

**Gendered Pathways: Family Violence as a Primary Pathway into
Homelessness for Women**

by

Samantha L. Chopik

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Submitted by: **Samantha Chopik**

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An oral defense of this thesis took place on July 12, 2022 in front of the following examining committee:

Examining Committee:

Chair of Examining Committee	Dr. James Walsh
Research Supervisor	Dr. Hannah Scott
Examining Committee Member	Dr. Arshia Zaidi
Thesis Examiner	Wendy Stanyon

The above committee determined that the thesis is acceptable in form and content and that a satisfactory knowledge of the field covered by the thesis was demonstrated by the candidate during an oral examination. A signed copy of the Certificate of Approval is available from the School of Graduate and Postdoctoral Studies.

ABSTRACT

This thesis analyzes secondary data from a study done on 30 homeless men and women in a region in Southern Ontario to assess the gendering of homeless pathways between each group. Qualitative and quantitative methods were used to assess participant interviews and form themes which include family violence as a primary pathway for women, with more traditional pathways such as substance abuse and loss of income for men. Lack of services for women was a recurring issue, while feelings of embarrassment and/or shame were consistent with the male participants. Indigenous identity and homelessness were also explored. Erving Goffman's theory of dramaturgy was used to portray identity in terms of homelessness and victimization to demonstrate the hidden nature of these two issues. The common themes and findings within this study suggest that pathways into homelessness are gendered, with family violence being a primary pathway for women specifically.

Keywords: homeless pathways; intimate partner violence; family violence; dramaturgy; Indigenous

AUTHOR'S DECLARATION

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The research work in this thesis that was performed in compliance with the regulations of Research Ethics Board under REB Certificate number 16547 that was approved on April 29, 2022.

Samantha Chopik

Samantha Chopik

STATEMENT OF CONTRIBUTIONS

I hereby certify that I am the sole author of this thesis and that no part of this thesis has been published or submitted for publication. I have used standard referencing practices to acknowledge ideas, research techniques, or other materials that belong to others. Furthermore, I hereby certify that I am the sole source of the creative works and/or inventive knowledge described in this thesis.

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LIST OF ABBREVIATIONS AND SYMBOLS

BPDI	Bipolar Disorder I
BPDII	Bipolar Disorder II
DV	Domestic Violence
FV	Family Violence
IPV	Intimate Partner Violence
PTSD	Post-Traumatic Stress Disorder
REB	Research Ethics Board
SPSS	Statistical Package for the Social Sciences
U.S.	United States

Chapter One: Introduction, Relevance and Overview

Introduction

Homelessness and family violence are two distinct issues that might seem very detached from one another, with literature often focusing on one or the other but not both. For some, it might seem odd that family violence is completely relevant and significant within the discussion on homelessness, specifically within the study of female homelessness. With Canadian research expanding in the areas of gendered violence, it is timely and important to look at the lasting effects of family violence on women and their families, one of these being homelessness. For women experiencing intimate partner violence (IPV), shelters are a critical resource to provide safety (Robinson et al, 2020). Although shelter programs offer IPV victims and their children safe living accommodations upon leaving their abusive partner as well as services related to health and housing, the status of these women is “emergency sheltered” which falls under the umbrella of homelessness. For homeless women, their pathways into homelessness are more direct than their male counterparts. For example, a female victim of IPV might go directly into a shelter, thus rendering them homeless. For men, most commonly, their pathways are indirect, often beginning with a situation such as loss of a job, leading to a lack of monetary funds which results in loss of accommodation and from there, they become homeless (Tutty et al, 2014; O’Donnell, 2021). These gendered parallels are important as they signify the urgency and severity of female interpersonal violence and the need to address homeless pathways at a deeper level.

This thesis will examine pathways into homelessness for men and women to conclude that pathways differ according to gender, with a specific emphasis placed on

family violence as a primary pathway into homelessness for women. Themes for male homelessness will primarily include substance abuse and loss of income. Mental and physical health will also be addressed as a pathway, with a separate focus placed in Indigenous experiences of homelessness and identity due to the high number of Indigenous participants in the study. Secondary data from an original study done in 2018 on 30 homeless men (n = 15) and women (n = 15) in a region in Southern Ontario will be used to analyze these pathways. Using the study's participant interviews will provide insight into sociodemographic variables including gender, whether they identify as Aboriginal, as well as mental and physical health issues that correspond with the designated pathways outlined by the participants. This is done to clarify and make sense of their pathways and overall experiences with becoming homeless to assert the general hypothesis that pathways into homelessness are gendered, with family violence being a primary pathway for women.

Homelessness

In research, the root causes of homelessness are often analyzed through interactions between macro and micro level processes (Anderson, 2001). Most commonly, statistics on homelessness often focus on poverty, unemployment and the housing system as primary pathways into homelessness (Piat et al, 2015). Although research still tends to focus on low-income and housing as the most common predictors of homelessness, there has been an increase in focus around more individual level factors that contribute to homelessness, including familial violence, mental health and substance abuse. Previous research dating back to the 1990s suggested that more men were homeless than women, with scholars such as Fitzpatrick (2000) asserting a lack of

evidence around “hidden homelessness” and that gendered homelessness should only be applicable in comparisons of single and family homelessness. There has also been the assumption that men are more likely than women to become homeless due to familial breakdown (Anderson, 2001). Since then, research has adapted to the changing social and political atmosphere, with current homeless literature supporting the notion that women represent the fastest growing number of homeless individuals worldwide and have distinctly different pathways than men (Phipps et al, 2018). Although research tends to focus on male experiences of homelessness and homelessness in general, the lived experiences of homeless women and their differing pathways into homelessness are extremely valuable to understand the impact of gender on individual pathways (Phipps et al, 2018).

Prevalence of Family Violence

Conroy et al (2019) on a report for Statistics Canada analyze police data to report on the prevalence of family violence in the country. In Canada, family violence is slowly increasing, with IPV being the most common form of violence experienced by women and representing one-third (30 percent) of all police-reported violence. In comparison, 26 percent of crimes were perpetrated by a stranger. With a two percent increase in IPV reports between 2017 and 2018 representing the highest rate of intimate partner violence since 2012, IPV rates are becoming more pronounced than violence outside of the family (Conroy et al, 2019).

For children and youth experiencing violence in Canada, data from 2018 suggests 31 percent of violence is perpetrated by a family member. For police-reported violence against children, the vast majority of perpetration occurred in a residential location, and

the majority lived with the person who victimized them. For these victims, physical violence was used in approximately 75 percent of cases, with rates of victimization similar for males and females (Conroy et al, 2019). In Canada, currently, rates of shelter admissions have greatly increased due to the COVID-19 pandemic, with approximately 34 percent of facilities reporting a large impact as well as challenges related to accommodation capacity (Statistics Canada, 2022). In the first year of the pandemic, approximately 47, 000 shelter admissions were reported. From here, there was a drop in admissions attributed to fearfulness of contracting the virus, but shelter staff reported an increase in crisis calls and support for victims not residing in a shelter. Different components including lockdowns, school closures, financial strain and isolation led to increases in violence within the home and restricted access to supports. Although facilities expanded their services to accommodate as many victims as possible during the pandemic, many women were still turned away due to capacity restrictions (Statistics Canada, 2022).

Indigenous Homelessness

In Canada, Indigenous people are commonly overrepresented among the visible and hidden homeless population, including the overrepresentation of Indigenous children in the child welfare system (Alberston et al, 2020). Following the decline of residential schools, the process of removing Indigenous children from their homes was replaced by the child welfare system that continued the same practice. Canadian data from 2016 reported that Indigenous peoples accounted for 4.9 percent of the total population, with the number projected to rise within the next two decades (Statistics Canada, 2017). While the Indigenous population in Canada is low, Anderson & Collins (2014) report

Indigenous overrepresentation among Canadian homeless across 13 Canadian cities. One of the most interesting findings was from Toronto, where 15-16 percent of the city's homeless were identified as Indigenous, even though the Indigenous population in the city represents 0.5 percent of the total population. For shelter admissions, approximately one in five women are Indigenous, suggesting an overrepresentation of Indigenous women and their children in these facilities (Statistics Canada, 2022).

Relevance of the Current Study

The research on homelessness and family violence as separate issues are abundant, but the convergence of these two issues as impacting one another are less common within published works. This thesis will analyze the current scholarship surrounding the primary topics in discussion, including intimate partner violence and child abuse/maltreatment as a pathway into homelessness for women. Pathways for men will also be reviewed, along with a section reporting on Indigenous experiences of family violence in correlation with homelessness, as this is one of the only demographic variables present in the current study. The importance of exploring these individual themes in accordance with homeless pathways is evident from the results of the study. With common pathways cited, it is suggested that pathways into homelessness for men and women differ, with gender identity as a deciding and in many cases, an aggravating factor, especially for women.

While the study of homelessness and pathways into homelessness has been a primary area of research for many decades, the multidimensional perspective of gendered pathways has been less common. Due to the increasing frequency of homeless women along with their risk of interpersonal violence (Phipps, 2019), analyzing common

pathways for women and exploring the ways in which they differentiate from their male counterparts is important as it could potentially shed light on the different implications that family violence has for women, homelessness being only one.

Thesis Outline:

This thesis analyzes gendered pathways into homelessness, with the primary goal of asserting that family violence is a primary pathway into homelessness for women. To provide a brief roadmap of the contents, I will lightly touch on the primary components of each chapter. Following this chapter and the introduction, Chapter Two will examine identity, theory and existing literature on the topic, focusing on common themes pertaining to homeless pathways including IPV, child abuse/maltreatment, substance abuse, mental and physical health, and loss of income. Aboriginal identity will be briefly discussed as it was one of the only demographic questions asked in the original interviews. Chapter Three will discuss the methods used and the existing data for the original project. Chapter Four details the results of the current project using participants interviews. Chapter Five will include the discussion and conclusion, gaps in the literature and unique contributions. Chapter Five will also provide suggestions on how to advance this topic in the future, offering recommendations for further inquiry.

Chapter 2: Literature Review and Theoretical Framework

This chapter will focus on three key discussions pertaining to identity, the current literature on the topic, and Goffman's theory of dramaturgy to analyze gendered pathways into homelessness. Identity as it relates to gender and socialization will be discussed, as well as a brief background on Indigenous identity and its relevance to the current study. A literature review will follow that touches on separate discussions within the broader topic of gendered pathways into homelessness, including past and current scholarship on family violence, homelessness, differing pathways into homelessness for men and women, and the importance of gender. Following this section, Goffman's theory of dramaturgy will be utilized to address identity as it pertains to both homelessness and victimization in the context of familial violence.

It is important to note that while scholarship on pathways into homelessness seems to be expanding, there is a lack of published works within Canadian research that looks at family violence as a primary pathway and what this issue means for women. Canadian data and research will be the primary focus of this thesis, but there will be some studies analyzed from other countries due to their relevance with respect to the current review. Based on the lack of Canadian studies reporting on this specific topic, studies and data from other countries such as the United States (U.S.) and Australia will also be discussed. This only emphasises the importance of this thesis in adding to the current literature on the topic and promotes the need for further research in the area of family violence as a pathway into homelessness for women within a Canadian context.

Literature Review

Scholars within the discipline have long analyzed the different pathways into homelessness for men and women. While this area of interest is heavily studied, there is a lack of scholarship that looks at family violence as a primary pathway. Although research on homelessness is abundant, only intermittent attention has been paid to the long-term effects of family violence on homelessness by researchers (Long, 2015). The existing literature puts a specific focus on certain risk factors of homelessness, such as low levels of education, having children, poverty and unemployment. Although these factors are important in understanding the general risks, there is a lack of focus on the effects of family violence as it pertains to children and adult intimate relationships (Long, 2015). This section will analyze the current literature on the topic and report on common statistics and discussions around prominent themes around homeless pathways including the importance of identity and gender roles, following a brief on family violence in general, intimate partner violence, child abuse, differing pathways for men and women, health and addiction, and Indigenous pathways.

Identity and Gender Roles

Any topic of discussion involving the differing of experiences by men and women is incomplete without the added component of identity and the impact of traditional gender role expectations. Throughout the world, identity and its social determinants are extremely dominating in their influence of adolescent development, opportunity, resources and overall health (Saewyc, 2017). Specific gender identities placed on males and females at birth have a significant impact on the social roles they take on in later life, including the influence of specific behaviours and beliefs (Saewyc, 2017). Learning

gender-norms is not a new or uncommon practice and is an event that happens early on and occurs in all countries, cultures and groups throughout the world. From the start of an individual's life, identity is forming, and the process of individualism, and othering is taking place; "psychoanalysis also dedicates a central space in its theorizations to the moment in which the baby, or the child, acquires a sense of a separate self. Similarly, the relationships between 'me' and 'us' and the individual or collective 'other' are often at the heart of various narratives of identity" (Yuval-Davis, 2010, p. 273). Here, identity is beginning to take form through a predetermined discourse separating the 'self' and the 'other' (Yuval-Davis, 2010).

The study of gender roles has been a subject of fascination amongst scholars for centuries (Löffler & Greitemeyer, 2021). Differing in both their psychological and physiological functions, the stereotypes around the role expectations of both genders is widespread, with traditional beliefs assuming women to be more interpersonal, nurturing and empathetic (Löffler & Greitemeyer, 2021), with men being more aggressive and authoritative (Pietromonaco et al, 2021). Traditionally, masculine stereotypes promote the idea of men as powerful and dominate, with women as their subordinates, specifically within the context of intimate relationships. Outside of intimate relationships, these notions of gender roles are similar, with traditional beliefs that men hold more societal-level power and responsibility than women. Although this power structure around gender roles still exists, there has been a shift in Western society around the prescribed norms and behaviours in which men and women conduct themselves. Even though societal views and expectations are slowly changing, there still holds the belief that men should be the breadwinners of the family and women are more suited for domestic work

(Pietromonaco et al, 2021). Although this discussion around traditional gender roles does not directly relate to the context of pathways into homelessness, it depicts male-dominance and female subordination in relationships and the ways in which gender identity can envelop women. In terms of homeless pathways, this description of gender identity is important as it gives an insight into why and how IPV has become so common and male-domination so normalized.

In the context of this thesis and the study being examined, it is important to also note that identity is not unique to gender. While it often encompasses gender, identity is a dimension that signifies a type of belonging (Yuval-Davis, 2010). While this ‘belonging’ is commonly defined in terms of social groupings and taking on a personal narrative, identity can more simply be presented as a process of construction of one’s self that creates a personal narrative, shaping how they view themselves and how they are viewed by others (Denis-Constant, 1995).

Indigenous Identity

The discussion around gender and identity has thus far focused on individual and societal perceptions of the narrative self and has not addressed the physical or spiritual self. Indigenous identity is a topic that engrosses an entire body of literature, and since this thesis does not primarily focus on Indigenous identity, a proper analysis cannot be achieved within the length of this thesis. Nevertheless, it is important to touch on the relevance of Indigenous identity as it pertains to the respondents in the current study, many of whom disclosed to being Aboriginal.

While the discussion of gender roles and identity are important, Indigenous identity presents another dimension of relevance. Through colonialism, Indigenous identity has been violated and broken, leaving the very psyche of Indigenous thought and practice fragmented (Maddison, 2013). Gonzales and Kertész (2020) describe identity as it pertains to Indigenous people: "...the beliefs, values, and expression that encompass the memories, experiences, and relations that enable individuals as well as groups to construct themselves in the present" (p. 29). The result of the attacks on Indigenous identity have marginalized and oppressed Indigenous people and this intergenerational trauma continues to impact Indigenous communities (Maddison, 2013). For individuals who are homeless, identifying as Indigenous is another intersection of identity that impacts how they are viewed by society. For Indigenous women who are homeless, there adds another intersection. For each intersection of marginalization, their identity becomes further oppressed. Within the current study, several participants self-identified as Aboriginal, the majority being the female participants. Although the small sample size of the study does not allow for generalization to the larger population, this finding suggests that Indigenous homelessness, when compared to the Indigenous population in the country and its small representation, is of growing concern and should be investigated further in the context of family violence as a pathway into homelessness specifically for Indigenous women and girls.

Family Violence and Homelessness

The term 'family violence' acts as an umbrella description of the different forms of victimization found within the private home, including but not limited to child abuse or maltreatment and intimate partner violence. Literature around family violence outlines

the causes and consequences of this type of violence and the implications it has on an individual's life course. Although the circumstances that force an individual into homelessness are multi-dimensional, it is recognized that certain people are more vulnerable than others based on specific trauma and/or different forms of victimization (Spinney, 2013). While family violence has been outlined as a predictor of adult homelessness, the literature is primarily focused on self-perpetuating pathways, such as alcohol and drug addiction, financial debt, eviction and relationship problems. There is a gap in the research in terms of pathways that focus specifically on the impact of family violence, primarily for women. Violence against women in the private home by their familial relations or intimate partners is a frontline issue on its own, one that deserves the undivided attention of researchers and policy makers alike.

Intimate Partner Violence as a Pathway into Homelessness

Domestic violence (DV) or IPV, particularly against women, has long been cited as a direct pathway into homelessness (Netto et al, 2009). Still, the research lacks a specific focus on the underlying notions of familial violence in terms of gender roles and traditional assumptions of male domination. For women, violence victimization is usually experienced at the hands of their intimate partner, with one in three women reporting IPV victimization at some point in their life (Meyer, 2016). Canadian statistics reported by Milaney et al (2020) show that women make up a minority of the homeless population within the country (27 percent), but 89 percent of families in Canadian shelters are headed by women. Due to the overrepresentation of women and their children in homeless shelters within Canada, it is suggested that women are largely underrepresented

in statistics on homelessness because of their lack of visibility in their experiences of homelessness (Milaney et al, 2020).

Women's experiences with violence in the home not only carries the effects of individual trauma, but also affects their access to safe and secure housing (Baker et al, 2010). The systemic gendering of violence overwhelmingly targets women, with 1 in 5 women reporting being victimized by an intimate partner at some point in their life (Baker et al, 2010). While violent victimization has been recognized as a major contributing factor to female homelessness (Netto et al, 2009), few studies have explored this relationship from a systemic standpoint (Baker et al, 2010). Instead, the literature often takes a different approach and analyzes pathways in terms of individual factors. While IPV is noted as a pathway, the discussion around IPV does not often focus specifically on homelessness as a result, but other outcomes such as landlord discrimination, financial problems and loss of employment. Although these are all avenues that can lead to homelessness, homelessness is not generally cited in the literature as a primary result of family violence (Daoud et al, 2016).

Hamilton et al (2011) analyzes trauma as a pathway into homelessness from the perspective of veteran women. Using statistics from the United States, they discuss the prevalence of homelessness among veterans, with an estimated one in four homeless individuals having served in the U.S. military. This number is higher for homeless women, with data suggesting that women veterans are four times more likely than non-veteran women to become homeless at some point in their life. They note the common pathways into homelessness found in the literature, such as childhood adversity, substance abuse, and mental health problems, and emphasize the lack of focus on

independent risk factors such as trauma. For the women in the study, the results showed five themes that most commonly attributed to their homelessness: “1) Pre-military adversity (including violence, abuse, unstable housing), 2) military trauma and/or substance use, 3) post-military IPV, abuse, and termination of intimate relationships, 4) post-military mental illness, substance abuse, and/or medical issues, and 5) unemployment, Criminal justice involvement” (p. 5204). For the women who cited abuse as their pathway into homelessness, they described their “survivor instinct” from being in the military as the only thing that saved them (Hamilton et al, 2011).

Many women experience their first instance of homelessness in the event of leaving an abusive partner (Tutty et al, 2014). Women have always been at risk in the private home, and their risk of violence is only heightened when they leave the situation (Dichter & Gelles, 2012). Upon leaving an abusive relationship, the resources that are available to women are limited and they must become dependent on friends and family, or outside housing such as shelters (Long, 2015). While trauma is formed through the impact of violence, women experience further trauma when they flee the family home. For women in Canada fleeing IPV, it is estimated that approximately 38 percent reported becoming homeless immediately after leaving their partner, and up to 50 percent described other issues with finding housing (Kirby & Mettler, 2016). Left without stable housing, this is one of the reasons why a woman may return to an abusive relationship (Tutty et al, 2014). While there are many resources for women and their children upon leaving the family home, women in these circumstances can often “slip through the cracks” as stated by Tutty et al (2014). This can result in female victims and their children entering extended periods of homelessness and/or living in poverty with unsafe

housing. One interesting finding in the discussion on shelter stays for women is the lack of data around women staying in shelters in Canada (Kirby & Mettler, 2016). For women, they are less likely to access shelters when fleeing from DV because most shelters lack staff and supports to help them, in which case their homelessness continues to go unnoticed (Kirby & Mettler, 2016). Not including the insufficient amount of research that is dedicated specifically to female experiences of homelessness in the country, rates of female shelter occupancies are further hidden based on the notion that women who couch surf or stay in shelters are not considered “homeless” by traditional assumptions (Maki, 2017). There still exists the idea that to be homeless means to be unsheltered, which presents its own set of issues for homeless advocacy. The Homeless Hub (2021) defines homelessness as “the situation of an individual, family, or community without stable, permanent, appropriate housing, or the immediate prospect means and ability of acquiring it.” They assert that many who experience homelessness are not living on the street but find themselves temporarily living with friends or family or staying in emergency shelters (Homeless Hub, 2021).

Tutty et al (2014) discuss the impact of leaving a shelter on women and their children. Often faced with a lack of adequate housing, sometimes the only option for victims is returning to their abuser or becoming homeless. A similar study from 2016 in New York City cited domestic violence as the top driver of homelessness during that year (Goldensohn & Schiffman, 2016). While domestic violence affects access to stable housing, it can also negatively affect women’s employment for years after their victimization. Further, another study from 2013 found that 58 percent of survivors

reported missing work due to the violence, with 28 percent losing their job as a result (Goldensohn & Schiffman, 2016).

Domestic violence has been recognized by the World Health Organization as a serious human rights issue, as well as a public health problem (Garcia-Moreno et al, 2006). Edleson (1999) in his report on children and domestic violence writes that family violence is a recent phenomenon, “Yet, violence between intimates has long been a part of family life” (p. 839), dating centuries back in religious and historical documents. While the definitions of domestic violence have expanded from focusing on physical violence as the only identifier of abuse, including emotional abuse, coercion and control, this definition is still semi-accurate (Chester & Joscelyne, 2021). A 1999 review on violence against women in over 35 countries reported findings that suggest between 10 and 52 percent of women have been abused by an intimate partner at least once in their life. This number is similar when reporting on sexual violence experienced by an intimate partner (Garcia-Moreno et al, 2006).

The term “homeless career” has been used by some social scientists to identify the different stages an individual may go through on their way to becoming homeless (Chamberlain & MacKenzie, 2006). They make it a point to clarify that the state of being homeless is not a career in the traditional sense but use the phrase as a metaphor to put emphasis on the idea that an individual goes through different stages of homelessness and different factors influence their trajectory into this state, with “career” simply meaning a form of biographical identity. This process of homelessness is identified through different pathways and puts emphasis on the diversity and complex nature of the lives of this vulnerable community. Chamberlain and Johnson (2011) conducted a study in

Melbourne, Australia on individuals who were currently or had been homeless in the past to analyze pathways into homelessness. Their first assessment required interviewers to probe the participants on why they became homeless. When creating themes, five primary pathways into homelessness were presented, all with commonalities either directed at the self, resulting in a breakdown of the family unit, or institutional factors relating to the economy. While some cited financial hardships including loss of a job, other themes included substance abuse and mental health. Two distinct pathways relating to one another included family breakdown due to domestic violence and failed romantic relationships. The instances in which familial breakdown was cited as a primary pathway into homelessness, the authors note the primary victims as women and their children (Chamberlain & Johnson, 2011).

Most of the research analyzing the connection between female victimization and homelessness takes an overall mixed-methods approach (Milaney et al, 2019). Focusing on interviews with women who have experienced homelessness as a result of family violence, the literature surrounding the issue often lacks a quantitative focus. While qualitative analysis has been useful in understanding female lived experiences of homelessness, research on male homelessness often takes a quantitative approach. Although both ways of conducting research can be useful, qualitative research for the purpose of exploring pathways into homelessness is crucial as it details the lived experiences of victims/survivors of this violence, while quantitative research is centred around statistics (Woodhall-Melnik et al, 2018).

Child Abuse as a Pathway into Homelessness

Not only does IPV impact the lives of the victims/survivors, but it also impacts the lives of children who are witness to this violence (Chester & Joscelyne, 2021). For children, witnessing this type of violence within the home becomes associated with control, isolation, family secrecy and, in turn, forces them to manage a mixture of confused and unresolved emotions. They might blame themselves or feel a sense of responsibility to keep their victimized parent safe, and/or they could become closed off, distant and accept this violence as a part of normal, everyday life (Chester & Joscelyne, 2021).

Osuji & Hirst (2015) looked at the lived experiences of homeless women without children in Calgary. They sought to understand the triggers that placed these women into homelessness with the end goal of developing a framework for assisting these victims. In an individual case study, one female participant states, “my life has been that of abuse from childhood to adult relationships, it’s a pity people do not really talk about abuse and its lasting effects on women” (p. 90). The authors discuss the gaps in the literature on homeless women and note the failure of researchers to analyze homeless women by themselves and not specifically focusing on homeless women with children. They put emphasis on analyzing homeless women without children to bring attention to the women themselves as individuals to promote an understanding that female lives and lived experiences are important, with or without the added component of motherhood. Taking a qualitative approach, the study conducted face to face, unstructured interviews with homeless women on their pathway into homelessness and their experiences of being homeless while allowing them to share their stories. Results from the study produced two

prominent themes: feeling lost and homeless at home and searching for oneself. Within both themes was the underlying presence of abuse as a trigger.

Childhood abuse was a common theme among the participants that triggered their feelings of being homeless into their actual transition into homelessness. Participants explained the direct connection between their feelings of personal loss as a result of their victimization that manifested into the loss of their physical home, accompanied by loneliness and struggling to reconnect with society and their personal self. Describing the feeling of being disconnected with themselves and the world around them, participants attributed these emotions as a result of their abusive experience within the family home. The findings outlined in the article suggest that homeless women are more likely to have been abused during childhood and consequently abused in their adult intimate partnership(s). They make note that while abuse is not a guaranteed predictor of homelessness, childhood abuse and intimate partner violence are patterns that can lead to an inability to form positive relationships, which in turn is a predictor of adult homelessness. The authors include an analysis by Tutty et al (2015) that describes familial abuse as a serious social issue that requires immediate attention, even though it mainly occurs within the private home and is out of view from the public eye and often the legal system. Findings from this study support the idea that childhood abuse and intimate partner violence are indirect pathways into homelessness for women and are factors that can contribute to the continuous inability to find stable housing (Osuji & Hirst, 2015).

A study conducted by Anderson & Rayens (2004) in Oregon, Washington, and Vancouver on homeless women aimed to compare childhood experiences of intimacy and

autonomy as well as social support, reciprocity and conflict in support networks of women who have and who have not experienced homelessness. Here, they focus on families of origin (i.e., primary family) and the impact they can have on their behaviour and life course. The presence of a strong or weak familial attachment plays a key role in whether life experiences will be positive or negative, and the ability or inability to form social networks has a significant impact on adult experience. The authors suggest that individuals who were physically abused or neglected by their parents during childhood were at an increased risk of becoming homeless. Five themes are outlined that all play a role in how an individual's life course will be shaped: autonomy, intimacy, social support, reciprocity and conflict.

According to Anderson & Rayens (2004), the development of autonomy and intimacy within a family function is essential to developing a healthy personality. While autonomy allows an individual to be interdependent, intimacy encourages the expression of feelings, how to deal with conflict without stress, and trust of others. Relationships that are conflicted in childhood can lead to an inability to form relationships during childhood/adolescence, which in turn affects one's ability to find and keep supports in adulthood. The researchers also note that conflict in families can occur in different ways, including but not limited to abuse, lack of boundaries, poor communication and instability. It is suggested that homeless women have endured some form of conflict during childhood and this conflict has continued as a cycle of abuse in adulthood. While the authors note that the family of origin may not be the primary cause of an individual becoming homeless, they put emphasis on the importance of strength within these relationships and the ability to form positive social networks. While other factors may

contribute to an individual's homelessness, the authors propose that an ability or inability to form these relationships during childhood may impact the life course (Anderson & Rayens, 2004).

The literature has suggested that family violence experienced during childhood is known to be a primary cause of victimization during adulthood. Living with family violence can have a negative effect on a child's development, both emotionally and cognitively, with one in four children who have experienced some form of family violence having serious behavioural problems (Spinney, 2013). Child maltreatment including physical and sexual abuse has long-term consequences for the individual once they enter adulthood, including but not limited to the increased risk of mental health issues and personal adjustment problems such as depression, anti-social behaviours, substance abuse and other psychiatric disorders (Fergusson et al, 2008).

There is growing evidence that an association exists between experiencing or witnessing family violence as a child/adolescent and similar victimization as an adult (Bensley et al, 2003). Bensley et al (2003) discuss a study conducted by the Washington State Behavioral Risk Factor Surveillance System that looked at the correlation between childhood victimization and further victimization as an adult. Results suggested that women who reported physical abuse as a child were at an increased risk (four to six times) of experiencing intimate partner violence. Studies that have analyzed the relationship between childhood abuse and adjustment in adulthood often have a longitudinal focus. One study out of New Zealand studied children who reported physical or sexual abuse and spanned 25 years with annual check-ins (Fergusson et al, 2008). Other studies may take a more basic, qualitative approach and interview adults who have

or are experiencing family violence to think back on their childhood and remember their experiences of victimization.

In a 1997 study done on childhood abuse and the risk of adult homelessness in the U.S., results suggested that individuals who experienced some form of familial abuse during childhood were at an increased risk of subsequent homelessness in adulthood (Herman et al, 1997). One study in British Columbia analyzed 500 homeless adults and their first experiences with homelessness, with results suggesting that individuals who experienced physical and emotional abuse and emotional neglect as youth were more likely to become homeless during their adolescence, putting them at greater risk of continued homelessness during adulthood (Mar et al, 2014). A similar study in the U.S. took a nationally representative sample and interviewed 92 individuals who had previously experienced homelessness, with a comparison group (n = 395) who had no prior experience(s) of homelessness (Herman et al, 1997). Through an analysis of adversity, different variables were explored including lack of care from a parent, and physical and sexual abuse. Results suggested that lack of care from a parent during childhood greatly increased the likelihood of homelessness later in life. Physical abuse also resulted in an increased risk. When compared to the control group, those participants who experienced either type(s) of abuse as a child were at an increased risk of becoming homeless as an adult (Herman et al, 1997).

Research suggests a relationship between childhood abuse and post-traumatic stress disorder as an adult (Burns et al, 2010). A survey of 912 female college students in Atlanta, Georgia reported that participants who experienced physical, sexual and/or emotional abuse as a child suffered from emotion deregulation when compared to the

control group (Burns et al, 2010). It is suggested that trauma, especially repeat trauma, can have a negative impact on the regulation of emotions and interpersonal skills of the individual. Riggs (2010) analyzes emotional abuse as a child and the way in which it impairs emotional regulation and in turn perpetuates negative views of self. Through the lack of coping mechanisms, children who experience this form of trauma within the private home are at a disadvantage as adults through their lack of ability to function in a social setting and forming of intimate relationships (Riggs, 2010). While traumatic events during childhood can have a negative impact on relationships formed during adulthood, research also suggests that this trauma can turn into distrust of people as well as institutions (Woodhall-Melnik et al, 2018).

The literature on the impacts of familial violence either experienced or witnessed during childhood suggests that these events impact overall decision-making during adulthood (Anderson & Saunders, 2003). Through the lens of childhood victimization and adult decision-making, several studies on this topic hypothesized that through the intergenerational cycle, children's direct and indirect exposure to violence as a child elevates their risk of being victimized in adulthood (Jung et al, 2019). While some research is repetitive on the effects of violence and victimization of children, most studies in family violence are quite basic, often focusing on one of more predictors of victimization (Jung et al, 2019). Through this analysis, the events along the pathway into homelessness for women are most persuaded by their childhood. Although the pathway is not linear, most of the literature suggests a recurring cycle of familial victimization during childhood leading to victimization in adulthood in the form of IPV, which in turn pushes the woman into a state of homelessness upon fleeing her abuse. While this is not

the only life trajectory for women who are victimized either during childhood and/or adulthood, researchers suggest that this form of victimization is the most common predictor of homelessness for women.

Differing Pathways

In the discussion on pathways into homelessness for men and the comparison with female pathways, it is important to note that men can also be victimized by violence within the home (de Vet et al, 2019). This pathway is not completely unique for women, although women represent most shelter occupancies as a result of IPV victimization. When directly analyzing family violence as a pathway, women are statistically more likely to seek emergency shelter services as a result of IPV and are at an increased risk of losing their accommodation when compared to male victims (Netto et al, 2009). Still, statistics on male homelessness are far more prevalent (de Vet et al, 2019), with existing literature often neglecting to recognize gender in the discussion of male homelessness (Broll & Huey, 2020). While this discrepancy may be due to the lack of statistics around female homelessness, going back to the issues and stereotypes around definitions of homelessness, when looking at homelessness as a single variable, men are disproportionately affected (Woodhall-Melnik et al, 2018). When accounting for the differences between male and female homelessness, most of the present literature is cross-sectional and conducted in the United States. Further, past studies on homelessness tend to focus on youth homelessness, with less attention paid to adult populations.

In a comparison of pathways, men are more likely to experience homelessness due to factors such as loss of income, mental health, and substance abuse problems (Tutty et al, 2014). Common findings from studies done internationally on this topic suggest that

while substance abuse can have a significant impact on an individual becoming homeless, family conflict and family violence are more likely to cause an individual to flee the home. One study conducted by Mallett et al (2005) in Melbourne on 302 youth participants found that only one-third (n = 107) stated substance use as their main pathway into homelessness, while the remainder of participants identified some type of family conflict as their primary stressor. While both men and women have different lived experiences of being homeless, it is important to understand the gendering of pathways. Although the literature around family violence often takes a female-centred approach, it is important to also analyze the lived experiences of men in the discussion of family violence and homelessness.

Pathways into homelessness are often misinformed and misunderstood by the general public. With a variety of stereotypes surrounding an individual's entry into homelessness, none is more common than the perception that homelessness is the result of drug and/or alcohol addiction (Mallett et al, 2005). While many studies surrounding this issue do report a high rate of drug/alcohol use among participants, there is an ongoing debate on whether substance abuse is a pathway into homelessness or a subsequent result of being homeless. While it is important to analyze the idea of causes and consequences, it is equally as important to look at other factors that push an individual into this vulnerable state. Some scholars suggest that it is not necessarily the substance abuse itself that results in homelessness, but a variety of converging factors including but not limited to family conflict, stresses at home and abuse. (Mallett et al, 2005).

Pophaim and Peacock (2021) look at pathways into and out of homelessness for both men and women, suggesting that while this issue is multidimensional, there is a higher focus placed on certain pathways above others. They look at past studies done on homeless pathways and discuss alcohol and substance abuse as one of the leading causes of homelessness. In the United States, studies suggest that more than half of the clients at *Health Care for the Homeless* identified having drug and/or alcohol addiction, with 80 percent stating drug or alcohol problems predating their first homeless episode. Although the data suggests that a significant number of homeless individuals do suffer from addiction, it has created perceptions that all those who experience homelessness are substance abusers. This misconception has been formed by stereotypes of the homeless population, but it is suggested that as a pathway into homelessness, a significant number of homeless individuals do suffer from addiction (Pophaim & Peacock, 2021).

Much like pathways into homelessness for women, men also experience unique forms of victimization. While male pathways into homelessness might not be overwhelmingly dependent on familial victimization, the current and past scholarship on this issue supports the notion that men have undergone some type of internal or external struggle that has placed them into a situation of vulnerability. Entilli and Cipolletta (2016) discuss domestic violence from the perspective of males as victims and the female perpetrator. While it should be noted that women are statistically more likely to be physically injured from IPV and are more likely to report their victimization, the authors emphasize that men can and do fall victim to IPV but are less likely to seek help. The primary reason for not seeking help is for fear of not being believed, and because of strong socio-cultural values of hypermasculinity. Because of this, men experiencing

family violence often face fear of ridicule, humiliation and social isolation. Even though social perceptions of male victimization has changed from what it was historically, there still exists a taboo that men who allow themselves to be hurt by a woman are feminine and weak (Entilli & Cipolletta, 2016). Although men do experience abuse at the hands of their female intimate partners, there is little reference to this victimization, with statistics and academic literature primarily focusing on the victimization of women by their male partners.

A 2018 qualitative study conducted on 25 homeless men in Ontario used semi-structured interviews to explore the impact of trauma/neglect on their entry into homelessness (Woodhall-Melnik et al, 2018). Results found that almost all the men in the study had some type of traumatic event as a child that triggered their pathway to homelessness as an adult. While acknowledging the presence of a traumatic event, this too differs by gender. Traumatic events experienced during childhood for men often revolved around exposure to physical violence, while female pathways were shaped by parental psychopathology and trauma from sexual assault (Woodhall-Melnik et al, 2018). With research focusing mainly on addiction and mental health as a predictor of male homelessness, there is a lack of study around the experiences of trauma and violence for men experiencing homelessness.

Health and Addiction

The literature surrounding mental health and family violence mainly focuses on intimate partner violence victimization. Stewart & Vigod (2017) discusses the prevalence of IPV and the neglect surrounding this issue as a public health concern affecting victims both physically and mentally. While victims of IPV often suffer from a wide variety of

physical health conditions due to their victimization, the adverse psychological effects are equally as common, with victims often experiencing several mental health diagnoses including but not limited to anxiety, depression, post-traumatic stress disorder (PTSD), psychosis, antisocial behaviour, suicidal ideations, low self-esteem, sleep apnea and emotional detachment. Due to the high level of mental health diagnoses associated with victims of IPV, the U.S. Substance Abuse and Mental Health Services Administration recommends a ‘trauma-informed’ model of care for all. This trauma-informed model of care trains healthcare professionals to recognize the signs of trauma and abuse in both patients and staff, integrated knowledge around trauma policies and practices, as well as encourages voices and choice with issues pertaining to culture, history and gender. Here, it is noted that although certain individuals may have a predisposition to mental health issues based on biology and genetics, victims of IPV often experience life stress, financial issues, and the loss of supports around them, which creates difficulty in preventing mental health episodes (Stewart & Vigod, 2017).

Gilroy et al (2016) analyze the relationship between intimate partner violence and housing instability. With IPV as one of the highest risk factors of homelessness for women, it is estimated that victims of IPV are four times more likely to face housing instability compared to non-victims. While there are different pathways into homelessness where physical and or mental health do not play a factor, a notable indirect route into homelessness for women is the cognitive results (depression, PTSD) of IPV victimization. The authors conducted a study out of the U.S. that looked at women and their children who have experienced both homelessness and IPV to explore the relationship between these two variables. Using 150 participants, the results of the study

reported that 36.3% had unstable housing after seeking help. The same women who reported housing instability showed higher levels of PTSD, anxiety, depression, physical and sexual abuse, and their children also had higher 'problem' scores. Here, the researchers were able to infer that poor mental health has a high correlation with housing instability/homelessness among female victims of IPV (Gilroy et al, 2016).

Daoud et al (2016) outline IPV in direct relation to homelessness due to its impact on women's health. In their study including 41 women conducted in 2010-11 in Ontario, Canada, they sought to analyze pathways and trajectories into homelessness and/or unstable housing. All participants in the study reported at least one past incident of IPV, which was defined as being either physical, sexual, emotional, and/or psychological, during their adult-life. Every woman in the study had reported being depressed at some point, including at least one continuous mental or physical health condition. These mental health episodes included PTSD, depression, anxiety, bipolar disorder I and II (BPDI, BPDII), anorexia nervosa, mania and schizophrenia. They make note of one participant who stated their experiences with IPV led to a diagnosis of PTSD, which resulted in financial issues, difficulties finding employment, and then unstable housing. While it cannot be positively concluded that mental health has a direct link to homelessness, it is suggested within studies such as this that the results of IPV can have long-lasting and undesired effects related to housing (Daoud et al, 2016).

Rollins et al (2011) explore the impact on IPV, mental health and housing instability on a study conducted on 278 female IPV victims in the Portland Metropolitan Area of Oregon. They assessed criteria including but not limited to demographics, general health, housing instability, PTSD, depression, and quality of life. The results

indicated that the relationship between housing instability, PTSD, depression and quality of life was normally distributed, and that the greatest indicator of housing instability was related to severe PTSD, worse depression, and a poor quality of life. They emphasize the high levels of depression of the women in the study by comparing it to war, stating that depression scores for the participants were higher than that of returning war veterans. The researchers concluded that participants with elevated symptoms of PTSD and depression were at a higher risk of experiencing homelessness and/or housing instability (Rollins et al, 2011).

One common finding in the current literature on homeless pathways is addiction. Shültz (2016) analyzed homelessness and addiction in a study on 500 homeless individuals in British Columbia. Among the participants, 78 percent had at least one substance use disorder, with overlap based on individuals who suffer from more than one substance abuse disorder. In terms of morbidity and mortality, 52 percent of deaths within the homeless population was attributed to substance abuse. The author also discusses access to shelters for homeless individuals suffering from addiction, noting that most shelters will not accept intoxicated individuals. The author in this particular study raises the question of causality in terms of substance abuse and homelessness. They contend that based on available data, substance abuse is a risk factor for homelessness more than homelessness is a risk factor for substance abuse. For individuals who suffer from addiction and then become homeless, their homelessness might lead to a progression of their disorder (Shültz, 2016).

Indigenous Experiences of Homelessness

Much of the literature surrounding Indigenous homelessness is based out of Australia and the United States, but for the purposes of this discussion and due to the high number of self-declared Indigenous participants in the study, this section will specifically focus on Canadian reports. Experiences of Indigenous people in Canada has long been that of suffering and oppression. Indigenous people, without the added component of homelessness, often face higher mental and physical health issues than the general population. In terms of general health in Canada, Indigenous people are six to seven times more likely to have tuberculosis, four to five times more likely to have diabetes, three times more likely to have heart disease, and twice as likely to have a long-term disability (Kirmayer et al, 2003). For Indigenous people with regard to mental illness, substance abuse and their coinciding homelessness, these experiences are often related to systemic inequalities and trauma from a history of colonization (Bingham et al, 2019). While rates of Indigenous homelessness are overwhelmingly high, Indigenous women specifically represent a growing portion of Canada's homeless, with their experiences of homelessness aggravated by physical and sexual violence (Alaazi et al, 2015).

Indigenous people have a long history of being overrepresented among the homeless population worldwide, and Canadian data shows that within the country, homelessness among the Indigenous community is increasing (Bingham et al, 2019). Bingham et al (2019) analyzed the association between self-reported Indigenous identity, gender and homelessness to investigate mental health and substance abuse among Indigenous men and women who are homeless in Vancouver and Winnipeg. They

hypothesized that Indigenous women would have a significantly higher level of trauma, suicidal ideations, substance dependence and violence victimization. With a total of 439 participants (Indigenous and non-Indigenous), the results showed that female gender was a common predictor of PTSD, high suicidal ideations, multiple mental health disorders and substance abuse. Being female and Indigenous was also associated with increased levels of physical and sexual violence when compared to the Indigenous males in the study (Bingham et al, 2019).

Christensen (2013) examined the sociocultural dimensions of homelessness among the Indigenous population in Canada to analyze the increasing number of visible homelessness in northern Canada. Her study took place in two cities in the Northwest Territories and focused on key determinants of homelessness among Indigenous community members through a primary lens of colonialism. The participants in the study noted several factors that have had an impact on their homelessness, including sociocultural changes and breakdown of Indigenous culture and family which have influenced the collective sense of belonging, social exclusion, detachment from Indigenous identity, as well as intergenerational trauma as a result of residential schools. She discusses the ongoing effects of colonialism on the Indigenous homeless population, and notes that the experiences of this group are not properly explored in academic literature.

Pauly et al (2019) analyzed severe alcohol dependence and homelessness through a study conducted in five Canadian cities. The data collection included 56 participants in which 23 identified as having some First Nations, Métis, or Inuit ancestry. Due to the high number of Indigenous people in the study, their review and results reflected this

need for further inquiry. The Indigenous participants in the study commonly described different events that triggered their homelessness, including traumatic life events, injuries, abuse, and/or alcohol use. As a result of their homelessness, these participants discuss their feelings of loss and separation from their culture, traditions and practices that keep them connected to their family and community. One participant explains his feelings of loss: “I lost that part there where we would you know smudge in the morning, and you know say thank you to our creator and then somehow I just quit doing that” (p. 7). From here, the authors begin a discussion around trauma and colonization in Canada which includes loss of land and resources for Indigenous people, residential schools and the sixties scoop, and the current foster care system that has been labelled an extension of the residential school system. This displacement and removal of Indigenous culture and community has promoted a systemic structure of marginalization in Canada. Further, this system lacks resources to help the Indigenous community, “highlighting a significant gap in services for a population impacted by structural violence with vulnerability to harms of alcohol use exacerbated by homelessness” (p. 7). For the Indigenous community in Canada, their experiences and pathways into homelessness differ from the general population due to a history of colonialism and trauma as a result of land and home displacement in the form of residential schools (Pauly et al, 2019).

Violence against Indigenous women and girls in Canada was brought to the public forefront with the final report of the National Inquiry into Missing and Murdered Indigenous Women and Girls (2019). This report includes stories and truths from Indigenous families, survivors and other witnesses to address the harms committed against Indigenous women and girls in Canada throughout its history. Interpersonal

violence against Indigenous women and girls, such as sexual violence and IPV often goes unreported due to a fear within the community that reporting violence often causes more harm. One participant, Michele G. described her experience with police as a victim of IPV: “In the beginning I used to call the police but then didn’t bother anymore. It didn’t seem to serve any purpose. Except once when he broke my nose and they made him leave. Usually they said I had to leave with my six kids, which was so frustrating” (p. 629).

Figure 1: Common Events Leading to Homelessness for Men and Women

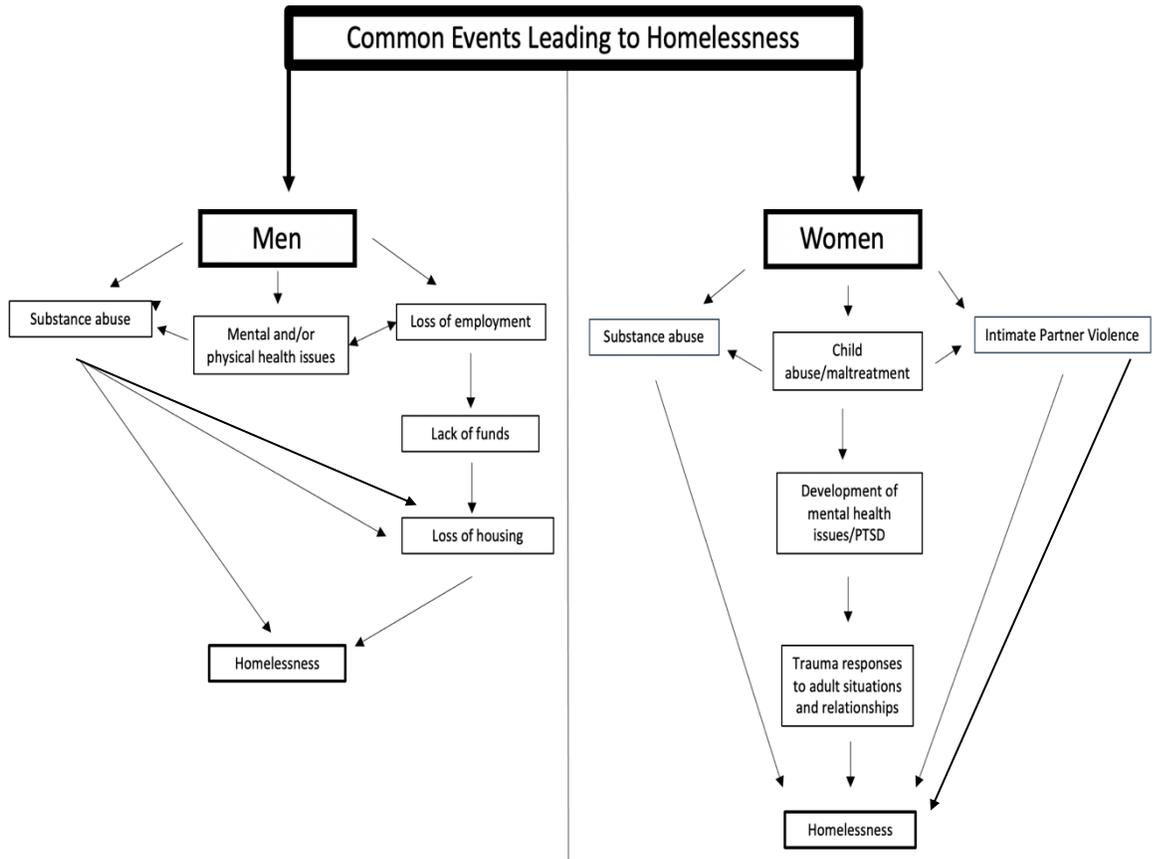


Figure 1: Common Events Leading to Homelessness for Men and Women gives a visual representation of the common pathways into homelessness for men and women. For men, the diagram showcases a variety of different pathways with much more variation in events leading up to their homelessness. For women, their homelessness is much swifter following an event, especially when the primary pathway is IPV. For homeless women who cite IPV as their primary pathway into homelessness, fleeing the home and/or entering a shelter is often in direct escape of the abuse. For men, for example, they might experience a job loss which then turns into lack of income to pay bills, they might then lose their housing and from there, become homelessness. For men, pathways into homelessness are often more indirect, while women's pathways are more linear.

Theoretical Framework: Dramaturgy

Homelessness and family violence are two prominent topics within the social sciences that are not commonly addressed within the same framework. In the analysis of theory when both issues are combined presents a challenge, as criminological and sociological theories do not directly address these issues in relation to one another. With Goffman, I found that his works and theories on humans as actors and their changing of self could broadly explain family violence as a pathway into homelessness in terms of silent victimization and the performative roles that victims adhere to in order to hide their victimization. While Goffman's theory does not explicitly focus on either of these issues, it is relevant in the sense of understanding self and to give a possible explanation of why these issues go unnoticed and/or ignored. Within this thesis, one of Goffman's most notable works will be analyzed: *The Presentation of Self in Everyday Life* (1956) to

envelop a sense of why certain identities are considered unfavourable and therefore hidden from society.

The Presentation of Self in Everyday Life

Erving Goffman is a sociologist who developed the concept of dramaturgy, in which humans are actors and life is a theatrical play. Goffman's work in *The Presentation of Self in Everyday Life* (1956) looks at the study of social life and the ways in which the individual tailors his personality and behaviors depending on the social situation that he is in. Within his analysis of self, Goffman labels the individual as a 'performer,' alternating between different forms of reality in different situations or with different individuals. He notes that this personality 'front' becomes a collective representation of the institutionalized stereotypes that are expected of different people in their performative tasks. When an individual takes on a social role, they will come to find that this role has already been established, and that they, as a social actor, are expected to maintain the corresponding front designated for that role. This notion of the performative identity is not unique to one group of people but can be applicable to all who find themselves part of the conventional structural norms of society. When certain duties and or rights become attached to a certain social role, this identity is likely to continue even in different social situations. This analogy of a 'performer' can be attributed to what will be discussed as the silent victim and can be attributed to why individuals who are struggling in their daily life are often invisible to the daily public, or their hardships go unknown, because they put up a front while in the presence of outsiders in an attempt to hide their disposition.

In his discussion on dramatic realization, Goffman (1956) explains the process of acting in the presence of others and how the individual must dramatically highlight and portray the facts that are consistent with the front they are trying to convey. He puts emphasis on the notion that this dramatization, in certain situations, poses no issue because the actor has become fully adapted to their role – much like police officers, surgeons and musicians, their professional roles are presented as second nature. While these roles are important, Goffman emphasises the increased amount of energy that it takes to portray different fronts in different social situations.

Dramaturgy and Homelessness: The Silent Victim

When looking at dramaturgy in terms of identity and theoretical ‘masks’ from a homeless perspective, it has become assumed over time that those who are homeless possess the same characteristics and personality traits as a group, thus taking away any individual or unique personal traits. The stereotypical signifiers for homeless individuals are the same that apply to individuals working in the medical field – when entering a hospital, it has been determined that those who wear white lab coats are standardized to be clinical, professional and confidential. The way individuals portray themselves to the world around them is what the world then assumes them to be. Furthering this notion to address homeless individuals who have been or are victims of family violence, there is a double issue that arises. Much to the idea of the ‘silent victim,’ homeless individuals are often present but not seen. With victims of family violence who are homeless, they are further hidden and excluded from contemporary social life. As is with most cases of individuals experiencing family violence, specifically adult women experiencing IPV,

they often stay silent about their victimization for a variety of reasons, some of the most common including shame, self-blame and fear of reprisal (Simmons et al, 2011).

Within the context of dramaturgy, IPV victims put on a what Goffman would call a theoretical “mask” while they are in public to hide their victimization, meaning they alter their identity in the presence of others as not to expose their victimization. By doing this in public and in the company of strangers, victims can maintain the secrecy of their victimization that is occurring within the private home. In his discussion around discrepant roles, Goffman would call this performance a “dark secret,” in which the individual conceals information about themselves that they know are incompatible with the image of self they are trying to maintain to the public. Here, Goffman outlines his analysis; “Dark secrets are, of course, double secrets: one is the crucial fact that is hidden and another is the fact that crucial facts have not been openly admitted” (Goffman, 1956, p. 87). Whether the performer is a victim of IPV, a substance abuser, suffering from mental health issues, homeless or a combination of these facets, Goffman argues that an individual will always attempt to portray themselves as their best self when in the presence of others.

Through an analysis of Goffman’s works, the core notions of identity and self in relation to homelessness and family violence are perpetuated through the different fronts of personality, along with stereotypes and their over-reaching influence on how interactions are conducted between individuals. For victims of family violence, specifically intimate partner violence, there still exists victim-blaming practices in certain cultures (Yount et al, 2014). Yount et al (2014) analyzes statistics from developing countries and notes the high number of female participants who responded that it is

acceptable for a husband to beat his wife as long as there is a 'good reason.' Variations in attitudes around IPV stem from a variety of factors, including the social, economic, political and familial institutions in which the respondents reside. While different groups of people hold different views around victimization, there is still an overarching stereotype of victim blaming that emphasizes Goffman's analysis on why individuals must present different versions of themselves in different social settings. The idea of the 'silent victim' is present in Goffman's framework of self in that victims are aware of the stereotypes and bias surrounding them and so they present a different version of themselves to the public eye, one that is free from victimization.

Chapter 3: Methods and Research Design

Data Collection for Original Project

The data used for this thesis came from a research study that was previously conducted in 2018 titled “Singles at risk: issues of housing and pathways out of homelessness.” Dr. Hannah Scott and two colleagues, Dr. Toba Bryant and Dr. Scott Aquanno conducted semi-structured interviews on previously homeless men and women in a region within Southern Ontario. Partnering with the Social Services Department for the area, one of the primary goals of the study was to help shape government programs and policies to improve the lives of individuals who are homeless or who are at risk of becoming homeless. The researchers on this project sought to learn more about the experiences of individuals in the region who have moved from homelessness into stable housing. They wanted to understand what helped people move out of homelessness and how they keep stable housing, including identifying their pathways in and out of homelessness. The researchers analyzed the shelter to income ratio to produce data that would aid in addressing individual need and to develop lasting programs and policies to help this population maintain stable housing.

Ethics approval was granted for the original research and for my secondary use through my university’s Research Ethics Board (REB). The participants were recruited through a collaboration with community partners, an organization that helps homeless men, women and families in the region transition to independent living. Through community partners, flyers were handed out to potential participants and if agreeable, the participant would contact the university in which the research was approved, and a member of the research team would confirm their eligibility and set up a date and time

for the interview to take place. Written consent was mandatory before beginning the interview, and it was at this time that the interviewer would explain the process of recording, transcription and any other issues associated with the study including anonymity. A copy of this consent was given to the client and another copy kept for data and tracking purposes. Each participant was asked to use a pseudonym for tracking and confidentiality purposes should they wish to withdraw their interview, which they were informed could be done at any time, including following completion of the interview. Participants were allowed to use any name they wished and were informed that whatever name they chose would be included in the final report. Each participant was assigned a unique case number that was recorded on each consent form, and all participants were given a gift card as an honorarium for participating in the study.

Participants

Interviews were conducted on an equal number of men (n = 15) and women (n = 15) for a total of 30 research participants. This specific number of participants was a requirement of the granting organization and was not determined by the researchers on the project. The participants were recruited by an agency and were then selected for the interview process. The qualifications for research participants were that they must be single at the time of the interview (not married, common law or in a civil union), must be between the ages of 30 and 55, and they must have had at least one previous experience with homelessness. Homelessness was defined for their research purposes as 1) Unsheltered, including living outside or in places not meant for human habitation, 2) Accommodation in emergency shelters, 3) Provisionally housed (i.e., couch surfing), 4) At risk of homelessness, including overcrowding, unsafe conditions, and affordability.

Research Design

The interviews were conducted in-person and accompanied by a moderator. Interviews were semi-structured with a questionnaire and a checklist, and participants were encouraged to answer freely. Research participants were asked a variety of questions pertaining to their current and past experiences with the welfare system and homelessness. Demographics were obtained at the beginning of each interview, such as gender, if they identify as Aboriginal, their relationship status, if they have any pets, and what level of education they completed. They were probed about their monthly income and expenses pertaining to their housing and how much incomes goes directly into the house in terms of bill payments and other monthly expenses. Interviewers also encouraged participants to discuss the circumstances that led into and out of their homelessness, and the current or past challenges they have faced in terms of economic support and employment. Following the completion of the interviews, quantitative methods were utilized with the aid of SPSS to group and organize their response data for the purposes of their research objectives. All interviews were audio recorded on an electronic device and later transcribed by an outside party who were required to sign a confidentiality agreement.

Current Project

While this thesis mainly focuses on women as the subject of this form of victimization, pathways into homelessness for men will also be addressed through statistics and qualitative analysis. Statistics and other information used to support the research hypotheses were acquired from a variety of different sources, including government websites and scholarly journal articles. SPSS was used as a statistical tool to

support and visualize the data through the production of tables and outputs. Descriptive statistics were run to assess the trends and patterns of the data for pathways into homelessness for the men and women (n = 30) in the study, whether they identify as Aboriginal, and if they reported any mental and/or physical health issues. While descriptive statistics do not allow for hypothesis testing, they report the findings through frequencies, percentages and the visual aid of bar charts. For these descriptive statistics on pathways into homelessness, one output was run for the women (n = 15) and one for the men (n = 15).

For this project, the data, including interviews, previous REB approvals and all existing documentation was transferred in-person via a personal USB drive. Once all data and applicable documents were loaded onto a personal computer, I was able to analyze the interviews for my own purposes and sort information based on a variety of categories and themes. These themes focused on the primary pathways into homelessness for men and women which include childhood abuse and maltreatment, intimate partner violence, substance abuse and mental/physical health issues, and whether they identify as Aboriginal.

This specific project uses the data and results obtained from the original research project and takes a mixed-methods approach using qualitative and quantitative analysis. It will use the written interview transcripts to inform the research questions and support the argument that family violence is a pathway into homelessness, specifically for women. Quantitative methods will be utilized to portray the raw numbers of the individuals within the study that fall into common themes by use of descriptive statistics on four specific variables: pathways into homelessness for women, pathways into homelessness for men,

whether they identify as Aboriginal, and if they identify as having any mental health and/or physical health issue(s). These statistical results were produced via a data set created on SPSS using specific variables and their responses. There is a growing interest in the fields of social science and health to utilize a combination of qualitative and quantitative methods for addressing research questions (Zhang & Watanabe-Galloway, 2014). While qualitative analysis is beneficial because it gives insight into themes and personal information relayed at the time of interviews, quantitative analysis is also beneficial because it shows the visual representation of the raw numbers (Zhang & Watanabe-Galloway, 2014). By using a mixed-methods approach, individual stories can be explored while also paying tribute to the descriptive data (Allwood, 2012).

Themes

A new data set was created using SPSS, with the chosen variables and response attributes added for each participant based on primary themes. Variables and their corresponding responses included in the SPSS data set were as follows: Respondent ID (name) from 1-30, Sex of Respondent (female or male), Aboriginal identity (yes, no, or unsure), Mental Health Issues (yes, no, or unsure), Physical Health Issues (yes, no, or unsure), and Pathways into Homelessness (family violence, substance abuse, mental health issues, physical health issues, loss of income, other, unknown).

For the purposes of making the data easier to read and interpret, response counts and valid percentages were included for each response category. In a description of the pathways, family violence included any form of violence experienced in the family home by a family member or intimate partner (including IPV, child abuse/maltreatment, neglect, and parent-adult child abuse), substance abuse included any addictive opiate,

narcotic and/or alcohol, mental/physical health issues are exactly as stated, and loss of income meaning loss of a job, loss of money to pay bills, etc.

Although there was a data set for the original project, the variables did not coincide with my chosen themes and topics of discussion. To ensure the validity of the participant responses in correspondence with my research questions, the creation of a new data set was important. Although I could have included other variables in the new data set, they were not applicable to the research and therefore unnecessary. To keep the data organized, only the variables and their coinciding response attributes that were specific to the current project were added.

Table 1:

Factor		Count	Valid %
Gender	Male	15	50%
	Female	15	50%
Age	30-39	9	30%
	40-49	7	23.3%
	50-55	14	46.6%
Primary Language	English	28	93.3%
	English and Other	1	3.3%
	Other	1	3.3%
Children	Yes	20	66.6%
	No	10	33.3%
Marital Status	Single	20	66.6%
	Divorced	2	6.6%
	Separated	5	16.6%
	Common Law	1	3.3%
	Widowed	2	6.6%
Education	Elementary	2	6.6%
	Full High School	10	33.3%
	Some High School	5	16.6%
	College	3	10%
	Bachelor's Degree	1	3.3%
	Some Post-Secondary	5	16.6%
	Master's Degree	2	6.6%
	Unknown	2	6.6%

Sample Table Profile

Table 1 showcases an overview of the participant sociodemographic variables. Some of the information disclosed by participants includes their age, their primary language spoken at home, if they have children, their marital status and their level of education. Some participants disclosed more in-depth information than others, with some only giving very basic and brief answers. For the women who disclosed to having one or more children, their experience(s) with IPV and their subsequent homelessness did not differ from IPV victims without children. The only major difference was their shelter experience and a discussion from one female participant about mothers receiving easier access to shelters than women without children. Although education was discussed throughout the interviews, it did not seem to play a factor in victimization or homelessness. For the male participants, many who had a high school education or higher noted their struggles with job loss and addiction at the same rates of male participants who did not have a high school education. For the women in the study, their level of education was not analyzed as having a major impact on their experiences with homelessness and/or victimization within the context of the original project. Although education level may or may not play a role in homelessness and/or victimization, it is beyond the scope of this thesis.

Chapter 4: Results

This chapter will analyze and discuss both quantitative and qualitative results of the current study. Qualitative interview results will be broken up into themes, including intimate partner violence, child abuse and maltreatment, substance abuse, health issues, job loss/unemployment, and general findings.

Quantitative Results

The quantitative results of the study came from the participant interviews where their answers to specific questions and common themes were turned into numbered data. From here, frequencies were run on SPSS to analyze variables that potentially played a role in the respondents' pathways into homelessness. These categories included whether they identify as Aboriginal, and if they report mental and physical health issues. The results indicate the count and valid percent for each category, separated by the males and females in the study. The table with these results is shown in Table 2.

At the beginning of each interview, one of the required questions for interviewers to ask participants was whether they self-identified as Aboriginal. Based on participant responses and the marginalization of Indigenous people within the homeless population, it was important to add this question as a variable in the current study. Looking to Table 2 for the results, when asked "Do they identify as Aboriginal," five women (33.3% of the female total) said yes, and 10 (66.7%) said no, which suggests most women in the study did not self-identify as Aboriginal. For the males, two (13.3 %) said yes, 12 (80.0%) said no, and one (6.7%) was unclear. These results are consistent with the women, that the

majority did not disclose to being Aboriginal. Comparing by sex of respondents, more female participants identified as Aboriginal than males.

Mental health was not a question on the interview guide, but interviewers were allowed to probe generally for “health issues.” At this time, many participants brought up their mental health without being asked. The variable “Mental Health Issues” was created based on the high number of participants that disclosed to having some form of mental health issue. Although the specific mental health issues stated were not included in the response attributes for the variable, self-disclosed mental health issues included post-traumatic stress disorder (PTSD), anxiety, depression, suicidal ideations, schizophrenia, and bi-polar disorder (BPD – type not specified). For the female respondents, 11 (73.3%) disclosed at least one form of mental illness and four (26.7%) did not disclose any. For the males, five (33.3%) disclosed at least one form of mental illness, and 10 (66.7%) did not disclose any. Based on these results, more females in the study reported mental illness than the males.

In terms of physical health issues, this information was also disclosed without direct probing; participants were simply asked if they had any general health issues. For the women, eight (53.3%) disclosed at least one physical health issue, with seven (46.7%) not disclosing. For the males, 10 (66.7%) disclosed at least one physical health issue, and five (33.3%) did not. In a comparison by sex of respondents, more men self-disclosed at least one physical health issue in comparison to the females in the study.

Table 2:
Relevant Themes

		Female			Male		
		Yes	No	Unsure	Yes	No	Unsure
Aboriginal	Count	5	10	0	2	12	1
	Valid %	33.3%	66.7%	0.0%	13.3%	80.0%	6.7%
Mental Health Issues	Count	11	4	0	5	10	0
	Valid %	73.3%	26.7%	0.0%	33.3%	66.7%	0.0%
Physical Health Issues	Count	8	7	0	10	5	0
	Valid %	53.3%	46.7%	0.0%	66.7%	33.3%	0.0%

Frequencies were run for “Pathways into Homelessness” on SPSS software with a split-file based on sex of respondent. Response categories were created based on the most common responses for the males and females in the study, and those who did not fall into an outlined response were either placed in “Other,” meaning their pathway into homelessness was stated but not listed in the responses, or “Unknown,” meaning they did not state any pathway. Table 3: Pathways into Homelessness by Gender showcases a visual of the results.

For the female participants, nine (60.0%) reported some form of family violence as their primary pathway into homelessness, two (13.3%) reported substance abuse as their primary pathway, three (20.0%) reported “Other,” and one (6.7%) was unknown. For the males, no one reported family violence, six (40%) reported substance abuse as their primary pathway, one (6.7%) reported physical health issues, six (40.0%) reported loss of income, one (6.7%) said “Other,” and one (6.7%) was unknown.

For those who reported family violence as their primary pathway into homelessness, the total responses were from the females, with no males citing this as their pathway. Out of the female responses, family violence was the most common response, representing 60 percent of the female responses. For substance abuse as the primary pathway, more males reported this compared to women. For the males, substance abuse responses were equal to the number of responses for loss of income. For females, loss of income did not represent a pathway into homelessness. One male and no women reported a physical health issue as the leading contributor to their homelessness, with no men or women reporting mental illness as their leading pathway. Four of the total responses were for “Other,” with one male and one female with unknown pathways.

Table 3:

Pathways into Homelessness by Gender

		Sex of Respondent			
		Female		Male	
		Count	Valid %	Count	Valid %
Pathways	IPV	6	40.0%	0	0.0%
	Child Abuse	3	20.0%	0	0.0%
	Substance Abuse	2	13.3%	6	40.0%
	Mental Health	0	0.0%	0	0.0%
	Physical Health	0	0.0%	1	6.7%
	Loss of Income	0	0.0%	6	40.0%
	Other	3	20.0%	1	6.7%
	Unknown	1	6.7%	1	6.7%

One important discussion regarding the quantitative results is the presence of zeros in Table 3. Although the groupings of numbers are important, it is also relevant to analyze what the columns with zero counts mean in terms of participant disclosure and overall themes. As discussed earlier in this thesis, past reports on both homeless men and women note the prevalence of mental and/or physical health conditions within this community. Within this thesis, there were 11 women and five men who reported having at least one mental health issue, and eight women and ten men who reported at least one physical health issue. Based on the previous literature around health and homelessness, it is surprising that zero men and women attributed their homelessness to mental health, with only one man stating his primary pathway as physical health issues. This is a discussion that should be further analyzed in depth to address the disparities in reporting, especially regarding mental health. Whether participants disclosed their pathways truthfully or withheld information for fear of being stigmatized remains unknown but is worth a separate analysis.

Qualitative Results

The qualitative results of this thesis focus on interviews from the 15 men and 15 women in the study, using applicable quotes and discussions between respondents and interviewers to support the research questions. For the female interviews, the focus will be placed on those who mention or discuss family violence as their primary pathway into homelessness as they represent the majority, although there were some women who reported other pathways. This section will be organized by prominent themes including IPV, child abuse and/or maltreatment, mental health, substance abuse and loss of income as primary pathways into homelessness discussed by the participants. For the men in the

study, their primary pathways into homelessness as stated by each participant were quite different than their female counterparts. With most women citing familial violence as a pathway into their homelessness, most of the male participants noted addiction or job loss as their primary pathway.

Intimate Partner Violence

There are several instances of female participants in the study going into detail surrounding their IPV victimization, with no men reporting this as their primary pathway into homelessness. One participant, Angella, stated her reason for becoming homeless as:

“Um, because my ex-husband showed up and almost beat me to death with a baseball bat. And I just, at that point in time we weren’t together anymore. He still knew where I lived. He was coming to get the kids...I had to leave.”

Angella notes that after this event and prior to her fleeing her home, she was offered accommodation at her in-laws. She states:

“And um, his parents, his mother and stepfather said if you come here we’ll help you out. So when I originally came here I moved in with them and uh, they kicked us out over a disagreement of Halloween decorations, so that’s how my two girls landed up in a shelter.”

After discussing her experience with having to flee her home and leave the province, Angella had begun to suffer from panic attacks as a result of the trauma. Furthering her discussion around her current situation, she mentions that [city] is particularly bad in terms of relationship abuse.

One participant, Pebbles, describes her pathway into homelessness: “And the situation that I left with my common-law was, was a violent one, like verbally and physically, so he, that’s when I became homeless because I went, I lived in my SUV for a while.” The interviewer probes further and asks if there were any other factors other than the IPV that contributed to her homelessness, to which she replies: “Not working, being home all the time...I was laid off, to start with...everyday was a battle when I was working with him.” Even though her unemployment was not a cause of her homelessness as she was ultimately a victim of IPV, it falls along the continuum of commonly cited pathways.

For women fleeing a domestic violence situation with children, there are a number of supports available. One female participant, Pearl, outlined her experience with intimate partner violence and fleeing the situation with her young child. She explains her pathway into homeless as:

“...that was *fleet* in a domestic abuse relationship in [city]. So, my son and I was livin’ in a shelter...With being in [city], I shared accommodation with my ex-partner...And all of a sudden he, he was really, like a physical man, like verbally, mentally, like the whole nine yards. And basically, he got really, really mad and I should have left that relationship a long time ago, but that one day it was just, like I had a black eye from it, and he beat me so much that I was like I have to go, and I had called the cops to escort myself and my son.”

Pearl describes leaving her abusive partner in the middle of the night with her young son, with nowhere to go. She had taken a bus with only \$100 in available funds on her person and ended up finding a women’s shelter in a different city;

“Yes, cuz’ I was callin’ the 1-800 number and they said are you fleeing domestic abuse and I said yes, do you have children, I said yes I have a son, so they put me to a specific place that was a woman’s shelter that dealt with abuse but was with children as well.”

Pearl goes on to discuss the aftereffects of her abuse, including feelings of self-blame and her experience with counselling offered by the shelter:

“That really helped because it was the only time in my life that like I had an abusive relationship and I was trying to figure out like, the first couple weeks I was like, did I do anything wrong? And the counsellor was reassuring me, like, no, like he’s a man, like no one should, like, put their hands on you type of thing.”

Pearl was left struggling with how to access her funds. Praising the shelter for their help resolving her financial difficulties, she also explained how their counselling services helped her navigate the trauma of victimhood and separation. After the initial separation and living at the shelter with her child for several weeks, she did find suitable housing for the two of them but continues to struggle financially to make ends meet each month, depending on social services and meal plans to get by.

Another participant, Zoe, discusses her experience with IPV, homelessness and mental health, stating in her interview: “the reason I became homeless was because I got in an abusive relationship. I was, lived with that for 12 years. I tried the shelter thing for like, probably a week...to start the process of maybe thinking about leaving or staying, or going back.”

Discussing her experience in the shelter, she explains being kicked out for not following the shelter rules of no food in the bedrooms; "...and so they kicked me out. I had nowhere else to go so I went and, my tent and my sleeping bag and off to the park we went."

One participant, Christine, discusses her abusive marriage as well as the lack of services for women:

"I, ah, went through an abusive marriage, and um, we separated. We were in the process of reconciling, and he committed suicide. . . Yeah, so I ended up going from shelter to shelter and inevitably ended up on the street. . . There was nothing for, I mean, men have [a shelter] here in [city]. Women have nothing. [shelter] is one thing, but if you're living there, they take your human rights away."

Child Abuse and Maltreatment

Several female participants note their struggle with mental health issues as playing a role in their pathway into homelessness, often coinciding with their familial victimization. One respondent, Cora, relayed her childhood victimization and the abuse she suffered at the hands of her stepmother when she was an adult and still living at home:

"Like, cause I left an abusive situation...yeah like cause I couldn't breathe, couldn't eat without her counting my food...She would say 'I bought you this' but then she would go and count the food and then throw it at my face and then she would ask me to clean and then she would throw it in my face I didn't do it good enough."

Cora briefly discusses her experience of childhood abuse and intimate partner violence:

“Things usually take me longer to understand. I was in special ed from grade one to the end of high school. Um, stuff like that and my anxiety disorder. And I have PS...what is that...post traumatic stress disorder. [interviewer: Does that, you think, stem from your step mother and your experience?] Um, well yes, and the current situation with my ex who assaulted me...I’m not part of court thank goodness but, um, it’s been a year so it’s kind of like everything like I grew up in an abusive household.”

She goes on to describe her experience through the SARS pandemic where she was locked in her room at home and was not allowed to leave. Following her victimization, she discusses her experience with employment: “...I enjoyed my job, but I couldn’t work after I got it. I couldn’t even like kind of function. It was like I was...it was like my brain decided not to work.”

While Christine’s mention of childhood abuse is brief, she discusses the lasting effects it has had on her daily life and wellbeing:

“If I would have stayed in the CAS it would have been best for me...Uhm, because I, in the 70s, see I was sexually assaulted from the age of three. And, during my fourth year of life, I was burned really badly in a fire due to neglect...my mother always said that the doctor said I was different because of what happened...the doctor told my mom it was because of the trauma.”

Christine’s past experiences of violence and abuse as a child and an adult are what she feels the primary pathways that led her to become homeless. In her discussion of violence

victimization and experience living on the street, she goes on to discuss her experience with shelters and the stigma attached to being unsheltered. She says:

“I refuse to be treated sub-human...Like, don’t put yourself above me because I’m homeless or I’m in a situation and don’t degrade me with your tone of voice or your body language or your, or, you know, your status or anything like that.”

Another participant, Krystal, went into depth regarding her experience with child abuse/victimization and her adult triggers:

“...that maybe made me a little more vulnerable emotionally as my childhood was abusive, I was an unwanted child, I was hated, I was abused and all that so, but in my late 20s after everybody was dead, I kind of went through healing...’cuz I was blamed for everything, I mean...A five year old is causing her father and brother to do this, that’s what my mother thought and my mother was whacking me, so, at the point where I had no home, no money, all my belongings were gone...I still have triggers that bring back some of that stuff.”

Lucinda explains her experience growing up, stating:

“I’ve never asked my dad for a dime because he was, he abused me growing up and everything . . .and I left home when I was 18...you know, of course they were both drunk, both of my parents...complete criticisms, verbal abuse and so forth.”

Mental Health

Christine, along with discussing her experiences with victimization as a child and in her adult life with an intimate partner, also suffers from mental health issues including PTSD and suicidal ideations as a result of her trauma:

“I remember that feeling. I knew it was wrong, but I didn’t know how to articulate it...and that feeling has never left me, incidentally. That feeling in my gut, what people call anxiety. It’s more than anxiety. It never goes away. No matter how much therapy I’ve been through. And, I’ve been through cognitive behavioural therapy. I’ve been through all sorts of things...nobody asked me if I was being hurt.”

Lucinda within her discussion on the abuse she endured as a child, discusses mental health issues including anxiety and depression, along with experiencing relationship issues. She discusses her relationship and explains that she was cheated on; “I’m like, oh my God, it’s one thing that I, bad enough I had an abusive father and then I meet a guy that, that’s, just really cruel, really cruel.” As a result of her familial abuse as a child, Krystal explains that she developed depression, schizophrenia and ended up living on the streets: “And then the people who I thought cared didn’t want me around anymore. I’d overstayed my welcome.” There were several other women who disclosed mental health issues, mainly anxiety, depression and PTSD from their experiences with childhood victimization and/or IPV. For the women in the study who discussed dealing with mental health issues, they were quite open about their experiences and willing to disclose their struggles openly with the interviewer(s).

For the males in the study, although they did not attribute mental health as their primary pathway into homelessness, there were several who disclosed struggling with their mental health. One male participant, Stig, discusses his experience with mental health: “There was even, there was even an incident where I tried to commit suicide...and, um, and I was in a hospital where I was, um, admitted to a psych ward because they figured I might do it again...your dignity [is] destroyed.” Another participant, Leo, discusses dealing with depression and seeing a counsellor for his mental health but was reluctant to go into further detail. Paul² was also a participant who disclosed to dealing with anxiety and depression but did not offer further insight.

Substance Abuse

There were six men and two women in the study who disclosed substance abuse as their primary pathway into homelessness. One male participant, Johnathan, describes his circumstances as a chain of events leading up to homelessness but discloses substance abuse as his primary pathway; “I had a drinking issue at one point...and then I had a drug addiction with pain killers because of a motorcycle accident I was in and that caused me to be homeless...basically I was using Opiates for the pain.” He outlines his struggle with painkillers and explains feelings of embarrassment; “It is very embarrassing to tell my family that I was homeless...because everyone is pretty well-off in my family. Everyone has education and have families.”

Another participant, Bill, discusses his struggle with drug addiction and notes this as his primary pathway into homelessness:

“My wife passed away in 2002...we owned a home in [city]. I was making good money...And then, she, ahh, passed away. I started screwing around with drugs; just stupid and started missing time at work. Then I became unemployed; went on unemployment, then job-hopped...things kind of went sideways. I was doing dope.” In a discussion on how he delegates his funds, he tells the interviewer: “...I even look at coupons, you know, and that’s embarrassing, but it is what it is right?” When asked why it is embarrassing, he states: “in my situation, at my age, that I’m going through what I’m going through...it’s kind of embarrassing.” James was another participant who noted addiction as his pathway, briefly stating that he was homeless because of his drug addiction that lasted over 30 years.

One participant notes addiction as well as mental health issues as their pathway into homelessness. Paul outlines his experience: “Prior to becoming homeless I had some very good jobs. Unfortunately, I suffer from addiction.” He outlines his struggle with addiction and it leading to living on the street: “I’d fall off, get on, fall off, get on, and, you know, I wouldn’t pay my rent, stuff like that, and I’d just be on the street.” When probed further about not being able to keep a job because of alcohol addiction, he replies: “And anxiety and depression.” While addiction is noted as his primary pathway, Paul also suffers from mental illness which he believes is another key reason why he became homeless.

Leo is another participant who suffered an injury and then became addicted to painkillers. He describes this as his pathway into homelessness: “So I was injured pretty bad and I broke my, ahh, shoulder...And then I was forced, because of the pain, to go on pain killers.” Once he became addicted to painkillers, he ended up on the street after

getting into a fight with his landlord: “Because I was on painkillers, and you just don’t think right when you are on those and then you get addicted to them. That ended up causing an argument with the landlord and, ahh, he, he asked me to leave.” When he did become homeless, he furthered his substance abuse and became dependent on alcohol: “I did lean towards alcohol...I was just in that frame of mind and it, it never really happened for a long, long time because I didn’t stop drinking and, ahh, or taking the pills.”

The female participants who disclosed substance abuse as their primary pathway were very open about their struggles with addictions. One participant, Brianne, describes her first homeless episode and what led her to that point: “Oh, I started using drugs and I had my own place, I had my own home, a beautiful home, and I just went downhill fast, that’s all. There is no, I just chose drugs over everything else.” When probed for any other external events or pathways, Brianne explains “No, like I’ve never been abused growing up or anything. I just tried something and liked it.” The other female participant, Brandy, who disclosed substance abuse as her primary pathway explains her situation: “Just everything that was going on. Drugs was a big part of it... so it was just one thing after another to the point where I didn’t really have anything and I just started not to care.” She discusses losing two children at childbirth, the death of her parents and struggling with her job at the time in which she turned to drugs. After struggling with addiction, she quit her job and became homeless for the first time.

Job Loss/Unemployment

Several men note unemployment or loss of income as a primary pathway into their homelessness. For the female participants, job loss and/or unemployment was not

cited as a primary pathway into homelessness. One participant, Earl, describes his circumstances: “Um, being unemployed. Not having a steady income.” Another participant, Paul, is brief in his answer but simply states “Loss of a job, drinking” as his pathway. Bubba notes the same situation: “Uh, I couldn’t really afford to pay rent.” In discussing his move to the area from a different province, Cain also attributes his lack of employment/no income to his homelessness: “pretty much couch surfing and the kids were with my mom...I came back, now unemployed.” Justin also discusses his job loss and living out of his car as his first episode of homelessness. One participant, George, notes that he has been homeless “a couple hundred times” and could not outline one specific pathway into his homelessness, just that if he does not like his place, he simply moves out and lives on the street until he finds a place more suitable.

One participant goes into detail about the chain of events that led into his homelessness, citing job loss as his primary pathway as an umbrella, but noting the different situations he went through on his way into homelessness. Stig explains his past situation:

“I was working one day and I had to get arthroscopy on my knee, so, I was told by my workplace ‘after you do the surgery, you’ll be right back,’ and after that, they said ‘no.’ I had unemployment at that time...I had to wait eight weeks for my unemployment...how can I pay my rent? I was taking money out of my savings...was depleted...all of a sudden, here I’m caught behind a month and your landlord is saying ‘Look it, you gotta pay.’”

Stig goes on to discuss his struggle following his job and money loss, even admitting to an attempted suicide. He describes the situation: “Your dignity is, is, is destroyed...I stretched it as much as I could...you have to hit rock bottom before you climb.”

One participant, Rick, discusses his pathway into homelessness and explains that his first episode was following a lay off at the company he worked at: “There was a big layoff or strike or somethin’ like that and I literally could not afford my living situation at the time in Richmond Hill. My rent was quite high and I had a vehicle at the time and I chose just to like camp to save up for first and last in a cheaper place.” He describes doing this several times over the course of several years: “And the second time was here in [city], um, it was not too long after my divorce, like I realized how much it was costing for child support...I did the same thing, I just camped.”

Another male participant, Fred, discusses a variety of factors as contributing to his homelessness, including the labour market, lack of jobs and a bad relationship with his landlord as pathways. When discussing the lack of jobs he explains: “Not anything consistent, you know...there’s no guarantees of anything around here...I’m either between jobs or I’m not getting enough hours out of job...so you end up there [shelter] and then you try to get out.” When probed on any other pathways, he replies: “Oh, breakups with girlfriends and so on, right? There was at least one case in there.” Even though his noted pathways seem to stem from a lack of income, Fred notes multiple factors and situations that have contributed to each individual homeless episode.

General Findings

One interesting finding in the female interviews is the topic of service availability for homeless women *not* fleeing a domestic violence situation. One female participant, Jen, states;

“There’s no woman’s shelter in [city] unless you’re out, like, and beaten. Like I’m pretty sure there’s a, that kind of a shelter here for abuse...like the men’s hostel, there’s none of that here. You pretty much have to leave town to get a hostel for women...a lot happens in this town, and I know a lot of people who end up on the streets that are female because there’s nothing.”

While Jen states that the options for women needing shelter is lacking, there seems to be an extra struggle for women seeking shelter that do not have children. One participant, Lorraine, noted the hardships of living on the street and how not having children impacts the amount of subsidy that is received for rent support. In the context of stigma as was previously explored, Lorraine expressed: “you’re eligible for more when you have children...when you’re on your own, you lose all of that support...I find that people are usually more apt to help you if you’ve got kids.” When the interviewer asked if they chose to be in their situation, the respondent replied no, but that society can be judgemental. While risks are present for homeless individuals with children, it is still important to reflect on those who are childless.

Although most women in the study cited some form of family violence as the contributing factor that led to their homelessness, there were some women who cited

other reasonings. When asked what led her to become homeless, one participant, Brandy states:

“Um, it was kind of a combination of things. It was, I didn’t like the job anymore. I was just kinda hanging onto it because of the amount of money, um, problems at home and with a boyfriend, you know, stuff like that...Just everything that was going on. Drugs, that was a big part of it.”

Another participant, Bernice, discusses the events that led to her homelessness but does not elaborate on specific details; “Um, I was homeless over ten years once, on the road...But that’s when I just found out my mother had passed away as well as, uh, stuff that my ex-husband had done, so I didn’t care about anything or anyone.” She goes on to briefly mention a series of tragedies that played a role in her becoming homeless, such as losing her home and mental/physical health issues. Cheree discusses her relationship breakdown but does not specifically note IPV as her primary pathway into homelessness: “It was just a very vicious break-up...and I felt my safety was...” She does not elaborate on fearing for her safety, but does state “he was...kind of getting heavy into the drugs and...[interviewer asks if she was being brought into ‘that world’] yeah...and I didn’t, I didn’t wanna.” Here, it is unclear whether Cheree was a victim of IPV or if she feared for her safety in a different way. With the mention of drug addiction and being pressured into participating, Cheree’s pathway(s) into homelessness are open to interpretation.

Lisa was another participant who was not clear when discussing her pathway into homelessness. She says: “I was always screwing up ‘cause I met with the wrong guy...he always wanted my money...Well, when you’re in love, okay, all right, you know, your guy comes to you with sad eyes, you know, and he blew his cheque on drugs, okay...I

would help him out. So when I wouldn't see him for a while and then I left myself, like here I am screwed again, so I'd have to go back to the [shelter] again." Here, she implies lack of funds to afford housing, but in further explanation of her first homeless episode, she states: "I was 38 years old...I was with my boyfriend and he took me to his friend's house. It's the evening. Took me to a buddy's place...and Jamie ended up leaving. He left me with his drunk buddy...because I wouldn't get up and get this man a drink, he grabbed me by the back of the neck, opened up the door and threw me face first into a snowbank...I had nowhere to go." Ending up going to a local shelter, Lisa describes this as her first episode of homelessness, brought on by violence from a stranger and no place or person to go to for help. She mentions that her homelessness continues on and off for approximately ten years, and the only pathway given is the previous mention of lending money to her boyfriend(s). While Lisa has faced violence, it is unclear whether she was a victim of IPV as she does not elaborate.

The last female participant, Brianne, also did not cite familial violence victimization as a pathway into homelessness. When asked to share the circumstances that led into her becoming homeless, she replied: "Oh, I started using drugs and I had my own place, I had my own home, a beautiful home, and I just went downhill fast, that's all. There is no excuse. There is no, I just chose drugs over everything else." Further probing, the interviewer directly asks to confirm that there was no external event that led to her situation in which she states "No, like I've never been abused growing up or anything, I just tried something and liked it."

Despite the number of women who did cite one or more forms of familial violence as their primary pathway into homelessness, it is valuable to analyze the

dialogue of the women who attributed other reasons to their homelessness as well. While most of the women in this study did note family violence as their pathway, it is important to recognize that there are several different pathways that can lead into homelessness for women, although possibly not as common.

For the men in the study, they were less inclined to discuss their personal lives and experiences leading into homelessness than the women. Still, several men make comments around the different factors that contributed to their homelessness, aside from the primary pathways. One participant, Fred, attributes his job loss as the primary pathway into his first homeless episode, but he does briefly mention a breakup with a previous girlfriend that contributed to becoming homeless. Another male participant, Bubba, explains his first homeless episode as a chain of events: “Like uh, I couldn’t really afford to pay the rent [interviewer asks if he was working, he replies no in which interviewer probes further]...I went to jail...I was living on the street after I got out from the jail.” Bubba continues to explain his previous situation and his residency in a mental health facility for several years following his arrest and initial episodes of homelessness.

There was one male participant, George, who discussed family issues as contributing to his first homeless episode as a teenager. He does not disclose any abuse or violence happening within the home but notes that his relationship with his mother was strained and he was kicked out of his home at 16. He explains the events that led to his homelessness: “When I was, like I said, I lived in a group home my mom took me to...they kicked me out. And that’s when I stated bein’ homeless...I was kinda homeless when I left my parents’ house, too.” He also discusses his involvement with police:

“I got in trouble with the law when I was 17. My mom, I had to go back home. The court ordered me to go home. My mom took me to a group home ‘cause she didn’t want me at home, ‘cause I already left. We had issues...only because I didn’t wanna live in a controlled environment.

Here, although George discusses family conflict as a teenager as attributing to his homelessness, he does not make any claims of abuse or maltreatment, just that him and his mother did not get along. While family conflict was a contributing factor to his homelessness, child abuse/maltreatment was not mentioned and therefore it cannot be concluded that he was a victim of family violence.

Chapter 5: Discussion, Limitations and Future Research

Intimate Partner Violence as a Pathway into Homelessness

There are certain situations that put women at a heightened risk of violence, including the act of leaving an abusive partner (Dichter & Gelles, 2012). As discussed in the interviews, several women experienced further violence when they left their partners, describing the fear and lasting effects on their mental health and overall wellbeing. This increased risk of violence is not uncommon and is a topic that has been studied within past research. Dichter & Gelles (2012) discuss the safety risk with leaving an abusive partner, and while ultimately leaving an abusive partner is beneficial in the long-term, there are increased risks of repeat violence at and after the initial point of leaving. The point of highest risk when fleeing from IPV is when the victim makes it known to their partner that they are leaving. Statistically, women who were victims of IPV homicide were more likely to have left or been separated from their partner at the point of their death than to still be in a relationship. With domination and power at the core of intimate partner violence, the act of leaving threatens male dominance over his partner and increased violence is often an attempt to continue to dominate and control their significant other (Dichter & Gelles, 2012). The results of the dangers of fleeing from IPV are consistent with the current literature on the topic, as outlined by participant Angella and her experience of repeated abuse following her separation including threats of death and a physical attack with a baseball bat. With the threat of imminent danger, she describes knowing she had to flee to a shelter for the safety of herself and her children.

Tutty et al (2014) analyze intimate partner violence as one of the primary events triggering homelessness in women. The results from the interviews support their

hypothesis in that many women outlined their IPV victimization as the primary contributor to their first homeless episode. One common response from the women in the study when asked about pathways into homelessness was the presence of IPV from their intimate partner. Whether there were detailed descriptions or brief statements, IPV is cited in nine out of 15 (60.0%) female interviews. Most of the literature around IPV as a pathway into homelessness for women is reflected in the female participant interviews. Several women note IPV as their primary pathway, and due to the small sample size of females in the study, this is significant and problematic in terms of prevalence of IPV. Consistent with the literature on female IPV victimization and homelessness, although women make up the majority of emergency shelter occupancies, they represent less than 30 percent of the homeless population in Canada (Milaney et al, 2020). Several participants including Angella, Cora, Pebbles, Pearl, Zoe, and Christine discuss their IPV victimization and their experiences in shelters as a result. Although some of these women also describe trauma as a result of child abuse/maltreatment, they specifically disclose IPV as their primary pathway with respect to their first homeless episode.

With the number of women in the study who disclosed IPV as attributing to their first homeless episode and Canadian shelters mainly comprised of women, it is surprising that women make up a minority of the homeless population in the country when compared to men. One possible explanation for this is that although women take residence in shelters to protect themselves from their abuses, they are not considered “homeless” by society while in this situation (Kirby & Mettler, 2016). In Canada, homelessness is defined as “the situation of an individual, family, or community without stable, safe, permanent, appropriate housing, or the immediate prospect means and ability

of acquiring it” (Canadian Observatory on Homelessness, 2021). In keeping with this definition, women in shelters, no matter the reasoning, fall under at least one of those categories. So, why is it that their time in a shelter is not considered “homeless” under statistics? This issue attributes directly to women’s invisible homelessness and could explain why rates of female homelessness are seemingly low in Canada, the primary reason being they are not reaching out for services and are therefore not accounted for in the general census.

To try and understand this dilemma on invisible homelessness as it pertains to women, we can once again look to Goffman’s dramaturgy theory for a general explanation. Goffman (1956) in his discussion on performance writes “When the individual presents himself before others, his performance will tend to incorporate and exemplify the officially accredited values of the society, more so, in fact, than does his behaviour as a whole” (p. 23). For women who are homeless and victims of IPV, their performance as a non-victim often continues based on the fear of shelters and risk of violence on the streets (Kirby & Mettler, 2016). For women with coinciding mental health and/or substance abuse issues, shelters are further ill-equipped to meet their needs. This fear could explain why IPV victims often hide their victimization from the world, or as Goffman would label it a “performance” to follow the expected social values and characteristics of their designated role in society by not letting anyone know their true persona of victimization within the private home. These are several reasons why female homelessness is often more hidden than it is for men. Within the analysis on the hidden nature of female homelessness, this circles back to the discussion around definitions and the issue of looking at definitions through a gendered lens. While men in shelters are

homeless, women in family shelters are not, at least not by societal standards. Is the issue with coyness simply that women do not want to disclose their homelessness, or is society fearful of the truth in which they have failed to protect women and children, and the increasing number of women in shelters is proof of that failure? Although this question is deserving of its own separate analysis, it provokes a discussion around stigma and expectations of both genders and the hidden nature of societal operations.

It is not surprising that no male participants cited family violence as a pathway into their homelessness. Although Woodhall-Melnik et al (2018) discuss increased instances of family violence and homelessness as it pertains to men, Goffman's theory of stigma in regards of this topic would suggest that men do not report on their experiences with family violence because it produces an undesired stigma from society, much the same as it is for female victims of IPV. Through a patriarchal lens, men are family heads, dominant and powerful. As discussed by Entilli and Cipolletta (2016), men are less likely to report their interpersonal victimization as a result of hypermasculine stereotypes that believe men are not supposed to be hurt by their female intimate partners. When reversed, it can also explain the unconcerned reaction of society in response to female IPV. In reproducing gender notions, women can go to shelters and seek help because it is already expected that they are subordinate to their male partners. For men, seeking help for IPV would go against every traditional stereotype of male dominance and power (Entilli & Cipolletta, 2016). While the results of this study and the lack of male participants reporting family violence as a pathway may not be based on fear or embarrassment of their victimization and may simply be because they did not experience family violence,

the results are nonetheless consistent with the literature on the topic that states men are less likely to report when they are victims of IPV.

Child Abuse/Maltreatment as a Pathway into Homelessness

Although IPV is often cited as the primary pathway into homelessness for women (Tutty et al, 2014), it is important to also analyze the long-term effects of child abuse/maltreatment on homeless pathways as an adult. For the women in the current study who did not cite IPV as their primary pathway into homelessness, either childhood abuse or other forms of familial abuse was the second most common pathway. One pathway that was discussed in the interviews was familial abuse in the form of adult parent to adult child abuse. Cora, a female participant discussed the abuse she suffered as a child but does not elaborate on details, and then goes on to talk about her experience of being abused by her stepmother while she was an adult living in her family home. She attributes this as her primary pathway into her first episode of homelessness. Non-juvenile child abuse, or parents who abuse their adult children is not a topic that is overly common in the literature on family violence. When analyzing articles and statistics on family violence, it is more common to see information pertaining to IPV and child abuse (adolescent children), and rare to see statistics on adult-adult private violence. This is an area of value that should be explored further within the study of homelessness and familial violence. An area of study that is less explored than more common research interests, such as IPV, child abuse and maltreatment and their impact on homelessness, non-juvenile child abuse is an interesting topic that could help expand research on homelessness.

Pathways and Aboriginal Identity

The value in the number of participants who identified as Aboriginal in the study is extremely important to the general discussion on homeless pathways as it relates to identity and gender. For this reason, Indigenous homelessness and pathways into homelessness for Indigenous women, specifically, is analyzed consistently throughout this thesis to put emphasis on the high representation and promote the importance of furthering research on this topic. Although Indigenous homelessness is not commonly discussed in the literature on homelessness, for the number of people that self-disclosed to being homeless, it would suggest that their identity as an Indigenous person would play some role in their pathway or experience being homeless. Whether the lack of discussion around Indigeneity is because the interviewers did not probe on this topic specifically, as gender and identity were not the primary topic of the study, or because the respondents did not feel that their identity as an Indigenous person contributed to their homelessness, remains unknown. Here, Goffman would conclude that Indigenous experiences and identity were not discussed by the participants, or not declared at all, because being Indigenous is an entirely separate stigma on its own. From the dramaturgical lens of stigma, it is possible that the lack of discussion on Indigeneity is based on this issue. Still, this discussion is deserving of its own focus, and should be explored further in future research on the topic.

Job Loss/Unemployment as a Pathway into Homelessness

For the males in the study, it is not surprising that many cited a loss of income as their primary pathway into homelessness. The existing literature on homelessness places an emphasis on substance abuse and loss of income as primary stressors leading into

homelessness for both men and women (Tutty et al, 2014). For the participants in the study who cited job loss as their primary pathway into homelessness and their feelings of shame as a result, the underlying notions of gender role expectations would explain their emotions. This relates back to the discussion around traditional gender roles of hypermasculinity. Through the lens of dramaturgy, it could be argued that men wear a hypothetical “mask” of power and control to assert these traditional gender stereotypes, and when they cannot uphold the societal expectations placed on them, they feel shameful and degraded. This explanation is showcased through Christine’s interview and her struggle with stereotypes when she discusses how others look down on her and degrade her because of her homelessness, while noting her refusal to be treated “sub-human.” For participants like Stig who feel shame and embarrassment about their lack of employment and coinciding homelessness, the dramaturgical explanation would centre around the individuals failure to present a different version of themselves to others. A theatrical presentation would be increasingly difficult for individuals who are visibly unsheltered, or if family member and friends knew of their current situation. Here, Goffman’s theoretical framework of dramaturgy can portray the internal and social conflicts of homelessness and pathways related to job loss or unemployment.

Substance Use as a Pathway into Homelessness

For the participants who cited substance use/addiction as their primary pathway into homelessness, a common theme in their interviews was feelings of shame and/or embarrassment. For these participants, they did not attribute drugs/alcohol as their direct pathway into homelessness but explained how their initial substance abuse caused a chain of events that led them to lose their employment and then their permanent housing.

Johnathan is one participant that discusses his struggle with addiction and how it caused him to become homeless, noting his embarrassment. Bill also calls his addiction and coinciding homelessness as “just stupid” and explains his embarrassment as a middle-aged man in his situation who relies on coupons to shop. Through the lens of dramaturgy and substance abuse/homelessness in males specifically, it can be suggested that men feel an even greater sense of shame because of their traditional role expectations within society as the hard-working bread winners. From a dramaturgical perspective, individuals suffering from addiction issues are deviant because they disrupt desired social roles and interactions (Goffman, 1956). What Goffman would label a “spoiled identity,” individuals who suffer from addiction will conceal the evidence of their ‘dirty work’ or character traits that are considered unclean, illegal, cruel or degrading to trick their audience into believing their performance is legitimate.

The literature around substance abuse and homelessness is consistent with the findings of this study. The current literature attributes substance abuse as a primary pathway into homelessness (Schultz, 2016), which is reflected in the high number of participants, primarily men, who cited addiction as their pathway. Although there were other pathways discussed by participants, substance abuse was one of the most common pathways for men. The existing literature does not overly focus on male substance use in compared to females, but this study did show a higher consistency in males reporting substance abuse as their pathway into homelessness when compared to the females in the study.

Multiple Pathways

Another interesting finding is the presence of multiple pathways. In the current research on homeless pathways, studies and statistics seem to focus on one specific and individual pathway for each respondent. In the interviews, even though most respondents attributed one primary pathway into their homelessness, there were several accounts of participants noting multiple pathways, much like a continuum. This was consistent in female responses, with several women noting their experience of childhood abuse/maltreatment and then IPV later in life, with IPV ultimately causing their homelessness. For the males, their pathways were even more dispersed. They described their pathways as taking a longer and more indirect route, such as beginning with a physical disability that caused them to take time off work, then not getting their job back when they recovered, which led to a loss of income and then a loss of accommodations, ultimately leading to them living on the street/in a shelter. Tutty et al (2015) discusses the linear path for homeless women in terms of abuse as a child resulting in IPV as an adult, but there is a lack of information available on the impact of multiple pathways.

One surprising result of the interviews is the lack of respondents who noted their primary pathway into homelessness as attributed to mental and/or physical health. While several respondents discussed their struggle with mental/physical health before, after, or during their homelessness, there were none who directly cited their health as the primary factor. This is not consistent with the literature, as mental and/or physical health is typically one of the primary pathways into homelessness cited in general discussions or studies done on the topic (Rollins et al, 2011). It was common for the individuals in the study to discuss their struggle with physical/mental health during or after their

homelessness, but the only time health was mentioned was by respondents who spoke of their homeless pathways as a series of events that happened to include their struggle with health. Johnathan is one participant who describes his physical health (needing surgery and then opiates for pain) as a contributor to his drug addiction, which led to loss of employment, which then resulted in his first episode of homelessness.

Significance of Current Study

Although research on homelessness is continuously expanding inside a criminological and sociological framework, there is always room for new ideas that aid in the advancement of research. For this project, the value of the research comes from its originality in putting distinct focus on the gendering of pathways and what it means for women specifically. By focusing on family violence as a pathway into homelessness instead of focusing on general pathways, it emphasizes the problem and signifies a growing need for further inquiry into the topic. There was a double benefit to including male pathways in the analysis; first, it brought attention to the common pathways into homelessness for men which is of obvious importance as well, but further, it emphasized the high number of women that noted family violence as a pathway, specifically because no males cited it as their pathway. Looking at the data side by side and visibly seeing the difference in pathways, it leaves little doubt that family violence and homelessness are interconnected, especially for women.

This research holds substantial significance within the current framework of Canadian homelessness and its connection to family violence. Although there is an abundance of Canadian literature on homelessness and family violence as separate phenomena, Canadian research that specifically analyzes family violence as a pathway

into homelessness is severely lacking. This project gives a new perspective to the current issue as it allows a specific insight into both homelessness and the prevalence/severity of family violence and its impact on Canadian women. Although the small sample size does not permit generalization, the number of women who self-disclosed spontaneous utterances of family violence as their primary pathway into homelessness is staggering based on the number of female participants in the study. What is also significant is the number of women in the study who self-identified as Indigenous. For a study of this size, five out of fifteen female participants, including two out of 15 males is extremely high due to their small representation within the Canadian population. This finding is extremely important and must be analyzed further in future research. Although the total number of participants is small, the findings of this study are extremely important and provide value to the current literature in its uniqueness and relevance. This project should encourage further inquiry into the topic of family violence as a pathway into homelessness to open a discussion concerning the broader implications of this issue and the impact it has on victims and their families.

Limitations

Methodological Shortcomings

The challenges with using a secondary data set were present mainly at the beginning of the research process. Although the original documents and outlines, including REB approvals and recruitment forms gave a very thorough insight into the goals and research questions of the original project, there were still issues associated with my own interpretations and the fact that I was not there when the interviews took place, nor was I present in the research and formation process in the beginning stages that are

the bones of any major project. The transcriptions were an invaluable part of the study that I did have access to, but they are open to subjective interpretation as I was not there for the in-person interviews, and in turn was not able to assess the mood or mannerisms of the participants. While there were challenges with using a secondary data set, the extent was minimal and overall straightforward.

Another aspect of this project that presented somewhat of an issue was the theoretical component and the difficulty with finding a theoretical framework to encompass both homelessness and family violence in a way that coincided with my research questions. Although Goffman's dramaturgical approach does not directly relate to homelessness or family violence specifically, the idea of manipulating the self during social interactions with others can explain victimization and homeless stereotypes. It can also give insight into why victims of family violence and their resulting homelessness often goes unnoticed, classified by Goffman as a theoretical "mask" to hide their victimization and manipulate their identity when in the presence of others. The connection with family violence as a pathway into homelessness and Goffman's dramaturgical approach seemed rather broad at first, but once the research process began and I analyzed his ideas in terms of my own research, the connections began to form. This connection helped shape my understanding of homeless pathways and stereotypes, including the role of victims as actors not in the traditional sense, but in the dramaturgical sense of a social performance to hide their victimization from the outside world.

Secondary Data

There are several limitations within this project that must be addressed. One of the issues is the use of secondary data and my lack of involvement with the original research.

Although not substantial, when working with secondary data it is known that some information might be missing in terms of the background of the project, as I was only given so much information in the form of documents and transcribed interviews. To my benefit, Dr. Scott was the primary investigator on the original project, and I was given all the corresponding documentation and completed transcriptions created by the research team that was unavailable to the general public.

Sample Size

One of the main limitations to this project was the small sample size. With only 15 male and 15 female participants for a total of 30, there was no room to run hypothesis testing or to test for relationships between variables. Based on the small sample size, the quantitative portion of the project is lacking depth, with only frequencies being calculated for number counts and valid percentages of each variable and corresponding response attribute. It would have been valuable to tests for relationships between variables and make inferences to the general population, but based on the small sample, no inferences can be made and therefore the results can only provide inferences.

Lack of Sociodemographic Variables

One valuable part of the research that is missing is racial/ethnic demographics of the study participants. The original study asked participants several socioeconomic demographics such as age, sex, education and marital status, but the only racial or ethnic demographic question was whether they identify as Aboriginal. Although this is a valuable piece of information, it would have been beneficial to assess homeless pathways based on race and/or ethnicity as well as Indigenous identity.

Subjectivity

The primary limitation to this project is the subjectivity of the data, specifically in forming themes within the participant interviews. The qualitative and semi-structured nature of the original interviews leave all the responses at least partially open to interpretation by the researcher which can cause issues in organizing the data. Although I tried to be as impartial as possible, the themes that I formed could mean something entirely different to another researcher and the participant responses could have a different or ulterior meaning depending on who is analyzing them. After analyzing each interview transcript carefully, I created the variables and response categories in SPSS based on how I alone interpreted them, but it is important to note that reliability of the data is partly compromised in its subjectivity.

Shortcomings of Dramaturgy

Although Goffman's dramaturgical take on symbolic interactionism has been hailed as an invaluable framework to explain everyday human interaction, it has not been met without criticisms. One of the main criticisms of this theory is the lack of discussion around gender and how gender identity plays a role in and shapes these daily interactions. Another primary criticism is the notion that every person in their daily interactions with others is playing a specific 'role' meaning that every day, individuals are acting with deceit and a lack of morality. Within dramaturgy, even the smallest of interactions are viewed as a performance. Further critiques of Goffman's theory focus on the over-justification of everyday self, with some scholars suggesting that Goffman's theory of dramaturgy makes the interaction between individuals much more complicated than it

really is. His idea of “normals” has been described as a form of labelling that is counter-productive and can be misapplied and taken out of context (Casanave, 2008).

One of the most common criticisms of Goffman’s works is that they are cynical (Deegan, 2014). This cynicism is based on the questionable assumption by Goffman that individuals are distrustful of others and motivated primarily by their own self-interest (Deegan, 2014). His writings assume that everyone in their worldly interactions is always working for themselves as is the basis of *The Presentation of Self in Everyday Life*, where he contends that each person has two selves, one a performer, and the other, a manipulator (Goffman, 1956). Goffman promotes the idea that individuals keep parts of their identity hidden and exaggerate other, more favourable aspects of themselves with the goal of impressing others while remaining somewhat mysterious. By doing this, the individual can control how others perceive them. This is critiqued because it emphasizes the idea that each human interaction is calculated with the primary goal of impressing others, even if it means concealing their ‘true’ identity or characteristics that seem unfavourable in a given situation. Goffman writes “When an individual or performer plays the same part to the same audience on different occasions, a social relationship is likely to arise” (p. 9). Here, he suggests that social relationships are formed based on the specific role an individual decides to take on in their interactions with others, not accounting for the possibility that these relationships form merely because two people connect or interact well without having to put on a façade.

Goffman’s works have been highly criticized by feminist scholars (Deegan, 2014). Deegan (2014) in her discussion on Goffman analyzes his texts, primarily his earlier ones, and writes that they “reinforced institutionalized sexism through their

language, examples, metaphors, and stereotypes” (p. 78), noting that Goffman himself agreed that some of his earlier works contained certain biases with respect to reproducing notions of gender inequality. Furthering this critique, the presence of irony in Goffman’s earlier writings in discussions on sexism is also seen as problematic by feminist scholars as humour directed at women “does little to challenge outlandish and repressive behaviour towards women, which is certified as ‘normal’ along with the ‘objective’ gaze of the patriarchal world” (p. 79). Dramaturgy’s lack of applicability to female experiences and its accusations of institutionalized sexism can offer an explanation as to the lack of research on women and homelessness, as well as silent victimization as presented throughout this thesis. With respect to dramaturgy, women may be less likely to come forward and seek help for their victimization due to biases and sexism in published works that enforce notions of inequality.

Although dramaturgy has been a basis of sociological thought for decades, one criticism is that it does not hold up over time and lacks relevance in the technological age where ‘actors’ are no longer interacting strictly face-to-face (Corrigan & Beaubien, 2013). Although scholars have applied dramaturgy to include social media, there are some fundamental issues that arise in this application. Corrigan & Beaubien (2013) critique this form of dramaturgy as originally; Goffman viewed an audience as a third party. Now, with the age of social media, the internet audience is always active and present. Further, within the context of stigma, face-to-face interactions were crucial to the original analysis by Goffman because of the discussions around stigmas held by individuals with physical disabilities, the blind community and those incarcerated. This criticism is not directly related to the current topic on homeless pathways, but it sheds

light on the futuristic issues associated with sociological theories and the need for consistent change as the world advances and social interactions begin to shift onto different platforms.

Future Research:

Current World Events: COVID-19 Pandemic

With the growing awareness around gendered violence and intimate partner violence specifically, there is significant room for expansion on the study of female homelessness and how gender plays a unique role to women in their experience. With the changing political and social world climate, issues of gender and marginalization are at the forefront of social science research, possibly more than ever before. Due to global events such as the COVID-19 pandemic and its impact on marginalized groups, there is a need for increased research on the ways in which specific groups are impacted by these types of events more than others.

Pertaining to the study of family violence and homelessness, the recent COVID-19 pandemic has had an immense impact on the rates of IPV and homelessness in Canada, with increased study on these topics over the last two years. Yakubovich and Maki (2021) report on women's experiences with violence and homelessness both during and before the COVID-19 pandemic and provide insight into this overt issue. Before the COVID-19 pandemic, violence against women and their homelessness as a result was "hidden," or went unnoticed. For women experiencing homelessness, shelters are typically available on a short-term basis where women with children get priority, are often underfunded, at maximum capacity, and are excluded from statistical analysis. Prior

to the pandemic, female homelessness as a result of violence within the home was a growing issue, but from the start of the pandemic there was an immediate increase in shelter occupancies that has continued to climb over the last two years. Statistics Canada (2022) released a report on shelter stays for victims of abuse in Canada during the pandemic that showcased the problems that arose for both victims and shelters at that time. At the start of the pandemic, one in three shelters reported being greatly impacted, and approximately half reported an increase in demand for victim outreach services. At the same time, hundreds of victims were being turned away due to limited beds. Data from April 2021 reported that out of 6 775 funded beds in short-term facilities in Canada, only 53 percent were occupied. This is in comparison to 2017/2018 data that reported an occupancy rate of 78 percent. The lower number of women and their children admitted is likely due to pandemic related measures associated with social distancing measures and other health and safety guidelines. Although the need for shelter services greatly increased during the pandemic, many were turned away due to capacity limits and lack of resources (Statistics Canada, 2022).

Research continues to show trends in an association with women's unemployment and domestic violence (Peitzmeier et al, 2021). With the loss of employment and economic security over the course of the COVID-19 pandemic, unemployed women face an even greater threat to their safety within the home. In the United States, the first studies following the start of the pandemic focused on official crime or hotline data, with the consensus showing an increase in reports of domestic violence. Although this is the most common reporting, there were regions that reported a decline in calls during the start of the pandemic. Whether this is because of reporting bias or a reflection of victims

being unable to access services due to the increased cohabitation of partners due to job closures remains unknown. Throughout the pandemic, women have been disproportionately impacted by domestic violence as a result of their gender vulnerabilities within the home and the workplace. For women, their vulnerability to familial violence is manifested in their unpaid work such as childcare, and their position in the economy, with women representing most of the low-income employment when compared to men (Peitzmeier et al, 2021). Future researchers should employ both qualitative and quantitative studies to assess gender disparities in familial victimization that disproportionately affect women to expand public knowledge around this issue and encourage advocacy for victims. The COVID-19 pandemic can be used as a reference for future researchers to promote advocacy around IPV and the dangers faced by women and their children within the private home. Specifically, researchers should continue to investigate rates of IPV calls to police as well as female shelter admissions prior to and ensuing the COVID-19 pandemic to showcase the severity of prolonged exposure to interpersonal violence as a result of the global closure of services and facilities.

Indigenous Community and the COVID-19 Pandemic

For Indigenous women, there exists an even greater threat of experiencing homelessness, IPV as well as other socioeconomic and health impacts, all that have been increased during the COVID-19 pandemic (Yakubovich & Maki, 2021). Within the first six months of the pandemic, the Canadian government paused its development on several projects including Missing and Murdered Indigenous Women and Girls, the National Action Plans on gender-based violence, as well as the National Indigenous Housing Strategy. Prior to the pandemic, rates of Indigenous homelessness and its intersection

with family violence was a primary topic of discussion for Indigenous studies researchers, but like many other social issues existing prior to the pandemic, this topic came to the forefront of public inquiry during this time. Within a Canadian context, the risk of being a visible or hidden homeless individual is heightened for Indigenous peoples (Alberton et al, 2020). Here, homeless pathways are rooted in the structural oppression of colonialism. Going forward, it is crucial that future research on homeless pathways take a historical and critical view to encompass the unique experiences of Indigenous people as separate from the general population. Keeping in mind the intergenerational trauma as a result of colonialism that Indigenous people face, it is important to develop research goals and strategies that are exclusive to this community.

Continued Research through a Gendered Lens

Even though these issues facing women, specifically female victims and Indigenous women experiencing homelessness, have existed long before the COVID-19 pandemic, it was the pandemic and the increasingly high number of shelter entries for women during this time that brought public awareness to what has been occurring for decades. Since the start of the pandemic and with the increased focus on IPV victims and the unsheltered population, there has been an influx of research done on these issues. Although not a negative advancement, it took a global pandemic for the public to become aware of what is happening to women within their family homes and individuals living on the street. Now that the world is more aware of the issues facing these specific populations, it is important that this type of research continues through a gendered lens with the goal of increasing societal awareness, and in turn, advocacy and fundamental change.

Conclusion

This thesis analyzed gendered pathways into homelessness to assert that pathways into homelessness for men and women are very different, with the female participants most commonly citing IPV as their primary pathway. By using secondary data, there were different areas of interest that were able to be explored including the different pathways into homelessness that were most common for men and women. Primary pathways for women were concluded to be linked with family violence, primarily IPV and/or child abuse and maltreatment. For the male participants, the most common pathways were loss of income and substance abuse. One particularly interesting finding was the prevalence of Indigenous individuals in the study. Although Indigenous identity in relation to homelessness was not the primary focus of this project, it is a finding that requires further investigation due to the number of participants who self-identified compared with their low representation in the general population. By utilizing Erving Goffman's theory of dramaturgy, identity and the issue of hidden homelessness and interpersonal victimization was put forth to explain why these issues often go unnoticed and/or unreported. The idea of role-playing during interactions with others explains an individual's ability to potentially hide their true self, including their housing status and victimization. This theory illustrates a possible explanation as to why homeless individuals, especially those impacted by family violence, are often ignored or forgotten about in public advocacy and research.

The importance of this project is substantial as it adds a gendered victimization component to the current literature on homelessness that is often depicted through a male-dominated lens. Here, female experiences of victimization and their coinciding

homelessness were the primary focus, which strays from the current literature that primarily focuses on male homelessness as a result of addiction and joblessness. Despite the small sample size of the study and the inability to generalize in the larger population, the results suggest that family violence is a primary pathway into homelessness for women. To further investigate the topic of homeless pathways as gendered will entail further analysis by future researchers through specific studies with larger sample sizes to allow generalizability. It is also suggested that future researchers investigate Indigenous homelessness and the impact of gender based on the results of this specific study. Through this study and the prominent focus on gendered pathways into homelessness, I am hopeful that future research will continue to expand on this issue to bring awareness and advocacy for victims of family violence and all individuals who are without permanent housing.

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