding in retrospect
354. Understanding what leads to repeat generation poverty
355. Unprepared for homelessness
356. Using art to help cope
357. Using strategies
358. Valuing self vs choosing illegal activities
359. Voicing the need to be strong
360. Waiting for change
361. Wanting compassion
362. Wanting different approach
363. Wanting dignity

- 364. Wanting education
- 365. Wanting an “Empathy Program” for gov’t workers
- 366. Wanting independence
- 367. Wanting judging of the poor to stop
- 368. Wanting more supports for women and children
- 369. Wanting to be heard
- 370. Wanting to be stable
- 371. Wanting to parent
- 372. Wanting to take charge
- 373. Wanting to tell her story
- 374. Warning about repeat generation despair
- 375. Warning about repeat generation poverty

Illustration 1.

## Pushing Back

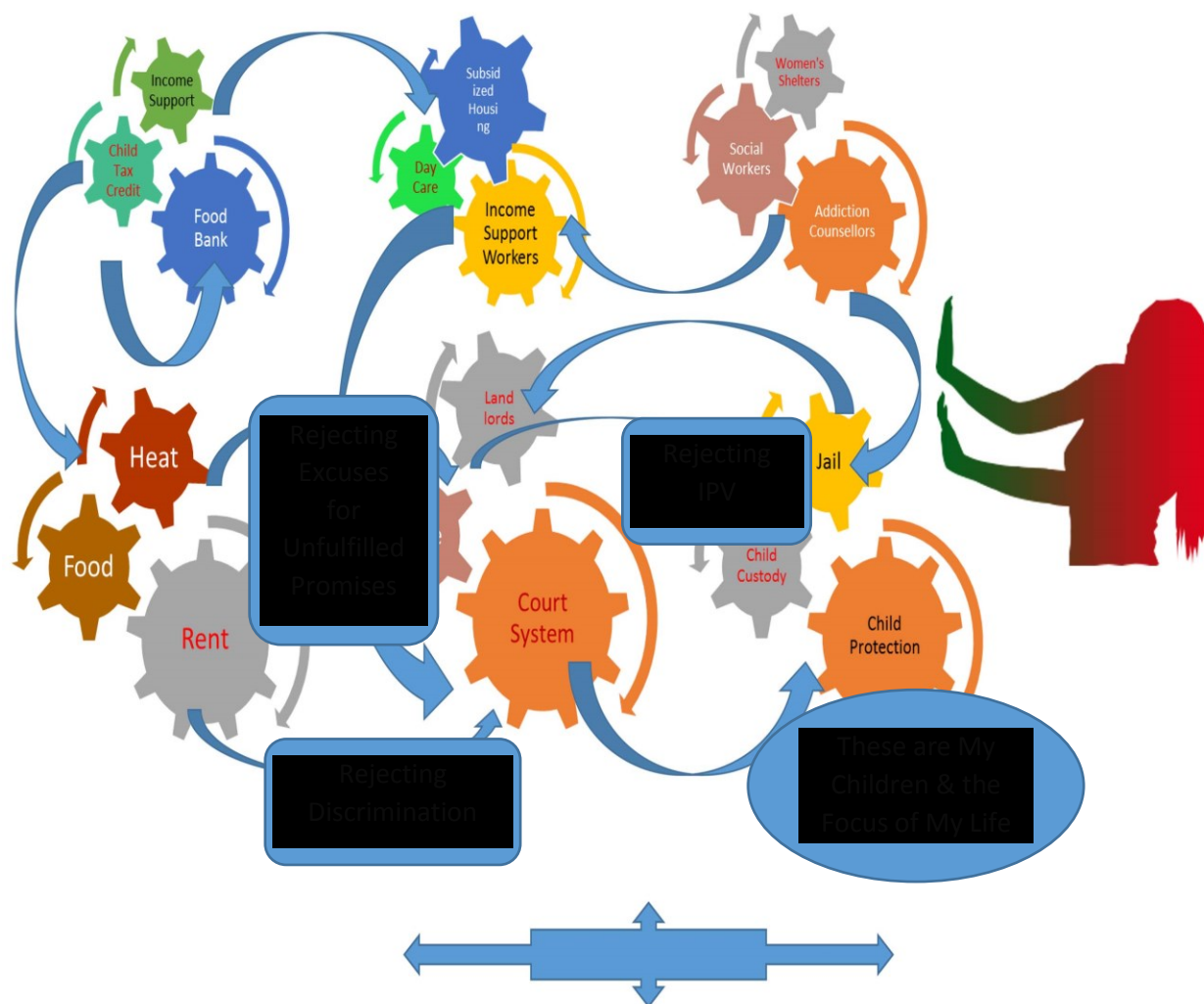


Illustration 2.

## Linear Process of Behaviours

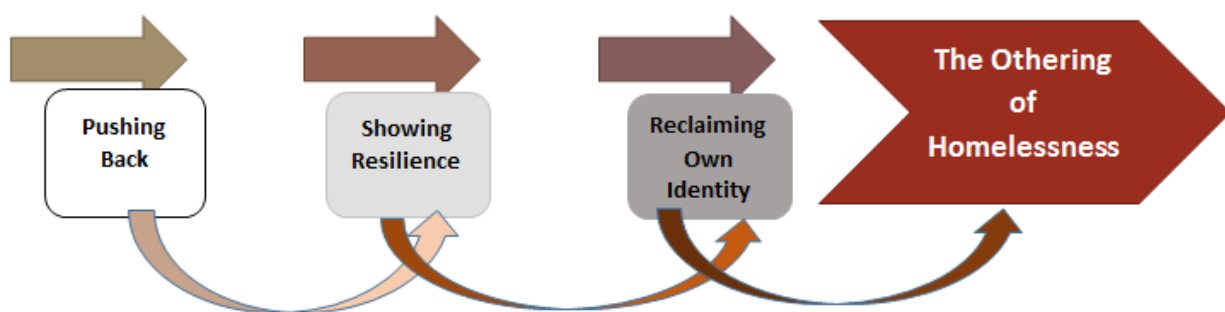


Illustration 3.

## Linear and Hierarchal Process of Behaviours

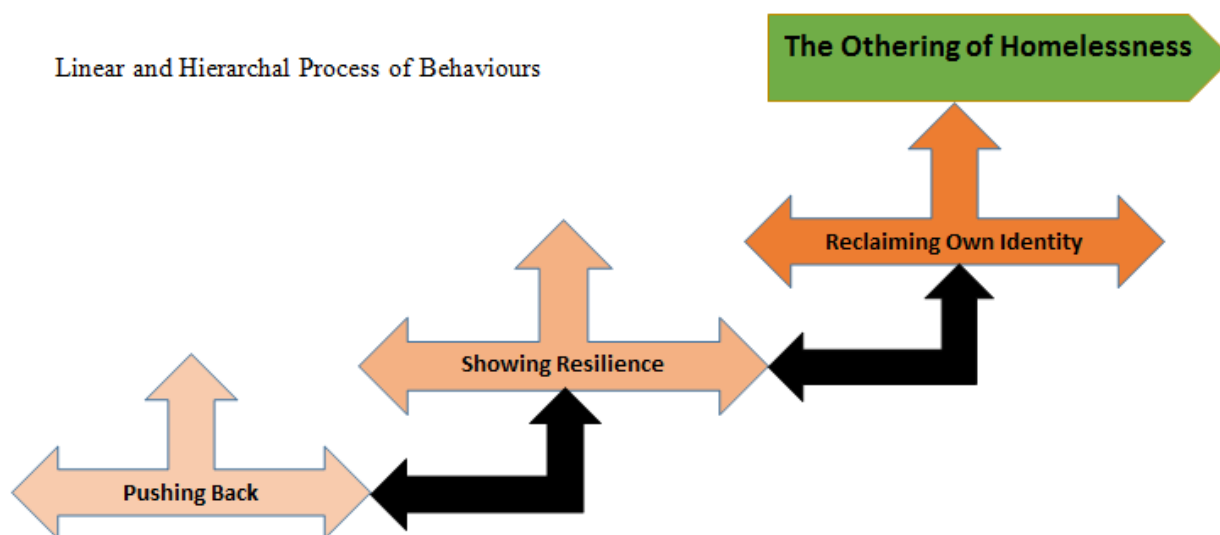


Illustration 4. Simultaneous Process of Behaviours

