

# **Mothers experiencing homelessness: Social exclusion, resistance, and health**

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# Background and Significance

- ▶ Homelessness and Health
- ▶ Mothers experiencing homelessness
  - Lack of affordable housing, poverty, intimate partner violence
  - Among the least recognized groups, increasing prevalence

(Chambers et al., 2014; Human Resources and Skills Development Canada, 2010)

# Key Concepts

## Homelessness

- ▶ Broad definition of homelessness (Gaetz et al., 2013)

## Social exclusion

- ▶ The ways in which people are prohibited from participating in and benefiting from social and political institutions as a result of economic, political, and/or social inequities (Galabuzi, 2009).

## Resistance

- ▶ Mental and behavioural *actions* in attempts to oppose, counteract, stop, expose or prevent oppression (Wade, 1997; 2007)

# Literature

| Existing literature  | Gaps in literature  |
|--|---|
| <p><b>Homelessness and adverse health consequences</b><br/>(C. Chambers et al., 2014; Hwang et al., 2009; Notaro et al., 2013)</p> <p><b>Social exclusion and health</b><br/>(L. Chambers et al., 2014; Reid, 2004; Stewart et al. 2008; Wilson et al., 2007)</p>  | <p><b>Social exclusion and health: Multidimensional</b></p>                 |
| <p><b>Violence and Trauma: The gendered experience of homelessness</b><br/>(Duff et al., 2011;; Marshall et al., 2014; Torchalla et al., 2015)</p> <p><b>Unique challenges for mothers experiencing homelessness</b><br/>(Duff et al., 2015; Mill et al., 2012; Zabkiewicz, Patterson, &amp; Wright, 2014)</p> | <p><b>Social exclusion among mothers/women</b></p> <p><b>Resistance</b></p> |

# Purpose

- ▶ To critically examine the socio-political contexts, health needs, exclusionary and inclusionary forces, and strategies of resistance demonstrated by mothers experiencing homelessness



# Research Design: Theoretical Underpinnings

## ▶ Critical Paradigm

- Political, historical, cultural, and social contexts
- Intent to reveal, critique, challenge, change

## ▶ Intersectionality

- Examines the ‘crossroad’ , or intersection of multiple inequities of social identity



Carroll, 2004; Crenshaw, 1993; Guba & Lincoln, 2005; Kincheloe & McLaren, 2006

# Two Phases

**Phase 1**

- **Critical narrative methodology**

**Phase 2**

- **Critical discourse analysis**



# Phase one: Research Questions

1. What are the socio-political contexts of mothers' experiences of social exclusion?
2. How do the experiences of social exclusion and social inclusion shape their health?
3. What are the strengths and strategies of resistance employed by these women?
4. How do these strengths and strategies influence their health?

# Phase One Methods

Mothers

Service Providers

Individual and group interviews

“Photo talk”, follow up

Field Notes

- Semi-structured
- Honorarium
- Demographic
- Co-construction

# Sample demographics

## Mothers (n=26)

- ▶ Age: 18-58 years; avg 27.4 years
- ▶ Children: avg 1.6 children; the majority were under 5 years of age; most participants had at least one child residing with them (n=20)
- ▶ Mental illness: n=19
- ▶ Birthplace: Canada (n=17)
- ▶ Variety of racial and ethnocultural identities
- ▶ Income source(s): OW(n=17); ODSP(n=2); CAS (n=2); employment (n=5); no source of income (n=3)
- ▶ Education: elementary (n=11); high school (n=10); college (n=5)

## Service Providers (n=15)

- ▶ Women (n=15)
- ▶ Social work and nurse case managers; mental health, trauma, and addiction counsellors; community and housing advocates

# Findings: Overarching themes

- ▶ Exclusion from safety
- ▶ Stigma: Public surveillance and discrimination
- ▶ Contradictory sources and systems of support
- ▶ Internal impacts of exclusion



# Exclusion from safety

- ▶ Intergenerational, cyclical nature, compounded by intersections
- ▶ “I’ve been homeless from age 13 on...so its just like living in and out, one person, that person, this person, that couch, this couch...I’m completely alone in Canada right now...I went from a friend to a friend and it was scary because I know my baby’s father has a lot of problems with people. So, wherever I went...it was, ‘is your door going to get kicked off, am I going to get hurt’. I was always scared so I just picked up and went other places...It’s just too much to deal with ... it was right back to where I started as a kid, homeless. Because I went through it as a kid I knew how to handle it, but when you have a kid involved in the situation, it’s ten times harder”

# Exclusion from safety

- ▶ Safety not ensured once shelter and/or housing was achieved
  - ▶ “Living in any hood is not safe, it’s not somewhere you want to live or be. How can we raise our children in housing projects? ...Do I want to die for someone else’s beef?”



Photo credit: Dan Miller

# Stigma: Public surveillance and discrimination

- ▶ Mothering in public spaces
  - Monitored, watched, and regulated
  - Felt the gaze of society
  - Stigma



Photo credit: Arileu

# Stigma: Public surveillance and discrimination

- ▶ Stigma fuelled discrimination in multiple settings

“in the emergency room the nurse told me... ‘why should I’, why should she help me when I tried to overdose? I tried to kill myself... I was suicidal. But she said ‘why? Why should we help people like this?’”



# Contradictory sources and systems of support

1. “Until you hit rock bottom, there’s no support”
2. “Its just not enough”: Insufficient supports
3. “Help comes with a price”: Support with surveillance
4. “Every shelter is so different”: Organizational philosophies impacting support

# Internal impacts of exclusion

## 1. Internalized expectations and regulation

### ► Shame, guilt, blame

“Moving from place to place... not knowing where we are going to live next week...it makes me feel like a bad mom...It makes me want to give up...My son deserves better.”

## 2. Pushing back from the margins

- a) Challenging the injustice
- b) Gaining strength through the act of mothering
- c) Building alliances



Photo Credit: Asim Chaudhuri

# Findings: Overarching themes

- ▶ Exclusion from safety
- ▶ Stigma: Public surveillance and discrimination
- ▶ Contradictory sources and systems of support
- ▶ Internal impacts of exclusion



# Phase Two

Phase 1

- Interview Questions
- Context

Policies

- Multiple and Varied
- Poverty

Ontario's  
Poverty  
Reduction  
Strategy (2014)

- Meta-policy
- Current

# Phase Two Research Questions

1. How are **mothers experiencing homelessness** and their health needs represented in *Realizing our Potential: Ontario's Poverty Reduction Strategy, 2014-2019*?
2. How does this policy address **social exclusion** experienced by **homeless mothers** as identified in **phase one** of the study?

# Phase Two: Data Analysis

- ▶ **Critical Discourse Analysis** (Fairclough, 1995; 2010)
  - ▶ Embedded ideologies and values
  - ▶ Power, social structures, and its relationship with discourse

| Sociocultural practice                                      | Discourse Practice                       | Text                                   |
|---|--|--|
| Economic, political, cultural environments shaping document | Production, distribution and consumption | Semantics and themes                   |
| Power and ideology  |  | Representations, identities, relations |

# Background

► Ontario's Liberal Government

Four main foci:

1. Poverty interrupted
2. Working against poverty
3. Right at home
4. Investing in what works

## Realizing Our Potential



Ontario's Poverty Reduction Strategy  
2014-2019

[ontario.ca/povertyreduction](http://ontario.ca/povertyreduction)

# Findings

- ▶ Gender invisibility
  - ▶ “lone parents”, “sole-support families”, “pregnant and parenting youth”
  - ▶ Renders mothers invisible





# Findings

- ▶ Labour market and fiscal approaches
  - ▶ Training initiatives
  - ▶ No discussion of livable wage or basic annual income
  - ▶ “poverty costs us all...”
- ▶ Lack of discussion on stigma and discrimination
- ▶ Long-term goal to end homelessness
- ▶ Commitment and accountability?

# Discussion

| Findings                                       | Discussion   |
|--|--|
| Exclusion from safety                          | <ul style="list-style-type: none"><li>• Compounding variables</li><li>• Trauma-informed care, for mothers and their children</li></ul>   |
| Stigma: Public surveillance and discrimination | <ul style="list-style-type: none"><li>• Counter dominant views of “good mothering” (Berman et al., 2014)</li><li>• Recognize, raise awareness, &amp; challenge</li><li>• Reflect (and challenge) our own values (personal, work, profession)</li></ul> |

# Discussion and Implications

| Findings                                     | Implications  |
|--|---|
| Contradictory sources and systems of support | <ul style="list-style-type: none"><li>• Contextualize care (beyond rhetoric and individual blame)</li><li>• Inclusivity, anti-oppressive women-centered philosophies</li><li>• Poverty Reduction Strategies-name mothers, name stigma</li><li>• National Housing Strategy</li></ul> |

# Discussion and Implications

| Findings                      | Discussion   |
|-------------------------------|--|
| Internal impacts of exclusion | <ul style="list-style-type: none"><li>• Challenge (neg) internal views of mothering</li><li>• Recognize and build on acts of resistance</li><li>• Create spaces where women can collectivize experiences</li></ul> |

# Discussion and Implications

| Findings                      | Discussion   |
|-------------------------------|--|
| Gender Invisibility           | <ul style="list-style-type: none"><li>• Lobby for inclusion of women's needs in poverty reduction and housing strategies</li></ul> |
| Labour Market Participation   | <ul style="list-style-type: none"><li>• Advocate for a basic annual income</li></ul>   |
| Commitment and accountability | <ul style="list-style-type: none"><li>• Advocate for transparency and explicit evaluation</li></ul>                                |



Thank you!