HARD TIMES:
The Experiences of Homelessness and Pregnancy

By

Heather Lynn Epp

This thesis is submitted in conformity with the requirements for the degree of
Master of Science
Graduate Departments of Public Health Sciences and Women’s Studies
University of Toronto

@ Copyright by Heather Lynn Epp 2001
The author has granted a non-exclusive licence allowing the National Library of Canada to reproduce, loan, distribute or sell copies of this thesis in microform, paper or electronic formats.

The author retains ownership of the copyright in this thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without the author’s permission.

L’auteur a accordé une licence non exclusive permettant à la Bibliothèque nationale du Canada de reproduire, prêter, distribuer ou vendre des copies de cette thèse sous la forme de microfiche/film, de reproduction sur papier ou sur format électronique.

L’auteur conserve la propriété du droit d’auteur qui protège cette thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.
Abstract

Hard Times: The Experiences of Homelessness and Pregnancy

Master of Science Degree
Heather Lynn Epp
Graduate Departments of Public Health Sciences and Women's Studies
University of Toronto
2001

This qualitative study explored the intersection of pregnancy and homelessness as it affected the everyday lives of women. A series of in-depth interviews with eight women comprised the data for the study, guided by a feminist, social constructionist framework. Key findings include: the temporary nature of homelessness for many women as they move from a situation that is unsafe or unstable in search of a better future; the backgrounds of tremendous hardship, often including childhood violence, that homeless women come from; that fragile support networks were exhausted before women became homeless; that women had a contradictory relationship with the shelter and social services system as they relied on them for help but feared their judgement and intervention; their expected children allowed women to have a sense of optimism and hope for the future that enabled them to dream and to make plans for a more stable future.
# Table of Contents

<table>
<thead>
<tr>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dedication</td>
</tr>
<tr>
<td>Acknowledgements</td>
</tr>
<tr>
<td>Summary of Research Project</td>
</tr>
</tbody>
</table>

## Chapter 1

<table>
<thead>
<tr>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objectives of Research</td>
</tr>
<tr>
<td>1.1 Problem Statement</td>
</tr>
<tr>
<td>1.2 Introduction</td>
</tr>
<tr>
<td>1.3 Personal Reflections</td>
</tr>
<tr>
<td>1.4 Justification for Research</td>
</tr>
</tbody>
</table>

## Chapter 2

<table>
<thead>
<tr>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theoretical Perspectives</td>
</tr>
<tr>
<td>2.1 Feminist Social Constructionism</td>
</tr>
<tr>
<td>2.2 Framework of Power Relations</td>
</tr>
</tbody>
</table>

## Chapter 3

<table>
<thead>
<tr>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Literature Review</td>
</tr>
<tr>
<td>3.1 Definition of Homelessness</td>
</tr>
<tr>
<td>3.2 Why Are Women Homeless?</td>
</tr>
<tr>
<td>3.2.1 Violence Against Women</td>
</tr>
<tr>
<td>3.2.2 Feminization of Poverty</td>
</tr>
<tr>
<td>3.3 Homeless Women Are Not All Alike</td>
</tr>
<tr>
<td>3.4 Pregnancy Within Homelessness</td>
</tr>
<tr>
<td>3.4.1 Health, Homelessness and Pregnancy</td>
</tr>
<tr>
<td>3.4.2 Becoming A Mother</td>
</tr>
<tr>
<td>3.5 Synopsis of Literature Review</td>
</tr>
</tbody>
</table>

## Chapter 4

<table>
<thead>
<tr>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research Design and Methodology</td>
</tr>
<tr>
<td>4.1 Naturalistic Paradigm</td>
</tr>
<tr>
<td>4.2 Feminist Epistemology</td>
</tr>
<tr>
<td>4.3 Data Collection Methods</td>
</tr>
<tr>
<td>4.3.1 In-depth Interviews</td>
</tr>
<tr>
<td>4.3.2 Participant Observation</td>
</tr>
<tr>
<td>4.3.4 Data Analysis</td>
</tr>
<tr>
<td>4.4 Research Participants</td>
</tr>
<tr>
<td>4.5 Summary</td>
</tr>
</tbody>
</table>

## Chapter 5

<table>
<thead>
<tr>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hard Times</td>
</tr>
<tr>
<td>5.1 Stories of Becoming a Homeless Mother</td>
</tr>
<tr>
<td>Pearl</td>
</tr>
<tr>
<td>Janice</td>
</tr>
<tr>
<td>Leila</td>
</tr>
<tr>
<td>Ruth</td>
</tr>
<tr>
<td>Claire</td>
</tr>
</tbody>
</table>
Dedication

This thesis is dedicated to my parents, Phyllis and Don Epp, who have supported and encouraged me through all my educational endeavors.

It is also dedicated to my son Russell James who gently reminds me to take time for play.
I would like to acknowledge the guiding support that my committee gave me through the unfolding of this thesis. My supervisor Robin Badgley, committee members Janice DuMont and Robin Mason were helpful in both their practical assistance and their encouragement.

Many friends and family members gave me ongoing emotional encouragement and practical help in the form of child care, dinners away from my work and happy celebrations at the completion of each short term goal. These many celebrations along the way were a lovely way to keep momentum going in what seems like a long process. I am grateful for their willingness to see me through to the end.

I would especially like to acknowledge Lorraine and Mike, Dave and Cindy, Sharon and Norm, Cindy, Theresa, Sandy, Christie, Martha and Scott, Rosanne, Carla and Loretta for their ongoing support.
Summary of the Research Project

This qualitative study explored the intersection of pregnancy and homelessness as it affected the everyday lives of women who sought assistance through the shelter system in Toronto. A series of in-depth interviews with eight women, as well as detailed field notes comprised the data for the study. Guided by a feminist, social constructionist framework, the interviews were thematically analyzed to reveal the layers of meaning and the patterns of experience. Key findings include: the temporary nature of homelessness for many women as they move from a situation that is unsafe or unstable in search of a better future; the backgrounds of tremendous hardship, often including childhood violence, that homeless women come from; that fragile support networks were exhausted before women became homeless; that women had a contradictory relationship with the shelter and social services system as they relied on them for help but feared their judgement and intervention; the expected children allowed women to have a sense of optimism and hope for the future that enabled them to dream and to make plans for a more stable future. Further research that follows these women through birth and the first year of motherhood would provide valuable information about the transition through homelessness and pregnancy to motherhood. The findings from this exploratory study have implications in identifying areas for further research and for program development.
Chapter 1

Objectives of Research

1.1 Problem Statement

There are few studies that explore the impact of pregnancy and early motherhood on the lives of homeless women, or the role of pregnancy in precipitating homelessness, through the voices of homeless women themselves. The purpose of this study is to understand the meaning of pregnancy and new motherhood in the lives of sheltered, homeless women. Using a qualitative research design, and incorporating feminist epistemological principles, this exploratory study investigates the meanings women attach to their experience of pregnancy, with particular analytic focus on relations of power.

1.2 Introduction

Several years ago an article in a local Toronto newspaper had the heading “street kids’ new goal: motherhood” (Globe and Mail Feb. 4, 1998). It described the phenomenon of homeless youth bearing one child after another, with each new arrival being claimed by the Children’s Aid Society, due to the unsuitability of the mother to parent. The underlying thrust of the article was the burden of care that such a situation places on society. I felt keenly that the burden the young mothers were bearing was underrepresented in the picture created by the journalist. One brief quote by an aid worker hinted at the beginning of an explanation for the phenomenon. She said that the babies represent ‘hope’ for the
homeless young women. This statement opened a conceptual door for me, a master’s student, planning my thesis research on homelessness among women. I began to wonder about the many meanings and experiences attached to pregnancy and motherhood for homeless women. As a health care issue, pregnancy is significant in and of itself, but during a time of homelessness, health care monitoring may take low priority as just one of the many challenges of daily life on the street. As a sociological issue, pregnancy is a concept tied to the sociology of the family, but for homeless women family relations may have been severed and pregnancy may be a time of profound isolation.

Research has only recently begun to address the intersection of pregnancy and homelessness in women’s lives and yet homeless women and children are one of the fastest growing subgroups of the homeless population (Golden et.al. 1999). This recent phenomenon has created a demand for programs and policies to assist these vulnerable individuals in crisis as well as in long range planning. Entailing two generations at risk (Weinreb and Bassuk 1993), research that assists in understanding the experiences of homeless women is a prerequisite to assisting with planning programs that can more effectively serve the needs of these women and their children.

What does it mean to be a pregnant homeless woman in a large urban centre in Canada at the beginning of the 21st century? How do the socially constructed notions of motherhood affect women who live on the streets or in shelters? Do women form social networks around the ‘universal’ experience of mothering while homeless? How is violence related to pregnancy among
homeless women? How does women’s access to social services affect their experience? What do women envision for their children and themselves in the future? These are some of the key questions I proposed to address in this study of the experience of pregnancy for homeless women.

1.3 Personal Reflections

My initial contact with homeless people was as a community nurse, visiting patients in shelters and hostels for the homeless in downtown Toronto. As I got to know my patients and as their stories emerged, I became fascinated with understanding the daily realities of the life they experienced. I had been working as a volunteer nurse on a mobile health clinic that visits drop-ins and shelters for two years prior to the birth of my son last winter. Through the ‘health bus’ I have spoken with women who were pregnant, and felt their stories were very different from others I was familiar with, and that the issues they faced were not well recognized within the health and social services system. Listening to their stories, I began to feel that pregnancy had complex meanings for them that had as much to do with their ideas about what it meant to be a mother as with their situation of homelessness.

While my nursing background has given me a particular clinical perspective, it is toward a sociological understanding of situated knowledge, of subjective reality, that I turn. Homeless women themselves are critically important informants in gaining a full understanding of what is at stake here. Interviewing eight women about their experiences and their situation proved to be both astonishing and disturbing. I was astonished at how much of their lives they
were willing to share with me – how in the context of a conversation a sense of connection could develop. This was helped by the fact that I had just experienced my own first pregnancy and birth (in the case of one interview just three weeks earlier) and could closely empathize with many of the physical and emotional changes that pregnancy and new motherhood bring. The interviews were disturbing though as there were themes that were hinted at, those that women did not want to talk about in depth: violence, living in fear, disappointments and regret. They spoke matter of factly about the situations they had survived but, perhaps because pregnancy was seen as an opportunity for new beginnings, they focused more on their resolve to make things better. I could only imagine the depth of despair they had experienced and was moved by the strength that helped them look to the future with optimism.

1.4 Justification for Research

Research about homeless people in general has grown substantially over the past two decades, as the numbers of visible homeless in industrialized urban settings have dramatically increased. The reality of the “new homeless” is that they are “much younger, better educated and more heavily dominated by racial and ethnic minorities than in past years” (Wright and Weber 1987). Seltzer and Miller (1993) found that:

The profile of a typical homeless family in the 1990’s reveals a single mother in her late twenties or early thirties, living on welfare or minimum wage income, with one or two small children. She is a member of a minority group and this is her first experience of being homeless. (pg. 7)
Families, including single women with children, are the fastest growing group among the homeless population and as such are beginning to be studied as a group with needs that are perhaps different in some ways from other homeless people (Golden et. al. 1999). Research that provides the perspective of individuals themselves about the particular experience of pregnancy during homelessness can add to the recent literature that attempts to understand this trend.

Although recent literature on homelessness and pregnancy touches on women’s medical needs relating to reproduction, very little sociological research has been done that uncovers the way in which women experience pregnancy during a period of homelessness. The conception and birth of a child is widely considered to be a life-changing event in women’s lives. Yet there is little understanding of the impact such an experience has for women who are inadequately housed or have no sense of security in their day-to-day struggle for survival. This study directly explores with women living in a shelter, how they came to be homeless, their current experience of pregnancy, and their dreams and goals for the future.
Chapter 2

Theoretical Perspective

2.1 Feminist Social Constructionism

The sociological theory of social constructionism refers to the dialectical relationship between individuals and society in the creation of reality. Berger and Luckman (1966) explain that "society exists only as individuals are conscious of it... [and yet simultaneously] individual consciousness is socially determined" (pg. 78). To construct something is to build and shape it. Individuals construct reality in the context of broader historical and social circumstances. Ideas about the body and about health and illness are also constructions, influenced by culture and by social structural factors (Freund and McGuire 1995). In this context, "culture" can be seen as the shared values, beliefs and resources of a society and "social structure" refers to the organization or patterns of interaction within a society. One’s social status or social location, influenced by class, race, age, ethnicity and gender, among other things, determines the power one has within a social interaction.

Feminists emphasize, in particular, the role that gender plays in the construction both of society and of individual realities. There is an important distinction in feminist thought between the biological category "sex" and the term "gender" which refers to social status (Lorber 1997). Social constructionist feminists refer to gender, for example, as "something one does", as an accomplishment (West 1993). One accomplishes gender by carrying out actions...
that are socially determined to be appropriate. While pregnancy is a biological condition, prospective motherhood is also in essence a social condition, wherein culturally determined beliefs and values shape a woman’s experience. It follows as well that parenting is a social, not a biologically determined, role – that is, an “achieved” position.

The social construction of motherhood has been an ongoing interest to second and third wave feminist theorists. Discussions of motherhood are relevant to this study in that pregnancy and motherhood are very closely connected events in a woman’s life, although not all pregnancies result in a parent-child relationship. Women begin to construct themselves as mothers during their pregnancy, and their social status begins to change with the visibility of their pregnancy. The achievement of motherhood, to be a “good mother” in our society, can mean the gaining of a sort of status and resultant power. It is the fulfillment of a rite of passage that society recognizes within the bounds of heterosexual, married, economically independent social life. But it can also mean a loss of self as Adrienne Rich (1976) describes:

Typically, under patriarchy, the mother’s life is exchanged for the child; her autonomy as a separate being seems fated to conflict with the infant she will bear. The self-denying, self-annihilative role of the Good Mother (linked implicitly with suffering and with repression of anger) will spell the death of the woman or girl who once had hopes, expectations, fantasies for herself – especially when those hopes and fantasies have never been acted-on. For a poor woman, or one who has only herself to depend on economically, the birth of an infant can imply another kind of death – a liability in the struggle merely to survive. (pg.166)

Early second wave feminists, like Rich, strongly criticized the isolationist and limiting aspects of motherhood, and called for a move by women
into the paid work force and an abandonment of the constricted world of the
housewife. The early arguments emphasized the lack of choice that women have
in society as a result of the social and biological requirement to have and raise
children in a patriarchal society (Rich 1976). Later feminists felt that this
argument had gone too far in favour of making women more like men and they
began to celebrate the unique and valuable reproductive abilities of women. These
theorists pointed to the commonalities between all women and the distinct
relationships, or “relational capacity” (Jordan 1977), that women have with each
other and with their children (Chodorow 1978). However, Fox (1998) states that:

A major problem with these social constructionist arguments about
women’s union with the world is the omission of any notion of difference
- with respect to race and class especially - about which so much has been
written in the last decade by feminists. The abstract nature of these
arguments seems to be one of the sources of the problem and examination
of the motherhood experiences of women in different circumstances surely
would preclude sweeping generalizations about similarity. (pg. 163)

The importance of avoiding generalizations about women has been a
major guiding force among third wave feminists, and has led to an emphasis on
“research from the margins”. Through privileging the voices of those who have
been overlooked in traditional research, the aim is to better represent the diversity
of experience that is the basis of society.

2.1.2 Framework of Power Relations

While a feminist social constructionist perspective provides the larger
framework for the research, I borrowed from critical feminist theory as well, to
focus particularly on relations of power as they are experienced by homeless
pregnant women. Critical theory involves a commitment to the development of knowledge through reflective inquiry and an alignment of knowledge with political process (Payne 1996). Within such a framework, relations of power are a primary factor in the organization of society and are traditionally aligned with class. Feminist critical thought focuses on the oppression of women due to the imbalance of power based on gender within patriarchal society and calls for a ‘gender revolution’ in social organization as well as a social transformation of the body (Lorber 1997).

Three dimensions of power relations can be seen as particularly relevant to homeless women who are pregnant. The first is the power of the process of pregnancy itself, a biological and social transformation. “There is an inescapable correlation between the idea of motherhood and the idea of power” (Rich 1976:72). An unexpected pregnancy can be experienced as a force taking over one’s body, leaving a woman helpless in its wake; conversely, it can also be a powerful time in a woman’s life with the recognition of the marvelous creation of new life.

Personal power relations are the second factor between women and others - their partners, friends and service providers. For many homeless women, violence is often a fact of life, and a pregnancy can precipitate, or be the result of, a violent episode. Relations of power between homeless women and their family and service providers are often grounded in oppression and domination. Relevant to this discussion is the postmodern concept of “surveillance” (Annandale 1998), wherein those with knowledge or authority, such as social workers, shelter staff,
nurses and doctors, monitor the behavior and “progress” of homeless individuals and have the power to allocate resources, such as housing based on their assessment. They also have the power to determine the “fitness” of the mother to parent, and influence whether or not she will keep her children.

The third dimension of power relations includes the broader social forces of patriarchal culture and androcentric medicine. These broader structural influences help to define homeless people, with their perceived lack of value for others as being somehow deviant, and women without a home or family as victims, denying them personal agency (Wright 1997). They also define who among the poor are deserving or not deserving, including who may be seen as a 'good mother'. Bryan Turner (1995) writes:

The construction of the categories of disease and deviance appears to be closely related to the problem of the definition of social membership. We can argue that the social struggle over disease and deviance is a political conflict over the distribution of power. These boundaries of society, both cultural and physical are managed and policed by certain elite groups within the community whose management of knowledge and power gives them a controlling surveillance over the construction and distribution of resources. (pg. 82)

Andrea Dworkin (1983) claims that unless girls are taught to value their ideas and to use their intellect they will see their value, their power in society primarily in reproducing. “Power is about having value, that is skills, abilities, performances, that affect possibility for others, that others desire. We learn to perform ourselves in ways that will maximize our power to realize our desires” (Rockhill 1996:186). Whether one is referring to historical and religious reverence for the creative capacity of women or to the powerlessness that the domestication of motherhood through patriarchy has brought about (de Beauvoir
power and power relations can be seen as key to understanding both everyday experience as well as the broader societal implications of pregnancy and motherhood.

Individual strength and power - the power of survival against tremendous odds, the power of giving birth to new life, the personal power of establishing new beginnings - are often not associated with depictions of homeless women. They are represented as victims, in the media as well as in academic work. Some recent studies, however, have focused on the strengths inherent in "surviving" homelessness and all of the experiences surrounding it (Montgomery 1994). Others have pointed to the damaging political effects that representations of the homeless as "victims" can have (Ruddick 1996).

This study examines the experiences of a unique group of women whose homelessness and pregnancy are common factors in their lives, but who are diverse in terms of age, ethnicity and socioeconomic background. By organizing my research within a framework of power relations, I intend to discuss the economic, patriarchal, and social oppressions the women live with as well as the individual strengths women may experience. I feel it is as important to explore the strengths women possess, the agency at work within homeless women's lives, as much as it is to represent the oppressive aspects of their individual and social location.
Chapter 3

Literature Review on Women’s Homelessness and Pregnancy

In understanding the phenomenon of pregnancy during a time of homelessness, it is important to begin by clarifying some definitions and providing some background on women’s homelessness as it exists currently in society. First, I will briefly describe the definition of homelessness that I have adopted for this study. Second, I will review some of the reasons for women’s homelessness. Third, I will highlight sociodemographic characteristics of homeless women. Finally, I will examine the interface of pregnancy and homelessness.

3.1 Definition of homelessness

It has been widely noted that it is very difficult to define homelessness adequately, or to articulate clearly who the label includes. This definition is important when some individuals who could be at risk of homelessness are excluded from social assistance or research because they do not fit the boundaries of the definition, as has often happened in the case of women. Proposed methods of defining homelessness include “absolute or relative homelessness” (UN 1987 cited in Shah 1998) and “temporary, chronic or periodic homelessness” (Daly 1996; Canadian Library of Parliament 1994 cited in Shah 1998). While these definitions aim to capture the experience of a range of homeless people, I feel that
a definition of homelessness modeled on a continuum, as Watson and Austerberry (1986) suggest, is especially useful when discussing women’s homelessness. One end of the continuum represents women who are immediately “at-risk” of becoming homeless through eviction or violence, and the other represents women who have been literally without shelter for years and are often disassociated from society partly due to mental illness. Since women have been shown to draw on social support networks for temporary assistance during periods of homelessness, this continuum model is especially relevant. Women may move in and out of homelessness several times within a month (Reily and Dumont 2001). They may be without a home of their own, but staying at friends’ and relatives’ homes for as long as possible, and using the shelter system periodically. They may be hiding from an abusive partner or be one financial crisis away from being evicted. In many instances women in these precarious situations are not recognized as homeless.

A further aspect of defining who homeless women are that I feel is important is the perspective articulated by O’Reilly-Fleming in his 1993 study of Canadian homeless people. He employed a person-centered definition, whereby individuals themselves identify whether they are homeless. By acknowledging the individuals’ rights and abilities to identify themselves as being without a home, there is a shift of power from the homeless person as victim, attempting to meet criteria established by an “authority” - and the resultant possibility of labeling - to the more empowering self-declaration.
My definition, therefore, of homelessness for this study, will be based on a continuum model that acknowledges individuals who self identify as being homeless or at-risk for homelessness.

3.2 Why Are Women Homeless?

The dramatic increase in homelessness in general in North America in the past two decades has been attributed to "a tangle of macro-structural processes" (Desjarlais 1997:28). The Report of the Mayor's Homeless Action Task Force (Golden et.al.: Toronto 1999) points to four main root causes of increased homelessness among both men and women: 1) an increase in the incidence and depth of poverty due to changes in the labour market as well as cuts to social services that assist unemployed and those on welfare; 2) a lack of affordable housing; 3) the deinstitutionalization and lack of discharge planning for those with mental illness and addictions; and 4) social factors such as "domestic violence, physical and sexual abuse, and the alienation of individuals from family and friends" (pg. v). In addressing women's homelessness, it is necessary to acknowledge the social inequities poor women face within a patriarchal society and the complexity that multiple oppressions place on individual women. Johnson and Richards (1995) summarize the factors associated with women's homelessness, specifically, in terms of "abuse", and "the feminization of poverty," each of which I will describe briefly.
3.2.1 Violence Against Women

Under such circumstances, the concept of home as a place where one is safe is shattered. Home is a prison, a place that becomes more dangerous than anywhere else. This reality, perhaps more than any other, distinguishes battered women and their children from other homeless families and makes resolutions of their situations even more complex. This issue is not one of finding a home, it is one of finding a home that offers safety. The fear of being found and harmed keeps many battered women on the move. It keeps many of them homeless. (Zappardino and DeBare (1992) cited in Novac et al. 1996:25)

Violence is a large part of both the risk for homelessness and the experience of homelessness. The Street Health Report (Ambrosio et al.: Toronto 1992) showed that nearly half of the homeless women interviewed had been assaulted during the year prior to the interviews. In a recent Toronto study, childhood abuse, both physical and sexual, was found to be common in the lives of more than half of the homeless women (Pathways to Homelessness Project: Toronto 1997). Among female street youth, the prevalence of physical and sexual violence in childhood is high (79%) and is very often a major factor in the youth becoming homeless (Shout Clinic 1997). But abuse does not always stop once a young person leaves home or a woman leaves an abusive relationship. The streets and sometimes the shelter system can be violent places. Wenzel et. al. (2000) found that women who sleep out of doors, have a drug or alcohol dependance and/or engage in “survival strategies” (meaning panhandling and selling anything from bus tickets to sexual favours) or are mentally ill experience more victimization than other homeless women or men.

Among the general population, almost a quarter of women who have abusive partners suffer from violence during pregnancy (Statistics Canada 1994
cited in Shades of Gray Report: Peel 1997). Men may feel that pregnancy threatens their "power-over" authority and pregnancy can lead to an initial episode of domestic abuse (ibid.). Women who have been battered during pregnancy are more likely to suffer from maternal and fetal complications and "poor outcomes" (Bassuk and Weinreb 1993) meaning physical or psychological scarring. The 1999 Mayors' Report on Homelessness in Toronto (Golden et.al.) points to the importance of support and social services being specifically oriented to the needs of abused women and children and separate from the main hostel system to adequately protect and promote the long term well being of both the women and children. The report also identifies the role that poverty plays in perpetuating the cycle of violence against women, resulting in homelessness.

While domestic violence during pregnancy can be the major mitigating factor that leads a woman to leave an abusive relationship and enter the shelter system, there is also a relationship between violence and pregnancy among women who have been homeless for some time. In her ethnographic nursing study of homeless women in California, Killion (1995) found that women became pregnant while living on the street for six main reasons, the first being victimization, or rape. Other reasons were: economic survival, lack of access to contraceptives, need for intimacy, uncertain fertility, and hope for the future.

Some women feel that protection while on the street is better provided by association with men than by shelters, and so for reasons of protection, as well as intimacy, they may form a relationship with a man (Tomas and Dittmar 1995 cited in Novac et.al. 1996). Such relationships often deteriorate into cycles of
violence, but the authors found that women were willing to tolerate a degree of
violence rather than reverting to the isolation of being alone or to experiencing a
different sort of violence imposed by the social services system (ibid.). “The
dependency created by patriarchal relations within households as well as within
state controlled shelters are both indicative of homelessness for women” (Novac
et.al.1999:7) However, while there is a significant degree of violence both on the
street and in shelters, Breton and Bunston (1992) found that women were subject
to less violence when homeless than when living in an abusive home situation.
Other studies have found that for both housed and homeless women who live in
poverty, violence is a normative experience (Browne and Bassuk 1997). For
homeless women who have mental illness, a history of violent relationships is
even more likely. “The presence of childhood abuse and a lack of outside social
and financial support is a combination that can put young women at extreme risk
of homelessness as well as being precursors to mental health problems” (Novac,
Brown and Gallant 1999:8).

In the context of extreme poverty and a diminishing social safety net, the
obstacles to “starting over” are enormous for a woman coming out of an abusive
situation. Beyond individual situations that may include violence and/or
homelessness, poor women in general are “trapped by a lack of economic and
social opportunities” (Bassuk 1993:339). The phrase that embraces this large area
of structural economic inequalities that women face has been called the
“feminization of poverty”.

20
3.2.2 Feminization of Poverty

The term feminization of poverty relates to the dual role women play in society of carrying out domestic work without pay and being restricted to low wage work in the labour market (Goldberg and Kremen 1990). Even today, women's wages remain far lower than men's and many poor women with children are restricted to part-time or casual work without benefits (Towson 2000). Some women with children are unable to work outside the home at all due to the prohibitive cost of childcare, which is seen as the natural responsibility of the mother.

A few decades ago, as women began to work outside the home more frequently, a married woman's low income was thought of as a beneficial supplement to her husband's sustaining income. However, if the husband died or the marriage broke up, women could not support themselves or retire on their income alone, and many previously middle class women found themselves in poverty (Goldberg and Kremen 1990). A decline in access to extended family support networks and an increase in divorce and separation have lead to many more women being the sole providers for themselves and their children, and reliant on low income work or welfare. This often leads to unstable housing as there may be limited resources to handle a financial crisis.

The difference in earning power between men and women has been one of the most oppressive aspects of patriarchal society and a significant structural cause of woman's homelessness. Recent Government of Ontario cutbacks in social spending including housing, welfare and shelters for abused women have
sharply reduced the potential for many poor women, especially single mothers, to maintain or establish an independent home (Bassuk 1993:343). Bassuk lists the economic and social hardships that homeless and low income women face, and that serve to keep them trapped in situations of poverty, they include: inadequate education, poor earning power, limited job opportunities, overwhelming childcare responsibilities, fragmented social support networks, and physical and sexual abuse (Bassuk 1993:339). Despite the structural nature of these inequalities, she claims, women are often blamed for their poverty and “lifestyle” choices.

The feminization of poverty affects elderly women as well as poor younger women and single mothers. It stems from the discrimination of women in the labour market and the denial of the value of reproductive work. Women’s power in society to make real choices about their lives is limited by such discrimination.

3.3 **Homeless Women Are Not All Alike**

Recent studies have sought to uncover the implications of homelessness for women, and to place such experiences within a larger social framework (Watson and Austerbury 1986; Golden 1992; Glasser 1994). These studies have also shown that there is no single type of homeless woman, but different subgroups of women who differ in age, lifestyle and health needs and who have vastly differing experiences and concerns.

A number of researchers have distinguished between two distinctive groups, those who are single (though they may have had children in the past), and
those who are homeless with children (Killion 1995, Johnson and Richards 1995). One study claims that the differences between these two groups is so extreme that it could be stated that single homeless women are more like single homeless men, than like homeless women with children (Burt and Cohen 1989 cited in Glasser 1991). Mental illness among single homeless women is extremely high (Golden et.al 1998) and the invisibility and disaffiliation of mentally ill homeless women (Glasser 1995) have made it difficult for researchers to know how many women may fall into this category. Homeless women with children tend to experience less mental illness and rely less on substance abuse than their single counterparts; their homelessness seems related more directly to economic and social inequalities (Bassuk 1993).

Another means of understanding the differences among homeless women is outlined by Golden (1992), who claims there are three groups, divided roughly by age and corresponding lifestyle. In her research in a New York City shelter Golden identified the different groups over the decade of the 1980s. The first were older, mentally ill woman, commonly known as “bag ladies” who were chronically homeless. These women were initially the main clients of the shelter, but as time went by, younger women with children, often new immigrants with few material or social resources came to the shelter. They tended to be temporarily homeless and had primarily economic and access concerns. Finally by the early 1990s, the main wave of shelter users were youth - adolescent women who were often misusing substances and relying on prostitution as a means of survival.
For this study, I will borrow from both of these frameworks. I will be focusing on Golden’s (1992) middle group - ‘younger’ homeless women who are pregnant, with or without previous children. I will, however, touch on the differing situations of adolescent mothers, and those whose homelessness may be due to very different circumstances than the ones mentioned above.

3.4 Pregnancy within homelessness

What being a mother means will depend upon a number of factors: socialization, the conditions under which women become pregnant and give birth to children; the social and cultural context of childrearing; the beliefs and expectations that women hold about motherhood; and the intersection of race, socioeconomic status, age, sexual orientation and culture on these beliefs and expectations. (Jenkins 1998:203)

The literature on homelessness and pregnancy is limited. Much of it is related to health risks and medical concerns for the mother and fetus. Some recent medical studies have looked at the rates of pregnancy among street youth. Other research touches on the difficulties of mothering within the shelter system or through chronic homelessness. Occasional quotes from pregnant women or new mothers can be found within this literature focusing on women in shelters. But, in general, this is a largely ignored area and there are few studies that directly explore the meaning and experience of pregnancy for homeless women.
3.4.1 Health, Homelessness and Pregnancy

Normal physiological changes during pregnancy can be difficult to cope with when women are homeless, and women without prenatal care may have no opportunity to discern whether they are experiencing normal or pathological symptoms (Killion 1995). Managing morning sickness, urinary tract infections, vaginal discharge, fatigue and mood swings proved difficult for the women in Killion’s study. Premature labour was another medical problem for one woman who was living in a car with her family. She went to the hospital where she received a shot to stop the labour but was then discharged. She did not tell them that she lived in a car for fear of losing her other children. “The women went to great lengths to conceal their extreme poverty and homelessness” (Killion 1995:51). In part this was to prevent the risk of the Children’s Aid Society claiming their children and also to avoid stigmatization and shame.

Bassuk, a psychiatrist, who has done extensive research on homeless women and pregnancy in the United States, has emphasized that only a small minority have problems with substance abuse or mental illness. She attempted to focus on the strengths of the women, as she emphasized the broader economic problems that put the mother and fetus at risk (Weinreb and Bassuk, 1993). Other medical studies, however, have placed the percentages of homeless women suffering from substance abuse much higher especially among young women (MacNally and Wood 1992). For “homeless women with substance abuse problems, pregnancy rates - and repeat pregnancy rates - are higher than expected” (Hausman and Hammen 1993:363).
Medically, there is grave concern for homeless women who are pregnant. “Virtually all the high risk conditions that have been studied for negative impact on mothers and children come together in the situation of homelessness” (Hausman and Hammen 1993:365). It is considered a high-risk scenario “because [the women] lack a stable home and social support system, obtain late or no prenatal care, have poor nutritional status, and often suffer from mental illness and drug or alcohol abuse” (McNally and Wood in Wood 1992:182). Follow-up is often difficult, as women may not have transportation to appointments or childcare for older children (ibid.).

Early pregnancy and childbearing (before age 18) was found to increase the risk of homelessness in a New York study comparing homeless and housed women (Weitzman 1989 cited in Hausman and Hammen 1993). A recent Toronto study predicted that at least half of female street youth would experience pregnancy while they were homeless (Findlay 1998). The Street Health Report (1992) found that 6 out of 20 women had no place to go after having given birth in hospital. Hostels and ‘welfare motels’ can provide temporary shelter, but “the studies of children housed in such conditions report increasing frequencies of acute illnesses, chronic illnesses and developmental slowing or delay” (Shah and Hodge 1997:9).

3.4.2 Becoming a Mother – Child-rearing

Anecdotal reports from clinical researchers suggest that pregnancy disrupts family relations and exhausts supports, driving women out of their homes or shared domiciles to search for other shelter. However, they also suggest that pregnancy may be a protective factor against future homelessness. One homeless and pregnant woman
responded to counsel on abortion with these words: “What will become of me if I don’t have this baby? I will be on the street”. (Hausman and Hammen 1993:363).

For pregnant women the prospect of raising children in a shelter must be a daunting one. Although there are the possibilities of support, education and social networks, there is also the ongoing chaos of a shelter environment. Women with very different styles of child-rearing and parenting preparation are thrown together with children of diverse ages. Class differences between shelter workers and residents may also lead to differences in mothering styles and a loss of a mother’s authority within her family unit if shelter workers intervene to discipline children (Davidson and Jenkins 1989 cited in Novac et.al. 1996).

Banyard and Graham-Bermann (1995),

found a strong sense of determination among homeless mothers living in shelters. They placed a high value on their ability to be good mothers, provide for their children, and care for others as well as be independent, self-reliant and fend for themselves. Their ability to be good mothers was compromised by shelter rules about disciplining children.(cited in Novac et.al 1996:21)

Mothers who have been housed just prior to their baby’s birth may face different difficulties. “Many homeless, pregnant and parenting women are young, have never established an independent household, lack supports and role models, and have limited child-rearing knowledge and skills” (Bassuk and Weinreb 1993:353). Feelings of incompetence and isolation are often overwhelming for these new mothers (ibid.).

The idea that homeless women get pregnant in order to obtain housing faster than others on the waiting list is, according to research psychologist Emma
Clarke, "one of society's most mischievous contemporary myths" (Dibblin 1991:88). She asked 38 young mothers in London, England and found the question was treated with "derision or disbelief" (ibid.). Still the myth persists and "retaliation" by government agencies can lead to "desperate" women being placed in housing that is unsafely located or environmentally unhealthy for a newborn (Dibblin 1991:87). Some women refuse such offers of housing and choose to remain in a shelter, despite the difficulties, rather than face the hazards of being alone in an unsuitable apartment.

Killion (1995) found that the pregnant, homeless women in her study drew upon their strengths and created social networks that replaced kin networks. Other studies, however, have found that learned distrust of family members, strangers and other homeless people may lead to social isolation for homeless women and their children, and an inability to integrate into new social environments (Hausman and Hammen 1993). Women who are in protective shelters to prevent violence or kidnapping by abusive partners must keep their whereabouts secret, making it difficult to maintain previous relationships. If they have been abused as children themselves, women may be reluctant to leave their own children in the care of others to attend medical or other appointments (ibid.). In situations of intense loneliness and isolation, mothers may look to their older children, often very young, for companionship and practical assistance in the care of younger siblings (Hausman and Hammen 1993).

Killion (1995) found that although the women in her study were daunted by the prospect of being mothers while homeless, some found their pregnancy
was the only source of joy in their lives, and as the baby began to move, and the pregnancy became visible they developed a sense of hope for the future. "The feelings of empowerment, control and ownership engendered by being pregnant and giving birth countered the powerlessness they felt in losing their worldly possessions and not having suitable housing" (pg. 48).

3.5 **Synopsis of Literature Review**

The review of existing literature begins by identifying the various definitions of homelessness. In this study I will use a self-identifying approach to homelessness based on a continuum model. I reviewed the reasons for the increase in homelessness today and identified two key areas that relate to women’s homelessness in particular: violence against women and the feminization of poverty. Two typologies for identifying different groups of homeless women were presented: the first being women with or without children; the second typology divides groups of women by age and lifestyle. Finally I reviewed the literature that touches on the interface between pregnancy and homelessness as it relates to health, and then to becoming a homeless mother.

Looking now at the design for the study, the next section outlines the methods of data collection and analysis.
Chapter 4

Research Design and Methodology

The design for this research has undergone some revision from the initial proposal as a result of my continued investigation of research methods and as a reality of the actual process of data collection. Many qualitative studies evolve and change as they progress and this seems part of the research process itself. The methodology, however, has remained foundational— that of the naturalistic paradigm and the feminist concept of research from the margins.

4.1 Naturalistic Paradigm

Following the guidelines of Lincoln and Guba’s (1985) naturalistic paradigm, this study’s design is informed by a social constructionist perspective, as outlined earlier, that aims to be thorough and rigorous in its methods of data collection and analysis. The principal assumptions are that reality is constructed by individuals in the context of their historical and social location and that it is crucial to understand the world through their eyes to learn what that “reality” is. The best way to gather these types of data is by means of qualitative methods, such as interviews and participant observation (Raphael et.al. 1998). This approach acknowledges the role of the researcher in the production and analysis of the data and the goal is to be explicit about the underlying assumptions and transparent in the procedures followed so that the results can be confirmed by others. The product of this type of research is often called “thick description.”
meaning rich, detailed descriptive segments that allow others to assess the transferability of the findings to other settings (Raphael et al. 1998; Lincoln and Guba 1985).

In the naturalistic paradigm, trustworthiness is established primarily through the use of techniques that allow the reader to follow the “trail” of the researcher. The use of “thick description” or richly detailed, descriptive segments allows the reader to “observe” what is presented through the eyes of the researcher. Three main techniques help to establish credibility during data collection: prolonged engagement, persistent observation and triangulation. Prolonged engagement entails an involvement in the situation to be researched that provides an understanding of the culture and an opportunity to build trust among members of the group (Lincoln and Guba 1985). Persistent engagement provides depth through the focusing on the particular topic being studied amidst the whole culture in which it is embedded. These techniques were used during the participant observation period. Finally, triangulation is the use of more than one method for an examination of the subject from different angles, in this study I use both participant observation and interviews (Lincoln and Guba 1985:301). During analysis, the method used for trustworthiness was ongoing peer debriefing which entailed discussion with a colleague who was uninvolved with the project. This process allows the researcher to explore aspects of the emerging data and talk out ideas and theory. As well, peer debriefing allows the researcher to clear emotions that might impede judgement when conducting analysis (Lincoln and Guba 1985:308). Reflective journaling was a second method used. It allowed for an
ongoing dialogue with myself that helped to clarify my thinking and bring issues and theoretical ideas to the surface.

These assumptions form the background for the interpretive, qualitative research design. Another set of research principles, in line with the naturalistic tradition, are feminist research goals which I have drawn on to formulate the research design.

4.2 Feminist Research Methodology

Nina Lyon Jenkins (1998), in her study of black women and the meaning of motherhood, outlines three key goals of feminist research. The first is to seek out and record the voices and experience of diverse groups of women, especially those on the margins of dominant society. The second is to acknowledge the ways in which the social construction of gender roles forms the basis for the unequal distribution of power relations in society. Third, the research attempts to develop alternative ways of understanding both the world and one-self, thereby creating opportunities or avenues for change (Jenkins 1998:208). While this latter point is consistent with the naturalistic position in general, feminist researchers have emphasized the importance of documenting the unique voices of all women, especially those who are marginalized or victimized, as a strategy for strengthening the position of all women in society (bar On 1993; Collins 1991). In looking at motherhood, an experience that has been considered "universal" for all women, recent scholarship on the topic has focused particularly on differences in experience. In an effort to "embrace difference as an essential part of
commonality”, current feminist research theory calls for “shifting the center of
analysis to include divergent experiences of motherhood” (Jenkins 1998:210).

DeVault (1990) states that, when conducting feminist research, it is
important to listen not only to women’s words, but to the meanings behind what
they are saying. Women may have difficulty finding the words to describe
experiences that they have rarely spoken about. Ralston (1995) found this to be
the case in her study of aboriginal women and violence. The interviews she
conducted were often the first opportunity women had had to talk about their life
experiences and they stumbled in trying to express themselves. But in doing so
they gained powerful new insights that were at times painful both for them and
the researcher. Ralston (1995) states that while the “interviews were a disturbing
discovery process… they were a valuable lesson in the value of feminist research
methodology to uncover topics that would otherwise have remained hidden” (pg 123).
The literature on homeless women indicates that many have had experiences
that may be difficult to talk about and for the researcher to hear. The research
suggests that a majority of homeless women have been victims of violence and
multiple oppressions. It will be the researcher’s task to frame their accounts in the
theoretical traditions discussed above with an aim to developing knowledge that
will be useful in the creation of strategies for change. It will be also be the
researcher’s responsibility to be true to the women’s accounts, while
acknowledging that the narratives were produced as the result of dialogue
between the researcher and the interviewed woman and, as such, are the products
of that interaction (McMahon 1995).
4.3 Data Collection

When we talk about doing research from the margins we are talking about being on the margins of the production of knowledge. In researching from the margins we are concerned with how research skills can enable people to describe, explain and help change the world in which they live. (Kirby and McKenna 1989: 17)

After extensive search for an appropriate method for this study, I was introduced to the book “Experience, Research, Social Change: Methods From the Margins” by Sandra Kirby and Kate McKenna (1989). It seemed to be “right” for my research and the perspective I had planned. Influenced by the “grounded theory” method as outlined by Glaser and Strauss (1967), this approach also draws on feminist methodology in that it adheres to the principles of women’s movement activism and academic rigour. Among these principles are the essentialness of accounting for the experience of the researcher in the research, of giving priority to the voices of the participants, of egalitarian research process and of contextualizing the research. (Kirby and McKenna 1989:21)

Kirby and McKenna (1989) conceptualize the margins as a place where people who suffer from injustice or inequality live - both in terms of material resources and knowledge production. This last point is key - the way in which knowledge is produced and reproduced in our society excludes the majority from participating. Women, those who are young, old, culturally, racially, sexually, ably or socio-economically “other” than the dominant middle-class, white, male, have traditionally been excluded from production of knowledge or “truth”. By focusing on the experience of those who are marginalized, through their own words and descriptions, we see the world differently – it is argued more authentically.
There are two aspects of this method that are highlighted as important components, the first being intersubjectivity, meaning all participants in the research project, including the researcher are acknowledged as equal in the creation or production of the research. This requires the establishment of great trust between all parties. Research is seen as a collaborative process and ideally, participants are consulted at various stages of project organization, data collection and analysis. Depending on the proposed research varying degrees of involvement by participants is possible.

Kirby and McKenna (1989) clarify that the idea of equality between researcher and participant does not mean that we are all the same. It refers to respect for each other's knowledge as being equally important, though perhaps different. The researcher initiates the relationship and guides the dialogue to remain focused on the topic at hand. The participant has the experience and the knowledge that the researcher is after and by sharing that, can add to the shape of the research (pgs. 66, 100).

The other main component of Kirby and McKenna's (1989) method is critical reflection. This refers to the necessity of considering the social context of the participants' experience in a way that involves an "examination of the social reality in which people live" (pg. 34). An example the authors provide helps to clarify this point. In researching the experiences of abused women one student researcher found the women often blamed themselves for the abuse even years after they had left the relationship. In the analysis the women's stories were contextualized within historical attitudes towards women, legal and social
services role in blaming the victim and societies' idealized notions of romantic love (pg.130).

Giving priority to intersubjectivity and critical reflection on the social context throughout the analysis ensures that we are able to hear and affirm the words and experiences of the research participants and at the same time be able to critically reflect on the structures that influence the actuality of their lives. (Kirby and McKenna 1989:130)

Several different data gathering methods are appropriate to research from the margins. I have chosen in-depth interviews and participant observation as the methods for this study, in part, because I feel comfortable with them and because of their anticipated feasibility. In the next sections I will touch on each of these methods.

4.3.1 In-depth Interviews

Interviewing offers researchers access to people’s ideas, thoughts and memories in their own words rather than the words of the researcher. This asset is particularly important for the study of women because in this way learning from women is an antidote to centuries of ignoring women’s ideas altogether or having men speak for women. (Reinharz 1997:19)

This study is a descriptive one in which the phenomenon of pregnancy during homelessness is examined primarily through the words of women who are currently experiencing the phenomenon. In deciding upon interview research, my intention is to understand the experience as the women themselves understand it at a particular moment in time – and not as others who work with, or advocate for, or analyze homeless women may see it. The study is therefore limited by this
unidirectional analysis, but it is also strengthened by it. The boundaries are clear and made more manageable.

Interviews have long been a part of data collection methods but their use in qualitative research has been elaborated on further by feminist researchers and others in the past three decades. “Interviewing allows interviewers to envision the person’s experience and hear the multiple voices in a person’s speech” (Reinharz 1997:39). Kirby and McKenna (1989) point to number of aspects of interviewing that are important to their method, several of which I will touch on here. The first is the clarity of focus and interview guide. These interview questions come out of the literature search, the preliminary research – formal and informal – and the ongoing personal reflections of the researcher, which make up a significant part of the early and ongoing data. A combination of this preset guide and spontaneous dialogic questioning is the best way to allow the interviewer to maintain focus and allow the participant to shape and guide the interview (Kirby and McKenna 1989:67).

Secondly, the researcher should seek an egalitarian setting, and be clear and open about her research approach and the purpose of the project. Research from the margins is about “sharing ideas and philosophy and experience and symbolic expressions... a sharing of self” (Kirby and McKenna 1989:67) as well as data collection. Stemming from this is the notion that there is recognition of the investment made by everyone involved in the project, and that both researchers and participants get what they need from the interaction (ibid: 68-70). By this the authors mean that it is inappropriate to “take the data and run”. Participants who
invest their selves in the telling of difficult or traumatic parts of their life histories or are in crisis and share with the researcher their concerns need to be able to expect the researcher to, at minimum, refer them to appropriate persons for referral or counseling (Kirby and McKenna 1989). While some researchers disagree with the idea of paying participants because it may change the collaborative feeling of the project, I feel the need to give back something beyond the reflective experience of the interview itself, and will offer a small honorarium.

A final point about interviews from this perspective is that the process is dynamic and emergent (Kirby and McKenna 1989:72). Each interview and new participant brings information that can shift the interview guide in the next interview or the thinking of the researcher.

The interview guide focuses on: a) women's experiences prior to pregnancy; b) being homeless and pregnant; and c) life challenges and adopted strategies for coping. I also asked about their plans, hopes and dreams for the future. My assumption is that through discussion of these four main areas, aspects of power relations will emerge. I will encourage women to add any other aspects of their experience during pregnancy that is important for them to talk about and for some women this may allow them to emphasize certain life events.

Prior to formulating my interview guide and indeed my research focus, I engaged in participant observation as my preliminary means of data collection.
4.3.2 **Participant Observation**

By engaging in participant observation before interviewing, the researcher can gain a visible presence in the community and begin to develop a relationship with individuals that can help with formulating interview questions and contacts. As well, the researcher develops an understanding of some of the cultural aspects particular to the environment, such as language, body signals, etiquette and other important details that can lead to more effective communication during interviews and rich field notes about the environment (Jorgensen 1989). Lincoln and Guba (1985) call this prolonged engagement. Previous research has shown that a combination of participant observation (sometimes in the form of “buddying” - spending whole days following people’s activities - or simply by observing with some non-formal interaction), and interviews are effective ways of conducting research with homeless people (Ruddick 1996; Killion 1995; Montgomery 1994; Tully 1997; Daschner 1999). While interviews allow the researcher to grasp the meaning of an event as the participant is able to express it, observing individuals in their daily lives can bring a depth to those constructed meanings that allows the researcher to more fully understand events in a holistic way. It also allows the researcher to recognize assumptions about the population which is helpful in preventing a misinterpretation of the data. Participant observation “seeks to uncover, make accessible, and reveal the meanings (realities) people use to make sense out of their daily lives … participant observation provides direct experiential and observational access to the insiders’ world of meaning” (Jorgensen 1989:15). Persistent observation is the method identified by Lincoln
and Guba (1985) in which the researcher focuses on the salient aspects of the whole environment - the specific aspect to be researched. For example, I initially spent time at drop-ins and shelters for the homeless as a visiting nurse. Eventually I focused just on women's shelters and then on perinatal programs to meet women who were pregnant.

Kirby and McKenna (1989) make an important point about the ethics of participant observation:

It is important that the researcher's involvement remain non-invasive and non-colonial. Non-invasive means that the end does not justify the means. That is, while a researcher briefly shares the lives of participants, it is only as a respectful visitor. Researchers are in a temporary and privileged position. Non-colonial means that the researcher is likely to have a different way of doing things and making sense of the experience. The researcher's way is no more or less correct than the ways of those being observed. Further being non-colonial means that the researcher does not research to make life better for the observed by having them conform to her/his ways. (pg. 79)

This does not mean that when asked for advice or assistance or even an opinion, the researcher refuses to interact or attempt to help. As Ann Oakley (1992) in her study of pregnant women on social support found, when support is provided by the researcher, a new type of relationship can develop that is different from traditional research relationships. This new relationship can have more depth and subsequent meaning for both participant and researcher (Oakley1992). Ora Priletensky points out in her study on “Motherhood in the Lives of Women with Disabilities” (1998) that it is not that one attempts to develop an in-depth relationship with the participant solely to obtain richer data for one's research, that would be morally unjustifiable, but in the end, one does collect richer data when some reciprocity exists. I found, in discussing pregnancy and birth with the
women I met, both during observation and interviews, that some sharing of small
details of my own experience made an enormous difference in the feeling of
rapport and equality within the interview process. An example comes from the
one interview that I did not include in the analysis. It was my second interview
and at that time I was still maintaining a researcher’s distance and did not want to
“skew the results” by inserting any of my self or experience into the process at all.
The woman I interviewed did not speak English and an interpreter was required.
As I mentioned earlier, she had just arrived as a refugee to the country and was
very afraid, tired and scared to open up about herself and her experience (this is
why her interview was not included in the analysis). We tried for over an hour and
a half but she only very slowly could begin to understand what I wanted from her.
As I drove her back to the shelter, she noticed the car seat and baby things in my
car and began - in signs and signals - to ask me about my baby, who was only
three weeks old. Suddenly in the car as I was driving and not writing, she began to
try to tell me, without the interpreter, about her experience. It was a real lesson
for me as a researcher about data collection, but also about bringing a sense of
connection and satisfaction, for the participant, to the whole process.

Following participant observation sessions, detailed field notes were kept
about observations, casual conversations and interactions. As well, interpretive
ideas, personal impressions, and ideas to follow up on are a part of these field
notes (Robson 1993:203, Kirby and McKenna 1989). These notes along with the
interviews, were analyzed.
While I had originally planned to conduct separate participant observation work in a shelter, I found I had difficulty finding a placement - shelter staff were understandably protective of their clients and the media had, in the past year, provoked considerable interest in the area, leading to many requests on shelters for information, observations and interviewees. During the two and a half years prior to the study, and during the first stages of the study, prior to my maternity leave, however, I had worked as a volunteer nurse twice a month on the mobile health unit that visited shelters and drop-ins in the metro Toronto area. During that time, I met several women who were homeless and pregnant and my initial interest in pursuing this research came partly from these contacts. With permission from my committee, I decided to use the participant observation situation I already had, in my volunteer work, as the background information I would need, and kept confidential field notes of relevant situations. As well, I visited an antenatal program for homeless and poor women at a community health centre as an observer, one that several of my participants also attended, I later discovered.

4.3 Data Analysis

In qualitative research methods ongoing recruitment of participants, data collection and early analysis can occur simultaneously (Creswell 1994; Marshall and Rossman 1995; Robson 1993). I found that I was indeed able to gather richer data by reviewing the previous interview and making modifications to my interviewing style or questions before the subsequent interview. I did not begin analysis, however, until all the interviews were completed and transcribed. For the
analysis I drew primarily on Kirby and McKenna (1989), Creswell (1998) and Robson (1993). This resulted in a thematic organization of the data that enabled me to frame the stories of the participants in a meaningful way.

According to Kirby and McKenna (1989), analysis begins by identifying codes that pertain to each statement of each interview. These codes are then reviewed repeatedly to establish categories or themes. Using the constant comparative method as outlined by Glasser and Strauss (1967), Kirby and McKenna explain “in essence, analysis consists of moving data from category to category (constant comparative), looking for what is common (properties) and what is uncommon (satellites) within categories and between categories. The data are rearranged and rearranged until some measure of coherence becomes evident” (pg 146). A system of folders helps to organize data systematically. I used a colour coding method as well to help me identify themes and categories. The authors advise “living with the data” for some time after completing the initial coding and also making a chart or diagrammatic outline of the themes (see figure one), codes and properties. I found both of these suggestions useful.

I found that a linear progression took place as I coded the interviews. First was information about their family background, then the context of their relationship with a significant other and, finally, their current and future plans. The themes that emerged began to encompass this progression. Creswell (1998) states that one is looking for “phrases or sentences that directly pertain to the phenomenon” (pg.289), and I did find many of those, but equally important were the circular and complex answers to questions that seemed to be part of the
process of meaning-making that was occurring or being put into words for the first time.

4.4 Research Participants

Due to the intensive nature of the interviews I had intended the sample size to be limited to five participants, purposively selected. “Purposive sampling looks for representativeness by “purposefully” choosing a sample that typifies the population, the theoretical category or phenomenon to be studied” (McMahon 1995:34). In the end, however, I included eight interviews as women began to spread the word among shelter residents and I was asked, even begged, by two women to be included as they were anxious for the $20.00 honorarium that was offered (I increased the honorarium from the initial $15.00 to attract more participants and for ease of transaction in handing over one bill instead of two). In this study, I do not have a sample whose findings are generalizable to the whole population of homeless, pregnant women. However, I did try to include women from a variety of backgrounds in terms of ethnicity, age, way of entering the shelter system and stage of pregnancy/motherhood. I was, of course, limited by the women who volunteered for the study and the amount of time I had for collecting the data and completing the research. Finding participants took much longer than I had initially anticipated based on my participant observation experience where women I met seemed eager to talk about themselves and share stories. Due to the mobile nature of the homeless population, it was not possible to find some of the women I had met when it came time to conduct my interviews. I also did not feel it was ethically appropriate to use my nursing
position to recruit women. These challenges will be discussed in more detail in the final chapter.

I had initially focused on women over 24 years old, wanting to distinguish between "youth" who tend to be separate in the shelter system and "older" women. However, I found that pregnant youth are not allowed to remain in the youth shelter system after their second trimester and absolutely cannot bring a baby to a youth shelter. This puts them in "maternity homes" or the parent resource centre or shelters for women and children along with women of all ages. There did not seem a reason to exclude them. As well, I found that younger women were simply more eager to tell their stories to me in exchange for financial compensation.

The stage of pregnancy was initially set as the last trimester and was part of the selection criteria because this is when women are most visibly pregnant and cannot as easily simply ignore the fact of pregnancy (personal communication Bonnie Fox: February 1999). They have also made a decision, consciously or not, to maintain the pregnancy, and have had several months to come to terms with their pregnancy and its meaning in their lives. In general, this is the time when women are making plans for the child, and may experience a shift in thinking from the state of pregnancy to the anticipated state of motherhood. I would have obtained quite a different picture had I conducted the interviews earlier.

I feel the data are richer for having included women who had already given birth. They were able to provide a more complete picture of the transition through pregnancy and birth to motherhood. Once the baby became real to them
outside the body, there was a different perspective on the pregnancy and women were often able to speak clearly about their situation as a whole, in a way that it was harder for some women to do when they were immersed in their pregnancy.

Subsequent trips to the shelter to complete more interviews gave me an opportunity to accidentally meet a few women previously interviewed. This was personally rewarding for me and gave me a sense of completion as I was able to discover that they had had their baby or obtained housing. It was not an opportunity to conduct a further interview, or review my analysis as women were so often busy caring for a newborn or preparing to move, but it did allow me to add a little to the interview data rounding out slightly the "endings" of a few of the women’s stories.

Summary

The research design took shape gradually as I developed clarity about the research questions and the best way of gathering the data. Kirby and McKenna (1989) outline a qualitative method designed for research with marginalized people. Based on grounded theory, this method, along with suggestions from other authors formed the basis for the data collection and analysis format. Although much of the study proceeded smoothly, I found many difficulties in recruitment of participants, and took almost a year to complete the interviews. I also found the concept of intersubjectivity (establishing a relationship of equality between researcher and participant) a difficult one to achieve. The research guide was very much used as a guide, not as a questionnaire. Several women spoke
freely and with minimal prompting about their experiences, others needed encouragement and reassurance about my independence from shelter staff.

The next chapter begins the presentation of the interview data. I will begin by giving a brief account or profile of each of the participants. I believe that providing a profile allows the reader to connect more profoundly with the participants than does an absence of personal data. Some personal details have been changed to protect the identities of the women. I then present the themes and categories that emerged from the data and provide quotes from the interviews that are representative of each category.
Chapter 5

5.0 Hard Times

The experience of homelessness is one that is inherently fraught with feelings of fear, regret, guilt, and anger as well as times of freedom from societal restraints and past associations. Pregnancy during homelessness adds another dimension that places a woman in a position that is bounded by time constraints. She must have things organized in just a few months. Whatever those 'things' are for a particular woman, they are often enormous tasks – finding housing and material baby items, mending family relations, acquiring safety from a former partner, or building a parenting relationship with a partner and establishing a stable income source. These are just a few of the concerns that participants in this study spoke about. All of these things have a history – how did family relations break down? What is/was the partner's role? What happened to her housing, her work or education? I found that in order to understand what women were facing and the way in which they came to be homeless and pregnant I needed to know a little about their past. As well, it was helpful to understand the role that their childhood experiences played in the formation of socially constructed notions of pregnancy and motherhood among these women with such diverse backgrounds.

As stories about the past mingled with those of the present, the women I interviewed allowed me to glimpse aspects of their lived experience as they perceived it at that moment in time. It is important to note that the way in which I
interpret the data and the points which I choose to highlight reflect my own conceptual lens which I have tried to be clear about in the preceding sections.

My presentation of the data will be organized in accordance with the five main themes that emerged during analysis (see figure 1: Appendix G). The first theme I called “hard times” because it was so common a phrase and seemed to encompass hardships that stemmed from childhood abuse to varicose veins during pregnancy. It is in this first section that I will present a profile of the women involved in the study (see participant profiles Table 1: Appendix F). As previously indicated, their identifying features have been altered to protect their anonymity.

5.1 Stories of Becoming a Homeless Mother

Acknowledgment of the difficulties of the journey they had traveled so far was in the voices of all the women I interviewed when they inevitably sighed at some point and said “it’s been so hard”. For most there was an expectation that things would remain hard for some time. And yet a sense of optimism was at the heart of most of the participants’ outlook for the future - even for just five years down the road. Although there were commonalities between these women’s concerns and hardships during the actual phase of pregnancy and homelessness, the hardships that brought them to their present situation were very different and their ultimate fears and hopes reflected this.
PEARL

Expecting her second child, Pearl felt that this child might bring her the opportunity to ‘do things right’, although now that her home and partner were gone, it didn’t look good. Having lost connection with her first child when her husband abandoned her and returned to their home country with their young son, Pearl regreted the lost years and continued to mail items to a relative hoping they would reach the boy. The man who was the father of Pearl’s new baby was abusive (as was her first husband) and she was forced to call the police one night and to eventually leave him and enter a shelter. She had kept the abuse and her location secret from all but one close friend and stated that her community simply does not share private troubles outside of the home. Women must suffer in silence. As well, part of “doing things right” for Pearl meant having a husband and father for her child. Over and over during the interview she said ‘and I have no man’. The following quote sums up a lot of Pearl’s feelings about her situation.

I’m really worried. Okay, I’m excited I’m going to have a baby, that’s fine. But I’m worried like how am I going to provide for this baby, you know. I want my baby to have a good home which the baby doesn’t have a good home. I want my baby to have a good father which the father is not there, you know. I want my child to be happy. And I don’t want my child to get to know what problems I have gone through. I want my child to be a regular child, but, sometimes I wish it would stay longer inside. Everyday I get worried, I get so worried. It’s sad when you see people, couples walking along with their children. I am all by myself. I go to church by myself, pregnant with no man beside me. You see people sitting two by two like, what did I do to deserve this, you know, it’s terrible. It’s depressing. But anyway, I think I made the right choice [to keep the baby and to come to the shelter].
She had not told her family about the pregnancy because of shame about her failed marriage and subsequent pregnancy with a man she was not married to and another failed relationship. She still hoped that the relationship would work out. She was discouraged by shelter staff in talking with him, though, because they did not allow women to be in contact with their abusive partners. Pearl still spoke with her boyfriend because she felt an obligation to maintain the relationship for the sake of the baby and was also desperately hoping that he would somehow change or that she could learn to put up with his abuse.

Maybe it's because I've been hit before, being hit has become like nothing. I used to be a stronger person before. I told my husband don't ever touch me. The minute he started touching me I left him. I just didn't want him anymore. Me and my heart just left. But this one – it's so hard to leave.

Pearl experienced a false pregnancy during the previous year with some dangerous medical complications. She was then treated with some derision by her doctor when he found she had become pregnant again and was advised to abort the fetus. She claimed she was told by another doctor that there was, in fact, little medical risk of having a repeat episode of the false pregnancy and no reason to expect she could not have a healthy baby. She felt very unsupported by her doctor in this second pregnancy. The pregnancy had been treated as high risk involving weekly tests and the inevitable wait for results; this magnified the hardship of the pregnancy for Pearl.

It's really bad, because they treat you like it's a crime to be pregnant, you know...I'm very sensitive about it and with no support it's hard you know. It's been hard.
The medical concerns stemming from her pregnancy were not her only worry though. Because of the call she made to the police about the abuse, her boyfriend is due in court soon. She would then have a small infant and worried about the possibility that the man she feared, but depended on, would go to jail.

The daily realities of homelessness and pregnancy were particularly difficult for Pearl. She suffered from asthma and living in the shelter had no control over the air quality (many people smoked) or the dust level. As well she stated the food was often hard to digest and many times there was nothing left for her when she got in from work. Pearl was one of just two women at the shelter who were working, and the daily schedule of meals and activities were not oriented to their needs. She had developed a relationship of animosity with many of the shelter workers partly because of her demands for decent food and her complaints about the environment.

Although her physically demanding work was hard in the advanced stages of pregnancy, Pearl derived a great sense of personal empowerment from having her own money and the status of being out and about in the world earning a living. What was hard about that though was that her income made her ineligible for some of the assistance that the other women in the shelter got, like the Personal Needs Allowance, bus tickets and housing assistance. She had began to develop a sense of resentment and when I interviewed her - just three weeks before the baby was due - she knew she had to get out of the shelter system for her own peace of mind as well as because the baby was coming. It wasn't
working for her any more. When I called to see how she was doing a month later, I was told by shelter staff that she had indeed found other housing.

**JANICE**

Janice had come from a home where as a young girl, she had witnessed years of domestic violence. Her parents separated and her father lost touch with the family for many years, which was very difficult for Janice. She had recently reconnected with him. As an adult, Janice had striven to be self-sufficient and worked at a variety of jobs. She had had her own apartment but gave it all up for a relationship which she now said was based on false promises. She was engaged and had moved in with her fiancé, but after she became pregnant, the relationship deteriorated and ended. The loss of that relationship was very hard as she had based her future on it. Even harder though was the loss of family support when they found out she was pregnant. After temporarily living with family members until overcrowding in the apartment caused relationships to fray, she found herself out on the streets and five months pregnant.

Janice spent much of her interview focusing on the fact that she was still in the shelter and waiting for housing after her baby had been born, while others had come and gone before her. It was an enormous hardship that she found really difficult to bear; she vowed that she would be in her own home for Thanksgiving to create a proper family atmosphere for her baby (then two months old).

Pregnancy was a real roller coaster emotionally for Janice. She had wanted a baby very much for years and being in her thirties with the feeling that
no one cared about her and there was no decent future in sight, she desperately wanted the baby to help bring meaning, purpose and joy to her life.

It was a perfect time for me to have a baby because I didn’t have anything fulfilling going for me, you know what I mean. I mean, I’m thirty one years old, I’m not going to the bars – that’s not me, that was me ten years ago. So it was a perfect time for me to have baby cause I can give her everything and still enjoy life through her... She’s my life now, she’s my world.

Her family was very much against her having the baby because she was not financially stable. She was almost convinced to abort, but then she began to feel the baby move and saw the ultrasound images she felt a surge of connection with the child.

Something clicked in my head that this is a real living being in my body. And I cried, and I said look mom ... I'm keepin' it and you're not stoppin' me. So I did everything I could to make the pregnancy go well. I went to my doctor’s appointments every time and that, and eventually my mom and my sister came around.

Janice said that the she became very responsible during her pregnancy, taking care to eat right and attend all medical appointments. This was in part a factor in her family turning around and supporting her decision. Ultimately, her mother even attended the birth!

Janice was plagued with fear that the Children's Aid Society would take the baby from her (something her sister repeatedly threatened her with during her pregnancy). She felt constantly under surveillance by shelter workers and CAS staff. Around children all her life, Janice felt confident as a mother initially, but felt that confidence waning every day since being in the shelter with her newborn. Frustration over the wait for housing and fear of the surveillance by staff, combined to really undermine Janice’s emotional strength and ability to mother
her child in the way that she wanted to. On a follow-up visit to the shelter two weeks later, I ran into Janice in the foyer. She was tremendously excited - she had gotten an apartment, not in the area she wanted, but she was moving the following week and would be in her own home well before Thanksgiving.

LEILA

Leila’s story was completely different. From a loving family, Leila was raised in a middle class background and obtained a master’s degree in history and language. She had been born in Canada but raised “back home” and had always felt that her Canadian citizenship was important, although she could not articulate why. Leila was determined that her child would be born here too. Happily married to a long time boyfriend, she managed to come to Canada when she was eight months pregnant, expecting to strap her baby on her back, find work and get settled in the one month before the baby was born. She arrived in Canada, in the fall, with just one contact name and a completely unrealistic idea of how it would be. Her husband planned to follow when money allowed and she hoped to sponsor him. She now knew the process would be much more prolonged than she had expected. Leila did not plan to be living in a shelter and raising her daughter alone.

It was my choice to come to Canada but it wasn’t my choice to have it like this... I was expecting it to be wonderful and sweet, you know. And well, there is a big difference. But it was quite stressful [the last months of pregnancy]. Stress and stress. Down there [her country] we were running around, making sure my ticket was okay and everything, oh my God it was stressful, only to come down here, I thought I was coming to actually relax. But then there was no way. But I’m happy she’s here. [the baby] (laughs).
Although her pregnancy went well, and she attended prenatal classes back home, Leila had a difficult time at delivery. Her baby was in some trouble near the end of the pregnancy and it was determined that a cesarean section was needed. She knew that many women died of cesareans back home and she couldn’t face the thought of it. In the end, she was accompanied through the birth by a woman who she had met at the shelter and became close friends with. This “angel” stayed with her during the delivery and they planned to share an apartment in the future. But Leila was very unhappy with the medical care she got and the lack of sympathy health care workers had for her situation. Because she was not covered under a health insurance plan the hospital doctor wanted her to leave just a day or two after her cesarean. As well, she was discharged in great pain to an unknown maternity home. This turned out to be a big improvement, however, over the hostel she had been in.

[After the cesarean I stayed in hospital] only three days, because I wasn’t covered. Actually the doctor wanted me to go before. She said okay, you are fine you can go. I couldn’t believe it. I thought after (xxx shelter) and now this hospital. I couldn’t believe it…. [after getting to the shelter] I thought that night was my last, I had so much pain. They didn’t give me anything.

Leila was confident, self-possessed and looked to the future with great expectation of success. She was very happy with her one-month old girl and although the past few months had been a very hard time, she felt this period of homelessness was a temporary state that she would move out of and that she would prosper eventually along side her husband. But it had been really hard. She told me how she was feeling in her last month of pregnancy.
Sad I’m telling you. I was like, why did I come down here. I could have been back there because of the care and everything. But here I am I don’t know what the situation would be and I was thinking if I give birth to her in a shelter what will I do, where will I be. I don’t really have money to take care of things. But now I’m here, I’m getting the help, you know.

RUTH

Ruth had a surprisingly similar story although she was from a very different part of the world. She was born in Canada and attended some of her schooling here, but then returned to her home country with her mother due to a family emergency. They ended up staying on there, but when she found she was pregnant, Ruth did not feel comfortable staying because of political violence and the overall culture of terror. Although nothing had happened to them directly, the daily news was filled with stories of kidnapped children, deaths and other things. Everyone knew someone who had disappeared. So Ruth and her mother came back to Canada - they still had citizenship - but things were quite changed. There was no-where they could live although they still had acquaintances here. So Ruth and her mother shared a room at the shelter and Ruth’s mother sent out resumes – she was a teacher with experience in Canada - and they waited for the baby. It was a hard time, Ruth said, but she knew it was only temporary.

You know whatever your situation is when you get pregnant, the moment you know you are pregnant you want the best for your child and then it’s not that way so it’s really hard. But you know I would rather be here than be on the streets and my pregnancy – thanks God – is going really well. The best thing is that I have my mom with me 24/7.... So now, in the first months it was really hard, when we came it was really hard. But now I’m good, I’m just like stable you know, just waiting for the baby to come...
Ruth had just turned twenty and has never been apart from her mother. She was seven and a half months pregnant at the time of the interview. She had no connection with the father of her baby or her own father and did not wish to speak of them at all. Her mother raised her, just the two of them, and it was wonderful. As far as Ruth can see it will always be the two of them, and now her baby would, she said, bring them even closer.

Her pregnancy had gone well. It was hard, she said, living in a shelter and having the future uncertain, but it was harder at home with the uncertainty of a violent regime and the fear for her child’s future. Ruth had the cushion of her mother’s presence, and her mother’s eventual income to help them get settled. She knew their homelessness was temporary and was glad for the shelter and the help she was getting there from the public health nurse. Ruth was dismayed, however, by the mothers and children she saw around her in the shelter and the cultural differences around notions of child rearing. As well her experiences with the medical system had been less than positive.

The doctors here are not like [back home]. …They just give you one second. Yeah so it’s really hard, especially if it’s your first pregnancy, your first baby. Because [back home] even if it’s two minutes, it doesn’t matter how much time, they explain it to you, it’s the quality that they give you.

Ruth had received guidance from a dietitian and the public health nurse in the shelter who have filled in the gaps left by the unanswered questions at the doctor’s office. She was attending prenatal classes as well. I did not see Ruth again after our interview.
CLAIRE

Claire had recently arrived in Canada at the time of our interview. She was very traumatized by her sudden departure from her home country all alone and by the processes both of becoming a refugee and entering the shelter system. She was eight and a half months pregnant. Happily married back home, she and her husband had a successful business but began to be persecuted because of political decisions they had made. Eventually, with their business destroyed and their lives, threatened, they had to flee. Claire's husband was in hiding somewhere and she had been able to borrow enough money for a ticket to Canada, and no more. She had nothing, her baby was due any day and her husband was halfway across the world, in hiding - although she felt sure he would be alright. It was unimaginably hard for Claire and she cried throughout the interview.

Raised by a step-mother and suffering verbal and emotional abuse throughout childhood, Claire said her husband was the first really kind person she knew and now he was gone. She had joined a Christian fundamentalist church in her teens and remained profoundly religious. She painted beautifully and loved that she has her own room in the shelter because she could paint whenever she felt sad. It was her main comfort, beyond the church.

From what I went through I thought I was almost losing my baby, you know. It was such a position, a thing - I've never been through such a thing before. But for the Lord... I believe in God and that in all things he is able to make your way so I knew he would never let me down and he would make a way for me.

Claire came to Canada because she knew one family here. She stayed with them for some time but they didn't really have space for her - she was sleeping on
the floor in the hallway. Eventually, she had to leave and had no money or anywhere to go. The welfare office put her on a bus to Toronto and sent her to a shelter for homeless women. She was terrified there by all the different problems women with mental illness and addictions had. As well, she had to leave the shelter during the day and wander aimlessly, not knowing who to trust, feeling exhausted and very pregnant.

It's been very - it's been hell, because I don't know anywhere around and you have to go out by force and it's been very hard for me. Because there are so many crazy people on the street now and sometimes you go out and you don't know who to talk to and it's so bad, you know. So I was always scared, I was afraid, I was always afraid back then. But then they found a way for me to come here. It is better because you can stay in your room the whole day, you can sing you can do whatever you want to do.

She had finally begged the shelter staff for help and they got her transferred to the parent resource centre. Although Claire felt safe there and could rest during the day, she was still alone and afraid for the future. She and her husband were looking forward to their first baby like any young married couple - but now she desperately wanted the baby to be born in order to bring some joy back into her life.

I really need this baby. You know babies are there to cheer you up when you are alone. I love to see babies and I would like to have a baby of my own. Babies are good for your soul, you know someone to cheer you up, someone to laugh with and talk with and you're fine. It means a lot to me, yes a lot.

I saw Claire once again, by chance, in the hallway of the shelter, two weeks later. She looked a little happier and said she felt she was getting the guidance and rest she needed.
ISABELLA

Isabella initially struck me as very whimsical and even childlike, but as our conversation developed it became clear that she was an ambitious and sharp young woman who had had more than her share of hard times. At the time of our interview she was nineteen and six months pregnant. A medical student, she had been dropped by her long time boyfriend when she became pregnant. As well, she was kicked out of the house by her father with whom she had never had a close relationship. In fact, her parents separated when she was very young and she was raised by relatives “back home”. She suffered physical and emotional abuse from her mother and her boyfriends throughout her childhood and left home at an early age. The opportunity arose to come to Canada and reunite with her father while she was still in school. Although she completed high school and started university in Canada, doing well, her situation with her father deteriorated and she was eventually kicked out. She went “back home” only to find that her home had been sold and there was no work or educational opportunities for her there.

Coming back to Canada, Isabella entered the shelter system on the advice of a friend. She had a part time job but was let go when they found out she was pregnant. During the early stages of her pregnancy, a faulty blood test showed she had a life-threatening illness. During these few months Isabella had had to deal with so much - the pregnancy, the abandonment by her fiancé, loss of her home and job and then the possibility of a terminal illness! She was getting advice from many directions and didn’t know who to trust. A friend at work was encouraging her to sue for wrongful dismissal.
I'm like, yeah, well, I have a lot of stuff on my mind cause it was the first time I was dealing with the supposedly diagnosed problem of (illness) and my baby's dad's not around, I can't find him, I'm worried half to death, so there's so many emotions going around – I have no place to live. So the least of my interest is to go brewin' up some storm that I can't handle.

Isabella got a crisis bed at the parent resource shelter and was assisted by the public health nurse and the counselors to negotiate the medical system until a reversal of the threatening diagnosis allowed her to begin to deal with the pregnancy itself.

It was just the doctor was wrong in his diagnosis. So my first five months I was like a total wreck. I just thought “Okay I'm going to die and I have to live with it”.

At the time of the interview, Isabella was despondent and also defiant over the loss of her partner. She very much despaired of raising her child without a father for the child’s sake, but knew she was capable of doing whatever it took to provide a stable home and complete her training as well. She was haunted by “what ifs” and regrets.

I wish to myself that I never left my country. Cause if I never left I would probably be married now, yeah. And he wouldn't have run off with somebody and we would have more family around to help him deal with the fact I'm pregnant...

I ran into Isabella in the shelter hallway a couple of weeks after the interview. She had had a healthy baby boy. He was born early and it was a difficult delivery. She was proud of him but also seemed very sad and tired. I was not able to ask her further how things were then, because of her clear exhaustion and the baby's needs.
SUZANNE

Suzanne had been living for two years on the streets and in a downtown hostel. She was twenty at the time of the interview and her baby was one week old. After suffering physical and emotional abuse from her mother and abandonment by her father, Suzanne left home as a teenager for the streets of the city and freedom. She felt the hostel that she had been in and out of for years was home and fondly spoke about the staff and her relationship with them. At the same time, Suzanne had a disrespect for authority that emerged in the interview when she spoke about her interactions with the public health nurse who was directing her and “bothering her” about feeding the baby often.

Up till now she’s [the baby] given me no reason to worry about her so I just let her do her own thing [meaning sleeping and eating], and I tell the public health nurses, “oh yeah, she eats every three hours”.

Of all the participants, Suzanne had the most optimistic outlook about her life history, present circumstances and future prospects. Her main area of concern was the baby’s father with whom she had had an intimate relationship. Because he was involved in illegal activities, however, and had recently spent time in jail, she had decided that until he was “clean” and had made a commitment to the family, she was not willing the have him involved in hers or the baby’s life. She felt a lot of pain and regret about her decision and was still willing to accept him back into her life if he proved capable.

...he’s gotta fix things in his life before he can really take a big role in her life. Right now he’s just a father that visits and she’s too young. And it’s good case if he makes a decision that’s wrong or isn’t good for her, then I can just say “see you later” and she won’t know. ... My father was so important to me that I can’t imagine going without a father, but you know it’s better for her to be without a father than with a father that’s no good.
The other area of hardship Suzanne spoke about was the childhood abuse she had suffered. What bothered her most about it was that she had picked up that behavior and had found herself abusing younger kids when she was young, especially her siblings. Since she became pregnant, however, she had focused on family healing, which had occurred both with her parents, who were now divorced, and her siblings. Her mother and sister were both present at the baby’s birth and she planned to move back to be near them once she had finished college in the city.

Me and my sister didn’t have a very good relationship growing up. I wouldn’t let anyone hurt her, but I was the one hurting her. Now I just love her so much. I can’t say beating her brought us closer. But all our experiences bad and good brought us closer. And I’m happy she’s able to forgive me too you know.

Suzanne felt the baby was helping her get ‘on track’ in life. She was committed to completing high school and doing post secondary training. As well, she felt she had a reason to stick with a job when it got boring or difficult, which she had never bothered to do before. Suzanne had a relatively easy pregnancy and worked as a volunteer at a youth program, and at a friend’s shop right up until the delivery. She had tremendous energy and felt the baby would help her channel it in a positive way. I did not see Suzanne again following our interview.

KAREN

Karen was nineteen at the time of the interview and was eight months pregnant with twins. This was her sixth pregnancy. She had three children being
raised by a relative, and had had a stillbirth and a miscarriage. Her first child was born when she was not yet a teenager – she had been raped. Having grown up a ward of the Children's Aid Society, Karen was proud that the CAS had never taken her three children. She gave them over voluntarily when she was badly addicted to crack, but then got them back when she was "clean" and had enlisted the help of a relative in raising them. Her current pregnancy came as a complete shock as she had been told she could no longer conceive. She hoped she would be able to cope when these children were born.

Not only am I older and wiser, I've been through just about everything. Not only have I been through drugs and alcohol, I've been through one of the hardest addictions to break – crack cocaine. And I quit by myself with no help, no psychiatrist, nothing. Yeah and I feel proud about doing that, and I've been through so much now, and I'm turning 20 soon.

Having suffered physical abuse all her life, Karen fought back when her partner hit her in the early months of this pregnancy. She did not want to leave him because she could not financially raise the twins as well as the older three children on her own. He, however, left her. She was now very concerned about the legal battle that was already brewing over his future involvement. She wanted to ensure that he pays child support, but that she maintained custody.

Karen had teamed up with another single mother for support, but their shared apartment did not work out as the landlord was very difficult. She felt she had been through so much in the past year. Quitting drugs with no assistance, getting pregnant when she thought she was not able to conceive (and twins!), then the abuse and separation from her partner. She was no longer able to fall back on family supports for a place to stay, but her mother and aunt were generally
supportive of her. As well, she had begun to reconnect with family on her father’s side whom she had not seen since she was seven.

The pregnancy had been physically very difficult – the twins were causing uncomfortable pressure on her pelvic bones and back. She had gained over 100 pounds. Her hormones were fluctuating, causing episodes of black depression and crying. She could not sleep or walk far. Her breasts were heavy and painful.

It’s been really difficult. I’ve gone into labour eight times! They’ve stopped the labour eight times. I’ve gone into labour in the strangest places. I was in labour for a week straight! I literally have bruises on my pelvis and on my backside from the inside... causing me a lot of pain and stretching all the bones.

She has booked a tubal ligation following the birth and has no hesitation about it!

I’m getting my tubes tied. Cut and burned too. No I really am ‘cause I can’t have no more ‘kids... My family has a trail of twins and triplets. If I get pregnant with triplets or another set of twins – I can’t do it.

Living in shelters was a way of life for Karen and so the hardships of shelter life and pregnancy were not as heightened in her awareness as they were for some of the other participants. She had had apartments and been in group homes as well. She complained mainly about everyone asking her to baby-sit their kids because hers hadn’t been born yet. Also that her milk let-down whenever anyone’s child cried!

Karen hoped she would be induced early and that she could get the twins well established before resuming care of her older children. I did not see Karen again although I would have liked to know how her birth and housing arrangements worked out.
5.2 SUMMARY

The hardships of the physical pregnancy and birth were very difficult for many of the participants. This hardship was heightened dramatically by conditions they faced within the shelters and by the negative or uncaring attitudes of some health care workers. Women who had come from other countries also had to adjust to different cultural norms around pregnancy and different expectations of medical staff.

Beyond the experience of pregnancy and birth, the women faced enormous hardships in becoming homeless. Two women were homeless before becoming pregnant and six became homeless toward the end of their pregnancy. Those who made the journey to Canada in advanced pregnancy with inaccurate expectations of their welcome and situation on arrival, suffered a degree of shock for several weeks or months until finding some supports and gaining a rebounded optimism about the future.

Several of the women spoke in detail about the abuse they had suffered, especially those who were victims of childhood violence. This has important impact on women’s experience of pregnancy and plans for parenting. It is interesting to note, however, that three women who acknowledged that they were caught in life long cycles of violence and two had even become violent themselves, stated strongly that they were not ever concerned that they would bring violence into their own parenting relationship. Instead they felt they would be especially protective of their children because of what they had been through.
Also interesting was the degree of family healing that was a focus during pregnancy for some of the women who had long been estranged or at odds with their relatives. Forgiveness on the part of the expectant mother and of her siblings or parents seemed to be assisted by the coming child. "For the sake of the child" was a good reason to mend fences. This was also a reason that some of the women used for maintaining unhealthy relationships with abusive partners.

Financial hardship did not play a large role in the women's discussion. There was perhaps, an understanding that poverty, acute or chronic, was at the base of each woman's situation, but it did not come up in much detail in the women's interviews. The weekly Personal Needs Allowance money given by the shelter and the vouchers for food and diapers by public health were mentioned often as the main sources of income. The donations room provided some infant items. Two of the participants had purchased large amounts of baby items when they first found out they were pregnant and were still in relatively stable situations.

In the next chapter I will present the data in accordance with the themes and categories that emerged from the interviews. Specifically I will focus in more depth on two areas of hardship that women spoke about. The first being 'altered expectations' which encompasses and expands on many of the topics I have begun to touch on in this chapter, in particular how disappointments or major misinformation led women to change their life course. The second area I call "shelter blues": under this heading I focus on the experiences of the women in the shelter system, including the health and social service agencies. Although many
of the women spoke very positively about the particular shelter for mothers and
children they were in when I interviewed them, most had had experiences in
other, less desirable hostels, and very much wanted to tell of these experiences.
As well, they had found there were aspects of pregnancy or new motherhood that
were simply not compatible with living in a shelter.
Chapter 6

6.0 Altered Expectations and Shelter Blues

This section looks at two of the categories that arose from the interview data and stem from the first theme 'hard times'. They are areas that seemed to require their own separate consideration beyond inclusion in the 'hard times' section. These are 'altered expectations' and 'shelter blues'. In this chapter I organized the theme sections by category. In analyzing the data, I first broke each sentence or segment down into codes and then gathered these codes into categories. The categories were, in turn, distilled into meaningful themes. The categories remain useful ways of describing the components of a broader theme. I have chosen quotes from the interviews to illuminate the categories. Not all of the women spoke on the topic of each category, but each of their voices is heard within the themes.

6.1 Altered Expectations

Each of us has aspects of our lives that have turned out very differently than what we had hoped for or dreamed of. Such events, however, are part of life and growth. There are some gross betrayals, like child abuse, abandonment or terrorism that are far beyond the challenges that make up the daily reality for most of us. It is often such extreme betrayals that lead to and may also be mitigating factors contributing to a woman’s homelessness during a time of pregnancy and new motherhood. Less drastic but also painful are the challenges to assumptions
that one has made about relationships of caring, the experience of becoming a
parent or about the health care and social assistance system. As I discuss each
category, it will become more evident how many of the women experienced
repeated disappointments in life as they literally found themselves in situations
they never imagined they would be in.

6.1.1 Being Alone

Except for Ruth, all of the women I interviewed did not plan to have their
baby as a single mother. They had expected or hoped that they would be part of a
couple and have a home and a chance of 'normal' parenting and family structure.
Not all were upset at being single, however. They each made sense of their
situation in different ways depending on the reason for the breakdown of family
relationships and their past experience with disappointments in significant
relationships. Three of the participants did not want a further relationship with the
father of their child; of these, one had formed a relationship with a man whom she
hoped would be a surrogate father. The other five participants remained hopeful
that their partner would join them but not at the cost of violence toward them or
the child or at the risk of careless fathering. Suzanne spoke about protecting her
child from her partner's addiction.

I'm happy to do it just the two of us, if that's the way it works out. If he's
gonna, I just don't want her being second for anything to anybody, in her
father's eyes or my eyes. So as soon as her father shows that she is second
in his eyes to him then that's it. Because I've gone through that before
and I just, I won't let him hurt her like he hurt me and I can't let that
happen to her.
For Isabella, the pull was between protecting her child from careless fathering and still helping the child respect his father so that he could feel good about himself.

The only problem is, I’m not gonna tell my kid ‘your dad’s bad. No. My kid asks me about his dad, I’m gonna say the best things I can find in my heart to say about him. Not all the bad stuff, your dad ran off with some girl. No, I’ll say, your dad was a really nice person, but people change and maybe he’ll come around some time and maybe he won’t. Maybe he’s busy working. You know. People have to do things to make their life comfortable and maybe this is your dad’s way of doing it. And if he does come and he does pay some mind, I’m still not gonna pick fights with him in front of his son cause that give him a wrong idea “mommy hates daddy, every time mommy sees daddy mommy argues with daddy”. No, I want him to get positive ideas. So when I see his dad, even if, “you know, you promised you’d come on the weekend and you didn’t come”, I’m not gonna do it in front of my kid, I’m gonna wait till he’s in the car or he’s outside playing and say “you know you should have been here on the weekend, you promised, you know”, … not arguing, my kid doesn’t want to see me arguing with his dad, chasing his dad away, cause that’s his dad it’s the only one he has, he’s not gonna find another one anywhere.

Being alone, however, was devastating to Isabella.

Are you keeping the baby? No - giving the baby up for adoption, that’s all I kept telling everybody, givin’ it up for adoption. I didn’t want to deal with the fact that my baby doesn’t have a dad. I grew up without a dad and I know what it’s like to look around at everybody who has a dad. On parents night they come and you sit there and you’re waiting for your dad to come through that door and no dad.

From the micro level of individual experience to the macro level of social, cultural norms, the two parent family is a powerful norm and ideal. For economic reasons, for household labour and for the health of children, there is a widespread perception that the two-parent family is better. Only Ruth, who was raised happily by her mother amidst an extended family, was content with the lack of a male
father figure. Pearl, however, found this hard to bear. She felt in some ways a
failure in her inability to choose a "good" husband. She also regretted the loss of
the ideal of a safe home and happy children.

I thought at my age I'll be having a home and be happy and have
children and all this kind of stuff. Too bad. Dreams don't come
ture.

Beyond the lack of partners, finding themselves alone and living in a
shelter was an even greater hardship. Some women felt abandoned by their family
and friends, others realized that they had used all the networks they had to their
utmost extent and could not expect more from them. Participants in this study
demonstrated that women do utilize the informal assistance networks of their
family and friends in the early stages of homelessness, as the literature suggests,
and then tend only to turn to a shelter when its absolutely necessary. Janice talks
about the time when she lived with her sister in a crowded apartment.

But by the time I was five months, it was just too much. She's in a two
bedroom apartment with two small kids right, so it got a little stressful, a
little hard, so you know she basically kicked me out, and I had no place to
go... Here I am pregnant, over thirty years old, basically homeless cause
my sister was on the verge of kicking me out, and I was ready to terminate
my pregnancy. And what do you do in a situation like that, basically hope
you survive to the next day and it got to the point that if I didn't get to a
shelter I would have been out on the street. And it seemed like my sister
didn't care. She called me up one day and said so how are you doin' and I
said what do you care? You kicked me out. It was a lot of hatred I had but
I mean anybody in my position would understand, you know.

Women who came to Canada from other countries had dreams of
new opportunities and peace that was not available in their home country.

This was very different from the reality they now faced. Leila did not
expect to be on her own for the birth of her child, she had thought her
husband would be able to join her once she was here as she has Canadian citizenship.

Well we were planning for him to come here but everything is different now, cause I thought maybe - what they told us back home - could I come here, it would be different. So I guess I just have to struggle for a while.

Pearl’s marriage had broken down through violence and so had her subsequent relationship. Her plans for life in a new country were very different that what she now faced and she could not bring herself to admit to her family that she was pregnant and without a “man by my side”. Although they were without a partner, however, the women were building relationships with their growing child. Several women spoke about singing and talking to their child and the company they felt from the unborn baby. Pregnancy was often a time of hope for healing and love that the mother hoped the baby would bring her. It was time of optimism as well as worry about the future.

Living in the shelters, women were surrounded, sometimes claustrophobically, by others. They felt anything but alone at times and it was often a source of tension. It was distressing to be lonely and yet surrounded by strangers. Some women felt too much anxiety to make a connection with others. Others tried to form closer bonds with family members so that they could be supported during the birth of their child. Several women mentioned a concern about the isolations of eventually living on their own, as much as they wanted their own home. Though they were not truly alone in the world, the disappointment of having their child as a single woman was upsetting and daunting for many of the participants. These emotions were tempered or matched
by anger at a betrayal of trust that a number of participants experienced at the loss of the relationship that had resulted in their pregnancy. They also spoke of betrayals that were part of their personal history and shaped their experience of becoming a mother.

6.1.2 Betrayal

Beyond being alone, some of the women I interviewed felt a great sense of betrayal, and anger or despair because of it. Sadly, this was not a recent phenomenon, but a lifelong, recurring experience for a few women. For others, it was related directly to their pregnancy and current situation of homelessness. Isabella expressed tremendous anger and incredulity towards her partner's leaving her without a word.

When he found out I was pregnant he was all happy and then I don't know what happened between him finding out and my first five months but after that he just disappeared .... I put in six years into this relationship and I can’t see a baby running away someone. It was supposed to be the best time of our lives cause we were supposed to get married in the spring, and I'm like, how can he just neglect the fact that I'm pregnant. I'm pregnant yes, but it's not a problem that's just going to disappear to go away, and I'm not going to make it go away.

Janice also was still furious toward her ex-fiancé although she admitted that the relationship had not been doing well even before she was pregnant.

Because of her father giving me false promises, I gave up everything, moved in with him whatever, so I basically gave up everything right. And now, I mean I'm single, I'm supporting her on my own.

Interestingly, the time of pregnancy allowed some of the women an opportunity to hope and plan and dream of the future and to think more about a
new beginning. In that way, the anguish of the betrayals was sometimes
mitigated, or overlooked in a gesture of sacrifice for the child. Isabella told me
she said to her ex:

If you wanna see your baby after he’s born, I don’t have a
problem. I’m willin’ to give you that opportunity cause I didn’t
have a dad and I know what it is like to be neglected, so I’m gonna
give you that opportunity. You can come see your kid at any time.
BUT, get anybody pregnant and take care of their kid and you’re
gonna’ pay.

Four of the eight women interviewed felt betrayed by the health care or
social services system that they expected would care for them. Karen says she was
told she could not conceive and then found she was expecting twins. Pearl, having
suffered an illness the previous year said she had been treated very poorly by
medical staff and advised strongly to abort her fetus in a way that she felt was
judgmental and unjustified. Janice was constantly worried that she would be
betrayed by shelter staff to the CAS.

I’m scared. I’m just so scared. I wanna get out of here, I’m not saying
they’re not good people, they’ve kept me fed, given me a bed, I’m just so
scared that everything, you know that there’s a façade behind it. You know
what I mean. I wanna, I wanna get my independence back.

Leila felt that the hospital tried to rush her out of the bed and discharged
her without an adequate supply of analgesic after her cesarean section. Although
she was grateful for the surgical accuracy that allowed her to survive the cesarean
she felt the care itself was shocking and she had a feeling of betrayal at the
indifference she was shown while in hospital. After her cesarean section she was
discharged two days earlier than the usual standard of care.
Only three days because I wasn't covered. Actually, the doctor wanted me to go before. She said, "You are fine you can go". I couldn't believe it. First [the shelter], now this hospital. I couldn't believe it. ... I thought that night was my last I had so much pain. They didn't give me anything.

While she attributed the actions of the doctor to be based on a discriminatory attitude to those without health cards or homes, Leila said she knew she was expecting very different behaviour based on cultural norms from another country. She felt that she was "transferring cultures" and that her expectations were not met because of this. As this concept is relevant to four of the participants, although Leila was the one to speak clearly about it, I felt it was important to include in this section. The participants who experienced this feeling, felt betrayed by their own expectations, and by the promises of others who told them everything would be easy in Canada.

### 6.1.3 Transferring Cultures

While it also pertained to the health care she received, Leila was speaking directly about working when she mentioned that she was often disappointed when her expectations were not met because she may have been "transferring cultures".

When you have a small baby ... back home you can strap your baby on your back and go to work. But I hear you can't try that here. I just don't know what to do next... I thought I could get on my feet, because I thought – maybe I was transferring a culture – back home when you have a baby you can carry her – get a job and carry her to the job. Everything is so different here...

Ruth also spoke about her altered expectations of life in Canada.

You know when you are in some countries like ours, they're like in places like the States and Canada or some other countries, "It's gonna be good. You're gonna make money, you know and have lots of stuff." But it's not. No.
Other women did not speak directly to this concept although I felt it was relevant to their stories. Claire had not yet had the opportunity to recover sufficiently from her recent flight from home to be able to articulate her feelings clearly. But as she spoke about negotiating the streets of the city during the day, when the hostel she previously stayed at was closed, she told me she had difficulty knowing who to trust or approach. She felt unable to transfer her cultural knowledge for fear that she was making incorrect assumptions and she felt at times paralyzed because of this.

The theme “altered expectations” looked at the way in which women found themselves living in a situation and coping with challenges that they did not predict. Often this was due to a betrayal - of trust, of advice or of caring. As a result many of the participants found themselves facing their situation very much alone - at least without a significant other. Some women expressed an ability to “go with the flow” and allow circumstances to carry them along. For others, chronic disappointments and the feeling of lack of control over their life lead at times to an inability to trust others and intense feelings of disempowerment.

The next theme addresses the ways in which the shelter experience was perceived by the participants. Some women found it to be a very hard place to be, others found that it provided the assistance and met their basic needs at a time when they would have other wise been on the streets.
6.2 **Shelter Blues**

This theme arose out of the myriad tales of difficulty women had in coping with the shelters while pregnant. This is not to say that they were ungrateful that the shelters were there. They were immensely grateful because each came when they were in desperate straits and would have otherwise been on the street. All but one participant was a resident of a “parent-resource center” where they had a room of their own, which is very different from most shelters, and access to services and classes specifically designed for pregnant and parenting women. Classes were held in groups, led by a nurse or social worker to teach preparation for birth, finding an apartment and dealing with landlords, coping with conflict management, postpartum care, parenting tips etc. They were in one of the best places they could be amidst the crisis of their homelessness. Many had been in several hostels or shelters previously and had coped with really difficult environments. Even so, there were issues that the women had to deal with that made their experience of pregnancy and homelessness especially hard. The following sections will elaborate on those concerns.

6.2.1 **Rules and Regulations**

The participants agreed that a shelter must have a structure of rules and regulations or policies in order to provide services to all residents. It was the sense of arbitrariness in the setting or enforcing of these rules that some women complained of. Others felt the rules were simply too strict. Isabella had been in a youth shelter where she found the chores assigned to everyone were too strenuous.
for her when she was pregnant. At the maternity shelter she no longer had to do these; however, curfew and a lack of autonomy, in general, still bothered her.

You can’t be free when you’re tied to rules and regulations. You have to eat what they cook and not what you want. Then you have to abide by things you don’t necessarily agree to. For instance, they have like two nights out a week but they don’t give you any extra night out say for Thanksgiving or Christmas. You just have that two nights and that’s not fair cause it’s not like a regular day in the year - it’s a family time.

Isabella also worried that her child might have to deal with the confines of shelter life if she didn’t successfully make it out of the system before her baby came. She spoke about watching the other kids in the shelter and feeling their frustration.

I can’t have my kid grow up in a shelter. I don’t want my kid to know what it’s like to have to live by people’s rules. Not just your parent’s rule; you have to live by your parent’s rules and everybody else’s rules and it just doesn’t work. If it’s hard for me it’s goin’ to be hard for a kid. So I know how most of these kids feel, when you can’t run in the hallway. ... It’s not the type of freedom that kids deserve.

Pearl suffered from asthma and found it very difficult to breathe in the dusty, smoky shelter environment. One night she was given queen-sized sheets to put on her twin bed and found the sheets dragging on the floor stirred up dust around her bed. When she asked for another pair of sheets she was given the same large size. Similarly, when she dropped her toothbrush on the bathroom floor she went and asked for a new one.

I had bought that toothbrush myself. They always have a lot of toothbrushes here, so I came with my towel and I told her “Look, I just dropped my toothbrush, can I have a new toothbrush?” So!! ... It isn’t that I can’t go out and buy one now, go right away. Just go in there, get me a toothbrush. They’re abusers, they’re abusers.
Leila had a very upsetting experience the night before she went into hospital for her cesarean. Even at the time of the interview it was hard for her to relate. She had been sent to a shelter for homeless women where she shared a room with other women, some of whom had mental illness. She said the smell and the noise were too much for her on the night before her scheduled cesarean about which she was terrified. She was not allowed to switch rooms, however. In tears she took her blanket and pillow to the library couch but was told to go back to her room and just open the window.

I cried, oh man, I cried a lot. And this really nice woman who I didn’t even know she offered me her bed to lie on, and she was really — it was so kind. And they have this rule that you cannot enter another person’s room even if they want you to, or if there is an empty bed you cannot go into another room and I didn’t know that. And she didn’t even tell me and they kicked her out for letting me lie down on her bed. Oh, I felt so bad, I felt so bad. And she said she knew I would have done the same thing if she had been in my shoes.

The women in this study indicated that the longer they had to abide by the rules within the shelter, the harder it seemed. Complicated by coping with the earlier traumatic experiences they had arrived with and the changes in their lives that the expected baby would be bringing, they had a low tolerance for the infringements on their autonomy that they felt were inflicted by the shelter workers as they enforced the code of conduct.

Another area that was difficult for some of the women was the lack of control over the food they ate or the way it was prepared. Again, the importance of the issue of food was magnified by their lack of control over so many aspects
in their daily lives and the element of comfort that food represents for many people.

6.2.2 Food

For many women pregnancy is a time when eating ‘right’ is emphasized for the health of the baby and mother. Lack of control over food choices was something that bothered half of the participants. For women from different cultural backgrounds not having the foods they were used to or craved was especially hard. The women who were not bothered by the food issue simply shrugged when I asked and said the food was fine or that there was a kitchen provided and anyone (with the money and time) could cook a meal. As in the general population, food ranks high in importance to some men and women, less so to others. For the women affected, though, it was an issue of significance. In some ways food can be related to the concept of nurturing oneself, and of respecting one’s body and traditions. Not having control in this basic area can be symbolic of a woman’s inability to nurture her child.

Pearl had a very hard time with the food at her shelter.

Especially if I lived in my own place I would eat whatever I want. Here you have to eat spaghetti, whatever they give you, stuff that makes my heart get burned.

The issue for Pearl went beyond the actual food however. Because she worked, she often came home late for dinner. She expected the staff to save some food for her and it was done so inconsistently. As well, she felt that, being pregnant, she should have something more than a sandwich for her lunch. She wanted to save some dinner from the night before to take
with her the next day. This was not allowed. Together, her asthma and food concerns made her very unhappy at the shelter. When she became ill with the flu a public health nurse suggested she find another place to live.

It was so bad the public health nurse asked me to move out of here. ... I was very sick and I'm pregnant... so I told them look me a place - I'm going. Okay, it's up to me to look me a place! I don't have the energy to look for a place and even places I try to call they don't take people who have been in the shelters awhile... and the shelters are always full.

Suzanne also had problems with the food at the shelter she had previously lived in. She lost weight at the beginning of her pregnancy because she simply could not eat the food.

I couldn't eat the food there, when I was pregnant. It was disgusting. I love the cooks, I love them all as people, but I couldn't eat the food. It's all rice and meats and veggies, rice and meat and veggies... So we were getting PNA[personal needs allowance] and I was eating out all the time and going to public health to get food vouchers. The first bit of pregnancy I was losing weight a bit and it was because I wasn't eating. I had no morning sickness with her - it wasn't that I was throwing up - I just couldn't eat their food. And I didn't have as much money to go out and buy meals.

Suzanne was happier with the food when she came to the parent resource center and eventually gained sufficient weight during her pregnancy. Janice, however, told me that the portions were very strictly controlled, and so a ravenous pregnant or lactating woman might frequently find themselves with not enough to eat. Other participants said that the food quantity was fine but the food choices were not always satisfying.

Food is often an integral part of what makes home familiar and warm. Not being able to eat when and what they wanted in some ways seemed to emphasize
that they were in strange and uncertain surroundings. More troubling for most of
the participants was the feeling of being closely monitored and judged by shelter
staff and other health and social workers at the shelter. Like having "someone
looking over your shoulder" women felt nervous or rebellious with regard to this
monitoring. The next section looks at this concept and its impact on the shelter
experience.

6.2.3 Surveillance

This was an issue that many of the women raised, especially those who
had been in 'the system' long enough to see children taken from mothers by the
Children’s Aid Society (CAS). This must be an extremely traumatic thing to
witness, let alone experience first hand. The women lived closely together under
one roof and shared so many experiences. Although it cannot be said that they
"bonded" based on their common situation, there was an understanding at a core
level that each woman's child was important to her, even if she was not coping
well. Janice was the most upset at having been at the shelter during several visits
by the CAS to take children.

I have to admit I don't know the whole story. From what I've heard ... one
lady, she had her baby taken right out of the hospital. It was her second
baby. I mean I believe everybody deserves a second chance. And another
lady I know, her baby was four months old and they took it. Right. And
another mom when her baby was six weeks. I mean forget what your past
is - everybody deserves a second chance. I mean, if she was my second, if
I had a gloomy past I would hope someone would give me a chance. She's
my first and my only and I'm doin' everything that I can but I don't feel
I'm doin' much.
The fear of the possibility of the CAS' removal of a child was so impressed on Janice that she was afraid to make any move in case someone told her she had done the wrong thing. It was paralyzing.

They force you to pick up your baby every time she makes a sound because you're afraid they're watching you.... Like the other day when I was at my mom's, she said "you're really paranoid that they are going to take her" - I said, "your damn right I am." They're always saying to me "oh she's a beautiful baby", but in the back of my mind I'm wondering what are they really thinking, you know, are they being truthful, are they watching me like a hawk to see that I don't slip up.

Pearl spoke about the feeling that her actions or words may be used against her. She no longer trusted the shelter staff.

You know when you come here it's like you open yourself up. You tell them what's going on in your life and sometimes you find them using that against you.

For Isabella, this shelter was an improvement, but still there was a learned wariness – and a shocking weariness in such a young person.

This shelter is better than some, and I've only been to three others before here. And you can get away with a lot more here than you could in a teen shelter. But it's still a shelter. It's not your own home where you can fight your own battles and your own wars. Where you can look at something and say, "Well, I shouldn't have done it that way I'll do it different the next time". Here if you do something wrong, you have a million people telling you you were wrong. It's not like you finding it out yourself. That's the bad part.

Women who were still teens when they were pregnant were under even greater scrutiny by shelter workers and the CAS. Karen said she had to come to a maternity shelter in order not to lose her babies at birth as did Suzanne and Isabella.

My friend who was here told me about [the shelter] and my doctor's office called for me and I got in right away. And so I came here and I thought well it's - I need the support, cause if I had my babies at [a youth shelter] they'd take them right away. .... Yeah, they take all babies born by
teen moms living in youth shelters. It depends, they watch teen moms more. Really, really a lot more and I know that. Workers who don't know me have tried telling me different but I know. I'm not stupid, I've known them for how long.

Suzanne (who was determinedly optimistic about everything from her childhood abuse to her partner's failure to stay involved) felt that she could work with the CAS in a way that would support her. She was part of a program called WRAP which allowed homeless or at-risk individuals choose the people they wanted on a care team. It could be a shelter worker they 'clicked' with, a housing worker or welfare social worker or whomever else they chose. This team would advocate for them in all sorts of ways, including with the CAS, if necessary. Suzanne felt her WRAP team would back her up if CAS were 'harassing' her and so she confidently told the CAS worker she would cooperate with him fully. In the following and final interview, I asked Karen if she was involved with the WRAP program and she said simply “I don't like WRAP” and would not elaborate.

6.2.4 “It's been hell”

For a few of the participants, being in the shelter was a terrible experience. Some had initially been placed in shelters that housed homeless women who were mentally ill, had addictions or extreme lifestyles. They felt somewhat better once they arrived at a parent-resource centre. For others, the whole experience was negative and the longer they were there the more despair they felt. Pearl explained how her feelings about the shelter evolved.

When you come here you meet kind of people where each has more problems than you are, with marks, cuts, bruises. People here cry all the time and it used to make me sad. I don't see nothing
now. You know, it’s like working in the critical care and they say people come in and die and you get used to it. I think I’m just waking up from my sleep. You know when you come here as an abused woman you don’t know – you’re just sad, crying – and well, you start getting to your senses and you realize how mistreated you are when you’re here... You know abused women are really sensitive... some they cry, others will fight.

Janice also had found the shelter wearing on her over time. She did not have a sense that she was as able to have much influence or effect on her life even with regard to daily activities, such as cooking and shopping, which were taken over by the institution. This affected her sense of being able to be a good mother to her child. Ironically, the one area where Janice really wanted help, housing, was the one area where she felt she wasn’t getting the guidance she needed.

The thing is, I’m an independent person, I shouldn’t have to be depending on other people, but since I got into the shelter system, I just feel like I don’t have any life for me anymore... In the last eight months I feel like I’ve become a blob of silly putty. It’s like mold me, shape me. It’s got nothin’ to do with being pregnant it’s just because I have to rely on other people for meals and a place and somewhere to sleep and everything.

Both Leila and Claire believed that because they came from other countries and entered the social welfare system suddenly, without a plan or any resources, they were sent to the first available shelter without consideration for the fact that they were pregnant. Both ended up in really challenging situations although they were quick to stress that they understood that the women there were ill and were forced to live like they were. Leila said:

They just sent me there because I was stranded. I was staying in a motel and the money I carried with me just went and I knew if I stayed one more day I would be finished, dead, so they sent me.
And I was worried that like, this baby might come out because of all the stress I’m going through. And I asked around and someone told me they would help me.

Claire was initially housed in a shelter where she had to spend all day out in the city. She had come suddenly from a very hot country into Canada’s fall weather. She was cold and scared, out on the streets all day. The shelter was located in a somewhat rough part of the city and she felt it was unsafe and terrifying.

The place where I was we have to go out at nine o’clock and stay out the whole day, and because, we are four people in one room and these people because they do drugs they will do anything, and so they have to lock the doors and we have to stay outside for all this time. And it’s been very, it’s been hell, because I don’t know anywhere around and you have to go out by force and it’s been very very hard for me. Because there are so many crazy people on the streets now, and sometimes you go out and you don’t know who to talk to and it’s so bad, you know. So I was always afraid.

For many of the women the shelter system was so difficult because they felt a huge lack of personal power or control over their environment, and the most intimate details of their daily lives. As well, some women felt they were having to cope with issues of discrimination.

6.2.5 Racial Discrimination

This category is one that was mentioned by only a small number of those whom I interviewed, however I felt it was important to include the voices of the two women who mentioned it. It was not an area that I had asked about directly, and so it may, in fact, have been relevant to more of the participants.
Janice felt staff discriminated against her in not helping her to find housing. She saw women come and go while she waited. She was told by shelter staff that because she was white and could speak English, she didn’t need the kind of help that women new to the country and having a different language did.

But it’s just like “well, you speak English”. Well, yeah, I speak English and I’m white, what’s the difference? I mean we’re all here together and granted I’m not physically abused, but if I were physically abused, would I be a priority? You know, so I’m homeless that’s the only thing I’ve got against me. And I’ve got a baby now. …I’m not the kind of person that needs things done right away but I feel like I’ve been on the waiting list forever …it’s almost turning into a racist thing.

Leila mentioned groups of women in the shelter who stuck together along racial lines when it came to resources. We were discussing diapers, and how women get the essentials that are needed for the baby.

I traveled with some but used them up in hospital. When I came here [to the shelter] I was in great pain and they gave me some. There are some women who have some… the Jamaicans, but if you ask them they won’t tell you. Before you know it the vouchers they give you are finished on just the diapers.

I cannot say how race or ethnicity may have affected women in other ways in the shelter. There were women from many ethnic backgrounds in the hallways when I visited – both staff and residents. I know friendships blossomed among women who came from the same parts of the world or spoke a similar language – as with Leila and Claire. I don’t know, in detail, however, about any animosities that occurred based on race or ethnicity.
Summary Comments

This chapter presented two of the themes that arose from the interview data – altered expectations and shelter blues. Women identified ways in which their lives did not evolve as they had hoped or planned, how they felt they had been betrayed by individuals as well as the health or social services systems; they also spoke about the hardships of being pregnant and living in a shelter amidst so many other women who were experiencing difficult life circumstances. Shelter rules and the feeling of being constantly “watched and threatened” with the loss of one’s child made for a horrible experience for some women. All participants looked forward with great eagerness to finding their own home and beginning new lives for themselves and their children.

The next chapter takes a look at how these women envisioned their future and the strengths that they felt they would be able to summon within them to move forward. For many of the women it was with a sense of hope that a new baby would bring joy and meaning into their lives.
Chapter 7

7.0 The Road Ahead

The focus of this chapter is on looking ahead to life with a new baby. The final two themes that emerged from the interviews were ‘starting over’ and ‘I know it will be alright’. It is in this chapter where many women were able to express what the baby means at this point in her life. I had originally been planning to focus my interviews on discovering the ‘meaning’ women gave to their pregnancy, but, during the interviews, I found they wanted to talk about so many things that the meaning – although of great importance – became less central.

Overall, the themes progress from an historical account of hard times to a relatively optimistic attitude reflected by the use of the phrase ‘it will be alright’. Whether the women said this partly as a way of convincing themselves that it would indeed work out alright, or whether, as one suggested, the time of late pregnancy and early motherhood is imbued with hormones that produce a sense of optimism, it is important to note that this study captures a particular moment in their lives. The challenges and rewards to come were part still of the imagined future.

7.1 Starting Over

For each of the participants, the arrival of their baby meant an opportunity for starting over – and for each woman this meant something slightly different. For them all, though, it ultimately meant a chance of creating a family and hoping for love and happiness.
7.1.1 “I Need This Baby”

For three of the participants, their baby - even in pregnancy - meant no longer being alone in the world, having another person who depended on them and offered companionship. In Chapter 5, I wrote about Claire’s desire for the joy that her baby would bring. Along with Ruth and Isabella, Claire made a huge physical step in starting over in preparation for her baby - she came across the world to a new country. Being now alone and in a strange place, she craved the birth of her child in order to not be alone and to truly begin her new life.

I really need this baby... if I had given birth there I was scared of the future for my baby and then myself because it would be like, everything is lost and then there’s no hope. I mean I have to bring up this baby in a, how do you put it, a very uncomfortable way, in a position that will not be fine with her. You know, she needs a lot of care, you know financially and everything, socially she needs a lot of care, so I thought it would be better to get out of that place and my baby will have somewhere, a very peaceful place.

As an extension to the concept of not being alone, several of the participants claimed that the baby gave them something to live for or to live responsibly for. Suzanne said she felt that the baby gave new meaning and purpose to her life.

I think she’s the one that saves me. Saves me from ending up still on the street ten years from now, on the street and doin’ nothin’, you know. Maybe addicted to drugs, you know. I don’t know where I could be, it’s scary ‘cause I’ve been on the street for two years already and well, I think she’s the one that saves me. You know and all I can do is make her happy – save her. That’s the way I look at it.
Janice also felt that having the baby had motivated her to turn her life around in a positive way.

Once I knew I was pregnant with a living being growing in me it changed everything in my life. You, know, it forced me to grow up a lot more, even though I was mature. It forced me to be more of the motherly side of me…. I’m truly starting to believe I’m a survivor.

For Pearl, her child gave her the opportunity to start over after the loss of her first child. She was full of hopes and fears and plans for doing things differently. Although the situation was not as she would have liked, she was determined to create a close relationship, make a good start with this child.

It’s been six, going on seven years now [since she lost her first child]. He was four when he left, and now he’s almost ten. So having to get over that… it just kills me, you know. So I said I’m keeping this baby for me, I don’t care whoever has what to say, I don’t care. Well, I’m going to give this one the best I can. Whatever I do, I do it for him. And I told my boyfriend, no matter if you’re there or not, if you don’t want to be the father, I’ll be the father, I’ll be the mother…. I’ll be there, I’ll do the best I can.

Other participants took some time to come to terms with and accept the fact of their pregnancy. For several women it was when the baby became a known presence within them - when they first felt it move - that they experienced a shift in their acceptance of the baby. This shift is reflected in the next section called “quickening” which refers to the baby’s first movement that the mother can feel. It is often a profoundly moving experience but can also be very disturbing.
7.1.2 Quickening

For Suzanne pregnancy often seemed like an unreal event, even up to the very end. She had very little discomfort and was more active and involved in volunteering and taking courses than she had been for years. She stated she didn’t care if the baby “came out” or not as she wasn’t uncomfortable. In some ways this level of physical comfort in pregnancy allowed her to avoid coming to terms with the reality of the coming baby. I asked her how she felt when she first felt the baby move.

I was happy, I was really happy. I wrote it down. Cause, yeah, it never really hit me that I was pregnant and even after I felt it move it was like, “ah, I’m pregnant!!!” but then an hour later I forgot about it you know. Throughout my whole pregnancy it was like, you’re not pregnant. I didn’t feel it. She didn’t really hurt me or cause me nothin at all so it was like I’m not pregnant. I wasn’t in denial, I’d just forget about it.

For two women, it was when they first felt the baby move that their connection with the child began. It changed the way they felt about their whole situation, and even affected their decision to keep their child. Not all of the women in this study wanted a child when they found they were pregnant. It would be highly unrealistic to expect that all women generally should or do want children. It is important to reiterate that this study includes only women who decided to keep their children and had accepted some assistance through the shelter and social services system in preparing to parent them. There are undoubtedly many women, who do not maintain their pregnancy, or keep their children, or who keep their children but do not come through the parent resource center. Due to the methods I used for obtaining participants and the nature of the
topic, the women who volunteered to participate in this study were those who had positively come to terms with and were actively involved in planning for their birth and for parenting. Still, it did take time before some of them arrived at that point, and a few like Suzanne were on-and-off the street right up until the birth of their child.

Janice initially had negative feelings about her pregnancy because her life was not as she would have liked it at that time. But the realization of the baby as an individual child helped her change her mind. This came about when she saw the ultrasound image of her child, which I call "technological quickening". It is the child becoming real to the mother, not through direct feeling, but with the assistance of advanced technology.

Basically it was that when I first found out I was pregnant I was already two and a half months and I was just like no this can't be happening, I don't want to be pregnant now - there's too much negativity going on. I was fightin' with my mom I was fightin' with my sister, I was fightin' with him. I just was like NO! ... And it wasn't until I had my first ultrasound that something clicked in my head that this is a real living being in your body... And something in my head just kept telling me "no you can do this on your own, you're a strong person you don't need to listen to nobody"... So I did everything I could to make the pregnancy go well.

Ruth experienced a threatened miscarriage at two months and was very worried that she might lose the baby. She had already decided she very much wanted the baby and did not want to miscarry.

I thought Oh God, Oh God. I stayed in bed for two weeks, for me it didn't matter I would have stayed in bed one month or whatever. But when he started moving it was the most wonderful thing cause, like I told you, it's mine and nobody is going to take him away from me cause, like, for him or for her, I'm gonna fight, I'm going to go through the future and try to
be somebody for him ... it’s like I’m telling you - it’s me and my mom and my baby is the most important thing in my life.

Isabella had initially planned to give her baby up for adoption when she discovered she was pregnant and her fiancée had abandoned her - but then she first felt it move.

There was a time when I kept saying, I don’t want this baby, I don’t want this baby ‘cause nothing’s right for me now. But when I felt the baby move for the first time!! I thought – no that’s not it – I wonder if I have diarrhea, and then the baby moved again and I was like No! that’s the baby!!... I’ve wanted this for a long while...

Whether the participants initially planned to have a child or ‘came around’ to acceptance and often eagerness for the baby – they then became involved in a variety of ways for the preparation for it’s arrival. The next section looks at the planning that the women did once the reality and acceptance of their pregnancy had become real to them.

7.1.3 Planning

This section on planning focuses on the ways in which the participants physically planned for the child’s arrival, and for meeting their material needs after the baby came. Some women also discussed the ways that they planned to raise their child, which are incorporated into other sections.

Isabella was working at a part time job and living in a youth shelter when she learned she was pregnant. She had a little money coming in to spend on her preparations for the baby.

When my first paycheque came I bought almost everything I would need for the first three months for my baby. I tired my best to buy as much as possible. And I took fifty dollars and changed it into silvers and put it into a piggy bank that I bought for the baby... and someone broke into my locker [and stole it]. That thing meant a lot to me.
Although she did not lose the baby things, just the money, Isabella was quite devastated by the loss and near the same time learned of the threat of her serious illness. In crisis, she quickly moved into the parent resource centre. It was a difficult time, but she came through it and claimed that the shelter staff had helped her tremendously. Both Isabella and Ruth were university students when they became pregnant and had to make major adjustments to their life plans. Ruth claimed she took it in stride and shifted gears easily due to her own background as a child of a single mother and also because of her nature. Isabella had a more difficult time, complicated by so many other difficult life circumstances. Isabella was determined to eventually go back to medical school and complete her studies. She said she has the driven personality to manage such a challenge but she had no concrete plans beyond the birth of her child.

Janice planned to look for work once she got her housing issues settled and had found day care for the baby. She felt confident about working and handling the financial end of things once her housing was settled. I asked her if she had concerns about the job market.

No, cause I’ve done warehouse work, I’ve done cashier work, I’ve done office work, all I have to do is go to an agency and say, you know this is my situation, is it possible to give me a better paying job. And usually through agencies you can get a pretty good paying job. And I’ll be getting the child tax every month, that will help with the diapers and with me breastfeeding her, I’m going to try to keep breastfeeding as long as possible. So I can cut down on formulas and everything else. She still need diapers, she still has to take her vitamin D and if she gets sick or whatever I’m gonna need...I want to live comfortably like I did about eight years ago. I know jobs are tough and everything but I want to be able to give my daughter a good life.
Janice felt fortunate to have extensive work experience to draw upon. She insisted that it was important to her to be independent and make a comfortable living.

Like Isabella, Suzanne also planned for her baby by purchasing baby things with money she had saved from part time jobs and from donations that the shelter provided her with. (At the time I interviewed her she had three big bags full of baby things the shelter workers had just given her). She felt she had more than enough material things for the baby, and was used to living on her Personal Needs Allowance from the shelter for extras. Although it was a very small sum ($26.00 per week) Suzanne stated she was used to doing without things and finding other ways of getting food or needed items. As well, her family was helping with baby things.

I have lots of stuff so it’s fine. I went out and spent $500.00 at Wal-Mart and got everything. I’m getting things I won’t even need until she’s older.

Suzanne planned to finish high school then take post secondary training in order to work in the health care sector. She was planning to rely on the social worker she had connected with at another shelter to help her with the process of negotiating the system and getting into these programs. She also planned to make use of the WRAP Program for assistance with all aspects of establishing her “new life” and would stay involved with the Young Mothers Program at the community health centre where she had been volunteering. Suzanne had concrete plans for her future and had investigated their requirements and established supports to assist her in meeting those goals.
In contrast, Claire and Leila, having just arrived in the country had not been able to make concrete plans for their future. They knew that they wanted a better life than the one they had had back home, and they claimed they were willing to work at whatever jobs were available and take courses to improve their standing in the job market. They hoped that someone would help them to figure out which way to turn. For Claire and Ruth, it was difficult to see far past the birth of the baby. The details would have to wait. Each was fortunate in that they spoke English which lessened their sense of isolation.

A category that emerged through the interviews that I initially found surprising was that of re-establishing ties with lost or estranged family members. As an outcome of the planning process or as a beginning of planning for the future, some women felt a strong urge to find their relatives and begin to understand or to heal what had gone wrong. The next category looks at this phenomenon.

7.1.4 Reconnecting with Family

For half of the participants, their coming child was a reason for making efforts to reconnect with estranged family members. Pearl was able, finally, to tell her family about the abuse she had suffered with her first husband. They had never understood why he had ‘left her’. She had not yet told them about the coming baby - but was mending relationships, with her parents especially, and becoming closer again - even though they lived in another part of the world. She
still felt she was a poor example to her younger sisters, though, and felt the burden of that perceived failure.

So I started writing and now he's[her father] gonna write back and I'll write more. So, it makes me feel better. At least they realize I'm not a bad person. Because everybody have the idea that I'm the one who didn't want to come home. And my idea about life is not what he did to me. I'm embarrassed, embarrassed. You know how people look up to you like a nice person and things don't go right? It's hard. I'm a big sister so what sister's looking up to me. And I'm going through all these problems.

Karen had made plans to write and visit with long lost grandparents. Her father's parents, whom she had not seen since he was taken away from the family when she was six because of abuse, were to meet with her the week following the interview. She was very excited.

Now those grandparents who I haven't seen since I was six years old, they want to be there for my babies! I phoned them for the first time since I was six two weeks ago and they want to see me and to see the babies. It is so amazing! I haven't seen anyone from my dad's side for all these years.

Suzanne had been on the street and in shelters for two years. She had never completely lost touch with her family, but had had a poor relationship with her mother since she was very young. At the time of the interview, however, she had made efforts to mend their relationship and her mother even attended the birth of her baby. The relationship remains tentative though.

When she first heard I was pregnant she didn't want to have anything to do with me or the baby. But you know a lot of people said “she'll change her mind”, it's just her and - shocking - she did, but you know we go away for the weekend up to the cottage and she'd start saying stuff to me about how I don't deserve to have a kid and how I'm going to beat my kid, you know... we can only spend a certain amount of days together, you know what I mean. And I think it's going to be better [now the baby's born] cause she's going to focus more on the baby and not on the problems between us.
Although the efforts to mend past broken family relationships may not always be successful in the long run, it seems that pregnancy is a time when there is a strong desire to try to heal the past. For the sake of the child, for the next generation, perhaps many things can be forgiven. On the other hand, cycles of abuse that plagued one generation can be perpetuated through difficult family dynamics, such as Suzanne’s.

Many women seemed to be trying to heal the past and start over with the new life of their child and in their new role as parents. However, another way of looking at the desire of these women to reconnect with their families is that it encompasses a need for support and mentoring in their new role as mothers. Mothering is a learned skill and as such must be learned somewhere. The most natural place to look is to family members, even if they do not have “perfect” parenting skills.

Along with the optimism of believing in trying one more time with their family of origin, the women I interviewed generally had an optimistic sense that “everything will turn out alright”. The next theme looks at the ways in which women felt the future would be better for themselves and their children, and how they thought they could get there.

7.2 ‘It will be alright’

It sounds like a mantra or a positive affirmation that one repeats over and over during stressful times, and in many ways that may have been part of the reason I heard this phrase interspersed throughout most of the interviews. I must strongly note, however, that there were also times during some interviews when
the participants declared they had a very gloomy outlook on the immediate future. It was most often the distant future that they felt would be definitely brighter.

7.2.1 A Stronger Person

Having been through the hardships of becoming homeless, of being pregnant and alone, of suffering violence in some cases, and for three of the participants, of going through birth - many of the women said they felt they were much stronger as individuals. They had been through experiences that made them realize just how resilient they were, and this gave them confidence that they would be able to cope in the future. Janice told me that she knew she had not been through as much hardship as some of the women in the shelter, but that she had grown up in a violent home, and had been through great hardship in the last year.

But because of all that [childhood family violence] it's made me - I don't want to say a hard-nosed attitude, but it's made me a lot stronger. It's made me deal with a lot of things a lot better. Like I don't fly off the handle as much as I used to. I know how to deal with things better now. My patience level is better. Like I helped raise my niece and nephew. I've been around kids since I was twelve.

Suzanne also felt that the childhood violence she experienced and her time on the street made her better able to deal with the challenges in life. She steadfastly refused to be negative about anyone or any situation she had been through. It seemed as though by not blaming anyone for the hardships she had known, she was refusing to be a victim.

Everything that I've had, everything that I've been dealt in life, it's made me who I am. I'm not going to sit there and go, "my mom beat me", yeah, mom beat me - it's made me who I am, I'm a stronger person.
Karen felt that she had been through so much that there were few things in life she could not deal with. Although she had children who were not living with her, she felt this time it would be different. Although this quote has been used in an earlier section, I feel it is also important here. In qualitative work it is the case that quotes generally fit into more than one category. I asked her how she felt things would be different this time.

Oh yeah, very different. Not only am I older and wiser I've been through just about everything. Not only have I been through drugs and alcohol, I've been through one of the hardest addictions to break - crack cocaine. And I quit, by myself with no help, no psychiatrist nothing. Yeah and I feel proud about doing that, and I've been through so much now.

Karen felt she was really ready to have the babies mostly because she was so uncomfortable physically although she knew that caring for twins would be a daunting task.

Yeah I'm happy but I want them out. It's just too hard. It's one of the most difficult pregnancies that I have ever had to witness or be a part of.

Each was hoping for and in many ways expecting a better future for themselves and their children. The next category examines what women felt the future held for them or what they wished it could hold. It is the dreams that we have for the future that enable us to move forward into unknown parts of ourselves and our world. For several of the women their dreams were vast and full of possibility; others were reluctant to dream too much for fear of disappointment. The psychology behind such a phenomenon is beyond the scope of this thesis. Still, it is interesting and revealing to examine the ways in which the participants saw the future as it related to their experience of being homeless and pregnant — two potentially transforming events in a woman's life.
7.2.2 A Better Future

I asked the participants what they saw as their future. Some could picture clearly in their mind’s eye a “dream vision” of an ideal future five or ten years away. Others set out in more general terms their hopes and dreams. The immediate future was almost too large and looming to see it through rosy glasses or even practical schemes. When I asked her about the next five years, Janice said:

Realistically it looks gloomy, ‘cause I don’t know where I’m going to be, I don’t know if everything I’m dreaming of, everything that I wish for will come true.

On the other hand, Janice had an essentially optimistic outlook on her ability to manage, to cope and in her belief that things would work out ‘all right’.

When I was pregnant I figured it was going to be really hard, you know you hear single moms have a really hard time and what not. But I mean I think what pulled me through was my inner strength that no matter what is gonna happen, you will make it through. I just kept saying that over to myself. Like, I’ve been around kids all of my life, but it made me realize that ‘gee, one day your baby’s gonna call you mommy!’ It’s gonna depend on you for everything. And that’s why I was determined to breastfeed if I could, like I was going to go to every expense to breastfeed if I had to. And you know, not to prove anybody wrong, but just to prove something to myself. That I can do this, I am a strong willed person.

Leila found it difficult to articulate just how it would all work out, but she had a very confident tone in her voice and a direct look when she responded to my question about the future five years from now. Again, it was different when thinking about the immediate future. I asked, “what do you think of when you picture the future?” She responded, “Ah, it’s not good”. But then when asked about five years down the road, she
brightened up—"In five years! Less than five years (laughs). Everything will be okay, I'm positive about that."

Claire has a dream in mind for the future and is waiting. Waiting for the baby's arrival and waiting for her husband to come to Canada.

I plan to go to school and to get a nice job and my baby will go to school. So I'm praying my husband comes early so that he can support in a way... in the meantime we have to do any kind of work and then with school at night, classes to help us get a job in the future.

Karen was able to picture the details of an ideal future "if everything could be as I would dream".

Oh, I would have my house, a nice house with a balcony. My husband. I don't know, I just imagine a nice house, large backyard, country not in Toronto, well near Toronto, but in the country. Clean and quiet with birds. I just imagine.

Isabella could also picture the details of her beautiful house 'back home' and her own medical practice and her bright and happy child.

Ruth's focus she said was on the birth and she couldn't see far past that. However, she did hope, in general, for a better future that included her mother, her child and herself.

Having a better situation than now. Have my own place and my kid which is big now, be with my mom always. You know, try to settle down and have a better life than right now...Now I'm just waiting for the baby to come and I feel him move. I talk to him, so now it's just the time to come. When I have him I know it's more real and I gonna go and just try to give him a better life.

Suzanne also spoke of her dreams in general terms. She had many concrete plans for her future, but in terms of dreams and wishes, it was happiness that she wanted.
You know, I don't want the mansion or the lottery, I just want to be happy, and I want my kid to be happy. And, ah, as long as we're both happy and having no problems, that's my dream, that's my wish.

Although they often became discouraged and felt desperate, these women told me they knew they had to have faith that everything would work out alright. It was their only positive choice. They could become depressed or become angry or become politicized and fight for their rightful benefits (some women were ready to do this), but being nine months pregnant or with a newborn, such actions were difficult. They told me they knew they had to have faith, but it was not always easy.

7.2.4 Having Faith

A part of the message women were given by the staff at the parent resource centre (shelter) was to maintain a positive attitude about their situation and the future. I often heard “they keep telling me to have faith and stay positive”, when what was wanted was housing or money or work or welfare. It seemed like a pat answer that was at times very discouraging for these women to hear. As one participant commented “I know I have to stay positive, but I am really tired of shelters”. Janice plainly stated that she was tired of hearing she should keep faith.

Here I am not only homeless, but I have a baby now, but it’s getting me nowhere. All I keep hearing is gotta stay positive, don’t lose your faith. My patience level as far as homelessness is next to nil.

This message of “staying positive” was intended - and often was received - as a supportive stance by staff. Janice said “I know they mean well but”... It reminded me of the coaching done through a labour and birth - the repetitive “
You can do it! You're doing great!". In a way the passage through the shelter system is for some women like birth into a new life - especially for those escaping abuse or violence.

Whether it was the determination to think positively or an element of the final preparation for the baby's arrival, many of the women did express a genuine sense of faith that things would work out just fine. The women who had been at the parent resource centre for several weeks had attended the classes held by the public health nurse to prepare them for the baby’s arrival. Others had attended prenatal classes elsewhere, and their feelings of readiness were enhanced by that knowledge, (only two of the women had very little prenatal education). The process of nearing the end of pregnancy brought them to a close in their preparations for the new baby that helped some women have a feeling of readiness. This sense of readiness translated into a sense of faith in themselves as parents and in their ability to cope with what the future brought. Three women did admit to having worries and concerns as well, however, and for Leila who had no shelter arranged before her baby’s birth this sense of readiness did not occur.

Karen’s comments show the evolution of her thinking about her ability to be a good parent.

If you had’ve asked me a month ago, I would have said “scared”. I’m scared of what is going to happen. But now, I’m prepared. I’m prepared for anything that's going to happen. I’m prepared to watch these babies grow, to feed them and change them and dress them and take them to their first day at school. I’m prepared and I’m very happy about it and I know I’m going to do it.

I asked her how had that evolved?
I felt I wasn’t prepared, I couldn’t do it, I didn’t know everything. I still don’t know everything, but no mother does and that’s what took time for me to learn is that no mother knows everything. Always the Children’s Aid capacity worker is saying do you know what you need to know to be a mom, I’m like “no” “no”, but I think what they were trying to make me understand is that you can’t know everything. It’s something that comes up, something that happens. With my other kids I’m more their best friend than their mom, it’s just the way I am.

Suzanne also spoke about her concerns that there may be things that she won’t “do right” but fundamentally she had faith that she knew how to be a good parent.

I guess I’m scared that I won’t do it right, you know. Not that I won’t be a good mom cause I know how I want to be – I know how I don’t want to be. I want to do it right. I want her to grow up with good morals. I don’t want her to be one of those little Sally Jessie Rafael kids that go off to boot camp you know. I’m like how did my dad raise me? – how did my mom raise me? because I may not be perfect and I may have made some wrong choices and stuff, but my dad raised me pretty good. I say my dad, because my mom didn’t…. I don’t know I just want to be able to do it right. Have her grow up and make the right choices. I want her to go to school.

Claire’s faith and she said, her strength, rested with the bible and her church, although she also stated she was confused and upset about the turn her life had now taken. She felt her only recourse was to pray and to have faith.

I know sometimes when I read my bible I get encouraged with the word of God. Because there are so many things God knows why everything is happening this way. Maybe he has a better plan for my life you never know. And so I just give thanks to him always and read the word of God always because I know it is the only thing that can cheer me up and give me some confidence for the future.

Having faith was something that was within the realm of each individual even though it may have had very little influence on their daily activities within the shelter and the social services and the health care systems. It can be seen negatively as a panacea that diminishes the real concerns of individual women.
However, each of the women when describing how they managed to get through their present circumstances spoke about drawing upon inner strengths.

The next category touches on the ways in which these women felt they had some measure of personal power in their lives. The concept was a difficult one and most often interpreted as having control or choice.

7.2.4 Feeling In Control/ Out of Control

I do not want to overstate the positive feelings of personal control or personal power that were expressed in the interviews. There was often an ambivalence expressed, where women felt in control in some areas and very much not in control in others areas of their lives. For example several women stated they felt very out of control with respect to the future involvement of the father of the baby, but in terms of the pregnancy or the baby itself, they felt very strong and in control. This category about “control”, emerged from questions about power that I found the participants had a very hard time understanding and answering. We subsequently spoke about power in terms of personal strengths, feelings of control in their lives, areas where they felt they could make choices. It was a difficult concept and one I felt I did not adequately explore even though it was a goal to do so. I will discuss this further in the next chapter and so will turn now to the data I did collect on the topic.

I feel it is important to include this collection of quotes because they express something that most women had to work very hard to talk about – and
that is their strengths. It is not easy for most of us to do so, and for women labeled homeless and often labeled victims it is even more difficult.

Karen spoke about a strong feeling of control over her destiny that had come over her in recent days as she made some important life decisions. She prefaced her comment with “right at this moment” indicating that it may have been a fleeting sense of power.

Right at this minute, I feel I’m in total control. Whatever happens to me, whatever happens to my baby, right now I’m in total control. It’s up to me if children’s aid take the babies, it’s my choice not theirs. It’s mine, if I make good choices or bad choices. I feel in total control of what I have to do. Everybody always thinks, they don’t understand it. They don’t know how to use that control to their advantage, and I do.

Suzanne interpreted the concept of power as that of choice - where she was able to affect her will or make her own choice in life. She felt positively that she had power in making personal choices that would affect all of her life.

I think I have choice over everything, that’s the way I look at everything, you know, everybody has choice about whether to go outside, whether to go down that road, and you know you could run into somebody and you could end up in jail because you chose to go down that road and you ran into somebody. Everything is a choice and I know which choices I want to make. And I hope when the time comes and I’m actually face-to-face with those choices, I’ll be able to do the right thing.

Ruth on the other hand felt the concept of power meant being able to fight for one’s rights.

I think I could fight for my rights, you know try to do the best and if I think that something is wrong for me or my mom or my baby and they are doing something not fair I can fight for that.

Feeling out of control was something expressed throughout the interviews in many areas – obtaining material items for the baby was something that Claire
could not fathom and yet it would very soon be essential. Janice spoke repeatedly
about her inability to obtain housing on her own and her frustration about the lack
of help she was getting – she felt she could not influence this important aspect of
her future any more than she could the smaller events of the shelter day. She felt
an incredible rage within her at her powerlessness in that area and hoped she
could contain it, or move, before it came to a crisis.

There are many elements to power. It is a challenging concept and one that
requires thought and an ability to speak candidly about oneself. It entails some
insight into one’s position within society and about the possibility of alternative
scenarios. Claiming power can mean fighting for one’s rights and making hard
choices that affect all aspects of one’s daily life. These are the ways in which
pregnant women living in a shelter interpreted the meaning of power for their
lives at one moment in time. Had I approached them a month later, with time to
reflect and at a different stage as mothers, their responses may have been
somewhat different.

7.2.5 Looking Ahead: A Synthesis

This chapter has looked at the ways in which women saw themselves
beginning a new life with the birth of their baby, and even before that, during
pregnancy. There were very mixed emotions expressed as women discussed their
concerns as well as their hopes for the future. With a sense of optimism born
partially through a philosophical re-education by the women’s shelter to promote
positive thinking, and partially through a sense of anticipation and completion of
birth preparation, some women dreamed of an ideal future and a better life. While
it was possible for some to make detailed plans for the future to ensure career and financial success, others could not think past the birth of the baby and spent much of their psychological as well as physical energy directly on the baby.

The women stated they knew they had been fortunate to have the assistance and medical guidance of the parent resource centre - as imperfect as they felt it was - but they all stated that they would rather be out on their own. There was a mixed sense of anticipation for their autonomy and a fear about the loss of the security of the shelter and the guidance, relative companionship and small allowance it provided. In general, it was a time of personal transformation for the participants with regard to the pregnancy and expected motherhood. It was a time of both optimism and remaining dread about many worries, about the baby’s father, or the birth itself.

The three chapters in which the data were presented flowed through a historical account of the women’s lives and the contributing factors to their homelessness; to an examination of the difficulties they faced coping with pregnancy without a partner or a home; and to challenges faced within the shelter system. Finally, I presented data that reflected a general sense of optimism among participants that their future would indeed be better and that the baby was the key factor that allowed them the opportunity to start over in life.

The final chapter presents a discussion of the key findings, organized again as a historical flow from women’s histories of hardship; through their developing strengths and personal sense of transformation; through their
pregnancy and the challenges of homelessness; to their sense of a better future.

However, I will begin by reviewing the conceptual framework and methodology and discuss their helpfulness in the data collection and analysis stages. I also felt it was important to restate my personal assumptions as they impact the analysis and discussion as well as the limitations of the study and future directions.
Chapter 8

8.0 Discussion

In this final chapter I first review my conceptual framework and methodology in regard to their usefulness and “goodness-of-fit” for this study. Secondly I review the research questions. Thirdly I present a discussion of the key findings, integrated to the existing literature. Fourthly I discuss the challenges and limitations of the work. Finally I will identify the contributions of this study and address the directions for future research.

8.1 Review Of Conceptual Framework

I drew on a social constructionist and critical feminist framework and planned to frame my findings by looking at relations of power experienced by homeless pregnant women. My thoughts initially were that this would encompass the experiences that these women had on three levels: a personal level, reflecting the evolving pregnancy and transition to motherhood; an intermediate level pertaining to interactions with health and social services; and a broader level, reflecting issues of personal and systemic violence, poverty and homelessness.

As the findings emerged through my analysis of the interviews and during the writing of the initial drafts of this discussion chapter, I attempted to organize them within the planned framework of power relations. Ultimately I realized that it was simply not a framework that allowed the key findings of the study to be presented fully and in a coherent way. Although the concept of power relations informed the project from its design to the interview guide and formed an aspect
of the theoretical foundation, as an organizing tool for the discussion, it did not work. It was important that this discussion and these findings be truly grounded in the data and that I was responsive to the emergent nature of grounded qualitative research methods (Kirby and McKenna 1989:156). I have therefore not presented the discussion within the framework of power relations, but in accordance to the themes that were presented in the preceding chapters.

However, a feminist social constructionist approach has been very useful as an explanatory framework for understanding how women build or construct their reality in the context of a patriarchal, capitalist society that does not particularly value the work of childbearing and child-rearing, but holds the ideal of motherhood as the pinnacle of womanly success. Women who are homeless are considered “at risk” mothers and hence are often assumed to be inadequate because of their disadvantaged situation. That these women were able to construct an image of themselves not just as mothers, but as good mothers while homeless, was an important finding that came from the interview data. I feel that these identities are constructed through interactions and negotiations with others. Although that was not a part of my initial conceptual framework, there is an overlap between constructionist and interactionist theories. Interactionism is a natural extension of the constructionist position and the feminist assertion, as stated in Chapter 2, that people ‘do gender’ (West 1993) - it is an action or an interaction and an achieved position. By carrying out actions that are appropriate to pregnant women or new mothers the women in this study worked toward achieving a certain status within society that belied their homelessness.
The naturalist paradigm and qualitative methodology was useful in collecting these types of data as women felt comfortable in a conversational discussion and felt able to speak about the aspects of their situation that were relevant to them. They would have been less likely to have participated in a setting where a more structured data collection method was used. The grounded theory method outlined by Kirby and McKenna (1989) for researching marginalized populations was very helpful in the analysis phase as well as data collection. Their notion of “living with” the data and hurricane thinking (using diagrammatic layouts of themes and codes - see figure 1; appendix G) were especially helpful. Although the volume of data that was collected involving a qualitative study was large, I was able to keep categories organized through an adaptation of their suggested folder system. During analysis of the data I found it was especially important to keep in mind my own personal assumptions, just as it was in the conception of the research proposal. I revisit that personal stance later in this chapter during a discussion of the challenges I faced in conducting the research for this study. In the next section, I turn to a discussion of the findings and relate them to the relevant literature.

8.2 Discussion of Key Findings

In beginning this discussion, I briefly review the questions that initially guided the inquiry as outlined in the introduction. During the process of collecting and analyzing the data I found that I felt somewhat removed from the initial guiding questions that helped me to frame my research plan. Primarily it was a factor of the time involved in the process, as well as my intense immersion in the
data and my attempt to set aside my own perspective so that the data could
“speak” for itself. To review them then, the questions were: what does it mean to
be a homeless woman in a large urban centre in Canada at the beginning of the
21st century? How do the socially constructed notions of motherhood affect
women who live on the streets or in shelters? Do these women form social
networks around the “universal” experience of mothering while homeless? How is
violence related to pregnancy among homeless women? How does women’s
access to social services affect their experience? What do women envision for
their children and themselves in the future?

These questions opened the dialogue with participants, and the findings
reflect these as well as other topics that arose during our conversations. I turn now
to a discussion of the key findings.

8.2.1 Personal histories of hardship

The life histories of most of the participants in this study involved many
layers and years of struggle and hardship that ultimately led to their homelessness.
Family violence, child abuse, political violence – these were the backdrop to the
lives of more than half of the participants. Betrayed trust, false promises, limited
education and economic disadvantage were underlying themes in the lives of the
remaining participants. These findings are congruent with previous research that
has shown that homelessness is often the end stage of a long process of loss
(Kozol 1988), or a sudden abrupt crisis (Daly 1996) and for women, especially
women with children, it is less a result of disaffiliation from society as it is a
breakdown of social networks and economic resources (Glasser 1994; Bassuk and Weinreb 1993).

Many studies have shown that homeless women, especially youth, have an extremely high occurrence of childhood physical, sexual and emotional abuse (Street Health Report 1992; Shout Clinic Report 1997; Mayors Task Force on Homelessness 1999; Bassuk 1993; Breton and Bunston 1992; Hombs 1994; Novac et.al. 1996; Clarke et.al. 1997; Browne and Bassuk 1997) findings upheld by this study. Five participants had experienced childhood violence and two had been victims of violence as adults. It has also been documented that by living in shelters or on the street women are frequently exposed to physical violence (Breton and Bunston 1992; Hombs 1994; Ambrosio et.al. 1992). Although this later fact was not the experience of the women interviewed, it was the experience of some women I met during the observation phase.

Zappardinno and DeBare (1992) suggest that women escaping from violent partners are often kept homeless as they constantly move from one safe haven to another in order to avoid detection by the violent partner (cited in Novac et. al. 1996). This was not reflected in the findings of this study, instead, women relied on the protection of the shelter they were in and some of the participants chose to go to the courts to protect themselves from unwanted interventions or interference by the fathers of their children. While they hoped this might afford them some sense of security, other studies have shown that women are often still pursued by former partners, especially those who were violent (Browne and Bassuk 1993). Several women expressed ambivalent feelings toward their ex-partner, either
because they still hoped for a reconciliation and the fulfillment of the dream of a "complete family" or because they wanted to know that there would be financial assistance for the care of the child. The women who grew up in families where there was violence between parents or toward themselves felt strongly that they would rather manage as a single parent than repeat a comparable situation with their own children.

Pearl’s and Karen’s stories both reveal that an initial episode of violence can often be precipitated by pregnancy, as has been well documented by previous research (Statistics Canada 1993 cited in Shades of Grey Report 1999). Although both women had been in violent relationships before, neither had suffered physical abuse from their child’s father until becoming pregnant. Both women left the relationship immediately specifically in order to protect their pregnancy but both did go back again to the relationship; Pearl because she wanted a “whole” family and Karen because she knew she could not support the children on her own - only to leave once again following further violence. This upholds the findings of previous research that shows that women may return to an abusive relationship, even several times, before they ultimately leave and enter the shelter system (Montgomey 1994; Burke 1996). Although it cannot be addressed by the data collected, previous research has shown that women unfortunately are sometimes forced to return to former relationships from a period of homelessness, because they have not been able to find other housing or become financially stable, especially in recent years due to government cutbacks to social housing and welfare benefits (Miller and DuMont 2001).
Claire and Ruth experienced another type of violence, one I did not initially uncover in my literature search, but have come to feel may be the experience of many of the women in the shelter system in Canada at this historical point in time. That is the political violence that some women are escaping when they come to Canada with their children, or in the case of Ruth and Claire (and the woman’s whose interview was not included), when pregnant. Claire had experienced a type of violence that led to a sudden and traumatic move including separation from and uncertainty about the safety of family members and the shock of a sudden “transfer of cultures”, as Leila called it. Daly (1996) notes the “extraordinary difficulties [they face] in adjusting to new customs, climates and languages” after such traumatic experiences (pg 143). Claire said that although she felt relatively safe once she arrived at the parent resource centre, the trauma that she had escaped from was compounded by the process of becoming homeless once in Canada and surviving some really awful shelter situations. Novac et.al. (1999) state that while most refugees and new immigrants settle without difficulty, shelter populations reflect “waves” of immigrants whose sponsor relationships or families have broken down, or who simply do not have the economic resources for self sufficiency. Claire spoke about the desperate feeling of having absolutely nothing - money or belongings - and being on the verge of having a child. Because they all spoke English, the women in this study were at an advantage in terms of adjusting to a new culture and learning to establish themselves. According to some participants, many women who did not speak English were also staying at the parent resource centre. These women must have
found their situation even more isolating and difficult. No literature was found that addressed the experiences of refugee, homeless women who were pregnant.

Beyond violence, many of the participants had come from past and recent periods of unstable housing. Supporting previous research (Watson and Austerberry 1986; Daly 1996; Glasser 1994; Golden et.al. 1999; Golden 1992; Novac et.al 1996) the women in this study spoke of utilizing support networks for housing until these resources were exhausted. They shared accommodation with friends and relatives sleeping, in some cases, in overcrowded apartments. Claire was sleeping on the floor in a hallway when she was eight months pregnant! As well, two women had tried sharing accommodation but the situations broke down due to disputes with landlords. Two of the participants had had childhoods of continual moves and three had had various, changing caregivers as children. Long patterns of unstable housing accompanied sometimes by violence led some of the women, like Claire and Karen, to feel their whole lives had consisted of struggle and hardship. They looked to their relationships with men for stability and love, but Claire’s husband was temporarily far away and potentially in danger, and Karen had suffered a series of abusive relationships. Karen had also turned to substance abuse during different periods in the past, and the literature suggests that substance abuse among homeless youth can often be a way of coping with the realities of life on the streets or in shelters and with histories of violence - a type of “self-medication” (Dail 1990 cited in Novac et.al. 1996:22). Claire turned to religion for stability and guidance as a young teen and found that there was support in the church community. She hoped to make such a connection here in
Canada as well. The large numbers of shelters and outreach programs for the homeless that are run by religious organizations leads me to wonder how many women in desperate circumstances are helped to turn to religion for support. I did not find literature to illuminate this issue although I did have conversations with service providers during the participant observation phase that suggested that many young women found the rules and expectations of the shelters run by religious orders to be too strenuous to live under.

Many studies emphasize the role that poverty plays in precipitating homelessness, (Daly 1996, Ambrosio et.al. 1992; Hausman and Hammen 1993) and this was upheld by the stories of the participants I interviewed. They spoke about their lack of money in terms of the difficulty in finding an affordable apartment, in buying diapers and baby items and (for some) in their hope that the father would assist with child care costs. Interestingly, the education levels of the women interviewed varied dramatically. Three women had not finished high school - one planned to finish once her baby was born; one had a graduate degree; two had a trade; one had a certificate for work, and two had begun university studies before becoming pregnant. Although not enough data were collected on the subject to respond to Andrea Dworkin's (1983) critique that “unless women are taught to value their minds and their abilities to think, they will see their only value in society as reproducing”, for most of the women in the study, in particular the first-time mothers, the value they themselves placed on having a baby, becoming a mother, was greater than that of their education or their work, at least at the time of the interview. It (having a baby) gave them a sense of self-worth,
which is congruent with McMahon’s (1992) findings about the meaning of motherhood for lower and middle class women. McMahon (1992) found that the lower class women in her study experienced the transition to motherhood as a settling-down time, an opportunity to become more responsible for the sake of their children. Several women in this study expressed such a transition and were spurred to contemplate finishing school programs they had dropped or becoming educated in an area in order to find work that provided a living wage for themselves and their children.

Weinrub and Bassuk (1993) have documented the role of hope that a child can play in the lives of homeless women, a sentiment that was echoed by three women in this study, and many others whom I met during participant observation.

Women without strong social networks and with little hope for a positive future find in childbearing one of their few opportunities to experience love and hope for the future. It is easy to condemn their choice to bear and raise children when they have so few resources, but the postponement of childbearing until a more stable and prosperous time is only a choice for those who can foresee a positive future. Poor women with economic and social forces limiting their prospects, have no real incentive for postponement, no real choice. (pg. 356)

While most of the women in this study stated they could foresee a positive future, this was sometimes expressed as an exciting new feeling and it was attributed directly to the advent of their pregnancy/baby. Their present circumstances and immediate future was less positive. The next section addresses the ways that women felt their expectations for their life, until the present, had not been met. In particular, I focus on the fragility of the social networks that homeless women have and the difficulties of loneliness during pregnancy and becoming a parent.
8.2.2 Altered Expectations

Mothering is a learned task. Giving birth, managing pregnancy – these are new experiences that require learning, empathy, story sharing and supportive caring. Most of the women interviewed had few supports during this important and challenging time. Several women had tentative support from family members, some of the other participant’s family were very far away. Only one woman was completely estranged from family, but had a few school friendships whom she could rely on for emotional support. The breakdown of overburdened social networks among women who become homeless, especially women with children, is well documented (Novac et al. 1996; Weinreb and Bassuk 1993; Rowe and Wolch 1990). Hausman and Hammen (1993) claim that pregnancy “disrupts family relations and exhausts supports, driving women out of their homes or shared domiciles in search of other shelter” (pg.363). This was certainly upheld by this study in which five of eight women were forced into the shelter system when pregnant following strained or overburdened living arrangements which sometimes included abuse. On the other hand, Hausman and Hammen (1993) state that pregnancy can also be a catalyst in helping women get off the street, a finding which is also congruent with the data collected in this study, both during interviews and participant observation. A later section looks in more detail at the journey through homelessness that many homeless women with children travel.

A further aspect of the breakdown of social networks suggested by Hausman and Hammen (1993) relates to recent literature which has found that homeless mothers did not so much lack the ability to establish social networks,
but instead isolated themselves in a protective way because even their family
supports were victimizing (Goodman 1991 cited in Hausmen and Hammen 1993).
A “learned distrust” may be the result of disappointments that stem from
childhood experiences, as Browne (1993) suggests.

A lifetime of unsatisfactory, disappointing or harmful experiences has
taught many homeless women a cautious suspicion of strangers,
acquaintances and relatives alike. (cited in Hausman and Hammen
1993:362)

While this is not supported entirely by the findings here (women were
reconnecting with family), it may be a key to the reluctance on the part of participants to
form connections with other women in the shelters. Many of the women interviewed and
those I met during the participant observation phase stated they felt lonely although they
were surrounded by others in the crowded conditions of the shelter. Several women were
mourning the loss of an intimate relationship with a husband or partner. They may have
also been mourning, as Pearl was, the loss of an ideal in which extended family were
available, a home and husband were supporting them and relationships were healthy.
Others, like Karen and Isabella, through years of disappointing relationships, had
developed a distrust of others that was masked by cautious friendliness and allowed for a
constant stream of temporary “friendships”. In contrast to research that shows that
women develop peer networks within the homeless community (Rowe and Wolch 1990),
most women in this study focused on establishing or affirming their relationships within
the housed community. This may also have been because they saw their homelessness as
temporary.

Social relationships provide “emotional and material resources” (Rowe
and Wolch 1990) that individuals use to buffer their experience in situations of
material deprivation (Cassel 1976 cited in Oakley 1992). The women in this study demonstrated that they were actively building new or renewed family networks based on the opportunity that the birth of their child brought. Their hope was that both emotional and material support would help them through the coming months and years. These were often fragile relationships and were potentially subject to the same patterns of disappointment that had led to earlier disconnection, especially with regard to formerly abusive family members. Suzanne and Janice, for example, acknowledged this possibility but still felt compelled to try to rebuild the relationships hoping that the new stage of life that they were entering would provide the opportunity for improved family dynamics.

The need to turn to family seemed to have several social meanings for participants including, for four participants, the urge to become part of a greater family with an extended history, however flawed. Another meaning was for guidance in a new role. Reconnection, especially with a mother or sister could be seen an attempt to establish role models for parenting. As well, three participants stated a desire to have family members in their lives so that their child would have a sense of the camaraderie of relatives. Harris (1991) in her book “Sisters of the Shadow” discusses the possibility that homeless women who have children may be trying to re-enter the mother-child relationship in an effort to complete something that was missing from their own childhood or to recapture a more secure time. As well, Musick (1993) claims that among poor adolescent mothers an emphasis on “making up for” what they themselves had suffered was a motivating factor in having and keeping a baby. While there is not enough
psychological data in this study to make a firm statement, I do feel that this may have been the case for some of the participants. Most women said they would do things very differently than their mother did, and in three cases where mothers had been abusive, there was a fierceness about their expression of “doing it right” within their own parent/child relationship.

Although women were able to construct an image of themselves as good (future) mothers amidst their hardship, they all had to come to terms, at some point, with the situation in which they found themselves, altered as it was from ideal notions. For Ruth, who had been raised happily by a single mother, this was not such a challenge. Karen, on the other hand, who had had several other children and had always yearned for a stable two parent family, still maintained hope that this time it would indeed work. That women were lonely when surrounded by others was not really such a surprise. They craved the security of close relationships and idealized families and people who had known and cared about them for some time. That idealized security is not necessarily easily replaced by new friendships or professional counselors. As well, women were entering a phase in which they were labeled “single mothers” or “single welfare mothers” and, as Janice said, the phrase is “enough to make you feel lonely if you don’t already”. Many of the participants were not concerned about such labeling but for a few, it was stigmatizing and upsetting. Further the label “homeless” had concrete negative implications in several women’s interactions with medical persons and Children’s Aid Workers. However, it was also true, as Peressini et al suggest (1998 cited in Miller and
DuMont 2001) that the label allowed some of these women access to services and benefits that otherwise would not have been available.

Loneliness is not the same as isolation. Previous studies have shown that social isolation is often what brings women to a state of homelessness, and that sheltered women with children are often desperately isolated (Bassuk, Rubin and Lauriat 1986 cited in Bassuk 1993; Novac et al. 1996; Hausman and Hammenn 1993). Women in this study, however, were not socially isolated prior to becoming homeless, and their pregnancy had spurred them to build new relationships with estranged family members in order to build supportive networks. These networks were, as I have stated, fragile in that they had not been tested (Karen was yet to meet with her estranged grandparents, the meeting was the week after our interview) and were not wholly supportive (Suzanne could not spend more than three days with her mother before her mother became abusive again). But these women hoped that their new baby would bring some peace to those frayed relationships. The three women whose families were overseas were in touch by letter and telephone and derived a great sense of connection from their distant relations even though they could not be present to help physically.

I do feel, however, that isolation may be something the participants may face in the future in light of recent policies in Ontario to house homeless people out of Toronto to the suburbs and surrounding small cities. The rationale for the policy is that housing is less costly in smaller communities and more available. While this is true, the benefits may not outweigh the importance of remaining connected to the fragile social networks that these homeless sheltered women have established.
Women who were fortunate enough to form a strong connection with another woman in the shelter, as Leila did, or to have a strong family bond as Ruth did, or to develop a trusting relationship with a caseworker or a team of workers as Suzanne did, benefited greatly from that support, guidance and mentoring as they faced the challenges of new parenthood and of establishing - or re-establishing - their own home. For women who did not have such connections, there may be a risk of isolation and this could contribute to a return to an abusive situation or back to a shelter through loss of housing as has been suggested by previous research (Novac et.al. 1999). Although most of the women interviewed very much wanted to leave the shelter and establish their own home, this step would entail the loss of the busy environment, the coaching and teaching as well as the practical management (i.e: cooking and cleaning) that some women worried they would miss when out on their own. During the participant observation phase, I met a few women who simply “didn’t make it” on their own and returned to the shelters for further assistance in getting established. Novac et. al. (1999) discuss the complex needs for ongoing support and also for housing that is structured in a “shared” way, as opposed to individual units, for some homeless women who become isolated when on their own, including women with children. Although some women whom I met complained bitterly about the shelters, there was also a realization of the important part they had played in their move through homelessness. It seemed to be a very contradictory relationship as I discuss in the next section.
8.2.3 Contradictory Relationships Within the Shelter and Social Services

It cannot be easy to be feeling especially vulnerable and very pregnant and to enter a community of women and children who are struggling with unknown hardships, who come from a variety of cultural backgrounds and are learning to negotiate the “system” of the shelter and often of health and social services. Indeed, many women found the shelter experience to be very hard. Although the women in this study were grateful for the shelters and their relative safety, they spoke about a number of challenges associated with living in such a community—even temporarily. Two women spoke at length about the feelings of anger and fear that the shelter experience had left them with. Three women stated that a shelter is not a place where they wanted to raise their child. And yet, for some women there were relationships formed with key people in the shelters that were meaningful, or instrumental in helping them move forward through their homelessness and out on their own. It seemed that as some women stayed longer and became ready to leave the shelter their sense of dissatisfaction grew. They wanted more autonomy and responsibility, were tired of living under rules and regulations and yet still needed help with housing and sometimes with parenting problems. For others newly in crisis, like Claire, however, having someone take care of the basic domestic arrangements and provide a safe and structured environment gave her the time she needed to heal and to rest. There was a love-hate relationship with the shelter and the shelter staff that was described in detail by several participants. These feelings and experiences are congruent with a
number of studies that have documented the difficult aspects of living in a shelter with or without children (Leibow 1993; Novac et al. 1996; Hausman and Hammes 1993). Leibow (1993) discusses the intense probing and questioning that women must undergo in order to obtain shelter. Their histories are used in a way that problematizes the individuals and leads to an attitude of rehabilitation (Farge 1988 cited in Novac et al. 1996). A number of shelters have mandatory programming or counseling that women must attend in order to keep their bed. For the pregnant women in this study, especially the younger women, questions by the Children’s Aid Society workers and shelter staff had to be answered correctly before they could leave the shelter with their baby. Both Leibow (1993) and Farge (1988) acknowledge that the intention of the shelter workers and the agencies is sincerely positive, but that the need to maintain order often takes precedence over the needs of individuals.

The exercise of power within hostels is a function of government in this broad sense. It is to maintain order... The action of the workers' power over the residents - the threats, the surveillance, the repetition of rules, guiding and counseling - all must be understood within the context of the institutional imperative to run smoothly. (cited in Novac et al. 1996:40)

For women escaping both domestic and political violence, the importance of establishing a safe environment and then gradually rebuilding social connection was documented by Herman (1992). The process is as follows:

A gradual shift from unpredictable danger to reliable safety, from dissociated trauma to acknowledged memory and from stigmatized isolation to restored social connection. (cited in Novac et al. 1996:39)

This process can be seen in the experiences of several participants in this study. For example, Claire was at an early stage - grateful for the safety of the
shelter but still isolating herself from others and painting in her room. Then there was Pearl, who had been in the shelter long enough to work through some of her personal feelings about the abuse she had suffered and her feelings of safety. She began to push against the boundaries set by the shelter and to want to move back out into her community.

Several studies have documented the difficult circumstances women face in being pregnant or mothering within the shelter system (Bassuk and Weinreb 1993; Hausman and Hammen 1993; Smith and North 1994; Killion 1995; Baxter 1988). Certainly, the women I interviewed discussed many difficult aspects of their stay in different shelters. Many of the women were much happier once they were living at the parent resource centre and had their own room with programs and counseling that met their specific needs. One of the key findings of this study is the importance of designated shelters, like the parent resource centre, that assist women who are pregnant or have young children. This extends the recommendation of the Task Force on Homelessness in Toronto (1999) which recommends separate shelters for abused women. Women with children and pregnant women have needs that are not always (although often) related to violence. Not only the women but the children have specific requirements that are best addressed apart from the general shelter system in which men and women with a host of physical, mental and emotional concerns are living. Some homeless, pregnant women are also dealing with those issues, but many are not. Four of the participants in this study spoke about very difficult experiences they had in the general shelter system before coming to the parent resource center.
Some of the challenges included the stress of public parenting, of endemic conflict within the shelters, fear of the loss of their children, confusion around who to trust and how to negotiate the system. These issues have also been documented in previous literature (Hausman and Hammenn 1993, Bassuk and Weinreb 1993; Novac et al. 1996).

Homeless youth, however, are sometimes in a different situation as the stories of Isabella and Suzanne indicated. If they have been living in a shelter or on the street and it has become a way of life before they become pregnant, they may resist the notion of moving to a parent resource center. Suzanne, for example, had lived in a general mixed sex shelter for two years before becoming pregnant. The staff and residents there had become her “surrogate family”. She felt comfortable, because she had supportive networks there and had become accustomed to the behaviour and circumstances of many of the residents. Youth shelters have acknowledged, however, that they are not equipped to care for infants or children and have sometimes insisted their residents to move to more suitable shelters before seven months of pregnancy. Shelters for single adult women may eventually do the same.

In their article on pregnancy and homelessness from a social work perspective, Hausman and Hammenn (1993) point out that “emotionally fragile mothers are quick to criticize or defend against criticism” (pg 360). Shelter workers become involved to mediate and enforce rules and the workers then often become a scapegoat in the dispute. Not only does this lead to poor relationships
women and shelter staff, but it can lead to an erosion of confidence on the part of the mother in her ability to deal with conflict and to parent effectively.

Of course, if you’re on welfare, everybody in the world has the right to tell you you’re not doing it right. How other women raise their children is a sacred subject. Strictly taboo for one woman to tell another how to raise her kids. Unless one woman is employed by the Board of Education or Welfare or the Health Department or Children’s Aid and the other is on welfare. (O’Connell cited in Baxter 1988:77)

The surveillance of shelter workers and the damaging effect that such constant monitoring has on women who are learning and exploring a new role that is based on individual, as well as standardized, values and norms, was one that three women in this study complained bitterly about. Janice, for example, felt she was forced to prevent her child from crying or making any adverse sounds in case she was then seen as an unfit mother. Leibow (1993) writes about the “bone-deep resentment that many women felt at always having to answer questions, often the same questions over and over” (pg 137). This was echoed by Karen whose Children’s Aid worker asked her week after week, “do you know what you need to know to be a good mother?”. The concept of surveillance is one that is borrowed from postmodernism, in particular from Foucault (Annandale 1998:36). It involves a sense by individuals of close observation by an authoritative body, of a “gaze” that is ever present and controlling. This gaze can be conceived of as the dominant cultural ideologies that “police” our actions by their harsh judgment. One can refer to the medical gaze, or patriarchal gaze that monitors individuals by judging the deficiencies of their bodies or the subordinate stance of women. It is a concept that refers to the subjugation of the larger group by the dominant few.
The participants in this study will not escape surveillance by leaving the shelter system. Some have been labeled as “at risk” mothers and will be followed by social services for some time, especially if they are receiving social benefits. McMahon (1992) states that women who are poor mother in much less privacy than women who are middle class. They tend to live in apartments with others very close by, have informal shared childcare arrangements and they may have a case worker or a health visitor who drops in to monitor their mothering skills. Knowing others are watching or even imagining that others may be watching, triggers the internal monitor, the self-policing, that Foucault suggests is what allows a society to enforce its values and codes of conduct (Annandale 1998).

Women who are poor or homeless, those who are struggling to create independent lives for themselves or those who will always remain attached to the welfare system, have intensified levels of real and internalized surveillance and this can lead to a sense of powerlessness and, in some cases, continual fear of intervention in their parenting.

In writing this section I have struggled to find a way of discussing the feelings of anger, even rage, that some women expressed about aspects of their shelter experience. These same women spoke at other times of the helpful assistance they had received. But in describing certain events words such as “abusive”, “discrimination”, “intolerance” and “mean” were used. Some women who had come from abusive backgrounds equated these attitudes as being similar to emotional or psychologically abusive behaviour. And yet to state that shelters are violent places seems to overstate the reality. Indeed, some shelters are violent
and homeless women are at risk for violence when homeless (Daly 1996; Bassuk 1993; Kozol 1988; Novac et.al. 1996). However, Novac, Brown and Bourbonnaise (1996), in their literature review, state that:

The dynamics of shelters as institutions are largely criticized as embodying systems and social relations of domination and social control. While violence and fear are more prevalent in men’s shelters, domesticating social control appears to be more characteristic of women’s shelters (pg viii).

The phrase “domesticating social control” seems to fit well the description of the experiences that participants spoke about. On the other hand, Nnameka (1997) states that this sort of domination is typical of woman-to woman-violence that is inherent in heirarchial institutions that are based on patriarchal principles of power and control. The shelter and social services system can be seen as a hierarchical female space that relies on the policies and funding structures set out by patriarchal, capitalist political structures. Although many shelters for abused women were initially grass-roots organizations with strong feminist principles, as time has gone on and funding mechanisms have become institutionalized and more competitive and shelters more mainstream, some of the initial philosophy has been lost (Novac et.al. 1996). Whether it is labeled “violence” or “domesticating social control”, aspects of women’s experience within the shelter were very difficult and for some women felt abusive. In this study, those who were escaping physical violence did indeed find shelter from it, although they found often themselves in situations of ongoing tension with other women living at the shelter, with shelter staff or with social workers and housing workers.
Other aspects of the shelter experience for women in the parent resource centre, such as the classes on parenting, the support of the public health nurse and the physical space they had (a private room) helped to balance these negative aspects for some women. For example, Janice, who had been very upset at the time of the interview about her feelings of the constant monitoring and judging of her behaviour by staff, and their perceived lack of help with her housing problems, continued to come back to the shelter even after she had moved out, for ongoing help and socialization. Although the shelter experience was not an easy one for many women, those interviewed expressed a firm conviction that it would be only a short time before they were on their feet and through the hard times.

8.2.4 Starting Over – New Strengths

The concept for this section was adapted from an article by Carol Montgomery who found in her 1994 study of homeless women that:

The process of homelessness among the women who were struggling to create meaningful lives was actually part of a drive toward health and self-actualization. These women chose to endure a temporary state of disruption, including homelessness, in order to break away from something much worse, such as domestic violence, or an environment of drugs and despair (pg 38).

For more than half of the participants in this study the same could be said to be true. Leaving home was an act of courage and hope. By conceptualizing homeless women not solely as victims, but as agents of positive change, the tendency to want to pathologize and rehabilitate them, exhibited by many shelters (Farge 1988 cited in Novac et.a. 1996) is shifted to an effort to assist them in their own process of change. To begin
a new life requires the ability to imagine a new reality and to do so one must have some sense of self-esteem (Montgomery 1994). Women who have been abused or chronically disadvantaged often have very low self-esteem and feel disempowered to act to benefit themselves. They often have to hit “rock bottom” and/or to have an advocate or someone to encourage and assist them to act initially (Montgomery 1994). In this study very few women had an advocate or a personal friend to encourage them, but I would argue they had the advent of the pregnancy and a future child in their lives to encourage action. Except for two participants, the women became homeless as a result of their pregnancy, in a direct effort to create a better future for themselves and their child. This is congruent with findings mentioned earlier by (Hausman and Hammen 1993) that pregnancy can be both the catalyst to and the prevention for homelessness.

Montgomery (1994) points to four aspects of personal strength in the homeless women she studied and that I feel also pertain to the women I interviewed. The first is a stubborn sense of pride. This was expressed by women as independence and a sense of dignity that sometimes prevented them from accepting help from others but also gave them an ability to “get on with things”. Pearl, for example, told only one close friend that she was living at a shelter. She wanted to manage independently through the period of homelessness without her community - her church, cultural and work communities - knowing. She felt she could keep her head up through the pregnancy outside of marriage, if no one knew about the violence and the
subsequent move to the shelter. As a result she had very little support. She forged ahead and kept working to maintain her sense of dignity and self-worth.

   Pride was also expressed by women in this study through frank discussion of what they had lived through with the interviewer and perhaps others. Karen spoke about quitting crack cocaine without assistance, and about having been through “just about everything” before she was even out of her teens. She felt a strong sense of pride in her ability to survive years of abuse and foster homes and to stop using drugs. She spoke as well with pride about the Children’s Aid Society never taking her children - she voluntarily gave them over when she was heavily addicted and regained custody once she was “clean”.

   A second strength Montgomery (1994) identified is a positive orientation. I have mentioned earlier that an underlying optimism and strongly voiced positive attitude among participants was one of the findings that emerged from the data. Montgomery (1994) states that she found homeless women she interviewed declined to describe themselves as victims and looked for hope and possibility amidst hardship. I had felt that the optimism demonstrated by the women I interviewed was in part due to their stage of pregnancy or new motherhood - that a sense of “reality” was eclipsed or set aside by the powerful experience of late pregnancy and birth. As well, that the message that shelter workers promoted among residents was one of remaining positive. However, a
positive attitude may well be a survival strategy among homeless women, in particular those who are *moving through* homelessness. Ruth, for example, said that knowing the hard times would be over sometime soon helped her to live from day-to-day and enabled her to feel peaceful for the health of her baby. Although there is little literature with which to compare this finding, Dail (1990) found that some homeless mothers “appeared to maintain a surprisingly good overall psychological state, perhaps because their children were a stabilizing focus” (cited in Novac et al. 1996). Also, Smith and North (1994), who compared single homeless women and women with children, found that:

Homeless mothers with dependant children with them, compared with other homeless women, have greater social vulnerabilities (dependant children; lack of employment) and fewer personal vulnerabilities (substance abuse and other psychiatric problems) to homelessness. (pg 609)

The third strength Montgomery (1994) identified involves the active creation of a moral structure that women used to give direction to their lives and their actions. These principles were often in complete contrast to those they had been raised with. Isabella, Claire, Janice and Suzanne all spoke clearly and strongly about what they felt was “right” in raising children, being a parent and a friend. Several women stated they would do things very differently than they had experienced growing up - their notion of good parenting or motherhood had been constructed through those historical experiences as well as their own interactions with those around them and the cultural messages they had been exposed to.
Beyond the ideal plans for parenting that several women spoke about, Karen and Suzanne both told me that it was part of her own moral code that they would never inflict violence on their child, even though they had been physically violent toward others in the past (which they regretted) and had long been victims of violence themselves.

Montgomery states that she was not able to identify how a moral structure was developed by women, and I must admit that it is beyond the scope and findings of this thesis to reach a conclusion about the psychological development of the women interviewed. It is possible, though, that in living with other women in the shelters, a sense of what others were enduring helped some of these women in the development of this moral code. Pearl, for example, spoke about the influence that seeing other women in distress had on her. It helped her to place her own situation in perspective and to make decisions about her future that she felt were right for her. While empathy may be one of the guiding principles in developing a moral structure, Montgomery (1994) suggests that positive role models, religion and rational and logical thinking are possible others (pg.39).

The fourth strength is clarity of focus and determination. I have spoken about the intense focus of the women I interviewed as they prepared for or began their relationship with their new child. The determination to move forward and to create a new life in which to nurture the child was often against tremendous odds. The deep seated feeling of “always” wanting to have a child helped to motivate
them and in many cases “enabled” them (McMahon 1992) to move forward against the negative aspects in their lives. For Claire, Leila, Isabella and Ruth this meant coming to a new country in the hopes of a better future. Living in a shelter was not an expected part of that journey, but they remained focused and determined to make a new life for themselves and become independent. Although Leila was still deeply traumatized by the sudden flight from violence in her country and the loss of her husband, she was focused on her need for her baby and on creating a “peaceful, beautiful place”.

In contemplating undertaking research on the experience of homelessness and pregnancy, I was not sure whether the challenges and concerns of homelessness would eclipse those of pregnancy or vice versa. During the participant observation stage I met several women in early stages of pregnancy or with mental health or substance abuse issues whose homelessness or health problems very much eclipsed the pregnancy. Most of the women I interviewed, however, were as a whole in relatively good health, were in the late stages of pregnancy or had just given birth and obtained supportive shelter. They were able to focus primarily on the pregnancy and birth or the first few weeks of the baby’s life. While concerns about their housing, their financial situation and their need to get out of the shelter were underlying and very real, they spoke more about their relationship with their partner and family, the experience of the birth or the pregnancy, and their hopes for the future. These women were able to take a few weeks just at the end of pregnancy or just at the beginning of motherhood to focus on that experience. One example was Ruth - she had a hard time thinking beyond
the baby’s birth, or even outside of the topic at all. She spoke about staying quiet in her room and talking and singing to the baby, just resting and allowing her mother to look after her (they were in the shelter together). Making the effort to remain “peaceful,” to attend medical appointments and prenatal classes, to rest adequately and avoid stress for the sake of the baby and the pregnancy were things that more than half the participants spoke about. Janice, in particular, so impressed her skeptical mother by her responsible actions during pregnancy, that she decided to support her decision to have the baby contrary to her initial stance. This effort required personal strength on the part of women who were coping with the many hardships involved with their homelessness.

Although I did not uncover other literature to directly support this finding, I feel it may have been in part due to the relative health of the participants and their stability while staying at the parent resource centre. Hausman and Hammen (1993) note that there is “enormous variation among shelters: some are large noisy, chaotic and stressful, others are small quiet orderly and supportive” (pg 360) and while shelters can be harsh and disruptive, they can also be nurturing and have positive effects. Women in this study (except Pearl) were, at the time of the interview, in a supportive type of shelter that attempted to help women focus on their strengths and maintain a positive attitude. The women I met during the early participant observation period, and research conducted among women whose situation is more precarious (Bassuk 1993; Hausman and Hammen 1993; Novac et al. 1996), indicate that many homeless, pregnant women face greater
hardships, including erosion of self-esteem and disturbed physical and psychological health through the shelter or street experience.

8.2.5 Looking Ahead With Hope

As the women in this study began to come to terms with the meaning their pregnancy and future child held for them - and this did not seem to occur until very late in pregnancy for many of them - they began to develop a sense of themselves as mothers, and as responsible for a child. Both Suzanne and Janice spoke explicitly about this realization. For Janice it lead to a fierce determination to be the best mother she could be, and a strenuously expressed possessiveness with regard to her child. Suzanne expressed a more guarded outlook with regard to her responsibility in raising her child, and the meanings of motherhood for her. She “hoped” she could “do it right, make the right choices” for her child and stated she knew it would not always be easy. This upholds the findings of Banyard and Graham-Bermann (1995) who

found a strong sense of determination among homeless mothers living in shelters. They placed a high value on their ability to be good mothers, provide for their children, and care for others as well as be independent, self-reliant and fend for themselves. (cited in Novac et.al. 1996:21)

In discussing their readiness for the child to be born, several women stated they wished the baby would stay inside just a little longer so they could have things more settled. A few women expressed a profound sadness at having to bring their baby “home” from hospital to a shelter. Others, like Karen, were ready and very eager to have their child. Karen stated that she finally realized that no mother knows everything ahead of time. Part of the process of mothering, she claimed, is developing in the role and learning some things as situations arise.
Developing the confidence to allow this process to take place is not always easy in a shelter. This is especially true if, as Janice experienced, one’s confidence in the ability to mother well has been undermined by the harsh judgement of family members or by the critical monitoring of social services workers. This point is confirmed by Hausman and Hammen (1993) in their study of Parenting in Homeless Families.

Eventually, mothers may internalize the authoritative criticisms of their mothering and anticipate being judged, supported or diminished according to their children’s behaviour. (pg. 360)

Janice’s strong belief that she did know how to mother well, and the support of a few key advocates within the shelter, helped her push ahead to obtain her own housing and become independent. Despite beginnings that could lead to an eroded sense of the ability to be good mothers, most of the women who participated in the interviews seemed to have constructed images of themselves as being able to be very good mothers. As McMahon (1992) suggests, women bring together the social constructions of motherhood that are relevant to their historical time and cultural background and actively create, through interactions with others and in alignment with their material location, their own sense of what motherhood means.

Women … are not merely victims. Individual women experience motherhood in terms of their own situated but interactive relationship with their social worlds and the material and cultural resources available to them. That is, they engage, rather than merely express the circumstances of their existence. …Motherhood has the paradoxical character of appearing as both socially determined and personally contingent in women’s lives. (pg 29)
At the time of the interviews, a critical period just before or after giving birth, women expressed a sense of great optimism in their ability to manage as a parent, develop stable relationships and a self-sufficient life. The rosiness of this optimism was focused primarily on the more distant future, five or ten years down the road. There was an acknowledgement and a dread expressed for the difficulties of the immediate future by many of the women, in which they had to find benefits, housing and money for all the necessities, establish their relationship and routine with an infant and adjust to single parenting. It really was daunting for several women and only seemed possible because they saw others moving successfully out of the shelter, and imagined that they succeeded on their own.

The ability to maintain a positive view of the more distant future, however, was fueled by the determination of women to move through this period of homelessness. Most of the women had a clear sense that these were the hard times but that they were temporary. It is likely that they will need all of their determination to make an independent new life for themselves and it is beyond the scope of this study to follow women through that process. Miller and DuMont (2001) state that many shelters now find it more difficult to help women make a new start in life because of cuts to social services and available public housing. Many shelters are finding women are forced back into situations they were trying to escape from. Despite this bleak scenario, the women in this study looked to the future with hope - hope that they would move beyond the shelter walls and become successful in establishing their family independently. Although the
meanings that their pregnancy and motherhood held for them were as individual as the women were, a commonality lay in their hope for the love and new beginnings that their children and their new role in life would bring.

8.2.6 Summary

For most of the women interviewed, homelessness was a temporary passage to a new, housed, situation. These were not long-term homeless women, although three women had been homeless in the past, and others may move in and out of homelessness or live in a situation where they are at risk for homelessness in the future. Most of the participants had backgrounds that were troubled in some way, and many had been through tremendous hardship. The move to homelessness was, for some women, a positive move out of an unstable situation and could be seen as an act of great courage. In general they had very fragile networks of support on which to base their new family life.

Pregnancy was a pivotal or transformative event for many of the women. It was their pregnancy that caused all but two women to become homeless. It was also the pregnancy that helped many to focus or refocus their lives and make decisions to move forward to more stability or safety. Although women found the shelter system a haven from the streets and a way to connect with needed services, they also experienced the difficulty of living within a hierarchical institution and feeling watched by those with the authority to judge their fitness to mother. As well, living in close quarters with many women and children who were also in distress, or from different backgrounds, was difficult for many of the participants. Most women had been through several shelters before arriving at the
parent resource center and their experiences reinforce the need for pregnant
women or women with children to have a shelter apart from the main hostel
system.

The particular point at which I interviewed women, just before or just after
giving birth, seemed to represent a 'window' of optimism and of opportunity.
Beginning a significantly new part of their lives, these women felt that they could
in some ways reinvent themselves. Although they were in extremely difficult
circumstances, a feeling that "things would work out" and that they were able and
willing to work hard on the relationships in their lives and at their work was
paramount. These women were all looking for a "better" future. Whether that
meant a future without violence and poverty or living in a new country, they
believed that they had a chance at creating such a future at this transformative life
passage. The pregnancy, the expected child, allowed them the opportunity and
gave them the responsibility to act on their dreams for a better future.

8.3 Challenges and Limitations of the Work

It has been challenging to write this last chapter. Again and again I had to
remind myself to return to the data and write specifically about what the
participants truly said. It was tempting to go off on a tangent about political
implications or about ways to "help" these women, but that is not the focus of this
thesis. I set out to hear what women had to say about their experiences of
pregnancy during a period of homelessness and to frame their stories in a feminist
constructionist theoretical framework. As I again reviewed what women had said, it was clear that the stories of the hardships they experienced while becoming homeless and while in the shelter system were topics they very much wanted to discuss. With some encouragement women were able to articulate some of the ways that they had developed personal strengths through their experiences. The other main topic that arose during interviews were the feelings women had about pregnancy, about their child and it's father, their supports and their plans for the future.

The initial observation period of the research in which I met a number of pregnant homeless women who were quite willing to talk informally about their situation led me to believe that I would not have difficulty recruiting interview participants. I was very wrong. In fact, it took over a year to recruit nine women - and seven of them were interviewed within a two month period. I felt that posting flyers at various shelters would be the best way to recruit such women because by that method, the women who had chosen to participate had presumably done so freely and I would seek to gather a random sample. In fact, I only obtained one participant that way. It was through a key contact, a person whom the women trusted, that I was able to recruit the remaining women. The contact was a public health nurse holding group information classes at the parent resource centre, and herself a researcher. She was able to present the study (and promote the honourarium) within the group. She also spoke to individuals. Once I had done a few interviews, I obtained several more through a snowball effect.
I was unable to conduct follow up interviews or participant reviews of the data, however, as many of the women had moved on and their whereabouts were protected by shelter staff. I eventually gave participants my card at the initial interview and asked them to follow-up with me after their baby was born. Although most expressed willingness, I did not hear back from any of them. The highly transient nature of this group of women is typical of the difficulty often faced in conducting research among marginalized people. As well, though, women were often in really difficult circumstances – and their situations changed rapidly. One woman whom I asked the shelter outreach worker to call on my behalf had found housing and had had her baby, but the housing was unsuitable and she was trying to move again, this time with a newborn. She could not take the time for a follow-up interview. Perhaps, for some women, splitting the honourarium would have helped ensure a second interview.

In carrying out the analysis of the interview data, I found that two main aspects of my own personal standpoint frequently arose and I had to try to set them aside as much as possible. I want to acknowledge them here, however, in the tradition of qualitative research so that others may be aware of the potential influence that this may have on the approach and the nature of the findings.

I became a mother myself for the first time during the research and writing of this thesis. I think that this helped me connect better with the participants as we sometimes shared small stories of the joys and hardships of pregnancy. However, during the stage of analysis, I became aware of my own standpoint about new motherhood: my bias to emphasize the personally
enhancing or empowering aspects of pregnancy and motherhood over the structural inequities women face as a result of the institution of motherhood.

Martha McMahon (1992) who writes about poor and middle-class women’s experiences of becoming mothers, points out that it is difficult to make a feminist analysis of motherhood that does not seem either pro-mother or anti-mother.

I find my analysis caught in that tension between androgynous and women-centred visions within feminism that Ann Snitow (1992) describes: the tension between validating women’s lives and an alternative ethic of caring on the one hand and the desire to resist the oppressiveness of being female in a male dominated society on the other. (pg 263)

Part of the aim of my research was to focus on the impact of power relations within patriarchal society that structurally oppressed women who were pregnant and homeless faced. As I stated in my introduction, however, I also wanted to consider how women may have been empowered by the process of becoming mothers or coming through the tremendous hardships of homelessness. My own standpoint emphasizes the woman-centred vision within feminism and I feel it important to try to document women’s complex experiences of mothering as acknowledged by Bassin et.al.(1994).

Refocusing our vision on maternal experience reveals the sophistication of the process of mothering as a complex experience grounded in social, psychological, and political realities. (pg 9)

A second area in which I want to acknowledge my personal position is in my background as a clinical nurse and a case manager. This tended to influence my analysis in a way that reflected my interest in the women’s physical and social needs. Although this research is not focused on needs, these women occasionally spoke about things they felt would help them and I found myself identifying
others. While I did not recruit or interview participants in my nursing role, my background often was revealed during our conversational interviews and women tended to feel comfortable speaking about health concerns in a way that they may not have otherwise.

Limitations of the study include the inability to follow women for second interviews or for a review of the finished thesis. It is also important to note that the data I collected provides only a snapshot look at the way eight women felt and thought about their experiences at one moment in time. And it was a time in which they were in transition.

This study included primarily women who were staying at a parent resource centre (all but one) and were relatively secure and supported in that setting. The study does not include women who were living completely without shelter or were in hostels not designed for women and children. As there is only one parent resource centre in the city with limited bed space, it follows that there are many pregnant homeless women who are living in even more precarious situations. Their experiences are not represented here. Nor are the experiences of women who chose not to carry through with their pregnancies, or who plan not to raise their children.

The sample, although diverse in terms of age and ethnicity and way of becoming homeless, does not include the experience of aboriginal women. Statistics show that among homeless women in Canada, aboriginal women are “disproportionally represented” (Novac et.al. 1996; Golden et.al. 1999).
Despite these challenges and limitations, this study has made a contribution to the literature on homeless women. In the next section I will address these contributions and look at directions for further research.

**8.4 Contributions and Further Directions**

This study has contributed to the research on homeless women by examining the complexity that the experience of pregnancy adds to a situation of homelessness. The findings reveal the challenges that many women faced throughout their lives, and the role that their pregnancy played in eventually leading them to express feelings of optimism about moving through homelessness. The findings also provide clues to the nature of shelter life and the ways in which women construct images of themselves as good mothers. By providing the perspective of homeless pregnant women themselves, this study adds a dimension to other literature on the topic that is from a provider perspective.

As well, this study points to policy and program development in the promotion of more parent-resource centres to assist homeless pregnant women through their specific circumstances. The need for housing assistance and ongoing support as women move into independent housing is also indicated by this study.

The study also makes a contribution in pointing to areas for further research. Future research that is able to follow women longitudinally would be of great benefit in coming to a fuller understanding of the experiences of homeless mothers. Research that is able to capture the experiences of women who are pregnant and homeless in a variety of settings – on the street, in precarious...
housing situations, in hostels not meant for pregnant women – as well as those who do not proceed with the pregnancy would be of assistance in gaining a broader understanding of the experiences of homeless pregnant women. As well, further research that examines the experience of pregnancy among refugee women and among aboriginal women, both distinct in many ways, would be a great contribution.

Although I did not ultimately organize my findings within a framework of power relations, I feel research that explicitly examines the power relations of homeless women who are pregnant would add a new dimension to both the feminist and homeless literature. Further work in all of the above areas would be of value in gaining a greater understanding of the experiences of homeless pregnant women.

8.5 Epilogue

While I was writing the final chapters of this research report, there were two media cases that caught my attention as relevant to the experience of the participants in my study. As my interest in the topic was initially sparked by a newspaper article, I felt it was appropriate to conclude with a comment about these two stories. The first story was a highly publicized coroner’s inquest about the tragic account of a homeless young woman who was living in a shelter with her newborn, premature baby. She had very much wanted the pregnancy, however the child was born early and she had no preparations made for their accommodation. The child starved to death through the apparent inexperience and neglect of the young mother, and under the “gaze” of the Catholic Children’s Aid
Society and the shelter staff. In the four years since the baby’s death the CAS and CCAS have put guidelines in place that have promoted closer observation (or surveillance) of homeless women, especially young women. Many more recommendations came out of the inquest and there may now be another parent resource centre built in the city to assist homeless pregnant young women.

The second was a radio interview with a woman who had been a long time substance abuser, a homeless street youth who was HIV positive and very ill. She became pregnant; this was ultimately the catalyst that allowed her to envision a future for herself that held something positive. She managed to turn her life completely around and give birth to a healthy child. She is now well herself, although she remains HIV positive, and is both housed and working. A film student made a movie about her experience, which was entered into an awards contest at Ryerson University.

I was struck that both of these experiences, so dramatically opposite, could be ones that women in my study might have had. I found that the sense of animated optimism that several of the women in the study expressed was contagious and led me to hope for their success in establishing themselves in a new role. On the other hand, a few of the women seemed to be in situations that were fraught with potential difficulties and which could ultimately have lead to tragic endings. It is my frustration as a researcher to have no knowledge of how things unfolded in their lives after our brief meetings last fall.
REFERENCES


 *Advanced Nursing Science* 18:44-56.


Surbeck, M. 1997. “Shout Clinic and Young Mothers.” in Presentation to the City of Toronto Alternative Housing Subcommittee. Toronto.


Appendix A

Interview Guide Questions

Your General History
   How did you come to live in _______?
   Do you have other children? Where are they now?
   What relationships have been most important to you in the past year?

Your pregnancy
   How has it been for you to be pregnant?
   Can you tell me how you feel when you think about your baby?
   What does this pregnancy mean for you? For your life?
   How are you coping/managing at this point? What are your concerns?
   What helps you feel good about yourself?
   Who do you turn to for guidance or support?
   What is like living here in the shelter while you are pregnant?
   Do you have memories about the way you were parented that affect your
   experience of pregnancy?

Looking Ahead
   What do you picture when you think about the future?
   What are your dreams and wishes?
   How do you think this pregnancy will affect you five years from now?
Appendix B

Consent To Participate in the Study

The Meaning of Pregnancy for Homeless Women

Principal Investigator:
Heather Epp, MSc Candidate Telephone Number (416) 652-0893

Thesis Supervisor:
Dr. Robin Badgley, Professor Emeritus, University of Toronto,
Telephone Number (416) 978-3828

I ___________________________________________ have been asked to participate in a study by Heather Epp a student at the University of Toronto, in the Public Health Sciences Department. The study is in partial fulfillment of a Master of Science degree and is under the supervision of Dr. Robin Badgley.

I acknowledge that the study has been explained to me and that my questions have been answered. I understand that the purpose of the study is to gain a better understanding of the ways in which pregnancy is experienced by women during a period of homelessness. I understand that my participation in this study involves a minimum of one interview.

I understand that all information will be kept confidential and care will be taken to protect my identity. I am aware that I can withdraw from the study at any time. I also understand that I am under no obligation to the researcher or to the shelter to participate. I am aware that I will be paid $15.00 to participate in the study.

I consent to participate in the study.

_________________________________________ Participant’s Name

_________________________________________ Participant’s Signature

_____________________________ Date

I give my permission for the interview to be tape recorded. I understand the tapes and transcriptions will be kept without any identifying information. I understand I have the right to request that taping be stopped at any time during the interview.

_________________________________________ Participant’s Signature
Appendix C

Letter of Introduction for Agency Staff

My name is Heather Epp and I am a Masters student in the Public Health Sciences Department at the University of Toronto. I am also a registered nurse and work as a volunteer on the Wellesley Health Bus, as some of you may know. As part of my program I am responsible for conducting a research study under the supervision of Dr. Robin Badgley, a senior researcher at the Centre For Research In Women's Health. I am interested in studying how women experience pregnancy during a period of homelessness. More specifically, I am interested in understanding the meaning of a pregnancy in the everyday lives of homeless women who are living in shelters. In order to do this I would like to interview five women (among three shelters), and spend some time helping out at the shelter, most especially at meal times or at prenatal classes.

All women who are residents or drop-ins are eligible to participate in the study if they meet the following selection criteria a) the woman sees herself as homeless, b) is in their third trimester of pregnancy, c) is over 24 years old, d) is able to tell her story, e) is fluent in English and f) she is able to give informed consent.

I would very much appreciate permission to post a flyer that invites women to contact me about participating in the study. I would also be grateful for the opportunity to do some observation here at the shelter while working as a volunteer for a period of approximately two months. My volunteer experience on the Health Bus gives me some background in working with homeless and sheltered adults, but I would not be volunteering in a nursing capacity during the time of the study. My capacity as a researcher would not be hidden from staff or clients. I plan to offer a small remuneration for each woman who is interviewed.

Thank you,
Heather Epp
(416) 652-0893
Appendix D

University of Toronto

OFFICE OF RESEARCH SERVICES

PROTOCOL REFERENCE #5075

September 13, 1999

D. R. Badgley
Centre for Research in Women's Health
790 Bay Street, Ste. 751
Toronto, ON M5G 1N8

Dear Dr. Badgley:

Re: Protocol entitled “The Experience of Pregnancy among Homeless, Sheltered Women” by Dr. R. Badgley (Supervisor) Ms. H. Epps (Student)

We are writing to advise you that a Review Committee composed of Dr. R. Gallop, Prof. R. Glazier, Prof. D. Hulchanski and Prof. B. Poland has granted approval to the above-named research study.

The approved revised consent form and poster (Aug. 26, 1999) are attached. Subjects should receive a copy of their consent form.

During the course of the research, any significant deviations from the approved protocol (that is, any deviation which would lead to an increase in risk or a decrease in benefit to human subjects) and/or any unanticipated developments within the research should be brought to the attention of the Office of Research Services.

Best wishes for the successful completion of your project.

Yours sincerely,

Susan Pilon
Executive Officer
Human Subjects Review Committee

SP/mr Enclosures
Cc: Ms. H. Epp, Dr. H. Skinner, Chair
Appendix E

Recruitment Poster

ARE YOU PREGNANT?

Are you interested in being part of a research study? It involves just 1 or 2 interviews. All information will be kept confidential. A $20.00 payment will be offered for your time.

I am looking for women who are:

- over 20 years old,

- in the last half of their pregnancy

I am a graduate student at the University of Toronto and am doing research that looks at the meaning of pregnancy. I want to know what this particular pregnancy means to you and how it fits into your life.

If interested, please call Heather

536-4973 (evening)
217-3820 ext 2493 (day)
### Appendix F
#### Participant Profile

<table>
<thead>
<tr>
<th>PARTICIPANT</th>
<th>AGE</th>
<th>PREGNANCY</th>
<th>HISTORY</th>
</tr>
</thead>
</table>
| Pearl       | 35  | 9 months  | - has a previous child, not with her  
              |      |           | - living at shelter for abused women  
              |      |           | - victim of domestic violence  
              |      |           | - previously married  
              |      |           | - family overseas |
| Janice      | 31  | Baby 2 months Old | - first child  
              |      |           | - living at parent resource centre  
              |      |           | - some supportive family  
              |      |           | - fiancé no longer involved |
| Leila       | 25  | Baby 1 month old | - arrived in Canada when eight months pregnant  
              |      |           | - married but husband back home  
              |      |           | - well educated but unprepared to work in Canada |
| Claire      | 23  | Eight months | - recent refugee  
              |      |           | - husband in hiding back home  
              |      |           | - no belongings or money  
              |      |           | - religion provides strength |
| Isabella    | 19  | Six months | - medical student  
              |      |           | - from overseas, some estranged family in Canada  
              |      |           | - history of childhood violence  
              |      |           | - fiancé abandoned her |
| Ruth        | 20  | Seven months | - new immigrant  
              |      |           | - lives in shelter with her mother  
              |      |           | - university student  
              |      |           | - raised by single mother, welcomes single status |
| Karen       | 19  | Eight months | - childhood violence  
              |      |           | - grew up in foster homes  
              |      |           | - sixth pregnancy  
              |      |           | - history of substance abuse  
              |      |           | - domestic violence  
              |      |           | - having twins  
              |      |           | - abandoned by boyfriend |
| Suzanne     | 20  | Baby 1 week old | - childhood violence  
              |      |           | - lived in shelters 2 years  
              |      |           | - some family support  
              |      |           | - boyfriend recently in jail, still involved marginally |
APPENDIX G: FIGURE 1

HARD TIMES
- (CHAPTER 5)
  VIOLENCE
  BIRTH
  STOLEN YOUTH
  POVERTY
  STRESS

REGNANT WOMEN
- ABUSED WOMEN
- IMMIGRANTS
- HOMELESS YOUTH
- REFUGEES

ALTERED EXPECTATIONS
- (CHAPTER 6)
  ALONE
  BETRAYAL
  TRANSFERING CULTURES

SHELTER BLUES
- RULES AND REGULATIONS
- SURVEILLANCE
- 'ITS BEEN HELL'
- RACIAL DISCRIMINATION

STARTING OVER
- (CHAPTER 7)
  'I NEED THIS BABY'
  FORGIVENESS
  QUICKENING
  PLANNING

IT WILL BE ALRIGHT
- (CHAPTER 7)
  CONTROL
  STRONGER PERSON
  COOPERATION
  GETTING AHEAD