

**A PHENOMENOLOGICAL STUDY OF THE LIVED EXPERIENCE OF WOMEN
MOTHERING WITHIN THE CONTEXT OF A SHELTER**

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Abstract

Mothers and children are an increasingly significant segment of the population in Canada experiencing homelessness. Yet, there is a paucity of literature that focuses on the lived experience of mothers while caring for children within the social constructs of a shelter. It is therefore important to explore the subjective experience of women, and how they conceptualize the meaning of their experiences. The purpose of this study was twofold: To broaden our understanding of mothers' daily reality of caring for their children in the shelter environment, and to highlight the way discourses engender Othering processes. The project was supported by the theoretical frameworks of Michel Foucault and feminists Chris Weedon, and Mary Canales. Semi-structured interviews were conducted with 30 mothers living with their children in four diverse shelter settings in a large urban centre in Canada. The interviews were conducted in English, French and with a cultural interpreter. Heidegger's interpretive phenomenology was used to analyze the data. Major findings suggest mothers experience a disruption in their capacity to care for their children on several levels: mothers are stigmatized and positioned as Other through exclusionary shelter practices; mothers are subjugated to paternalistic shelter rules that exert an emotional labour resulting from inconsistencies in shelter policies and practices; and mothers are burdened by the pervasive ongoing experience of violence. Results of this study suggest that in order to design services that effectively support optimal health and social outcomes for mothers and their children, it is important for public health providers, service providers and policy makers to be informed of the meaning of "being a mother in a shelter."

Résumé

Les mères et les enfants représentent un segment de plus en plus important de la population canadienne vivant en situation d'itinérance. Pourtant, peu d'écrits se concentrent sur l'expérience vécue des mères qui s'occupent de leurs enfants dans le contexte social d'un refuge. Il est donc important d'explorer l'expérience subjective des femmes et la manière dont elles conceptualisent le sens de leurs expériences. L'objectif de cette étude est double : élargir notre compréhension de la réalité quotidienne des mères qui s'occupent de leurs enfants dans l'environnement d'un refuge, et mettre en évidence la manière dont les discours engendrent des processus d'altérité. Le projet était basé sur les cadres théoriques de Michel Foucault et des féministes Chris Weedon et Mary Canales. Des entrevues semi-structurées ont été menées auprès de 30 mères vivant avec leurs enfants dans quatre refuges d'un grand centre urbain au Canada. Les entrevues ont été menées en anglais, en français et avec un interprète culturel. La phénoménologie interprétative de Heidegger a été utilisée pour interpréter les données. Les principaux résultats suggèrent que les mères connaissent une perturbation dans leur capacité à prendre soin de leurs enfants à plusieurs niveaux; que les mères sont stigmatisées et positionnées comme « autres » par le biais de pratiques d'exclusion dans les refuges; que les mères sont domestiquées par les règles paternalistes du refuge qui exercent un labeur émotionnel résultant d'incohérences dans les politiques et les pratiques; et qu'elles font l'expérience omniprésente et continue de la violence. Les résultats de cette étude suggèrent que pour concevoir des services qui soutiennent efficacement les mères et leurs enfants sur les plans social et de la santé, il est important que les prestataires de santé publique, les prestataires de services et les décideurs politiques soient informés de ce que veut dire « être une mère dans un refuge ».

Table of Contents

Abstract	ii
Résumé.....	iii
Table of Contents	iv
List of Tables	xii
Acknowledgements	xiii
Glossary of Terms	xiv
Chapter 1: Introduction	1
Problem Statement	5
Shelter	5
Mothers and Children.....	6
Mothers.....	7
Homelessness has a Negative Effect on Mothers' Health.....	8
Mothers' Experience of Stigma.....	11
The Impact of Homelessness on Children.....	12
The Strength and Coping of Mothers	15
Significance to Nursing.....	16
Research Objectives and Question.....	17
Organization of the Chapters	17
Chapter 2: Literature Review.....	18
Homelessness in Canada	20
Homelessness among Mothers with Children	23
Families Experiencing Homelessness	24

Not all Mothers' Experiences Reported Equally	25
Violence Against Women	27
Violence Against Women and Girls in Canada.....	28
Violence Engendered by the COVID-19 Pandemic.....	32
Violence Against Mothers Intersects with Homelessness.....	33
Shelters for Women in Canada	36
History of Violence Against Women (VAW) Shelters	37
Concepts of Motherhood and Mothering	40
Motherhood Defined	40
Mothering Defined	41
Maternal Work and Maternal Thinking.....	41
Modern Practice: Idealization of Mothers	42
Intensive Mothering and Motherhood Discourse	43
Contested Discourses: Good Mother versus Bad Mother	44
Experiences of Women Mothering within the Context of Shelters	46
Encountering Stigma: Societal Categorizing and Stereotyping	46
Prison or Refuge	54
Monitored and Restrained.....	54
Scrutinized Mothers.....	58
Disrupting Familial Routines.....	60
Mothering in Public	65
Gaps in the Literature	69
Chapter 3: Theoretical Framework	71

Epistemological Stance	72
Critical Theory	73
Feminist Poststructuralist Perspective	74
Foucauldian Framework	76
Power/Knowledge	77
Disciplinary Power.	79
Docile Bodies.....	80
Hierarchical Observation/Surveillance.	81
Panopticon.	83
Normalizing Judgement.....	85
Examination.....	86
Feminist Poststructuralist Theory	86
Chris Weedon	86
Subjectivity.....	90
Language.....	92
Canales: Othering	93
Exclusionary Othering.....	95
Inclusionary Othering.	96
Integration of the three Theoretical Perspectives	97
Poststructuralist Theory	98
Feminist Poststructuralist Theory: Chris Weedon.....	99
Canales	100
Chapter Summary.....	101

Chapter 4: Methodology	103
Research Design: Phenomenology	104
Interpretive/Hermeneutic Phenomenology.....	104
Research Setting and Recruitment	110
Setting.....	110
Recruitment	111
Sampling	115
Data Collection.....	117
Data Analysis	120
Procedural Steps	123
Existential Methods	125
Lived Space (Spatiality).	126
Lived Body (Corporality).	126
Lived Time (Temporality).	127
Lived Self-Other (Relationality).....	127
Lived Things (Materiality).	128
Phenomenological Writing.....	128
Validity of Research Process	130
Rigour	130
Reflexivity	133
Ethical Considerations	135
Chapter Summary.....	140
Chapter 5: Findings.....	141

Description of Participants	142
Context	147
Abuse.....	148
Children’s Exposure to Abuse.....	150
Multiple Attempts Made to Find Safety	151
Fear of Child Abduction.....	152
No Control Over her Decision-Making.....	153
Disruption in Mothers’ Lives and the Multiple Losses	153
Mothers Attempted to Find Refuge with Families and Friends	156
Mothers Have Little Choice of Shelters	157
Denied Shelter Access	158
Women’s Lived Experiences of Mothering Within the Context of a Shelter	159
Theme 1: Defining Myself as a Mother	160
What Does Being a Mother Mean to Me?	160
Mothering in a Shelter.	163
The Emotional and Physical Health of Mothers.	163
The Health of Children: Emotional, Physical, and Behavioral.....	165
Mothering Children with Special Emotional and Physical Needs.	174
Education.	177
Relationship with Children.	179
Creating New Spaces “For Us”: Looking to the Future.....	181
Theme 1 Summary: Defining Myself as a Mother.	184
Theme 2: Mothering Disrupted	185

Safe Space.....	186
Supportive Resources and Services.	190
Supportive Relationships with Staff.	192
Relationship with Other Mothers.	193
Unsafe Space.	195
Physical Space.....	195
Psychological Space.....	208
Theme 2 Summary: Mothering Disrupted.....	222
Theme 3: (Re)forming Mothers.....	223
Living Under Pressure.	223
Time.	223
Rules: Fixing Mothers.....	232
Abandoned: Lack of Services.	245
Under Surveillance.	252
Being Watched.....	252
Being Judged.....	257
Theme 3 Summary: (Re)forming Mothers.	264
Theme 4: Ongoing Victimization.....	265
Ongoing Victimization by Perpetrator.....	266
Victimization by Police.	270
Complicity.....	270
Threats.....	271
Victimization by Judicial Systems.....	273

Theme 4 Summary: Ongoing Victimization.....	274
Chapter Summary.....	275
Chapter 6: Discussion	277
Mothers Positioned as <i>Other</i>	279
Emotional Labour	310
“Mothers, Interrupted”	314
Being Unable to Escape	325
Strengths and Limitations of this Study	338
Strengths	338
Limitations.....	339
Implications for Nursing Practice, Research, Education and Policy	340
Implications for Nursing Practice.....	340
Implications for Research.....	344
Implications for Nursing Education	351
Implications for Policy	353
Conclusion	357
References.....	365
Appendix A: University of Ottawa Research Ethics Board Approval	411
Appendix B: Ethics Approval Renewal.....	412
Appendix C: Letter of Approval (Site 3)	413
Appendix D: Letter of Approval (Site 2, VAW Shelter).....	415
Appendix E: Letter of Approval (Site 1, VAW Shelter)	417
Appendix F: Letter of Approval (Site 4).....	419

Appendix G: Participant Consent Form (Sites 1 and 2, English Version)	422
Appendix H: Participant Consent Form (Sites 1 and 2, French Version).....	425
Appendix I: Participant Consent Form (Site 3, English Version)	428
Appendix J: Participant Consent Form (Site 3, French Version)	431
Appendix K: Participant Consent Form (Site 4, English Version).....	434
Appendix L: Participant Consent Form (Site 4, French Version)	437
Appendix M: Invitation to participate in a study (Version 1, English)	440
Appendix N: Invitation to participate in a study (Version 1, French)	441
Appendix O: Invitation to participate in a study (Version 2, English)	442
Appendix P: Invitation to participate in a study (Version 2, French).....	443
Appendix Q: Interview Guide (English).....	444
Appendix R: Interview Guide (French)	445
Appendix S: Interview Protocol.....	446
Appendix T: Examples of Neutral Nondirective Probes	447

List of Tables

Table 1	Description of Mothers	144
Table 2	Description of Children.....	144
Table 3	Coding Theme and Subthemes	159
Table 4	Hallmarks of an Abusive Relationship and Shelter System	336

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Glossary of Terms

A definition of terms used within the study are presented in order to facilitate understanding due to multiple variations of usages of terms throughout the literature.

Family

For this research, the term family is defined as a family configuration led by a mother with one or more dependent children who lack permanent adequate shelter, and the resources such as money, family, or friends to acquire safe housing or shelter.

Shelter Terms

The following terms unique to homeless shelters need to be defined to better inform the reader of this study.

Emergency Shelters

The term shelter in the literature is used to refer to many typologies of temporary housing facilities. Shelter includes housing provided to mothers with children experiencing abuse, and temporary housing such as emergency family shelters, welfare motels, interim housing, hostels and any shelter beds until permanent housing can be secured. For this study, the term emergency family shelter(s) is used to denote all shelter facilities other than the violence against women shelters.

Violence Against Women Shelters (VAW)

The terminology to identify different shelters varies across the country (Tutty, 2009). For this study, the term violence against women (VAW) shelter is used broadly to refer to all residential facilities for women fleeing abuse because the term and categories of shelters are used interchangeably within the international literature.

Violence Terminology

Violence against women and girls occurs in many forms: Structural violence such as sexism, racism, and ageism; human trafficking; harmful sociocultural practices such as forced child marriages, female genital mutilation; sexual violence in all public and private spheres; and in close relationships such as family violence including child maltreatment and intimate partner violence and non-partner violence (Etherington & Baker, 2018). For the purposes of this study, family violence and intimate partner (male to female) violence are discussed.

Family Violence

Family violence is defined as a form of abuse, maltreatment, or neglect that a child or adult experiences from a family member, or from someone with whom they have an intimate relationship. It is an abuse of power by one person to hurt and control someone who trusts and depends on them (Public Health Agency of Canada, 2016). For the purposes of this study, the term family violence is used to describe violence against children by a biological father, stepfather, or male partner/boyfriend of a mother. This term also applies to women in this research study abused by a close family member such as a sibling, mother, or mother-in-law.

Intimate Partner Violence

Intimate partner violence encompasses one or more acts including coercive tactics that entail a composite of physical, sexual, economic and or psychological abuse (WHO 2013). This term refers to physical, sexual, or psychological harm by a current or former partner or spouse and is also called dating violence between unwed couples. Intimate partner violence is used interchangeably with other terms such as violence against women (VAW), gender-based violence (GBV) and wife abuse referring to spousal or partner violence or abuse by men perpetrated towards women (Public Health Agency of Canada, 2016).

Domestic Violence

Throughout the literature, the broad term domestic violence is used interchangeably to describe family violence, that which occurs between parents and children, siblings, between women and in-laws; and, intimate partner violence, violence against women or wife abuse which have different meanings depending on the context in which they are used (Public Health Agency of Canada, 2016). For this study, the context of the term domestic violence is used to refer to intimate partner violence or violence against women perpetrated by a male partner such as a husband, boyfriend, or common-law husband. To emphasize and expose the gendered nature of violence by male intimate partners the term violence against women or woman abuse will be used in reference to the study findings. This approach is contrary to the gendered-neutral terms of domestic violence or intimate partner violence that are often found in the literature despite references explicit to the male abuse of women.

Chapter 1: Introduction

It's emotionally draining, you know. This is what consumes my thoughts, every day, all day. It's just too much sometimes. Some days I just want to turn that off and just be a mom. You know what I mean? And not being a mom that's struggling in a shelter, and trying to fight for custody, and being homeless. (P29)

The experience of homelessness among families, specifically mother-led, has become a significant crisis, and growing social problem in many communities in Canada (Gaetz, et al., 2016; Segaert, 2017). Statistics which accurately quantify individuals experiencing homelessness are difficult to obtain and are often more of an estimate (Gaetz et al., 2016). While available estimates of mothers' experiences of homelessness is systematically undercounted, research reveals women make up one-third of the adult population experiencing homelessness (Gaetz et al., 2016). Most concerning, mothers make up most lone parents in families experiencing homelessness (Segaert, 2017). Family homelessness is a term that contradicts the very essence of what we think of as family life; a stable, secure, and sheltered place for children to grow (Hausman & Hammen, 1993).

Nationally, on any given night thousands of women and children experience homelessness (Gulliver-Garcia, 2016; Moreau, 2019; Segaert, 2017). Mothering while experiencing a loss of home poses significant barriers and unique challenges for mothers while caring for their children (Azim et al. 2019; Benbow et al., 2019a; Peters et al. 2009; Thomas et al., 2015). Moreover, research suggests that most mothers with children experiencing homelessness lack safe, secure, and adequate housing (Milaney et al., 2017; Paradis et al., 2014). Research also demonstrates how historically women disproportionately live in core housing need, lead single-parent households, and bear the responsibility of childcare which also puts them at risk of eviction and loss of home (Milaney et al., 2017; Neil, 2004; Schwan et al., 2020).

Faced with few alternatives and as a last resort, some mothers will seek refuge in shelters which provide immediate but temporary housing, and support (Gaetz et al., 2013; Tutty, 2015).

Violence against women shelters (VAW), emergency family shelters, welfare motels, and transitional programs are the typical institutionalized networks of social services that provide temporary emergency and crisis accommodation to women with children. The experience of homelessness can be the result of a myriad of reasons, such as poverty, family separation, eviction, housing instability, unsafe housing conditions, or fleeing woman abuse (Maki, 2017; Noble, 2014; Tutty et al., 2013; Tutty, 2015). Emergency family shelters offer a variety of services and resources such as housing and welfare support aimed to address the effects of homelessness and poverty (Paradis et al., 2011). However, VAW shelters are deemed the primary resource, and protective response for mothers and children who are experiencing violence and abuse, and offer additional support related to trauma and violence services for residents (Maki, 2019; Sev'er, 2002).

Shelters provide valuable assistance and offer a haven for mothers and their children but losing one's home is devastating and disruptive with lasting effects (Bassuk et al., 2020; Guarino & Bassuk, 2010; Thomas et al., 2015). Research findings reveal that several stressors such as a lack of access to affordable housing, violence, precarious and low economic resources, and inadequate social supports that accompany the experience of homelessness further impact negatively both on mothers' and their children's overall health (Annor & Oudshoorn, 2019; Howard et al., 2009; Milaney, et al., 2017; Buckner, 2008; Guliver-Garcia. 2016). Parenting is complex and can be a challenging task under normal circumstances (Bassuk et al., 2014; Cooper et al., 2009; Friedman, 2000; Guarino & Bassuk, 2010). However, mothering under stress or during times of crisis is especially difficult (Gengler, 2011).

Research further indicates that mothers encounter multiple barriers in maintaining a family life while living in a shelter (Kelly, 2009; Fleary et al., 2019; Mayberry et al., 2014). Moreover, increasingly marginalized mother-led families face challenges while trying to care for and provide for their children in an environment that is unfamiliar, unstable, chaotic, marked by intermittent crisis, and regulated by shelter rules, and routines that are not their making (Azim et al., 2019; Cosgrove & Flynn, 2005; De Ward & Moe, 2010; Gengler, 2011; Reppond & Bullock, 2020; Thrasher & Mowbray, 1995). Additionally, studies have shown that mothering in a shelter environment has been described as challenging and disempowering (Friedman, 2000). According to David et al. (2012), mothers have little control over their life circumstances, and the shelter environment interferes with their autonomy as mothers, and further compromises mothers' capacity to respond sensitively and contingently to an over stimulated or distressed child.

My interest in the plight of mothers experiencing homelessness stems from my extensive experience as a public health nurse working with families, single mothers, and pregnant teens who are living in vulnerable circumstances such as unstable housing, doubling up (staying with others such as friends, strangers, or family members), and residing in shelters. I am concerned with the increasing number of mother-led families experiencing homelessness, and the situational circumstances in which women find themselves mothering and caring for their children. While a rich body of research on the state of homelessness in Canada is emerging and providing important data, the role of mothering within the shelter context is minimally addressed in the literature even though the experience of homelessness for mother-led families has been increasing since the 1980s. Understanding the lived experiences of mother-led families is critical because it provides insight into the ways in which health care, services, and policies can better support women and children. Using a qualitative approach, specifically an interpretive

phenomenology design, this dissertation documents the findings of women's lived experience of mothering within the context of four shelters in the City of Ottawa, Ontario, Canada.

Problem Statement

The experience of becoming homeless is an increasing reality for many Canadian mothers and their children (Gaetz et al., 2014; Milaney, 2017; Schwann et al., 2020; Segart, 2017). A substantial transformation of the population experiencing homelessness has occurred, no longer only the stereotyped older single men who are experiencing homelessness, but single-parent families led by mothers have become a significant sub-population of those experiencing homelessness (Gaetz et al., 2013; Noble, 2014; Schwan et al., 2020; Segart, 2017). Mothers and their children are among the fastest growing segment of the population experiencing homelessness. Many mothers and children rely on shelters for assistance, yet they are one of the least recognized groups of individuals experiencing homelessness, and the absolute numbers fail to document the full scope of this issue (Maki, 2017; Rahder, 2006; Schwan et al., 2020; Van Berkum & Oudshoorn, 2015). The problem of mothers and their children experiencing homelessness has become an urgent social and health concern, given the many adversities they encounter while living in residential instability such as shelters.

Shelter

According to the latest National Shelter Study (Employment and Social Development Canada, 2021) (ESDC) in 2016 there were over 400 emergency shelters across Canada with a capacity of 15,400 beds. An estimated 90 percent of families experiencing homelessness and residing in emergency family shelters are headed by mothers (Segart, 2017) and one in seven emergency family shelter users are children (Segart, 2012). The number of children aged 16 and under living in emergency family shelters in 2016 was approximately 8,000, or 6.3 percent of

shelter users (ESDC, 2021). Locally in Ottawa, emergency family shelters experienced a 34 percent increase in occupancy from 2004 to 2012 (Alliance to End Homelessness, 2012). Based on the latest National Shelter Study covering the years 2005-2016, the occupancy rate at emergency family shelters increased from 67.3 percent to 85.7 percent (ESDC, 2021). Moreover, families are staying for prolonged periods of time in shelter, increasing from 8.3 days in 2005 to 24.9 days in 2016, an increase of 18.4 percent (ESDC). It is important to note that the statistics from the National Shelter Survey do not include any of the data from the 552 violence against women VAW shelters.

While the lack of affordable housing and poverty are leading causes of homelessness for mother-led families in Canada, the research overwhelmingly highlights intimate partner violence as the predominant reason mothers with children experience homelessness (Conroy, 2021; Milaney et al., 2017; Van Berkum & Oudshoorn, 2015). Research consistently demonstrates rates of violence among mothers and their children experiencing homelessness is extremely high (Conroy, 2021; Moreau, 2019). Data from VAW shelters in Canada indicates that 68,000 mothers and children annually sought refuge from partner violence (Moreau, 2019).

Mothers and Children

The literature suggests that mothers and children experiencing homelessness are severely impacted by the social determinants of health with potential negative long-term health outcomes for children (Buckner, 2008; Crawford et al., 2011; Grant et al., 2013; Parks et al., 2007).

“Children experience the world within the context of their family system, and the broader community. Family and community stressors such as poverty, violence and loss of housing stability have a significant impact on child’s well-being and development” (Guarino & Bassuk, 2010, p. 17). Homelessness is a devastating and destabilizing experience for families (Bassuk &

Geller, 2006; Bassuk et al., 2020; Guarino & Bassuk, 2010; Sylvester et al., 2018). Being without a home virtually disrupts every aspect of family life (Thomas & So, 2016).

Further, not having a home is particularly challenging for some children because of their needs for schooling and health care, and because they often lack the basics of life including proper nutrition, a safe environment, housing stability and adequate clothing (Gulliver-Garcia, 2016). Further, some authors contend that shelters are not a place to care for children because shelters are incredibly stressful environments in which to live (Bassuk et al., 2014; Buckner, 2008; Cutuli et al., 2017; Thrasher & Mowbray, 1995).

Mothers

The experience of being homeless, and shelter life, impose great stressors on mothers and their children (Gregory et al., 2021; Haskett et al., 2016; Paquette & Bassuk, 2009). When accessing a shelter, mothers and children confront major changes in their lifestyles and adversity (Cutuli et al., 2017). Researchers have shown that mothers who experience homelessness encounter many unique factors that make effective parenting difficult, including challenges in meeting their children's needs, and barriers caused by the shelter setting (Averitt, 2003; Cosgrove & Flynn, 2005; David et al., 2012; Paquette & Bassuk, 2009). For example, once they have secured a space in a shelter, mothers and their children contend with constant scrutiny of other parents, children, and shelter workers and can be subjected to judgement and criticism (Fauci & Goodman, 2020). Other research has shown that mothers in shelters must relinquish maternal autonomy and personal control and adhere to the shelter-approved model of "good mother" (Azim et al., 2019; Connolly, 2000; Friedman, 2000; Gengler, 2011; Krane & Davies, 2007).

Mothers and children encounter many inequalities and disparities when they become homeless including poverty, food insecurity, malnutrition, maternal stress, and stigmatization (Grant et al., 2007). The dynamics of spousal abuse can contribute to poverty as well as economic and social vulnerability for families (Milaney et al., 2017; Neil, 2004). Poverty can exacerbate the problems associated with being homeless and staying in a shelter. For instance, without adequate economic resources mothers may not be able to provide or meet their children's needs (Swick & Williams, 2010; Thomas et al., 2015). Social inequalities such as structural patterns of distribution of resources related to affordable housing, childcare and employment opportunities result in multiple disparities and financial constraints for mothers and their children who are without a stable home (Mayberry et al., 2014; Schwan et al., 2020).

Mothers experience fear and uncertainty living in shelters because paradoxically shelter workers have the power to offer resources that lead to housing and other necessities and the power to remove access to shelter or evict mothers and children for rule violations (Feltey & Nichols, 2008; Gengler, 2011). Researchers have found that the experience of being without a home is itself traumatic and a potential risk for emotional disorders (Guarino & Bassuk, 2010). Moreover, given that the prevalence of traumatic stress in the lives of these families is already extraordinarily high, experiencing homelessness adds another layer of vulnerability and deprivation that may increase a mother and child's risk for continued exposure to various forms of violence (Bassuk et al 2014; Thomas et al., 2015).

Homelessness has a Negative Effect on Mothers' Health

There is consistent evidence that the experience of homelessness significantly and negatively influences mothers' mental health, and that families living in homelessness experience worse overall health than housed families (Morris & Butt, 2003; Wright 1990).

Additionally, mothers experiencing homelessness suffer disproportionately from health problems compared to the general population with a range of health problems including asthma, anemia, ulcers, and dental problems (Rog & Buckner, 2007).

Mothers living in homelessness are more likely to experience major depressive disorders compared to mothers residing in stabilized housing (Bassuk & Beardslee, 2014). Bassuk et al. (1997) found mothers' emotional status was an independent predictor of adverse outcomes in homeless preschoolers. Given the overwhelming stress, chaos, and uncertainty in mothers' lives they may not be responsive to their children's cues and miss crucial mothering responses specific for the children's developmental stages (Guo et al., 2016; Bassuk et al., 1997; Connolly, 2000; Swick & Williams, 2010).

Mothers who are lacking resources, emotional and social supports experience more challenges in developing meaningful interactions with their children (David et al., 2012; Mayberry et al., 2014). A study by Lindsey (1998) focused on mothers' perceptions of how homelessness and shelter life affected family relationships. While the research found that families were committed to personal relationships and became closer to each other by interacting more with each other, results indicated that the stress of homelessness such as lack of space, resources, and privacy impacted the emotional experiences of mothers and their children. Consequently, mothers' emotional state impacted their relationship with their children, other women, and shelter workers. Mothers were depressed, exhausted, scared, less patient with their children, and not always responsive emotionally to their children. Parenting is key to children's early development and learning, and long-term life experiences (Swick, 2009). Studies suggest that the experience of homelessness such as lack of housing, finances, employment, and childcare, can erode parents' capacity to provide protection, support and respond consistently to

the needs of their children (Herbers & Cutuli, 2014; Kelly, 2009; Swick & Williams, 2010). This can create feelings of helplessness and a lack of confidence in parenting (Fleary et al. 2019; Schulz, 2009).

Research examining child adjustment in families experiencing homelessness indicates that mothers' psychological distress is a strong predictor of children internalizing and externalizing behavior (Bassuk et al., 1997). According to authors Morris and Butt (2003) and Beeber and Miles (2003) mothers staying in shelters suffer more acute mental health problems. From their research focusing on maternal mental health and poverty, Beeber, and Miles (2003) found maternal mental health is a key factor in the quality of parenting and a child's developmental outcomes. Further, Perlman et al. (2012) found that families experiencing homelessness are disproportionately more likely to have experienced health, economic and social risk factors which in turn can adversely impact the parent-child relationship.

In addition to facing a lack of housing and financial insecurity, mothers fleeing abuse must also contend with the psychological and physical effects of the abuse and ongoing violence. The trauma women experience has resulted in significant health problems related to violence, and emotional problems such as post-traumatic-stress, anxiety, depression, anger, and sleep disorders among others (Jordan et al., 2010; Roschelle, 2008). Following a longitudinal investigation assessing mental health status of mothers living in shelters, Weinreb et al. (2006) concluded that mothers experienced higher rates of post-traumatic stress disorder and a four-fold increase in depression rates. The authors recommended ensuring mental health services target mothers and their individual needs. However, Bogard et al. (1999) argue that some shelter programs presume mental health problems are part of the causal nexus of family homelessness and indiscriminately deliver mental health services to mothers which do not meet their needs.

In a qualitative study of two women's shelters, Averitt (2003) found mothers, self-reported poor self-esteem, a sense of hopelessness, and a lack of resources such as childcare and social isolation because of their homelessness experience and trauma. Other authors found the experience of homelessness undermines mothers' capacity to protect their children often leaving mothers feeling anxious, guilty, depressed, and ashamed (Fleary et al., 2019; Paquette & Bassuk, 2009). In another study, Marra et al. (2009) used the Parenting Practice Scale (PST), to examine the impact of conflict and social support on parenting behaviors of 234 women living in shelters. The authors found that the lack of a second parent or spouse increased the burden on single mothers who were already contending with multiple acute and chronic stressors.

Mothers' Experience of Stigma

Research of mothers' experiences living in shelters reveals that mothers often report feeling stigmatized by staff while accessing services. In a qualitative study Gultekin (2014) sought to contextualize the experiences of mothers living in a shelter and showed that mothers interviewed described feeling mislabelled as lazy while shelter staff described participants as in need of a stronger work ethic. Parents have also reported feeling judged by their parenting choices. For example, mothers have expressed feeling as though shelter staff second-guess their mothering due to their histories of substance use (Azim et al., 2019). Stigma may be further perpetrated by other residents because the context of parenting in public lends itself to stigma. Researchers have found mothers reported feeling distressed from the critical behavior of the staff working in shelters and a lack of emotional support (Baumann, 1994; Benbow et al., 2019a; Cosgrove & Flynn, 2005; Fonfield-Ayinla, 2009; Paradis et al., 2011; Glenn & Goodman, 2015). In a qualitative study conducted to better understand mothers' perceptions of service providers, Sznajder-Murray & Slesnick (2012) found that mothers described feelings of not being

understood, while service providers contributed to women's feelings of being negatively judged. These same results were noted in studies by Benbow et al. (2019a), Cosgrove & Flynn (2005), Lindsey (1998) and Meadows-Oliver (2003). Swick & Williams (2010) suggest from the results of their qualitative study on parenting in shelters that women feel barriers to effective parenting due to poverty, and loss of parental power because of imposed shelter constraints and imposed rules. Mothers' experiences of being externally controlled by shelter rules and constant scrutiny has been documented as one of the main factors that influence family dynamics while living in a shelter (Fauci & Goodman, 2020; Howard et al., 2009; Mayberry et al., 2014; Reppond & Bullock, 2020; Sylvester et al., 2018). The authors of a study that sought to determine mothers experiencing homelessness strengths and needs recommended that professional staff avoid the use of deficit-orientated, victim-based interventions when working with homeless mothers, and instead provide mothers with opportunities to contribute input into shelter programs related to their care (Cosgrove & Flynn, 2005). Mothers in that study reported feeling humiliated and disrespected during interactions with caseworkers adding to the stress that they experienced while trying to stabilize their family.

The Impact of Homelessness on Children

Research on the impact of homelessness on children consistently indicates that those living in shelters confront serious threats to their well-being and a significant risk for child adjustment difficulties (Buckner, 2008; Gewirtz et al., 2009; Shinn et al., 2008). According to Cutuli et al. (2010), homelessness represents a context of extreme poverty and a risk for poor child development. Further, recent research suggests that children experiencing homelessness face elevated levels of adversity and are at risk for behavior problems and chronic health

conditions concluding with recommendations highlighting the need for systems to protect children's cognitive and emotional development (Barnes et al., 2017; Haskett et al., 2016).

Moreover, being without a home creates conditions of risk for children and youth, and some suffer distinct disadvantages in health problems, developmental delays, emotional distress, educational impairments, hunger, and poor nutrition (Anderson & Rayens, 2004; Bassuk & Gallagher, 1990; Grant et al., 2007; Lee et al., 2010; Murphy, 2011; Park et al., 2011; Paquette & Bassuk, 2009; Wright, 1990; Yousey et al., 2007; Zlotnick, 2009). Buckner (2008) documented increased rates of chronic diseases for children experiencing homelessness. Following the examination of 1,028 medical records of children living in shelters in sixteen American cities, Wright (1990) found that common health disorders such as ear infections, skin ailments, asthma, upper respiratory tract infections, chronic physical disorders, sleep disorders and gastrointestinal disorders occurred at twice the rate among children living in shelters compared to children in the general population. Additionally, the study revealed that children were exposed to infestations, overcrowding, and non-hygienic environments (Wright, 1990).

Grant et al (2007) noted that nutrition often suffers because of inadequate access to nutritious foods and cooking facilities in shelters as indicated in the high rates of iron-deficiency anemia among young children. A common trajectory for many children experiencing homelessness is marked by multiple moves before arriving at a shelter (Feltey & Nichols, 2008; Kirkman et al., 2010). While findings of studies of children experiencing homelessness are varied, the research overwhelmingly suggests that the experience of homelessness is associated with low scholastic achievement in analyses that include variables or poverty control group comparisons (Cutuli et al., 2017). Cutuli et al. (2017) noted lower levels of academic achievement, more problems at school, and an increase in grade retention among children living

in shelters who experience residential mobility. Haskett et al. (2016) documented the co-occurrence of developmental delays and behavioral health, and the potentially negative impact of homelessness and associated stressors. Additionally, child involvement in interparental violence is positively associated with child adjustment problems (Jouriles et al., 2013).

One-fourth of all homelessness occurs in children's early formative years (Swick & Williams, 2010), which further places children at risk to elevated levels of stress, health problems and in need of pediatric care (Cutuli et al., 2013; Cutuli et al., 2017; Masten et al., 2014). Further, over a third of victimized women and children who flee domestic abuse continue to experience homelessness or unstable housing for prolonged periods of time (Paradis et al., 2008; Segaert, 2017). The rise in the situational homelessness is alarming given the potential that adverse experiences in early childhood can threaten brain development, learning and overall health (Masten et al., 2014).

In one American study, Rivlin (1990) drawing on research in developmental psychology and human geography researched the impact of deprivation such as loss of home, toys, and previous friendships on children living in large congregate shelters and the significance of settings to the social, emotional, and cognitive development of children. Results indicated numerous aspects of shelter life that placed children at risk developmentally. Findings also suggested that the loss of home for children comes at a point in their lives when the absence of stable, nurturing settings is most injurious given children are developing a sense of themselves, of their own identity, and a sense of what they can do. Additionally, findings demonstrated that the shelter space failed to provide a sense of security for children (Rivlin, 1990). Given the chaotic and restrictive environments, children's needs often go unnoticed within homeless service settings because the focus tends to be on the parent (Kilmer et al., 2012).

While there is no causal evidence that family homelessness leads to a child's placement into foster care, or that a child or youth's entry into foster care leads to homelessness, there is a strong and consistent connection throughout the lifespan that demonstrates that a considerable number formerly homeless children are disproportionately more likely to live in foster care, and large numbers of homeless adults have histories of childhood foster home experiences (Anderson & Rayens, 2004; Zlotnick, 2009).

The Strength and Coping of Mothers

For many women, the mothering role is central to their decisions to seek refuge in shelters for a myriad of reasons: trauma, violence, inadequate housing, or economic crisis amongst others (Kelly, 2009; Milaney et al., 2007; Paradis et al. 2008; Semaan et al., 2013). Mothers' help-seeking is driven by concern over their children's safety and well-being, and the need to protect and provide for their children (Kirkman et al., 2015; Meyer, 2010). Milaney et al. (2017) indicated that women in their study described their children as their motivation to move forward despite the multiple challenges and barriers mothers faced. Other research suggests that the experience of homelessness is stressful, yet in spite of exposure to multiple stressors and poor health outcomes for some women, mothers experiencing homelessness can maintain their ability to cope effectively in order to achieve their goals (Tischler & Vostanis, 2007). Often viewed and portrayed as "bad mothers" for failing to meet standards of the "good mother," mothers construct themselves in positive ways that are empowering (Alcalde, 2009; McDonald-Harker, 2016). For example, mothers use various coping strategies, such as adapting their family activities to new circumstances, and blocking out criticisms of their mothering by focusing on their own personal strengths and positive relationships (Mayberry et al., 2014).

Significance to Nursing

In Canada, one of the strategies to deliver programs for prenatal and postnatal women, newborn and early childhood care is via home visiting by public health nurses (Ciliska et al., 2001). In addition, given the goal to positively influence maternal-child outcomes in families deemed at risk, public health nurses offer targeted programs, including service coordination to ensure access to services and health supporting conditions (Jack et al., 2005). Public health nurses are well positioned in the community to “assess and understand individual and community capacities including, norms, values, beliefs, knowledge, resources and power structure” (Diem & Moyer, 2005, p. 422). Further, health promotion and client empowerment are central to public health nursing (Houston & Cowley, 2002).

Therefore, with the growing awareness of the needs of women and children who are at risk for, and experiencing homelessness, this research seeks to contribute to the advancement of nursing knowledge, and to the existing literature pertaining to women mothering within the context of homeless shelters. Professional insight can be explored in greater depth by listening to women’s unique subjective experiences. Mothers’ accounts could facilitate the identification of specific aspects in healthcare that can be enhanced and or improved. The insight and input from mothers provide context and may broaden nurses’ understanding of the capacities, adversities and complexities of families’ lives while residing in shelters. Moreover, by giving voice to mothers' insights the study may also bring to light the potentially negative and disempowering effects brought on by the structure and regulations that govern shelters, and their impact in the formation of women’s subjectivities.

To address the gap in the research in shelters, particularly in the Canadian context, the following research objectives and research question guided the study.

Research Objectives and Question

The following objectives were guided by the work of Michel Foucault's theory on power/knowledge and disciplinary practices, feminist poststructuralist Chris Weedon's theory on language and subjectivity, and feminist Mary Canales' theory on inclusionary and exclusionary othering. The objectives of this study are:

- 1) To gain critical insight into, and to understand, how women living in homelessness mother their children in the shelter environment.
- 2) To examine the various discourses that work to construct the identity of mothers experiencing homelessness and living in a shelter and highlight the way discourses engender othering processes.

The research question of this thesis is as follows, "What is the lived experience of women 'mothering' within the context of a shelter?"

Organization of the Chapters

This introductory chapter provided an overview of the research problem, the research objectives and question to be investigated. A review of the scholarly literature pertaining to the research problem is presented in Chapter 2. Chapter 3 provides the epistemological stance and describes the three theoretical frameworks that support the research study. Chapter 4 presents the methodology undertaken. The analysis of the study findings is presented in Chapter 5, and the discussion of these findings within the context of the theoretical frameworks and the literature and a conclusion are presented in Chapter 6.

Chapter 2: Literature Review

A literature review was conducted to identify the current knowledge base relevant to the research question on the experience of women mothering within the context of shelters. The literature search was conducted in several databases: CINAHL, EMBASE, Medline, PsycINFO, and ProQuest. Key words used for the search included but were not limited to, homelessness, homeless mothers, homeless women, mothering in shelters, mothers living in shelters. To supplement this search, and to add insight into areas with less developed body of research, additional search strategies included consulting the grey literature and secondary sources related to mothering and poverty, domestic violence, violence against women and children. These variables were examined from several sources, including the identification of key references from articles retrieved, organization-based research, guidelines, government reports, non-profit advocacy group reports, news, and media sources, and through the internet including Google Scholar.

The literature review has been divided into four sections. The first section examines the state of homelessness in Canada and its hidden nature, a brief review of the definition of homelessness, the prevalence of women and children who experience housing instability, the causes of women and children's homelessness, and highlights the violence women in Canada experience. The second section examines the state of homelessness among mothers with children, highlighting the hidden nature of women's experiences of homelessness and the hidden nature of the research about mothers' experiences, specifically in Canada, and women's experiences of violence, including violence engendered by the Covid-19 pandemic. The third section provides a definition of the concepts of Motherhood and Mothering which are foundational to this study. Section four focuses on the experiences of women mothering within the context of shelters.

Homelessness in Canada

While there is no one definition of homelessness in Canada, the Canadian Observatory on Homelessness (2012) refers to homelessness as “The situation of any individual or family without stable, permanent, appropriate housing or the immediate prospect, means and ability of acquiring it” (p. 5). Further, there is no commonly used method for counting and reporting the number or diversity of persons experiencing homelessness in Canada (Gaetz et al., 2013). Therefore, it is certain that the estimated prevalence rates at any given time are low and vary across the country (Gaetz et al., 2013). Crude estimates suggest that on any given night in Canada, close to 35,000 people are experiencing homelessness with about 235,000 individuals on an annual basis (Gaetz et al., 2016). According to recent data collected on an average night, over 14,000 Canadians slept in an emergency shelter and more than 5.1 million people annually who have used a shelter bed (Employment and Social Development Canada, 2021) (ESDC). The report estimates that children aged 0-16 comprise 6.3 percent of the population using emergency family shelters and the number of children using shelters has increased by 36 percent from 5,998 in 2005 to 8,124 in 2016 (ESDC, 2021).

The Canadian definition of homelessness characterizes hidden homelessness as a form of provisional accommodation which includes “people living temporarily with others but without guarantee of continued residency or immediate prospects for accessing permanent housing” (Canadian Observatory on Homelessness, 2017, p. 3). Further, one in 10 Canadians, or 2.3 million people experience hidden homelessness at some point in their lives (Rodrigue, 2016). Research suggests that hidden homelessness is much more prevalent than absolute or street homelessness in Canada. Estimates suggest that for every individual who is homeless, there are at least three more who are considered hidden homelessness (Gaetz et al., 2014). Researchers

have identified visible homelessness as only the “tip of the iceberg” of a much larger critical housing problem in Canada (Gulliver-Garcia, 2016).

Canadians experiencing homelessness today are diverse (Gaetz et al., 2016). This population increasingly includes women, youth, families, seniors, Indigenous Peoples, and newcomers such as immigrants and refugees (Gaetz et al., 2014). While the vast majority continue to be single adults and primarily males, one measure of the seriousness of the contemporary situation is the increasing numbers of families experiencing homelessness at alarming rates (Van Berkum & Oudshoorn, 2015). Yet, family homelessness continues to be a significant but hidden problem in Canada (Gulliver-Garcia, 2016; Noble 2014). An indicator of the depth of our housing problems are reflected by the substantial number of children who are experiencing homelessness (Londerville & Steele, 2014).

Homelessness experienced by women with children is a global and national public health issue which remains concealed as most women and young girls who are experiencing homelessness are deemed the ‘hidden homeless’ (Van Berkum & Oudshoorn, 2015). Concealed or hidden homeless occurs within the context of living temporarily in someone else’s home such as friends or relatives or other temporary informal living arrangements (Connolly, 2000; Neil, 2004; Noble, 2014), or when women with children may not necessarily be living in safe, or adequate housing with few services, forcing mothers and their children to move multiple times due to overcrowding in these households (Paradis et al., 2008). Women who experience violence in their homes are among those who are precariously housed and invisible (Schwan et al., 2020). Women are at particular risk of hidden homelessness which contributes to underestimating the scale/scope of mothers’ and children’s experiences of homelessness (Klassen & Spring, 2015);

Neil, 2004). This has implications in the context of service delivery and protection for women and their children escaping violence (VanBerkum & Oudshoorn, 2015).

The increase in number and diversity of individuals experiencing homelessness in Canada suggests a maldistribution of resources (Hulchanski, 2009). Vandenbeld-Giles (2014) suggests that neoliberal policies and practices that off-load government fiscal and social responsibility is driving the increase in familial homelessness in Canada. Hulchanski (2009) describes how the word homelessness came into common use in developed countries in the mid-1980s to refer to the problem of “dehousing” individuals. The widespread usage of the word “homelessness” reflects the failure in Canada to have systems in place to ensure inclusion, and a universal way for meeting basic human needs.

Researchers posit that since the 1980s, homelessness in Canada was created because of massive reductions in government spending related to income benefits, affordable housing, housing supplements and social supports (Gaetz et al., 2016). Other pressures contributing to homelessness include Canada’s increasing population as well as minimum and declining wages that have not kept pace with inflation (Burczycka & Cotter, 2011). Consequently, homelessness has increased with the threat of many more Canadians at-risk of becoming homeless (Gaetz et al 2016). Although most families included in the category “at risk of homelessness” will not end up in shelters, insecure or unstable housing that fails to meet health and safety standards puts many families at ongoing risk (Paradis et al., 2008). Therefore, because of the government’s disinvestment in housing and benefits, increasingly more women, families and youth are experiencing homelessness than in the past (Gaetz et al., 2014). These structural factors have resulted in significant gaps in health status between specific segments of the population, with

children and women of female-led families, and Indigenous groups the most severely impacted by these social inequalities (Burczycka & Cotter, 2011).

Homelessness among Mothers with Children

Over 90 percent of families using emergency family shelters are headed by lone mothers (Segaert, 2017). However, according to feminist scholars, definitions of homelessness must also recognize the situation of women who may be physically housed but lack the fundamental aspects of “home” and includes women and youth who face gender-based violence and other forms of abuse in their homes (Paradis et al., 2008). Further, Paradis et al. (2008) suggest a gendered understanding that acknowledges the challenges and difficulties mother-led families encounter in securing safe, affordable housing for themselves and their children.

Homelessness experienced by women with children is a global and national public health issue which remains concealed as most women and young girls who are experiencing homelessness are deemed the ‘hidden homeless’ (VanBerkum & Oudshoorn, 2015). For many mothers, the stress of being homeless is exacerbated by the process of finding temporary shelter (Milaney et al., 2017; Schwan et al., 2020). Most women with children are likely to avoid shelter use (Maki, 2017). Given safety is a huge issue for mothers with children, they are less likely to live on the streets and try to keep their children out of the shelter system (Noble, 2014). In general, mothers with children access shelters when they have exhausted all other options for sustainable housing (Thomas et al., 2015). However, because shelters are often filled to capacity, families experiencing a loss of home are housed temporarily in city welfare motels or hotels (Thomas & So, 2016).

Families Experiencing Homelessness

The experiences of mothers with children experiencing homelessness are distinct from that of single individuals (Felty & Nichols, 2008; Vandenbeld-Giles, 2014; Klassen & Spring, 2015). Gender differences in shelter use, types of services available and viable options for exiting are major impediments for mothers experiencing homelessness (Walsh et al., 2010). For example, inadequate housing is often a consequence of poverty post separation from a spouse or partner (Milaney et al., 2017). Mothers experiencing poverty relates not only to the labour market but to women's role as primary caregivers, and their dependence on either men or the welfare state to assist them in carrying out their unpaid work (Neil, 2004; Schwan et al., 2020).

An analysis of the third Canadian National Shelter Survey including data from 2015-2016 reports the occupancy rate at family shelters was at 88.7 percent, a 27 percent increase from 2007 (Employment and Social Development Canada, 2021) (ESDC). It is important to note that consistent with the previous two Canadian National Shelter Surveys conducted from 2005-2014, women and children from violence against women shelters were consistently excluded in the methodology and analysis in these two national surveys (Segaert, 2017). The authors of the report justify the survey methodology and statistical collection by suggesting that, only emergency shelters are included in the study as data received from these facilities are the most comprehensive, reliable and represent the best available indicator of large-scale homelessness trends (ESDC, 2021).

For many women with children the inflated cost and unavailability of housing, inadequate incomes and family violence are all barriers to finding safe, secure, and stable housing following separation from an abusive partner or other personal crisis (Gaetz et al., 2013; Milaney et al., 2017). Additionally, the current affordable housing crisis leaves many mothers

with children in shelters for months causing those spaces to become de-facto transitional housing (Noble, 2014). Moreover, families often fall through the cracks in obtaining support because of the complexity of accessing services, and the inconsistencies of systems (Noble 2014).

Not all Mothers' Experiences Reported Equally

In contrast to studies of homeless adults, research on families is limited and women experiencing homelessness in Canada is vastly underestimated (Maki, 2017). Research with women and children experiencing homelessness may be problematic, as they are often rendered invisible through statistical categories (Vandenbeld Giles, 2014). In a recent literature review of the state of women's homelessness in Canada, data confirmed that women, girls, and gender-diverse people experiencing homelessness in Canada is dramatically underestimated (Schwan et al., 2020). This invisibility in reporting has resulted in gaps, silos, policies, and practices within the violence against women (VAW) sector and the homelessness sector.

Historically women's homelessness is categorized as either family homelessness or single women (Savage, 2016). Often invisible, women lack a voice and are treated as inconsequential (Jahn Moses et al., 2007). Typically, in the research on individuals experiencing homelessness, specific reference to the gender status of female is subsumed under generic descriptions such as *families* obfuscating the fact that the individuals are primarily mothers with children (Milburn & D'Ercole, 1991). The language neutral terms and the narrow definitions further contribute to mothers' particular issues being underrepresented in the literature on homelessness, and further exacerbates the problem of under reporting and trivializing women's experiences (DeKeseredy & Schwartz, 2011). Family structure and age have had more influence than gender in categorizing and analyzing sub-groups, and this has resulted in some aspects of the gendered patterns of homelessness being obscured (Novac et al., 2002).

Researchers have attempted to document the magnitude of the problem of individuals who are experiencing homelessness and to classify people according to patterns of shelter use (Bassuk et al., 2010). Most studies are cross sectional and rely on points in time (PIT) counts (Segaert, 2017). Systematic undercounting makes it difficult to estimate the number of women, children and girls who experience homelessness in Canada (Pleace, 2017; Van Berkum & Oudshoorn, 2015).

Moreover, the explanations for women's and mothers' homelessness is subsumed into discourses of male homelessness (Savage, 2016). Most research conducted relies on data drawn from service users such as shelters, drop-in centres, and food banks, which constitutes that women are systematically under counted in PIT methodologies which focus on measuring absolute homelessness and shelter usage which tend to be male dominated (Bretherton, 2017). Not all women and children's homelessness is reported equally or at all. Even more glaring is the chosen methodology in all three national surveys that consistently excludes VAW shelter data in the research on homelessness and shelter use in Canada. This contributes to the ongoing underrepresentation of women and children in homeless counts and in the research in Canada. The elevated level of traumatic stress and violence that characterize the lives of mothers and children experiencing homelessness and the mothering experiences between women and children are often overlooked by current methodologies (Guarino & Bassuk, 2010).

Women who lose their homes due to fleeing violence are often defined and researched as women who are victims of domestic violence and not as women experiencing homelessness (Bretherton, 2017). The presumed implications are that women fleeing abuse and accessing violence against women shelters are not considered homeless (Maki, 2017). The paucity of data collected do not expose the complex needs of mothers' experiences of parenting while homeless

(Guarino & Bassuk, 2010). Inconsistencies, and inaccuracies in the reporting of women's experiences of shelters and homelessness mask the severity of this problem (Schwan et al., 2020). Gender constructs of mothering affects their experiences of homelessness which is not explored in research (Jordan et al., 2010). Jordan et al. (2010) argue that "strengthening research in the area of VAW will require significant reforms such as increases in federal funding, dedicated research, improvements in methodologies, the development of more cohesive community of scientists from multiple disciplines" (P. 621). Contemporary definitions of homelessness do not capture the complexity of women's lives (Savage, 2016).

Violence Against Women

Violence against women and girls is a global public health and significant human rights violation with devastating effects on women's health with both physical and mental health consequences (Ulloa & Hammett, 2016; United Nations, 1993; World Health Organization, 2013). It has been identified as one of the common causes, directly or indirectly for female morbidity and mortality across the world (El-Mouelhy, 2004). It is an act of gender-based violence that increases the risk for harm or suffering in women who experience it, and men are more likely to be responsible for sexual abuse and more severe or controlling intimate partner violence (World Health Organization, 2021). It is estimated that one in three women in Canada and around the world will experience at least one incident of physical or sexual violence in their lifetime (World Health Organization, 2021). Approximately one third of Canadian women report the first occurrence of abuse during their childhood (Burczycka & Conroy, 2018).

Types of violence termed *gender-based violence* vary from country to country and range from female discrimination against women and girls, to sexual violence, intimate partner

violence to murder and other forms of violence (El-Mouelhy, 2004). Gender-based violence takes many forms and overlaps (El-Mouelhy, 2004).

Gender-based violence is approved and committed in different societies under several names: tradition; religion; family honor, or simply men's rights. It is a reflection of the sociocultural structure of the society, economic situation, and the political texture of the country. (El-Mouelhy, 2004, p. 290)

Domestic violence has been described as the most prevalent form of gender-based violence worldwide (El-Mouelhy, 2004). This form of violence occurs across all socioeconomic groups, however poor and disadvantaged women are more likely to experience this type of violence (El-Mouelhy, 2004). Domestic violence is the norm in many cultures and societies and considered one of the husband's rights within marriage (El-Mouelhy, 2004). According to the WHO (2013) violence on women is usually inflicted by men.

Violence Against Women and Girls in Canada

Violence against women is highly prevalent and a severe problem found in both the public and private spheres of women's lives, with extremely negative consequences whether the violence is physical, or psychological (Burczycka & Conroy, 2018). In the 2016 statistics of Canadian victims, over 93,000 women and girls were victims of family violence (Burczycka & Conroy, 2018). Of Canadian crimes in 2018, more than one quarter resulted from family violence where 67 percent of family victims were women and girls (Burczycka & Conroy (2018). Girls from fourteen to seventeen were twice as likely to be victims of family-related violence, compared to boys (Burczycka & Conroy, 2018).

Police-reported and self-reported data demonstrate that women are more likely than men to be victims of specific forms of violence, such as intimate partner violence, severe forms of

spousal violence, sexual violence, and stalking (Burczycka & Conroy, 2018). Although actual rates remain estimates according to Canadian statistics, women are overrepresented as victims of intimate male partner violence accounting for eight in ten cases of police reported intimate partner violence (Conroy et al. 2019). Violence against women by an intimate male partner was the most common kind of violence experienced by women and rates increased by 3 percent from 2017 to 2018 (Conroy et al., 2019). According to police-reported violence data, women were more likely to be physically assaulted by a male intimate partner than someone else (Conroy et al., 2019). Further, women were more likely than men to experience more severe types of intimate partner violence, poor health with profound and long-lasting effects and to be murdered by their male intimate partner (Burczycka & Conroy, 2018). Police reports document that of the 933 intimate partner homicides which occurred between 2007 and 2017, 79 percent involved female victims (Burczycka & Conroy, 2018).

For many women and girls intimacy remains a risk factor for experiencing violence and death by primarily male partners or male family members (Burczycka, & Conroy 2018). Over a period of five years (2016-2020), 760 deaths of women and girls in Canada were documented by the Canadian Femicide Observatory for Justice and Accountability (Canadian Femicide Observatory for Justice and Accountability, 2021). Study results suggest on average, 152 women and girls are killed each year which translates to one woman or girl every 2.5 days (Canadian Femicide Observatory for Justice and Accountability, 2021). Most of the accused perpetrators are males who were close to them (Canadian Femicide Observatory for Justice and Accountability, 2021). In 2018 spousal femicide was the only category of homicide to increase (Roy & Marcellus, 2019). Further, rates of police-reported violence in 2019 against children and

youth, intimate partners, and seniors all increased in their numbers for a third consecutive year (Conroy, 2021).

The victimization data suggests that most violence against women goes unreported to police, and the actual incidence of violent acts committed against women and girls is estimated to be much higher than police-reported statistics (Burczycka & Conroy, 2018). Rates of all forms of family violence are underestimated, for example, in 2014 less than one in five women who had experienced violence by their spouse or intimate partner reported the abuse to police (Boyce, 2016). The most common reasons women cite for not reporting violent events are fear of reprisal by the abuser and wanting to keep the incident hidden from others because of the stigma associated with violence and abuse (Baker et al., 2003). Additionally, national surveys such as the recent 2018 Survey in Public and Private Spaces (SSPPS), do not include individuals living in institutions, shelters or other congregate living residing spaces (Heidinger, 2021). Such omissions would also contribute to the underreporting of violent victimization and abuse of women and girls.

Data show that certain groups of women are more likely to experience violence, and face disproportionately higher risks of intimate femicide (Canadian Femicide Observatory for Justice and Accountability, 2020). Women with disabilities, physical health problems or mental health problems that limit their daily activity face twice the rate of intimate partner violence and abuse compared to women without disabilities and experience the most severe forms of violence (Savage, 2021). Just over 55 percent of women with disabilities reported experiencing some form of intimate partner violence in their lifetime compared to 37 percent of women without a disability in 2018 (Savage, 2021). Research shows that women with disabilities are twice as

likely to experience sexual or physical assault by an intimate partner in their lifetime (Savage, 2021).

Indigenous women are more likely to experience violence within intimate partner relationships than non-Indigenous women (10 percent compared to 3 percent) (Boyce, 2016), and to experience sexual assault and be killed compared with non-Indigenous women (Allen, 2020). Data indicate that the prevalence of intimate partner violence is higher among Indigenous women over their lifetime, and that Indigenous women are overrepresented as victims of intimate partner violence and have high rates of both self-reported and police-reported violence (Heidinger, 2021). Self-reported data from the 2018 SSPPS, reveal that Indigenous women experience disproportionate levels of violence; more than six in ten Indigenous women have been physically or sexually assaulted at some point in their lives since the age of 15 compared to four in ten of non-Indigenous women (Heidinger, 2021). In 2020, the highest rates of women and girls killed by a male accused were in the Northwest Territories, followed by Nunavut (Canadian Femicide Observatory for Justice and Accountability, 2020). The National Inquiry into Missing and Murdered Indigenous Women and Girls (2019) (MMIWG) has provided an in-depth examination of violence against First Nations, Metis and Inuit women and girls with a call to action (Allen, 2020). Other statistics further highlight that while the prevalence of intimate partner violence varies across ethnocultural groups, among specific ethnocultural groups, such as Arab (44 percent), Black (42 percent), and Latin American (47 percent) women were more likely to experience intimate partner violence since the age of fifteen when compared with the overall population designated as a visible minority (29 percent) (Cotter, 2021). Research continues to underscore that over time and across cultures violent crimes, are clearly sex-specific with males

overwhelmingly the perpetrators, regardless of the sex of the victim (Canadian Femicide Observatory for Justice and Accountability, 2021).

Violence Engendered by the COVID-19 Pandemic

It is important to acknowledge the onset of the global COVID-19 pandemic continues to contribute to unprecedented challenges and disruption in the lives of many Canadians. The data related to violence cited in the studies discussed throughout this thesis predate the COVID-19 pandemic declared in the early months of 2020. These data cited throughout this thesis do not reflect changes, risk, or prevalence of victimization of women that may have been brought on by the COVID-19 pandemic and the accompanying lockdowns and restrictions. However, the issue of lockdown measures and other safety protocols to stem the pandemic brings increased attention and concern to the issue of family violence (Conroy, 2021).

In the early months of the pandemic in Canada, the Canadian Centre for Justice and Community Safety Statistics Canada began collecting monthly data from police reports to track information on selected types of criminal code violations during the pandemic. In addition, information was collected from police service calls. These data provide insight into the volume and nature of incidents (Conroy, 2021). Overall, the number of incidents of police-reported crime between March and October 2020, in terms of family violence or other was lower during the first eight months of the pandemic, apart from incidents of uttering threats by family which increased by 2 percent (Conroy, 2021). However, service calls were up by 8 percent compared to the same period in 2019, with child welfare surveillance up by 17 percent, which constituted the largest difference from 2019 (Conroy, 2021). Based on police-reported data, the significant increase in family violence did not materialize as reported family-related physical assault and sexual assaults were 18 percent lower than the same period reported by Statistics Canada 2019 (Conroy, 2021).

This decrease could be attributed to the victim being unable to seek help, and incidents of family violence that are normally suspected or witnessed by third party individuals remained hidden (Conroy, 2021).

Another growing concern is the risk of femicide related to domestic violence throughout the pandemic (Campbell, 2020; Women's Shelters Canada, 2020). The Canadian Observatory for Justice and Accountability (2021) mid-year report reveals that between January 1, 2021, and June 30, 2021, ninety-two women and girls were killed by violence in Canada. Of the seventy-nine identified perpetrators, seventy-three accused were male with 75 percent being intimate partners (Canadian Femicide Observatory for Justice and Accountability 2021). In addition, the mid-year report further emphasizes the over representation of Indigenous women and girls, with 12 percent of the total number, more than double their representation in the population (Canadian Femicide Observatory for Justice and Accountability 2021).

Violence Against Mothers Intersects with Homelessness

Intimate partner violence and homelessness are interconnected in many ways (Noble, 2014). Violence against women “breaches the human right to adequate housing because it violates its inherent right to security, peace, and dignity within the home” (Ponic et al., 2011, p. 1576). Canadian research has demonstrated that violence against women by their intimate male partner is the precipitating event that triggers the experience of homelessness for mothers with children (Barrett & St. Pierre, 2011; Gaetz et al, 2016; Maki, 2017; Milaney et al., 2017; Moreau, 2019; Noble, 2014; Paradis et al., 2008). Mothers' help-seeking is often a result from concerns over their children's safety and well-being, particularly when their children have witnessed the violence (Kelly, 2009, Meyer, 2010).

For many women with children, violence from an abusive partner and resulting homelessness are two significant issues that have negative ramifications in their lives (Tutty, 2009). Mothers escaping partner violence are diverse, therefore their needs and the challenges they face in accessing housing may vary (Ponic et al., 2011). “The dynamics of violence can contribute to poverty as well as financial and social vulnerabilities. Men who abuse their wives or partners also restrict the women’s relationship with other family members and control their ability to work outside the home.” (Novac, 2006, p. 4)

However, in the absence of affordable and safe housing options, or shelter spaces, women fleeing violence may have no choice but to return to the abusive partner (Maki, 2017; Tutty et al., 2013). Some mothers experience the precariousness of their housing situation more acutely than others (Paradis et al., 2008). Dependent on women’s position in families, following separation, the economic consequences for women are usually significant. Women’s poverty rate increases threefold resulting from a drop in income (Novac, 2006). For mothers currently living on low minimum wage, part-time employment or inadequate social assistance, changes in income following separation/divorce often require choosing between living in emergency shelter and living in abusive home conditions (Paradis et al, 2008). Neil (2004) argues that inadequate housing is often a direct consequence of women’s poverty. For some women, the influence of cultural and gender roles may mean they are not employed and must depend on social systems such as welfare to support them and their families (Neil, 2004; Thurston et al 2013). Additionally, women’s search for housing and freedom from violence is often impacted by barriers in the form of ongoing abuse, and other stressors created by an abusive partner such as threats against her and her children, stalking, and destruction of property (Tutty et al., 2013), social isolation and sabotaged employment by the abuser (Paradis et al., 2008). However, the

lack of affordable housing remains a significant barrier for mothers and children escaping abuse to access safe and secure housing (Maki, 2019). At present, in Canada, only about one third or 31 percent of violence against women (VAW) shelters reported that residents were able to acquire affordable housing while staying in the shelter (Maki, 2019).

Although mothers recognize the detrimental effects that violence has on indirect victims such as children, their decision to leave is not only influenced by the desire to protect their children but often accompanied by the insecurity about outcomes of reporting the abuse to formal sources (Meyer, 2010). Mothers may be hesitant to seek formal assistance, fearing this could lead to child welfare involvement or child apprehension by children's services or loss of child custody to the abusive partner (Kelly, 2009; Meyer, 2010; Noble, 2014; Palmer et al., 2016). Attempting to leave or disclosing abuse formally often places mothers and their children at risk of further escalation of violence by the perpetrator (Baker et al., 2003; Bell et al., 2005; Kelly, 2009). Mothers experiencing violence risk being stigmatized in their communities for "being home wreckers and/or for not leaving their abusive partners in the first place" (Enander, 2010, p. 6). Further, some women experience multiple forms of violence including from authority figures and service providers which may inhibit their trust and therefore a willingness to access shelters (Milaney et al., 2017). In addition to re-victimization, mothers fleeing violence face challenges due to legal, familial, cultural, or social pressures (Kelly, 2009). For some women, cultural diversity and cultural norms restrict their ability to leave the abusive partner (Maycock et al., 2015). Experiencing hidden homelessness, intimate male partner abuse, childcare responsibilities, and poverty all contribute to challenges in accessing and maintaining safe, affordable housing for women and their children (Walsh et al., 2010). The feminization of

poverty makes it difficult for mother-led families to afford rent and other necessities (Milaney et al., 2017; Neil, 2004; Van Berkum & Oudshoorn, 2015).

Shelters for Women in Canada

In Canada, one of the crisis responses and solutions for women with children and families who experience a loss of home is the shelter system, which takes many forms (Noble, 2014). For women fleeing violence in search of safety with no place to go, shelters are often seen as the major resource for immediate safety (Noble, 2014; Schwan et al. 2020; Tutty, 2015). Faced with limited options for sustainable housing, mothers with children who experience homelessness stay in emergency family shelters, violence against women (VAW) shelters, transitional shelters, temporary or provisional places such as motels, interim housing, short-term rentals and accommodations for recent immigrants and refugees (Noble, 2014). Currently, shelters exist in most provinces and territories in Canada and provide temporary housing with various support services, stability, and safety (Maki 2019; Paradis et al., 2008). Individual shelters vary and are characterized by specific admission criteria and the types of services and supports they offer. Some types of shelters such as emergency family shelters will not typically accommodate women fleeing violence citing insufficient supports for abused women (Maki, 2020). Emergency family shelters tend to focus on housing and employment needs, whereas VAW shelters also provide additional services such as counselling, which focus on the recovery of the abuse (Feltey & Nichols, 2008; Maki, 2017). Further, prior to admission to the VAW shelters, an individual publicly acknowledges that she has been abused and is in fear of the abuser (Stainbrook & Hornik, 2006). However, it has been shown that conditions in shelters are not always adequate and do not provide an atmosphere suitable to long-term accommodation (Gulliver-Garcia, 2016).

History of Violence Against Women (VAW) Shelters

Violence against women has existed for centuries (Goodhand, 2017). “During the Middle Ages women could be burned at the stake, ... centuries later a more progressive patriarchal society allowed husbands to beat their wives when they were disobedient” (Goodhand, 2017 p. 27). Additionally, Goodhand (2017) posits that in the twenty-first century women had few options to leave when their husband refused consent to dissolve the marriage. Moreover, providing shelter or assistance for example, in the form of concealing a spouse, was considered illegal (Goodhand, 2017). In fact, only since 1975 has the prevalence of violence against women been systematically explored (Browne, 1993).

Concern for violence experienced by women was embedded in the women’s movement, and in the late 1960s and 1970s attention to violence and abuse gained momentum (Goodhand, 2017). Through feminism and the battered women’s movement, spaces of refuge for women experiencing domestic violence were created (Haaken & Yragui, 2003). Historians locate the origins of the VAW shelter movement in England and to the work of Erin Prizzey who established the Women’s Aid Centre in the borough of Chiswick in London in 1971 (Haaken & Yragui, 2003). Additionally, the practice of concealing shelter locations was initiated by British feminists reflecting an emphasis on separating women from men in order to protect them from further violence (Haaken & Yragui, 2003).

Over the past several decades there has been a shift in the responses from the criminal justice system and social interventions to violence against women, once considered a personal and private matter (Goodhand, 2017). In Canada, the women’s shelter movement was described as an “underground railway for women in crisis; women helping women with an issue that up to the 1970s was considered a personal matter, a private shame (Goodhand, 2017). While safe

houses operated in Canada in various communities, they were not viewed as a public obligation or responsibility (Goodhand, 2017). Feminists at that time declared the personal as the political and in 1973 the first shelters for women, funded by the government, were established in Canada (Goodhand, 2017; Sev'er, 2002). According to Goodhand (2017), government-funded women's shelters are among the first social institutions created by women for women.

Shelters for women abused by intimate partners were developed initially as a temporary solution to a severe problem of women victimization with the goal to assist women in crisis (Maki 2017; Sev'er, 2002; Tutty, 2015). However, since their inception in the 1970s VAW shelters continue to be an ongoing necessity and are regarded as an institutional response to violence against women (Tutty, 2015). Increasingly shelters are providing services to diverse women experiencing different forms of violence (Maki, 2019). Most shelters offer enhanced security measures for women and children from abusive partners (Neil, 2004). Additionally, shelters play a significant role in supporting women in their help-seeking process due to the complex process of change those victims go through in their attempts to stop the violence (Maki, 2019; Meyers, 2010). Through an array of services and programs such as parenting classes, counselling, child-specific programming, prevention and awareness programming, legal services, outreach services, immigration and social services and supports, VAW shelters help women rebuild their lives, heal from abuse, develop resiliency, and move towards living violence-free lives (Maki, 2019). Importantly, women who are fleeing violence do not need to reside in a VAW shelter to access services (Maki, 2018). Many women use shelter outreach services and do not live in a shelter whereas other women may continue to use these outreach services long after they have left the shelter (Maki, 2018).

Canada has close to 552 shelter type accommodations for women fleeing violence (Moreau, 2019), and approximately 401 emergency shelters for families (Segaert, 2017). In 2017 to 2018, there were 68,000 admissions to VAW shelters. Notably, research has demonstrated that few women who have experienced violence contacted a shelter (Tutty et al., 2013). However, with the increasing demand by women for safety, VAW shelters may not always have enough beds for women and children fleeing violence which can result in a woman and her children being turned away (Maki, 2020). On a single day, April 18, 2018, 3,565 women accompanied by 3,137 children accessed a VAW shelter. However, 699 women and 236 children were turned away from residential facilities mandated to serve victims fleeing violence across Canada (Moreau, 2019). Further, over the past several years of tracking bed availability and turn away rates, these numbers have remained comparable, highlighting the chronic over-capacity of a significant proportions of shelters (Maki, 2020). Results from the First National VAW Shelter online survey conducted between September 2017, and March 2018 by Women's Shelters Canada on violence against women shelters had a response rate of over 78 percent of VAW shelters (Maki, 2019). The results indicated that four in ten shelters report always operating at capacity (Maki, 2019). Further, most shelters reported exceeding the average maximum number of individuals shelters can accommodate (Maki, 2019). Additionally, the survey results indicated that the majority (74%) of shelters provided extensions for residents, resulting in a reduction in capacity of the shelters to admit new women seeking safety (Maki, 2019).

Concepts of Motherhood and Mothering

I will begin with a brief examination of the concepts of motherhood and mothering given these concepts are foundational to my thesis before proceeding with a discussion on mothers' experiences in shelters.

Over the last few decades, the topics of motherhood and mothering have emerged as central issues in feminist scholarship (Arendell, 2000; Bergum, 1997; McMahon, 1995; O'Reilly, 2006). According to Arendell (2000), the experiences of motherhood and mothering are treated as synonymous identities located in a societal context organized by gender and in accordance with contemporary gender belief systems. McMahon (1995) argues that being a mother (the status of motherhood) and the act of mothering (the doing or taking on and performance of activities) are separate notions.

Motherhood Defined

Rich (1976) proposes and distinguishes between two meanings of motherhood, the experiences defined as the relationship of a woman to her powers of reproduction and to children which can be a source of creativity and joy, and secondly the patriarchal institution which aims to ensure a woman remains under male control. McMahon (1995) considers motherhood a contested term and argues that the meanings of motherhood need to be understood within their social context because women's circumstances change, and the social constructs of motherhood define and organize what is socially accepted as good mothering practices. From research which explored women's experiences of becoming a mother, McMahon (1995) describes the unique commitment of mothers towards responsibility for their children as the equivalent to a mother's moral worth or moral reform. McMahon (1995) further concludes "there is no single personal meaning of motherhood, and there is no unified feminist position" (p. 11). Similarly, O'Reilly

(2006) posits that motherhood is culturally constructed and varies over time and with place. Additionally, O'Reilly (2006) argues that "the diverse meanings and experiences of mothering become marginalized and erased through the construction of an official definition of motherhood" (p. 80). Connolly (2000) defines motherhood as related to a series of universal traits such as the following: nurturing, sacrifice and nonviolent. However, the experience of motherhood can be limited by the intersection of relationships of gender, class, race, and social practices (McMahon, 1995).

Mothering Defined

While some authors define mothering as it relates to the role of becoming a mother (Mercer, 2006) historically the term has referred to the process of caregiver and nurturer whereby societal norms have constructed what a mother should be (Bergum, 1997). According to Bergum (1997) there is no conclusive definition of 'mothering' and that attempts should be made to understand women's lived mothering experience, and how this experience is fostered and respected. Arendell (2000) writes that "typically, mothering is associated with women given universally it is women who do all the work and in the last century mothering has been presumed to be a primary identity for women" (p. 1192). Moreover, mothering is not experienced in the same way by all women given the range of emotions, ambivalence, and tensions mothers experience (Arendell, 2000). Currently, central definitions of mothering revolve around the theme of the social practices of caring and nurturing dependent children (Arendell, 2000).

Maternal Work and Maternal Thinking

"Central in the conceptual work on mothering and motherhood is work aimed at delineating what is that mothers do" (Arendell, 2000, p. 1192). Sara Ruddick (1989) suggests that mothering is a form of maternal work and outlines central tasks and activities all mothers

share and practice as parents even though they vary as individuals across diverse cultures.

Mothers are and influenced by the social milieu where they live and work and commit to meeting the demands that define maternal work (Ruddick, 1989). According to Ruddick (1989), children have value and need protection, thus the concept of mother depends on that of the child.

For Ruddick (1989), the commitment to mother work is voluntary and conscious and includes three tasks: the preservation children's safety, the nurturing of their growth, and the fostering of social acceptability central to mothering. Of these three mothering tasks, which constitute 'mother work,' Ruddick (1989) suggests that preservation of children's lives is the central aim of maternal practice. Further, Ruddick (1989) argues that the central and "invariant aim" of maternal practice is to preserve and protect the safety of children's lives, and "the commitment to achieving that aim is the constituted maternal act" (p. 19). However, Ruddick (1989) continues by stating that "to be committed to meeting children's demand for preservation does not require enthusiasm or even love; it simply means to see vulnerability and to respond to it with care rather than abuse, indifference or flight" (p. 19). According to Ruddick (1989), children in all societies "need protective care" and it is this protective care that defines a category of human work. McMahon (1995) and Ruddick (1989) argue that not all women mother and that mothers do not exclusively do the nurturing and caring work.

Modern Practice: Idealization of Mothers

In modern society, mothering is strongly influenced by social, cultural, and historical contexts which encompasses the role as primary caretaker within a family (Azim et al., 2019). Susan Hays (1996) points to the current motherhood mandate that declares mothering practice is exclusive, child-centred, emotionally involving, and time-consuming. Mothering standards align with changing societal norms, values, and politics (McDonald-Harker, 2016). Historically the

care of others is perceived as quintessentially feminine whereby women are most often socially allocated to roles and occupations that require “nurturing personal qualities” (McMahon, 1995, p. 277). Thus, the responsibility for raising children and providing for all their needs often rests solely with women (Peled & Barak Gil, 2011).

In many societies the ideology of motherhood is oppressive to women (Campbell, 2017; Horwitz & Long, 2005; Ruddick, 1989). “It defines maternal work as a consuming identity requiring sacrifices of health, pleasure, and ambitions unnecessary for the well-being of children” (Ruddick, 1989, p. 29). In recent years, several authors have identified the dominant sociocultural beliefs and values and their consequences that are inherent in the discourse on mothering (Hays, 1996; Horwitz & Long, 2005). According to O’Reilly & Porter (2005), “The normative discourse is “unequivocally oppressive” to mothers in that it creates an impossible ideal” (p. 10). Contemporary discourse portrays mothers as sacrificial and all loving, a portrayal that carries with it the expectation that mothers will be giving and sacrifice their needs for their children (O’Reilly & Porter, 2005).

Intensive Mothering and Motherhood Discourse

Feminist Susan Hays (1996) argues that the contemporary cultural model of socially appropriate mothering takes the form “intensive mothering”. Hays (1996) describes this ideology as consisting of a set of beliefs about children and maternal behaviors, where children are believed to be innately good and must be protected by mothers, with the belief that being a mother is the most significant role a woman can have. According to Hays (1996) the beliefs underlying this ideology: are “the conception of a child-centered family, expert guided, emotionally absorbing, labour-intensive, and financially expensive” requiring mothers to deprioritize their own needs and prioritize their children’s needs and desires (p. 46). Hays (1996)

posits that the intensive mothering ideology continues to be the standard by which many women judge and are judged for their success as mothers. Hays (1996) further writes that mothers are not only made solely responsible for their child's wellbeing but are responsible for raising their children well which requires a substantial amount of time, energy, and money, for the protection and preservation of children's natural innocence and goodness.

Contested Discourses: Good Mother versus Bad Mother

The ideology of "intensive mothering" sets up belief systems that inform and persuade mothers to engage in intensive mothering, the discourse of the "good mother" versus "bad mother" pressuring mothers to assume this type of mothering (Hays, 1996). Further, intensive mothering is based on social constructs often unrealistic, and impossible for many women to attain (McDonald-Harker, 2016). Mothers incapable of attaining standards of intensive mothering are often blamed, shamed, and labeled bad mothers (Connolly, 2000).

The dichotomy of good mother versus bad mother argument often applied to poor and single mothers (Jackson, 2014) is also applied to mothers living in shelters or experiencing homelessness (Connolly, 2000). Additionally, mother-led families experiencing homelessness are similarly "situated out of the intensive, good mothering discourse" (Gemelli, 2016, p. 133) and frequently treated as a social problem in need of remedy (Connolly, 2000). "Mothers are frequently branded bad mothers without consideration of the difficulties individual mothers may face or the context in which she does her mother work" (O'Reilly & Porter, 2005, p. 17). Therefore, the experience of motherhood in a shelter deviate from the normative expectation and frequently makes available negative attributions to mothers (Connolly, 2000; Friedman, 2000). Mothers living in poverty and who lack education are often deemed unable to carry out the

middle-class ideal of the good mother and risk being categorized as incompetent (Connolly, 2000).

In many societies, the ideology of motherhood is oppressive to women (Ruddick, 1989). It has become culturally entrenched and it now represents the face of motherhood (McDonald-Harker, 2016). In modern western culture, “mothers are encouraged to engage in intensive mothering based on the assumption that it will make them a “good mother” and enable them to effectively raise their children” (McDonald-Harker, 2016, p. 6). The contemporary model “assumes as its implicit background of a high level of income, a two parent-stable family, and significant control over ones’ destiny” (Connolly, 2000, p. xvii). Mothers unable to attain such conditions are held accountable to standards they cannot meet (Connolly, 2000). “Would a good mother send her child to school in shoes two sizes too large? Would a good mother tell her child that if she doesn’t shut up and behave the whole family will be out on the street again?” (Connolly, 2000, p. xvii).

To avoid the risk of being labelled “a bad mother” mothers are socialized to continually strive toward meeting the cultural demands of mothering thus the good mother discourse is repetitively reinforced through expert advice and professionals (Connolly, 2000). These cultural characterizations of motherhood “...are significant to the growing idea that motherhood is something that needs interventions to ensure its adequacy and alignment with cultural norms” (Connolly, p. xvi). As a result, mothers become accustomed to being routinely subjected to the critical gaze and evaluation of their mothering skills and practices by others who are deemed the experts (Friedman, 2000). Ruddick (1989) argues that “The idealized figure of the Good Mother casts a long shadow on many actual mothers’ lives. Our days include few if any perfect moments, perfect children perfectly cared for” (p. 31). Ruddick (1989) posits that “self-doubts

are compounded by other's promptings. Experts' can undermine the most self-respecting woman's confidence when her child is delinquent, "underachieving", or simply sad" (p. 31).

Idealized notions of motherhood escape the poor, single minority mother (Gemelli, 2016), and "stigmatizes and marginalizes those who do not conform to the dominant view" (Savage, 2016, p. 52). "The feminization of home and the social construction of intensive mothering affect the internalization of idealized versions of motherhood of homeless mothers" (Gemelli, 2016, p. 134). Given the current gendered ideology there is a "direct association between women's socially constructed "natural role," motherhood, and their place in the home" (Savage, 2016). Women who cannot conform to the dominant ideology are further stigmatized and marginalized (Savage, 2016). The daily struggles of women living in poverty and homelessness are often overlooked and ignored (Connolly, 2000; Gemelli, 2016).

Experiences of Women Mothering within the Context of Shelters

Women experience many adversities when they often have little choice and need to seek safety. Moreover, women's experiences often reflect that safety in shelters is not always conducive to mothers being able to care for their children. Some mothers report dehumanizing experiences, and further report losing critical dimensions of their mothering role while living in shelters.

Encountering Stigma: Societal Categorizing and Stereotyping

Stigma associated with being homeless is very prevalent in the lives of those experiencing loss of home and directly affects individuals, and families, making them feel disrespected, unequal as humans, and undeserving of necessities of normal living (Connolly, 2000; Cosgrove & Flynn, 2005; Fonfield-Ayinla, 2009; McCarthy, 2013; Savage, 2016; Paquette & Bassuk, 2009; Walsh et al., 2010). Stigmatized individuals are those persons who are unable

to conform to standards that society calls normal and consequently disqualifies from full social acceptance (Goffman, 1963).

Stigma associated with homelessness directly affects individuals by making them feel disrespected and unequal as humans (Belcher & DeForge, 2012; Walsh et al., 2010). Individuals experiencing homelessness are often categorized into various stereotypes due to their lack of home, such that a homeless identity becomes the defining feature of that individual's character, with beliefs anchored in the stereotype (McCarthy, 2013). According to Miller & Keys (2001), being treated impersonally, negatively, or differently, and stereotyped by shelter staff and welfare workers are events that undermine or invalidate dignity, with consequences of feelings of depression, worthlessness, and dehumanizing for individuals without a home. Paradis et al. (2011) posit from their qualitative study building on several other participatory projects relating to services and practices of women and mothers facing homelessness, that "being poor and homeless, in our society, means being demeaned, silenced, looked down on, ignored, controlled and even seen as less human" (p. 6).

Stereotyping of mothers and their children who experience homelessness is a normalizing process that is prevalent and is documented in the literature. Mothers staying in shelters are more likely to experience distinct forms of poverty and judgement for using financial assistance and supports and suffer stigmatizing terms such as "poor mothers" and "mothers on welfare" (Jackson, 2014; Neil, 2004). Additionally, mothers are often stigmatized for being poor, linking their poverty to personal deficits (Friedman, 2000). Forced to navigate complex systems to receive income and other assistive services, mothers have reported feelings of dehumanizing, humiliation, and being disrespected during their interactions with service providers, and demeaning program practices, adding to their chronic stress while trying to stabilize their

families (Benbow et al., 2019a; Cosgrove & Flynn, 2005; Fonfield-Ayinla, 2009; Friedman, 2000; Paquette & Bassuk, 2009). In her study of the Massachusetts's family shelter system, Friedman (2000), found that the chance for humiliation was high in the shelter system because program rules often went beyond safety, and order and attempted to mould mothers' behaviors. All mothers interviewed in that study reported finding the rules offensive. Friedman (2000) argues that throughout their shelter stay women face value-laden, paternalistic regulations reflective of staff's assumption that women are flawed and therefore make poor judgements in their care of their children. The author concludes that systems stigmatize and humiliate mothers for simply being homeless (Friedman, 2000).

For many mothers experiencing homelessness, the day-to-day stress is exacerbated by feelings of self-blame including fear, shame, and embarrassment (Milaney et al., 2017). Additionally, mothers living in shelters and experiencing poverty are often stereotyped as deficient in their mothering, and held accountable for their parenting (Benbow et al., 2019a; Feltey & Nichols, 2008; Friedman, 2000; Swick, 2005a). Further, stigma can undermine social cohesion and create social isolation of mothers (Benbow et al., 2019a; Vandenbeld-Giles, 2014). Other researchers have also found that women experience the stigma of homelessness by alienation of society (Barrow & Laborde, 2008; Connolly, 2000), and "poor bashing" regardless of their previous economic situation or social class prior to experiencing homelessness (Paradis et al., 2011, p. 8). Other researchers have found that mothers with children living in residential treatment family homeless shelters are often stigmatized on multiple fronts; for their addictions, being without a home, and assumptions about their mothering capacity (Azim et al., 2019; Benbow et al., 2019a). Dominant societal discourses of mothering and what constitutes a 'good

mother' further contributed to mothers' feelings of self-worth (Benbow, et al., 2019b; Fleary et al., 2019).

In one Canadian study employing a critical narrative methodology, Benbow et al., (2019a) recruited through purposive sampling, a total of twenty-six mothers from two organizations. One organization offered shelter and second-stage housing for pregnant and parenting young mothers and the second organization was a shelter for women fleeing intimate partner violence and abuse. Findings indicate that most mothers ($n = 19$), had custody of one or more children, with most of the mothers receiving financial assistance ($n = 21$). Participants from this study reported being stigmatized by professionals and society (Benbow et al., 2019a). For example, one study participant identified the stigma of societal stereotyping which assumed that young mothers are promiscuous, have no education, and lack the knowledge as to how to mother (Benbow et al., 2019a). Another finding suggests mothers experienced public surveillance and discrimination based on their homelessness status. Additionally, mothers felt judged and discriminated against within health care and social service systems as well as by family, friends, and the public (Benbow et al., 2019a). Mothers in that study experienced the stigma of being homeless and residing in a shelter, which resulted in their mothering being under constant scrutiny (Benbow et al., 2019a).

In another study by Fonfield-Ayinla (2009), the author provides a consumer's perspective on mothering during her own personal experience of homelessness following violence and illness and describes the hardships of living in a shelter for abused women. Her experience and insights offer important implications for professionals providing services to mothers experiencing homelessness. The author describes over a period of two years the abuse and undermining of her parental role by shelter staff experienced during her shelter stay and feeling dehumanized

following her escape from an abusive husband. The author uses the metaphor of jail to describe the shelter experience and if she chose to remain in the shelter, she experienced the implementation of rules and regulations as if she had committed a crime. “The only thing that would have prepared me for shelter living would have been spending time in jail” (Fonfield-Ayinla, 2000, p. 299). The author further describes the labelling, categorizing and exclusionary practices that she and her child experienced while living in a shelter. Labelled as “homeless” Fonfield (2009) indicates that her child lived the stigma of being homeless by experiencing discrimination at school by other students, and by teachers who presumed a below average performance of her child. Families’ experiences with school systems can also pose a variety of problems (Swick, 2005b). Staff personnel perceived to be judgemental, punitive, or indifferent to families experiencing homelessness, further complicate children’s educational experiences, potentially affecting school engagement (Buckner et al., 2001).

As an adult mother with experience, Fonfield-Ayinla (2009) states that young single staff consistently monitored and provided unsolicited parenting input. Friedman (2000) reports comparable results in her study where mothers reported being chastised by shelter staff who were younger than the mothers and were not parents themselves. Fonfield-Ayinla (2009) describes the need to provide proof to the department of child services that she was a worthy parent to have the child welfare case closed. Further, Fonfield-Ayinla (2009) writes that discriminatory practices occurred when some favored shelter residents were exempt from attending the mandatory weekly parenting classes, which she was forced to attend. In a study conducted in the review of women’s shelters, Kissman (2001) posits that “shelter programs that presume mothers need to learn parenting skills carries negative connotations for mothers that intervention is needed to solve problems of deficient parental skills” (p. 243).

Using participatory research methodology, Cosgrove & Flynn (2005) explored the lived experience of mothers, parenting while residing in two shelters in the United States. Mothers ($n = 17$) were asked to describe what their parenting experience was like. Study participants' ages ranged from 20-32 and the children's ages ranged from three months to 12 years. The authors identified two interrelated themes: 1) living the stigma of being a homeless mother, and 2) conflict engendered because the parenting roles of the shelter were not always congruent with participants' previous ways of parenting (Cosgrove & Flynn, 2005). The study found that all women reported experiencing at least one incident of interpersonal discrimination with several service agencies outside the shelter. Further, mothers in the study described dehumanizing experiences, and feeling humiliated and disrespected by shelter workers who avoided looking at residents. Mothers' narratives reflected their perceptions of being feeling disrespected by the shelter workers. Participants further, described the stress of trying to parent amid the constant awareness that "one is positioned as aberrant other" (Cosgrove & Flynn, 2005, p.133). Another mother summed up the daily experience of stigmatization as follows "When you don't have a place to live, how do I say, [it's like] you are nothing" (Cosgrove & Flynn, 2005, p. 133).

Cosgrove & Flynn (2005) point out the myriad of ways in which mothers had been demeaned, avoided, and treated as contagion, carried through too many aspects of shelter life. Sixty percent of mothers spontaneously indicated they were on guard or walking on eggshells and concerned how others perceived their parenting given the mandatory nature of parenting groups for mothers and the general sense of having one's parenting behavior continually monitored (Cosgrove & Flynn, 2005). As one mother stated emphatically to the researchers, "... they watch you, believe me they watch you" (Cosgrove & Flynn, 2005). Another 64 percent of mothers commented that the parenting groups did not meet their needs and triggered feelings of

maternal incompetence. Overall, mothers questioned the need for parenting groups when their reason for being at the shelter was related to loss of home and not because of poor parenting (Cosgrove & Flynn, 2005).

Over eighty-six percent of mothers reported that conflict arose between previous maternal parenting rules and the shelter rules, making parenting difficult and mothers feeling stigmatized. Cosgrove & Flynn (2005) found that in response to the interview question asking participants to describe their experience of parenting in the shelter, most mothers reported the experience as stressful given that, "... too many people interfere with your parenting" (p. 135). In addition, mothers in the study reported they could not raise their child according to way they wanted to. Despite these limitations, the authors found that all participants identified numerous strengths and coping strategies, demonstrating perseverance, resilience, and resistance. In their conclusion Cosgrove & Flynn (2005) propose professional staff avoid the use of deficit-orientated, victim-based models of interventions when working with mothers who experience homelessness and provide mothers with opportunities to give input into shelter programs related to their care.

Averitt (2003) conducted a qualitative study using an interpretive phenomenological approach to examine the lived experience of mothers with preschool children living in two temporary shelters in the United States: one shelter being a large metropolitan shelter housing up to one hundred and ten families and the other smaller shelter providing temporary housing for up to six families. Mothers ($n = 29$) attended six focus groups and had one to four children each. Women were asked two broad questions "What is it like to be a homeless woman with preschool children living in a temporary shelter?" and "How is your ability to parent affected by this experience?" (Averitt, 2003, p. 87). The women cited many reasons for their responses including

their dependence on others, the lack of adequate financial and other resources, and the stigma of being homeless leading some to consider suicide (Averitt, 2003). A universal issue for women in this study was that they did not choose to become homeless. While the women's responses were varied regarding their own unique experiences, several common themes emerged (Averitt, 2003).

One finding revealed mothers expressed guilt because of the effects of homelessness on their children, and the inability to fulfill their role as a mother (Averitt, 2003). Mothers reported being stereotyped and discriminated by others which in turn limited their options for housing, employment, and services (Averitt, 2003). As one mother explained "When you are homeless, you ain't nobody" (Averitt, 2003, p. 86). Mothers reported being automatically judged as either "prostitutes, poor parents, child abusers, drug, or alcohol abusers, irresponsible, lazy, or unreliable" (Averitt, 2003, p. 88). Another common theme "They don't care" reflected women's perception of a lack of caring by society and "almost universally" mothers reported a lack of caring attitude by shelter staff (Averitt, 2003, p. 89). The way rules and regulations were enforced by shelter staff was one aspect of women's perception that shelter staff lacked a caring attitude. Women reported the incessant threats of expulsion for non-compliance of rules used by shelter staff to control them (Averitt, 2003). Mothers' sense of powerlessness was reflected in the theme "It hurts me that I can't do anything for my child", where mothers described their inability to meet their children's basic needs such as clothing, food, and stable housing, and described their [mothers] experience of being under constant threat of a potential or real loss of their children (Averitt, 2003, p. 90). Mothers in the study reported strict rules governed disciplining children in the shelters. In addition, mothers' who did not control their children's behaviors could be expelled from the shelter. One mother described her experience in attempting to discipline her two-year-old who was having a temper tantrum, where she was told by a shelter

staff to control her child or leave the shelter. When the child continued to scream, the mother reported the following exchange between her and the shelter staff “oh, are you abusing your child? I can call DEFACS [child protection agency] right now and have them come get your son” (Averitt, 2003, p. 91). Further, mothers cited examples of staff undermining maternal authority by giving children different instructions while mothers would be trying to discipline or regulate their child’s behavior (Averitt, 2003). The author concludes with mothers expressed wishes to be considered in providing input and to be consulted given their identification of service gaps and the dearth of resources experienced such as transportation, childcare amongst many other lapses in resources (Averitt, 2003).

Prison or Refuge

Monitored and Restrained.

Emergency shelters provide a response for women and their children experiencing a housing crisis, but the question posed by some researchers remains as to whether shelters function to assist or to control women (Allen, 2000; Glenn & Goodman, 2015; Feltey & Nichols, 2008; Hartnett & Postmus, 2010; Williams, 1996). While most mothers agree that some rules are necessary to maintain order and safety in congregate living spaces (Friedman, 2000), the intensive case management and excessive staff monitoring of women in shelters has been found to be controlling and oppressive (DeWard & Moe, 2010; Glenn & Goodman, 2015; Moe, 2007), offering little room for healing (Haaken & Yragui, 2003). One core aspect of shelter life is the set of rules and procedures that dominate shelter life established to govern residents’ daily lives which women report to be difficult for both their children and themselves (Azim et al., 2019; Glenn & Goodman, 2015; Fauci & Goodman, 2020; Feltey & Nichols, 2008; Friedman, 2000; Hartnett & Postmus, 2010; Mayberry et al., 2014; Reppond & Bullock, 2020). To gain entry to

shelter accommodations mothers must agree to rules which, also govern most aspects of shelter living including the care of their children as determined by others such as shelter workers rather than mothers themselves (Friedman, 2000; Kelly, 2009). As the enforcers of rules, shelter staff have authority over parents and their children (Friedman, 2000; Schulz, 2009).

Common throughout the literature, mothers report feelings of powerlessness under the threat of being reported to child protection services and the removal of their children (Averitt, 2003; Feltey & Nichols, 2008; Benbow et al., 2019; Fonfield, 2009; Maycock et al. 2015; Sznajder-Murray, & Slesnick, 2011). Additionally, mothers report fear of eviction for not adhering to the overabundance of shelter rules and restrictions related to parenting discipline of children, childcare, mealtimes, and curfews (Friedman, 2000; Mayberry et al., 2014; Menke & Wagner, 1997).

Other authors have documented the perception of mothers' experiences of living in a shelter as 'being in jail' (Haij-Yahia & Cohen, 2009), 'being in prison' (DeWard & Moe, 2010; Hartnett & Postmus, 2010; Karim et al., 2006; Tischler et al., 2007), or living in an institution (Walsh et al., 2010). Menke & Wagner (1997) report on a qualitative study using ethnographic interviews with sixteen participants who were mother heads of families. Several of the mothers describe the experience of adherence to the rules related to bedtime, chores, and other activities like "being in a detention home" (Menke & Wagner, 1997, p. 321).

In a phenomenological study of eighteen mothers living in two shelters for abused women, conducted by Haij-Yahia & Cohen (2009) the invasion of privacy resulting from the shelter's rule of unannounced room inspections by shelter workers was compared to childhood experiences of parental control. Women's ages varied between twenty-two and sixty-three, and all women were married with children. The purpose of the study was to examine women's

experiences while staying at violence against women shelters. The researchers chronicle women's experience as multidimensional that evolves from interactions between numerous factors including women's relationship with staff, other shelter residents and their own life experiences (Haij-Yahia & Cohen, 2009). Results from the semi-structured interviews chronicle one participant describing her relationship with shelter workers as unequal, hostile and tense, stating, "I don't like the way they control me" (Haij-Yahia & Cohen, 2009, p. 102). The authors focused on one theme that emerged of the shelter as a total institution where residents' privacy is infringed on, they become dependent, are bound by rules, and live under the supervision of staff. Research showed women in the study refer to the shelter environment as living in a context of rigid enforcement of rules and a sense of isolation and imprisonment (Haij-Yahia & Cohen, 2009).

The authors of the study document the ambivalence of women's perceptions of the shelter as an institution "...closed on the one hand, and a rehabilitative, therapeutic setting on the other" (Haij-Yahia & Cohen, 2009, p. 103). However, because women depended on the shelter for services, women may have refrained from revealing information that would cause them harm (Haij-Yahia & Cohen, 2009). Women in this study described being in a coercive environment which subjected them to rules and an invasion of their privacy (Haij-Yahia & Cohen, 2009). The study was important in highlighting the institutionalized factors that influenced women's experiences, and the impacts of these on women staying in the shelter. However, the study did not specifically examine women's mothering experiences and the contextual factors within the shelter that has been shown to influence mothering within shelters. The women's mothering experiences and any references to children, are described in one section of the study where

mothers described the shelter setting as a place that infringed on their privacy because of shared communal spaces such as bathrooms, and kitchens.

Glenn & Goodman (2015) conducted a qualitative descriptive study with eleven mothers to evaluate abused women's experiences of living with rules specific to living within a VAW shelter. While women's responses were nuanced regarding rules in general, findings revealed most women described feeling judged, and experiencing a lack of needed support from the shelter workers. Further, some women described their frustration with the inconsistency of rule enforcements, the emotional distress caused by the manner rules were imposed, and beliefs of favoritism demonstrated by shelter workers. The study revealed that mothers experienced the rules as frustrating given rules limited access to resources, limited parental capacity and that rules did not account for individual needs. Most women also reflected on the overlap between shelter workers' enforcement of rules and the abusive dynamics they had experienced in their relationship with their partners/spouses. Haij-Yahia & Cohen (2009) reported similar findings where women drew a parallel between their perceptions of shelter workers and their husbands as controlling and asserting power over them. In this study women reported "a general sense of confusion, passive acceptance, compliance with authority and submission" (Haij-Yahia & Cohen, 2009, p. 106). The authors further write, "These feelings combine with a sense of coercion, of being controlled and dominated, and invasion of privacy which rekindle past emotions during their stay at the shelter" (Haij-Yahia & Cohen, 2009, p.106).

Further, Glenn & Goodman (2015) reported "...it was common for participants to silence their frustrations due to a perceived lack of power within the shelter or fears of getting into trouble by speaking up" (Glenn & Goodman, 2015, p. 1498). In addition, most women described feeling depressed and upset during their shelter stay due to isolation imposed upon them through

shelter rules. From the results of this study, Glenn & Goodman (2015) conclude that rules are a core aspect of shelters. “The rules themselves and the ways they are communicated and enforced are symbolic of the culture, power dynamic, and structure of shelters today” (Glenn & Goodman, 2015, p. 1484) that reflect society’s ideologies and standards which dictate women’s behaviors (Hartnett & Postmus, 2010).

Scrutinized Mothers.

Researchers have shown that when mothers must rely on public social assistance and shelters to provide for their children’s most basic needs, they lose autonomy as mothers and women (Connolly, 2000; Friedman, 2000), reporting feelings of powerlessness and loss of control (Thomas, Goodman & Putnins, 2015; Tischler et al., 2007). Mothers’ role as rule maker and authority figure is usurped within the shelter environment (Schulz, 2009). Studies demonstrate that in addition to enduring negative stereotyping by service providers among others, mothers staying in shelters express feeling a lack of autonomy and feel subjected to supervised “mothering” (Baumann, 1994; Connolly, 2000; Cosgrove & Flynn, 2005; Friedman, 2000; Kelly, 2009). “Surveillance of the parenting behavior of those with low-income is possible because of these families’ unavoidable reliance upon a public assistance program and “the prevailing punishing and stigmatizing cultural trends” (Friedman, 2000, p.9). Studies show mothers undergo continuous scrutiny for their parental performance (Cosgrove & Flynn, 2005; Friedman, 2000). Mothers’ experiences of being externally controlled by shelter rules and constant scrutiny have been documented as one of the main factors that influences family dynamics while living in a shelter (Cosgrove & Flynn, 2005; Friedman, 2000; Fonfield (2009); Howard et al., 2008). Friedman (2000) posits that unbalanced power dynamics are unavoidable

once staff members introduce shelter rules to parents. The author further writes "...as enforcers they [shelter staff], have authority over parents and their children" (Friedman, 2000, p. 121).

Paradis et al., (2011), argue that "...disempowerment is one of the most important effects of poverty and homelessness (p. 6). In this Canadian study, Paradis et al., (2011), employed a participatory action research methodology using a human rights approach. "We take a human rights approach, meaning we that we recognize and uphold universal rights to autonomy, dignity, and self-determination" (Paradis et al., 2011, p. 8). The study was led by women facing homelessness, who made up most of the research team including the advisory committee. One example discussed in a focus group by mothers was the need for rules to be reasonable and consistent, not make their lives harder (Paradis et al., 2011). Mothers living in shelters shared stories of being wakened after the children's mandatory bedtime curfew, by random and unpredictable bed-check procedures during the night that disturbed mothers and children by waking them up (Paradis et al., 2011).

Swick & Williams (2010) suggest from the results of their study on parenting in shelters, that women felt major barriers to effective parenting was due to poverty, and loss of parental power because of imposed shelter constraints and imposed rules. The study was guided by a qualitative approach using participant-observation, interviews and guided self-reports by mothers and included input from their helping professionals (Swick & Williams, 2010). Mothers, ($n = 4$) were in their early 20's and 30's. All mothers had at least one child, with children's ages ranging up to eight years of age. Results from the study suggest while mothers did not report negatively about shelter conditions, they did however emphasize that the "rigid rules greatly reduced their parenting control" (Swick & Williams (2010, p. 53). The mothers from this study offered insights into how they felt they could be better served, such as helping professionals could

dispense with negative stereotyping and be more helpful by gaining a better understanding of the problems faced by single parenting mothers living in homelessness (Swick & Williams, 2006). Interestingly, in this study the perception of shelter directors understanding of mothers' challenges was explored through interviews. In contrast to mothers' perceptions, shelter directors understood mothers' challenges differently and felt "the real barriers for these mothers were lack of good role models, lack of employment and a lack of self-esteem" (Swick & Williams (2010, p. 53).

Disrupting Familial Routines.

A recurring issue for mothers and children in shelters is the constraining space and strict enforcement of regulated shelter routines (Azim et al., 2019; Mayberry et al., 2014; Schultz-Krohn, 2004). Women and children are subject to routines and regulations that are often not of their making (Krane & Davies, 2007). While rules dominate shelter life, they make parenting and family life difficult (Feltey & Nichols, 2008). Studies of women and children living in homeless shelters indicate that they experience disruptions in familial routines, and family rituals. Consequently, mothers feel they have little control or autonomy, over their schedules and those of their children's. Conflict arose over mealtimes, bedtimes and curfews given shelter constraints and rules disrupted their familial routines in their home (Cosgrove & Flynn 2005; Krane & Davies, 2007; Fleary et al., 2019; Lindsey, 1998; Mayberry et al., 2014; Schultz-Krohn, 2004; Thomas & So, 2016). For example, in a study of nine mothers living in transitional housing by Fleary et al. (2019), mothers reported that several aspects of the program disrupted family routines and functionality, impacting family life. As one mother reported when describing the nightly meetings women had to attend. "I just wish that [the meetings] weren't every single day because they interrupted my dinner time with my kids and routine I had before I got here"

(Fleary et al., 2019, p. 78). Findings also reveal that the rule around curfews and visitation at the shelter isolated families and disrupted ties with extended family members. One mother explained “My father can’t visit his grandkids, I have to wait until the weekend to go over to my mom’s house...” (Fleary, 2019, p. 78).

Azim et al. (2019) conducted a qualitative study with six mothers between the ages of 17 and 43 residing with one or more of their children in a residential treatment family homeless shelter. The qualitative narrative inquiry explored woman’s experiences of living in a homeless shelter as they recovered from alcohol, and or drug addiction. The purpose of the research was to examine how women conceptualize and experience mothering while living in the shelter. The authors’ findings illustrate the way ‘appropriate mothering’ is situated in specific institutional political, historical, and economic contexts (Azim, et al., 2019). Findings show the shelter mandates were framed on the conceptualization and understandings of motherhood and “appropriate mothering”, reinforced through shelter regulations and practices by shelter staff through parenting classes and counselling sessions (Azim et al., 2019, p. 34). “These understandings were often grounded in the assumption that addicts have neglected their children, and even when sober were unable to adequately recognize their children’s needs and idiosyncrasies” (Azim et al., 2019, p. 37).

One theme that emerged, “Mothering on shelter time” revealed that the day and evening mandatory programs focused on mothers and their addiction, with minimal attention to mother-child relationships was disruptive and detrimental to their bond with their children. Mothers reported the heavy concentration of mandated programs interfered with familial activities leaving mothers with little time to help with doing homework and playing together with their children (Azim et al., 2019). The authors describe one mother’s experience: “Ellen for example,

remembered that she had broken [her son's] poor little heart. When he was returning from the after-school program, just to watch his mother leave for her mandatory meetings. Her swift hello and goodbye seemed to confuse and sadden her son" (Azim et al., 2019, p. 37). Other observations by researchers noted that women's schedules were so packed with mandatory meetings, mothers would return late at night and only then attend to children, help with homework and meal preparation. The authors concluded from mothers' narratives that; mothers were not able to maintain their families' routine activities they had established prior to staying at the shelter. Additionally, mothers reported their mothering practices were curtailed when they did not align with shelter regulations and practices (Azim et al., 2019).

Krane & Davies (2002) drew on a qualitative study with twelve former residents and five permanent staff of a shelter for women fleeing abuse in a large Canadian city. Using participant observations and in-depth interviews the authors documented that the fixed bedtimes for children and mandatory evening group discussions for mothers overlapped, which "denied mother-work associated with preparing and settling children in bed" (Krane & Davies, 2002, p. 182). The authors posit that at under normal conditions children of varying ages may find it difficult to settle and fall asleep. The added stress of the unfamiliar environment and the shelter rule imposing bedtime caused additional stress for children and mothers (Krane & Davies, 2002).

In another study of eighty parents (the majority being single mothers), with a recent experience of residing in various living situations such as a shelter, transitional housing or doubling up with family or friends, Mayberry et al. (2014) found that the rules and routines imposed by the shelters and transitional housing programs negatively impacted pre-existing familial routines and rituals. Parents in the study contrasted their familial routines with the existing shelter routines, explaining their familial routines were organized around children's

natural waking and sleeping rhythms, family activities and pursuing of personal goals. Mothers in the study reported on the imposed schedules in shelters such as curfews, times for sleeping, waking, eating, and leaving the shelter. Mothers described how the strict times for sleeping and waking were “age-inappropriate” and indicated getting in trouble when they [mothers] couldn’t make their infants and young children be quiet during the pre-set period of time (Mayberry et al., 2014, p. 103).

Further, findings in the study revealed that mothers felt the imposed routines disempowered them as a parent. As one mother stated, “It’s hard not being able to live our own life and establish our own routine, and to be a mom, and cook when I want, and do laundry when I want to, just everything” (Mayberry et al., 2014, p. 101). The previous study converges with an earlier qualitative study by Schultz-Krohn (2004), who reported on the diminished parental authority in terms of children’s conduct within the shelter. Findings by Schultz-Krohn (2004) showed that not only did shelters disrupt family routines, but that “The shelter environment was volatile; the efforts of parents to preserve their authority often clashed with the shelter rules and the need for staff members to enforce the rules” (p. 539).

Another emergent theme in the Mayberry et al., (2014) study revealed that not only did rules impede family function but that parents reported feeling constantly scrutinized and threatened with the involvement of child protection services (CPS). In this study, Mayberry et al. (2014) noted that shelter staff were authorized to watch parenting behaviors to ensure parents were not breaking discipline rules. As a result, parents reported being interrupted by others and corrected when disciplining their child (p. 102). One mother explained, “People are watching you-because since I’ve been here, that’s all everyone threatens you with – CPS, CPS, CPS...You Know, if you don’t do this for your kid, and you don’t do that, this is what we are going to do.

You know that makes a parent worried” (Mayberry et al., 2014, p. 102). Another mother described the scenario of bringing her young child who was having a tantrum back to their room in the shelter when she was interrupted by a shelter worker, “...and the staff woman is stopping me as I’m going in, and she’s intervening and telling him what to do. Well, that’s fine, but can you let me continue to parent because I am his parent” (Mayberry et al., 2014, p. 102). In addition, findings by Friedman (2000) and Mayberry et al. (2014) found that when parents broke rules, they received write-ups and were then forced to leave the shelter once they had received the maximum number of write-ups permitted for infractions. One mother described that she felt her authority was being stepped on, however, since moving out of the shelter she noted her children were more responsive to her parenting and discipline noting, “...and ever since I have moved out, that I have been on my own, I’ve noticed that my kids are able to respect me more than before” (Mayberry et al., 2014, p. 102).

The very nature of being homeless draws negative value judgements from others (Peled & Dekel, 2010; Swick, 2009). The experienced of being not only watched but also judged is a common experience reported by mothers living in shelters (Connolly, 2000; Fleary, 2019; Friedman, 2000). Mothers in an ecological study by Fleary, et al., (2019) described their experience of being homeless as experiencing feelings of shame and inferiority. As one mother explained, “When you become homeless you feel hopeless, you feel helpless. You feel like people are watching you, people are talking down to you” (Fleary et al., 2019, p. 74). Experiencing homeless draws harsh judgements that women are less capable to mother and thus come under ongoing surveillance and scrutiny (Friedman, 2000). From a study of the Massachusetts family shelter system, Friedman (2000) suggests staff in shelter settings adopt a prescriptive and deficit-orientated ideology. Other researchers found mothers reported feeling

distressed from the critical nature of the staff working in shelters and feeling unsupported (Averitt, 2003; Azim et al., 2019; Baumann, 1994; Glenn & Goodman, 2015; Paradis et al., 2011; Mayberry al., 2014).

In a qualitative study conducted to better understand mothers' perceptions of service providers from a variety of settings, Sznajder-Murray & Slesnick (2011) found that mothers described feelings of not being understood, which was influenced by mother's reports of feeling disrespected and feelings of being negatively judged. For example, mothers described experiences of being looked down on by service providers including medical professionals. Mothers reported their experiences of being looked at like "we are nothing" (Sznajder-Murray & Slesnick, 2011, p. 462). Similarly, these results were noted in previous studies by other researchers, Averitt (2003), Cosgrove & Flynn (2005), Friedman (2000), Lindsey (1998), and Meadows-Oliver (2003). In addition, Sznajder-Murray & Slesnick (2011) noted in their study that mothers wanted service providers to sit down and listen to them, to hear mothers' side of the story, as one mother summed up in the study, "Instead of jumping down my throat talking about you need to do this, do that..." (p. 463). Most mothers in the study perceived the service providers to "down grade them" by not acknowledging the positive steps they were taking but focused on the negative (Sznajder-Murray & Slesnick, 2011, p. 462). Further, mothers reported living in constant fear in the authority of service providers, and in particular fear of losing their children to social services.

Mothering in Public

Within a system that already stigmatizes mothers as beneficiaries, their family lives become subject to public scrutiny and judgement given that most personal activities must take place in public (Friedman, 2000). "The processing of incoming families in shelters often results

in greater access at the same time that it transforms the private family unit into a public client subject to rules and regulations of the shelter” (Feltey & Nichols, 2008, p. 117). Living in congregate, often crowded, shelters where families share facilities with unknown others, privacy is scarce, and parenting becomes open to public viewing in the shelter. The result is that most family interactions take place in full view of strangers such as other unrelated families, shelter workers and service providers, thereby exposing mothers to scrutiny, judgement, and criticism (Fauci & Goodman, 2020; Friedman, 2000; Gengler, 2011; Zlotnick, 2009). “In the institution, the women’s private, personal realm becomes public and they [women], experience a process of exposure” (Haj-Yahia & Cohen, 2009, p. 98). Thus, findings show there remains little ability to exert parental control in the context of the shelter setting where structures can undermine effective parenting practices (Connolly, 2000; Friedman, 2000; Gregory et al, 2021; Swick & Williams, 2010). Boxill & Beaty (1990), argue that homeless creates a context where private relationships are lived out in public. “For these families, heretofore private life, i.e., eating, bathing, telephone conversation is now public life with permission” (p. 62).

In addition, children entering homeless shelters have multiple needs and service requirements and come under public scrutiny by multiple agencies such as child welfare workers, health care providers, school officials and many others (Fauci & Goodman, 2019; Zlotnick, 2009). Several researchers found that a loss of self-esteem and dignity is encountered by mothers living in shelters seen as “public mothering” (Bassuk & Gallagher, 1990; Connolly, 2000; Friedman, 2000; Lindsey, 1998; Meadows-Oliver, 2006; Menke & Wagner, 1997; Swick & Williams, 2010; Thrasher & Mowbray, 1995). Further, the context of mothering in public lends itself to stigma and discrimination because of mothers’ homeless status (Benbow et al., 2019a; Cosgrove & Flynn, 2005).

Friedman (2000) explores the experience of mothers and their children within the Massachusetts' family shelter system. In-depth interviews with mothers were carried out in five shelter programs and telephone interviews were conducted with fifty-five shelter directors. The purpose of the research project was to explore what "happens to mothers and staff in settings that adopt and resist a prescriptive and deficit-orientated ideology" (Friedman, 2000, p. 8). The author highlights three important findings. First, most family interactions occurred within public view, which facilitated surveillance of families. Secondly, communal living entailed negotiating every detail of daily life with strangers from diverse cultures with different values, and familial norms. And third, mothers had to agree to follow rules governing all aspects of shelter living including the care of their children to reside in the shelter (Friedman, 2000). Friedman (2000), concludes that, "Very little about family interactions with each other and other family members is hidden from staff view, allowing staff complete access to the "texture of families' lives, their goals, and their vulnerabilities" (p. 21).

Further, findings suggested that little consideration exists for the stress mothers experience under a microscope and having every move evaluated (Friedman, 2000). Findings showed that while some mothers reported sensitive interventions by staff, other mothers related examples of giving that resulted in mothers feeling humiliated by demeaning program practices and staff interventions (Friedman, 2000). Given the public nature of the shelter environment, Friedman (2000) highlights the vulnerability for both mothers and staff being "tremendously hurt or supported by each other's treatment" (p. 21).

Based on a qualitative study using participant observation of mother-child interactions conducted in an Atlanta emergency shelter, Boxill & Beaty (1990) documented the negative effects of "public mothering" on mothers' sense of themselves and on their relationship with

their children. “This study elucidates and schematizes the experience of homeless women and children who use a public night shelter and are by circumstance forced to define themselves and build their mother/child relationship in an open and public personal place” (Boxill & Beaty, 1990, p. 50). The authors found mothers reported a loss of maternal authority and self-image with potential impacts on parent-child interactions and child development (Boxill & Beaty, 1990). The authors chronicled that each activity was conducted in public, where mothers performed their mothering in the company and in full view of others which the authors called “public mothering” (Boxill & Beaty, 1990, p. 52). “Every aspect and nuance of the mother-child relationship occurs and is affected by its public and often scrutinized nature” (Boxill & Beaty, 1990, p. 58). The authors observed that the many freedoms for families to express their personal feeling such as love, anger, sadness, mothering styles and other emotions were either stifled or expressed in full view of other residents and shelter workers. Further, the authors noted that mothers expressed sadness that their mothering was influenced by the presence and needs of others. For instance, one mother reported staying up all night to soothe a restless crying infant after being told by others to quiet her baby’s cries.

Further, the researchers observed “unravelling” of the parental role in families with both young children and teenage girls, where the older girls took on responsibility and leadership in the caring of their younger siblings such as bathing, and at mealtimes. The authors did not observe that mothers had abdicated their roles or responsibilities as explained by the following quote. “Mothers were being soothed by the efforts of their older children. In an unkind and often assaulting world, mothers were comforted by their children’s special acts of assistance and caring “(Boxill & Beaty, 1990, p. 50). The authors did conclude, however, that the experience of homelessness and shelter living creates an out-of order mother-child relationship. Boxill & Beaty

(1990) suggest that until the experience of mothers who are experiencing homelessness are explored and understood, programs designed to benefit them may not be successful.

Gaps in the Literature

There is a further need to explore the complexity of all aspects of mothers' and children's experiences of homelessness and shelter experiences. Likewise, mothering as a concept has been understudied and has been minimally explored in the context of mothers experiencing homelessness (Azim et al, 2019). Furthermore, there is a lack of literature employing critical and poststructural research approaches in exploring mothers lived experiences and realities while staying in shelters and other homeless conditions. A poststructuralist conceptualizes the existential experiences and provides further understandings of mothers' experiences not presently acknowledged in the literature.

A lack of empirical studies limits our knowledge of mothering experiences (Gewirtz et al., 2009). Further, researching mothers living in shelters is important for challenging and changing the discourse on homelessness and the blame society places on the individual (Jackson, 2014, p. 337). It is important to understand and recognize the need to change the language which underscores the connection between violence and homelessness and trauma women and children experience, as well as between health outcomes and behaviors (Jackson, 2014). Statistics that accurately reflect women's reality are needed to make a difference for creating good public policy, and for the provision of adequate support (Goodhand, 2017). Quality research also has an impact on better understanding the resources required by women, girls, and mothers with children fleeing violence and experiencing homelessness.

While the studies presented in this chapter provide rich data about mothers experiences these studies have mostly focused on one aspect of mothers 'experience. For example, the study

by Azim et al., (2019) looked at a specific population of mothers. The focus of that study was on the mothering experience of young girls residing in shelters for young girls with drug and alcohol addictions. Other studies that focused on the rules and regulations did not provide knowledge on contextual or existential understandings of other factors such as the shelter conditions or environment. Further, children go to shelters because their mothers are there. Few studies provide data on a wide range of ages and needs of children or revealed mothering experiences for women and children living with disabilities and with special needs. Additionally, these studies did not report findings related to the ongoing violence and victimization experienced in the shelter studies.

Chapter 3: Theoretical Framework

In this chapter I will begin with the epistemological assumptions guiding this research, followed by the three major theoretical underpinnings used in this study: poststructuralist Michel Foucault; feminist poststructuralist Chris Weedon; and critical theorist Mary Canales theorization of *Othering*. The chapter will conclude with a discussion of the integration of the three theoretical perspectives and how these perspectives informed this research on mothering.

Epistemological Stance

“Epistemology is the branch of philosophy that considers the history of knowledge. It raises and answers questions related to the kinds, origins, nature, structure, scope, trustworthiness, and limitation of knowledge development” (Meleis, 2012, p. 136). It outlines the various criteria by which knowledge is accepted (Meleis, 2012). Guba and Lincoln (1994) propose four paradigms that they define “as the basic belief system or worldview that guides the investigator not only in choice of method, but ontologically and epistemologically fundamental ways” (p. 105). A paradigm is a worldview that includes beliefs about the nature of reality (ontology), encompasses the relationships of the inquirer to what can be known (epistemology), and identifies how knowledge can be known (methodology) (Guba & Lincoln, 1994).

Each paradigm has a value system, a specific point of view from which a field of study is conceptualized. While there is no “absolute source of knowledge” (Racher & Robinson, 2002, p. 468) for informing and guiding inquiry, I feel that conducting research using the values and principles of critical theory as the paradigm of choice, with a feminist poststructuralist perspective will address the research question and objectives. There is an element of social justice and advocacy that is the nurse’s responsibility for improving the situations of mothers and children who live in marginalizing contexts such as shelters, so as not to perpetuate or maintain ongoing inequities. Further, the experiences of mothers with children are understudied within the

research of populations experiencing homelessness, and to date they are not the target of, or focus of policies and research in prevention strategies in Canada.

Critical Theory

In Guba and Lincoln's (1994) framework critical theory is an ontology based on historical realism with the belief that reality is shaped over time by social, political, cultural, and ethnic and gender issues, an epistemological perspective that is transactional, and a methodology that is both dialogic and dialectical. "Methods are not paradigm specific, however consistency should be apparent between the assumptions that underpin the research and the method applied" (Racher & Robinson, 2002, p. 466). Lived reality serves as a focus of inquiry with subjective and objective realities merging in an alliance between reality and our knowledge of it. "Critical theory predisposes a theory of the social subject that is broadly congruent with symbolic interactionism that is sensitive to relations of power, and domination" (Kuschner & Morrow, 2003, p. 39).

At the core of critical theory is the notion of emancipating individuals or groups from either conscious or unconscious constraints (Ray, 1992). Critical theory focuses on power relations and orients research to formulate questions relevant to social conditions in ways that have potential to develop practical interventions that lead to change and question the status-quo or the previously unquestioned or taken-or-granted structures (Meleis, 2012). Emancipation deals with a longstanding history of social oppression of women, and vulnerable populations (Meleis, 2012). At present women and their children are placed in shelters as a 'default' when they find themselves without a stable home, regardless of the reason. Critical theory guides the research approach for the development of knowledge that is not marginalizing (Meleis, 2012). Research is

a means for acting in critical thinking with the process being emphasized, not the product (Weaver & Olson, 2006).

Feminist Poststructuralist Perspective

While there are distinct types of feminism (Francis, 2000) the perspective used for this study is that of feminist poststructuralist. Within the critical theory paradigm, using a feminist poststructuralist perspective will further define and acknowledge the uniqueness of gender in women's experience of homelessness and give prominence to women's voices through their narratives. Meleis (2012) states that "Viewing phenomena and situations from the perspective of poststructuralism raises critical questions and situations and provides a framework to transform these situations" (p. 149). Further, Meleis (2012) posits that a poststructuralist view reflects several aspects of critical approach to knowing and involves the deconstruction of realities within a framework of oppression and control and reconstructs the meaning of responses within a framework of emancipation and empowerment. According to Caelli (2000) a subjective epistemological approach used in deconstruction research, seeks to challenge existing understanding of phenomena whereby participants are frequently asked to rethink their own understanding of events. Moreover, a poststructuralist approach offers a means of challenging what is self-evident and offers another lens through which to view power relations in society (Francis, 2000), and in nursing practice (Bradbury-Jones et al., 2007). Additionally, poststructuralists seek to disclose the way dominant discourse imposes its version of 'truth' while negating other realities (Annells, 1999).

Dankoski (2000) posits that ontologically feminism is holistic, pluralistic and has a relative view of reality and is defined by its values and processes (Campbell & Wasco, 2000). Further, Dankoski (2000) states that "Feminist theory opens important doors to thinking about

what constitutes knowledge, and how to acquire it, and how it can be used for social change” (Dankoski, 2000, p. 100). Moreover, feminist scholarship gives primary importance to women’s subjective experiences, values the experiences of the individual, values her intuition, values her world, and values the individual’s sociocultural and political perceptions (Meleis, 2012). Bergum (1997) suggests “research that attempts to understand women’s experiences from their point of view has a different focus; knowledge of how women are living the experience rather than knowledge formation to pin down how women should be living” (p. 135).

Feminist research methods seek to empower and minimize exploitation in order to provide opportunity for participants to express their voices (Dankoski, 2000; Weedon, 1997). According to Campbell & Wasco (2000), feminist epistemology recognizes women’s lived experiences as legitimate sources of knowledge, whereby feminist methodologies attempt to eliminate bias in research and find ways to capture women’s voices that are consistent with feminist ideals. Moreover, a feminist perspective includes a sensitive understanding of the conditions that impinge on the individual’s responses and brings together subjective and objective ways of knowing the world (Campbell & Wasco, 2000). Women are approached as subjects rather than objects; this perspective considers women’s subjectivity and the role of the researcher in the research relationship (Dankoski, 2000). However, according to Marcellus (2005), development of a trusting relationship between the researcher and participants may be challenged when mothers are already experiencing oppression, and feelings of powerlessness.

Language is powerful (Weedon, 1997) therefore, a feminist perspective is one that uses language that is gender-sensitive, values experiences and denounces the status-quo (Meleis, 2012). “Feminist’s principles are better suited for understanding and developing insights about an individual’s assumptions” (Meleis, 2012, p. 148). In this thesis, women are provided an

opportunity to voice their reality of mothering in shelters (women control the content to be revealed) and their reality of mothering in a respectful and non-hierarchical manner using semi-structured interviews. Listening to women's voices and acknowledging their experiences of mothering in the context of shelters is crucial for future development of knowledge in how we might respond and support them. To understand mothers' experiences in shelters it is necessary to ask them, listen, and not presume to know their reality.

Foucauldian Framework

Michel Foucault (1926-1984) was an influential theorist associated with poststructuralist theory. A poststructuralist approach incorporates what Foucault referred to as "archeology" and "genealogy" analysis (Smart, 2002). Genealogical analysis is achieved by detailed examination of the connections between forms of human experience and relations of power and knowledge, by challenging the deeply embedded assumptions that underline how a concept is viewed or perceived (Smart, 2002). Foucault's genealogical analyses focus on the way power is exercised and the relationship between power and knowledge (Smart, 2002). In contrast to other theories on power, Foucault is interested in how particular kinds of subjects are produced as effects of discourse, pattern ways of thinking in society and power (Georges, 2003; (McHoul & Grace, 1993).

The work of Michel Foucault is important for this research. Foucault's (1995) analysis which focuses on institutional practices and disciplinary technologies is pertinent to the study of mothers living in shelters, particularly his concepts of power/knowledge, discipline, and surveillance. Using a Foucauldian perspective provides a lens to explore the nature of the nurse-client relationship and examine power relations in nurses' interactions with mothers (Cheek,

2000). Gastaldo & Holmes (1999) suggest that “Foucault’s concepts have a profound impact on the way we conceive nursing as a discipline and as a profession” (p. 231).

A poststructuralist analysis offers an approach to viewing hierarchies as well as areas of knowledge and provides a lens by which to examine power influences and how nurses and clients may be positioned for empowerment (Meleis, 2012; Weedon, 1997). Gastaldo & Holmes (1999) posit that “A Foucauldian analysis places the nurse at the centre of power relations in society, subscribing to regimes of truth and power that define professionals, nursing knowledge and our society” (p. 231). Health professionals and service providers such as shelter workers exercise power by the very nature of their professional knowledge and experience on how to provide “expert care” through decision-making and treatment (formal knowledge). Mothers experiencing homelessness hold the knowledge through their lived experience (informal knowledge). Situations of power imbalances are created when there is little, or no client input and health providers portray the belief that they know best. In current nursing practice, the client’s participation is an important aspect of participatory care and partnership. The lack of individual context when assessing mothers’ needs minimizes the importance of interpersonal relationships and communication, emphasizing the significance of a professional lead (Mitcheson & Cowley, 2003). Drawing on a Foucauldian framework provides the basis to understand power relations and the ensuing issues that may occur within these relationships.

Power/Knowledge

Foucault’s (1980) conceptualization of power examines the relationship between knowledge, truth, and power. Further, Foucault provides an analysis of modes of objectification and relations of power through which individuals are constituted as subjects (Smart, 1994). For Foucault (1980), the concepts of power and knowledge are inseparable, given that knowledge

production is an integral part of the operations of power. According to Foucault (1980) “Power produces knowledge; that power and knowledge directly imply one another; that there is no power relation without the correlative constitution of a field of knowledge, nor any knowledge that does not presuppose and constitute at the same time” (p. 17). Foucault’s discussion on power cannot be discussed outside the investigation of the production of truth, and what this implies for the status of human subjects in contemporary society (McHoul & Grace, 1993). Foucault (1980) believes that “truth is not outside of power or lacking in power: truth is a thing of this world: it is produced only by virtue of multiple forms of constraint. And it induces regular effects of power” (p. 131). For Foucault (1980), power is exercised through a series of aims and objectives. Foucault (1980) further posits that each society has its politics of truth and what it accepts as truth.

Foucault’s concept of power contrasts with power relations based upon the traditional historic form of power; power defined as a constraining force exerted by a sovereign (Foucault, 1995). For Foucault (1990) power is everywhere and understood to be exercised and not possessed and is always productive. According to Foucault (1980), “Power in the substantive sense, *‘le pouvoir’* doesn’t exist” (p. 198). Foucault further writes that “in reality power means relations, a more-or-less organised, hierarchal co-ordinated cluster of relations” (Foucault, 1980, p. 198). Weedon (1997) posits that power is inherent in differences and is a “dynamic of control, compliance and a lack of control between discourses and the subjects constituted by discourses, who are their agents” (p. 110).

Foucault (1995) examines the way discourses and identity are perpetuated and taken on, how a human turns themselves into a subject. According to Weedon (1997) “Power is exercised within discourses in the ways in which they constitute and govern individual subjects” (p. 110).

Further Weedon (1997) contends that discursive formations are not differentiated from the object about which they speak; they produce them (Weedon, 1997). Lyon-Callo (2004) suggests that “the sheltering industry serves as an apparatus for reinforcing and reifying dominant discursive understandings about homelessness” (p. 155). The perception that the homeless are deviant requiring treatment and personal development guides the model of care and is reinforced through shelter practices (Lyon-Callo, 2004).

Additionally, Foucault (1990) further suggests that attention should be devoted to a study of resistance, in other words, an understanding of relations of power through analysis of resistance and struggle. For Foucault (1990) power is endemic in daily life: however, it does not exist independently of resistance, which can be observed in situations of power imbalance. According to Foucault (1980), “where there is power, there is resistance, and yet or rather consequently, this resistance is never in a position of exteriority in relation to power” (p. 95).

Disciplinary Power.

“Foucault uses the word discipline in two senses: as referring to scholarly disciplines such as science, medicine, sociology, and as referring to disciplinary institutions of social control such as the prison, schools, hospitals and so forth” (McHoul & Grace, 1993, p. 26). Foucault turns to the political question of power and the development of power to control others through disciplinary power (Foucault, 1995; McHoul & Grace, 1993). According to Foucault (1995), disciplines are methods which made possible the meticulous control of the operations of the body while maintaining a constant subjection of its forces. Foucault (1995) further writes that disciplines are a specific technique of power that makes individuals and regards individuals as objects and as instruments of its exercise and exert corrective training. In addition, Foucault (1995) posits power relations control behavior by creating subjects that in effect have the

capacity to self-govern. According to Foucault (1995), disciplines are invisible and are techniques that assure order and increase both the docility and utility of all elements of the system in which it is exercised, such as educational, military and health.

Docile Bodies.

Foucault refers to power relationships that are subtle and invisible, which serve to render “bodies docile” and thus easily controlled (Foucault, 1995). Foucault (1995) refers to “docile” bodies that are submissive, useful, and obedient. This conformity to the norm produced by discipline produces subjected and practised bodies, standardizes behavior which is marked by meticulous control over the body by subtle coercion, resulting in a relation of docility-utility (Foucault, 1995). “Discipline increases the forces of the body (in economic terms of utility) and diminishes these same forces (in the political terms of obedience)” (Foucault, 1995, p. 138). According to Foucault (1995) discipline defines the relations that the body must have with the object that it manipulates. Foucault (1995) further argues that “Disciplinary control does not consist simply in teaching or imposing a series of particular gestures: it imposes the best relation between a gesture and the overall position of the body, which is its condition of efficiency and speed” (p. 152). In this respect, for Foucault (1995), the concept of disciplinary power is viewed as positive and productive whereby discipline increases the body’s “utility” and ensures a position of compliance. This means that an individual has control over others that they operate in a desired manner, with techniques and efficiency that the controlling person determines (Foucault, 1995). According to Foucault (1995), a body that is docile can be subjected, used, transformed, and improved.

For Foucault, an important aspect of power/knowledge relations is that power shares a common social-spatial site of production (Crossley, 1994). According to Foucault (1995),

disciplines organize analytical space and proceeds from the distribution of individuals in space through several specific techniques. Through the allocation of individuals in space and the control of activities through time, disciplines exert a form of dominance and docility-utility is produced (Foucault, 1995). Foucault (1995) further writes:

In organizing ‘cells,’ ‘places’ and ‘ranks,’ the disciplines create complex spaces that are at once architectural, functional, and hierarchical. It is spaces that provide fixed positions and permit circulation; they carve out individual segments and establish operational links; they mark places and indicate values; they guarantee the obedience of individuals, but also a better economy of time and gesture. (Foucault, 1995, p. 148)

Power is the means of control brought about by a series of disciplinary measures inherent in modern institutions (Foucault, 1995). Foucault (1995) refers to the disciplinary mechanisms as the “existence of a whole set of techniques and institutions for measuring, supervising and correcting the abnormal” (p. 199). The goal therefore is to foster “useful” obedience (Foucault, 1995). In his work, Foucault (1995) described three specific instruments of discipline or tactics (hierarchical observation, normalizing judgement, and examination) used by institutions and organizations in modern society that in effect maintain the status-quo and are used in the creation of ‘docile bodies’.

Hierarchical Observation/Surveillance.

According to Foucault (1995), the exercise of discipline presupposes a mechanism that coerces by means of observation; an apparatus in which the techniques that make it possible to see induce effects of power, and in which conversely, the means of coercion make those on whom they are applied clearly visible. Foucault (1995) points to the development of hierarchized surveillance in the construction of hospitals, asylums, prisons, schools as a tool that both

objectifies and controls. According to Foucault (1995), surveillance takes two forms: discreet and indiscreet. Further, Foucault (1995) describes surveillance as “a decisive economic operator both as an internal part of the production machinery and as a specific mechanism of disciplinary power (p. 175). For Foucault (1995), hierarchical observation creates visibility within a given space. Foucault (1995) suggests that knowledge formation is dependent upon the constitution of a field of visibility and upon techniques such as surveillance, which transform individuals into “knowable” objects, and upon techniques which function to divide, categorize, regulate, and control them.

In the health domain, the concept of surveillance is of interest as it relates to populations deemed at risk of a problem (Lupton, 1997). In this research, surveillance is used in the scrutiny of mothers and children living in shelters. Surveillance is a routine practice in child health nursing which involves activities which are initiated by the professional. From a Foucauldian perspective surveillance is a mechanism of hierarchical observation, an instrument of discipline, which ensures close follow-up and assessment of the family through several prescriptive tools such as clinical gazing, documentation, reports, referrals, a series of micro-penalties for lack of compliance, and consent forms requiring mothers’ signature to divulge personal information. By its nature, surveillance is a mode of social order and determines that which is to be considered social (Peckover, 2003). For Foucault (1995) supervision is based on a system of permanent registration, hierarchical observation coerces through direct supervision. Foucault (1995) uses the structure of the Panopticon the model prison design as developed by Bentham in the eighteenth century as an example of hierarchical observation.

Panopticon.

Foucault (1995) describes the Panopticon as developed by Bentham as the ideal structure for hierarchical observation. Hierarchized, continuous and functional surveillance enable the disciplinary power to be both discreet and always alert. Foucault (1995) uses the metaphor of the panoptic gaze as ever present, disciplining and self-disciplining. “Bentham’s conception of the Panopticon has been described as a machine which ‘produces homogeneous effects of power, ‘as an architectural figure’ and as a laboratory” (Smart, 2002, p. 88). Through spatial ordering, the Panopticon brings together power, control of the body, control of groups and knowledge. Mothers in this study are observed and examined systematically. It locates individuals in spatial ordering.

Bentham’s Panopticon consists of a central watchtower with windows surrounded by a circular arrangement of cells which makes it possible to observe prisoners at any time. It provides one (anonymous) supervisor to monitor all inmates from a distance. Individuals are seen from the front by the supervisor, but the side walls prevent him (prisoner) from contact with his companions (Foucault, 1995). Further, Bentham envisaged the use of lighting and blinds on the central observation tower and partitions which prevented the inmates from seeing the supervisor and from ascertaining whether they were being watched thus resulting in the inmates a feeling of constant surveillance. “He is seen, but he does not see; he is the object of information, never a subject in communication” (Foucault, 1995, p. 200). According to Foucault (1995), the major effect of the Panopticon is the effect achieved through the realization that one is subjected to a constant and permanent gaze that assumes the automatic functioning of power. “Bentham lay down the principle that power should be visible and unverifiable. Visible: the inmate will constantly have before his eyes the tall outline of the central tower from which he is

spied upon. Unverifiable: the inmate must never know whether he is being looked at any one moment; but he must be sure that he may always be so” (Foucault, 1995, p. 201). However, this invisibility is a guarantee of order, and it is unnecessary to use force (Foucault, 1995).

Foucault’s (1995) use of the concept of the panoptic gaze is central to contemporary conceptualizations of the service providers and nursing care practices. The Panopticon is a technique through which disciplinary power can function (Foucault, 1995). According to Foucault the concept of the Panopticon must be understood as a generalized model of functioning; a way of defining power relations in terms of the everyday life of individuals (Foucault, 1995). This new power is an invisible instrument of permanent, omnipresent surveillance continuous and anonymous capable of making all visible and makes no difference who exercises the power (Foucault, 1995). According to Foucault (1995) the Panopticon functions as a kind of laboratory of power. Through the mechanism of observation, it gains in efficiency and the ability to penetrate individuals’ and discovers new objects of knowledge over all the surfaces on which power is exercised (Foucault, 1995).

For Foucault (1995), the significance of the Panopticon was not merely the element of control of behavior but more importantly the efficiency of movements. The fact that constantly being seen, the unceasing surveillance, maintains the individual in his subjection. Foucault (1995) notes the insidious extension of the mechanism of power is found in hierarchized, continuous, and functional surveillance. The subject internalizes the knowledge of surveillance to the point that the individual is controlled and becomes their own surveyor and self-governs their own behavior and becomes docile (compliant) and productive. According to Foucault (1980), “...you have a system of surveillance, which on the contrary involves little expense. There is no need for arms, physical violence, material constraints. Just a gaze. An inspecting

gaze which each individual under its weight will end up interiorising to the point that he is his own overseer, each individual thus exercising this surveillance over, and against himself” (p. 153).

Normalizing Judgement.

For Foucault (1995), the power of the norm appears through the disciplines. According to Foucault (1995) at the heart of all disciplinary systems functions a small penal mechanism. It enjoys a kind of privilege with its own laws, its specific offences, and its forms of judgement. Foucault (1995) posits that normalization like surveillance is a great instrument of power that comes at the end of the classical age and is established as a principle of coercion instituted in the “standardization of education for medicine and general norms of health were established for hospital systems” (Foucault, 1995, p. 184).

“Normalizing judgement complements hierarchical observation by means of micro-penalties, a system of gratification-punishment in which ranking serves as punishment or reward” (Perron et al., 2005, p. 539). Foucault describes disciplinary punishment as essentially corrective which functions to reduce gaps through multiplied forms of reparative training (Foucault,1995). In effect, being punished is non-conformity which the exercise of disciplinary power seeks to correct. It is through conformity which power is maintained (Foucault,1995). By way of punishment, a whole series of micro-penalties or subtle procedures is used to ensure the adoption of prescribed behavior (Foucault,1995). Foucault (1995) posits; “What is specific to the disciplinary penalty is non-observance, that which does not measure up to the rule, that departs from it” (Foucault,1995 p. 179). Foucault (1995) argues that in addition to being a double system of gratification-punishment, the system operates in the process of training and correction of individuals. This mechanism with two elements makes possible two opposed values of good and

evil (Foucault,1995). However, as Foucault (1990a) points out “By assessing acts with precision, discipline judges individuals “in truth”; the penalty that it implements is integrated into the cycle of knowledge of individuals” (p. 181).

Examination.

Foucault (1995) posits that “The examination combines the techniques of an observing hierarchy and those of a normalizing judgement. It is a normalizing gaze, a surveillance that makes it possible to qualify, to classify and to punish. It establishes over individuals a visibility through which one differentiates them and judges them” (Foucault,1995, p. 184). According to Foucault (1995) the examination is a highly “ritualized” mechanism of discipline. It is a modality of power for which individual difference is relevant (Foucault,1995). Additionally, the examination functions as a procedure of objectification and subjection whereby individuals are defined by documentary techniques which individualizes and constitutes them as objects of knowledge (Foucault,1995). Moreover, it assures the greater disciplinary function of distribution and classification, maximum extraction of forces and time which holds individuals in a mechanism of objectification (Foucault,1995).

Feminist Poststructuralist Theory

Chris Weedon

Feminist poststructuralist theory as developed by Chris Weedon (1997) encompasses both poststructuralist theory and feminist theory together. Weedon (1997) defines feminist poststructuralism as a “mode of knowledge production which uses poststructuralist theories of language, subjectivity, social processes, and institutions to understand existing power relations, and to identify areas and strategies for change” (Weedon, 1997, p. 1). Further, as a theory it is plural and does not have one fixed meaning (Weedon, 1997). According to Weedon (1997),

feminism is a politics directed at changing existing power relations between women and men in society (Weedon, 1997). This theory contributes to the understanding of those social and cultural practices which constitute, reproduce, and contest gender power issues (Weedon, 1997). As a theory of language, meaning and subjectivity, feminist poststructuralist theory explains how and why people oppress each other, through conscious and unconscious thoughts and emotions, which can account for the relationship between the individual and the social (Weedon, 1997). In this research, the relationship within the shelter context which includes the shelter workers, other mothers and children is examined. It is critical to identify how women are constructed by prevailing discourses about health care and social services, and how these discourses affect both their self-identity as mothers and personally as women. Further, according to Weedon (1997) discourses create forms of subjectivity which are implicated in power relations.

A feminist poststructuralist approach challenges the status quo and looks at how certain groups, for example in this study, mothers residing in shelters, can be marginalized. Using a feminist approach is useful and essential for my proposed research because of the prevailing gender issues and because of the way poverty and violence affect women in disproportionate ways. According to Weedon (1997), feminist poststructuralism goes beyond extending rights to women, the feminist poststructuralist view seeks to deconstruct power relations showing how such relations function both institutionally and individually through production of patriarchal forms of subjectivity. In addition, Weedon (1997) posits that a feminist poststructuralist approach attempts to theorize those areas of women's experiences and oppression that elude both Liberal and Marxist theories and politics (Weedon, 1997). Therefore, they have immobilized a critique of authority and subjectivity bringing a transformative gender dimension (Weedon, 1997). It is important to understand how women are socially constituted as different than men

and subjected to social relations and processes differently than men (Weedon, 1997). Further, using a feminist poststructuralist approach can uncover processes of power within nursing practice and interventions, which can (unintentionally) contribute to the marginalization of mothers experiencing homelessness as well as other populations experiencing vulnerable circumstances.

According to Weedon (1997), a feminist poststructuralist approach provides a way of understanding the relationships between subjective meaning and power. This model can also indicate types of discourses from which feminist questions arise and locate them both socially and institutionally (Weedon, 1997). Weedon (1997) further explains that:

Feminist theory must be able to analyze the range of meanings which biological difference has in our society, and the political structures which certain meanings justify. This analysis is not merely an intellectual process. It is a process founded in the day-to-day practices in which we constantly assume feminist subject positions and find ourselves subject to definitions of our femininity, often at variance with the ways in which we define our interests as women. (Weedon, 1997, p. 123)

Moreover, feminist poststructuralist theory examines the role of patriarchal discourses, institutions, and processes to provide a framework for understanding violence against women through understanding how power relations structure society and how the subject is constructed (Weedon, 1997). According to Weedon (1997), patriarchal relations are structural and exist in social institutions such as schools, churches, and other institutions which maintain subject positions of ways of being as an individual. Further, Weedon (1997) posits that discourses create forms of subjectivity implicated in power relations. Therefore, a feminist poststructuralist lens provides an understanding that language is the place where actual and contentious forms of

social organization and the social and political consequences are defined and contested (Weedon, 1997). This approach enables feminists to choose between existing explanation of social relations and practices based on their social implications and to produce new understanding by contesting and transforming existing discourses. According to Weedon (1997), one of the strengths of this approach is that it enables us to attend to the ways of theorizing women's oppression and to recognize that feminist politics are crucial in determining theories useful to advocate for change. Weedon (1997) argues that to contest power relations we must denaturalize them, make them visible and understand how and in whose interest, they work.

A feminist poststructuralist approach can inform how practice is shaped and in turn is shaped by dominant assumptions and understandings of health, and health care (Cheek, 2000). "This approach challenges and illuminates aspects of health care delivery ranging from more micro levels of analysis, such as individual mothers to the macro focus of societal representation of health care issues" (Cheek, 2000, p. 123). It provides nurses an opportunity to challenge the status quo of existing practices and discourses that contribute to women's vulnerability by deconstructing formally taken for granted narratives and construction (Francis, 2000) that might otherwise be unchallenged, and it offers the possibility of resistance and the potential for change (Weedon, 1997).

Using a feminist poststructuralist lens, contributes to nurses' understanding of mothers' lived experiences in shelters through dialogue with the 'experts,' mothers experiencing homelessness, and to dispel the many negative and incorrect stereotypes about unhoused mothers. The controlling nature of mandated home/community visits, interviews, pre-determined questions, and covert assessment style may cause distress and contribute to further marginalization of mothers. Critically reflecting on discourses and practice nurses gain insight

that suggest their practice may be disempowering and contribute to negative outcomes and do more 'harm' (Houston & Cowley, 2002).

"Feminist poststructuralism can be applied to all discursive practices in order to analyze how they are structured, what power relations they produce and reproduce, where there are resistances and where we might look for weak points more open to challenge and transformation" (Weedon, 1997, p. 132). The principles of deconstruction are based on Michel Foucault's theory of discourses and power (Weedon, 1997). According to Weedon (1997), although the subject in poststructuralism is socially constructed in discursive practices, as a subject she is a social agent capable of resistance. Nurses need to create environments that accept the uniqueness of mothers (Gunther & Alligood 2001). Mothers who are perceived by shelter workers or nurses to be 'resistant' as in non-compliant or uncooperative are further normalized or face micro penalties.

Subjectivity.

A feminist poststructuralist viewpoint can further reveal how discourses are marginalizing and constraining for women by attending to issues of identity and subject positions (Weedon, 1997). "The term subject and subjectivity are central to poststructuralist theory and mark a crucial break from with the humanist conceptions of the individual which are still central to Western philosophy and political, and social organizations" (Weedon, 1997, p. 32). According to Weedon (1997), subjectivity is used to refer to the conscious and unconscious thoughts and emotions of the individual, her sense of herself and her ways of understanding her relation to the world. While humanist discourse presupposes an essence at the heart of the individual which is unique, fixed, and coherent and that which makes her what she is, poststructuralism proposes a subjectivity which is precarious, contradictory and in process, constantly being reconstituted in

discourse each time individuals think or speak (Weedon, 1997). “In her role as a feminist poststructuralist Chris Weedon has attempted to modify Foucault’s concept of the subject so that it acquires a more active focus...to choose among practices available to them” (Manias & Street, 1999, p. 54). A feminist poststructuralist perspective suggests that subjectivity and consciousness are socially produced in language, as sites of struggle and change (Weedon, 1997). At an individual level, this theory can explain the origin of experience, why it is contradictory and how it can change and address discourses and practices that constitute subject positions and modes of subjectivity (Weedon, 1997).

While there are several types of feminism (Francis, 2000) feminist poststructuralism has expanded and complicated the notion of subjectivity, referring to it as “precarious, contradictory, and in process constantly being reconstituted in discourse each time we think, or speak” (Weedon, 1987, p. 32). Additionally, discourses create forms of subjectivity which are implicated in power relations (Weedon, 1997). The individual is the site for competing and often contradictory modes of subjectivity which together constitute a particular person (Weedon, 1997). Modes of subjectivity are constituted within discursive practices and lived by the individual as if she or he were a fully coherent intentional subject (Weedon, 1997). “Gendered subject positions are constituted in numerous ways: by images of how one is expected to look and behave and by rules of behavior to which one should conform which is reinforced by approval or punishment” (Weedon, 1997, p. 95). Research has shown that mothers who experience homelessness are often stereotyped as being ineffective mothers and such discourse has become normalized within the literature (Connolly, 2000; Swick & Williams, 2010).

According to Weedon (1997) the decentering of a centralized notion of power is key in this theorization. A Foucauldian assumption is that subjectivity is realized in the material

practices of everyday life which are also discursive practices (Weedon, 1997). Foucault argues that “forms of subjectivity-conscious, unconscious, rational and emotional are produced on and in the body through socially located discourses” (Weedon, 1997, p. 175). Therefore, in this approach femaleness and femininity have no essential nature (Weedon, 1997). Further, for poststructuralism subjectivity is neither unified nor fixed, which diverges from humanism which implies a conscious, knowing, unified rational subject (Weedon, 1997). Rather, subjectivity is site of disunity and conflict central to the processes of political change and to preserving the status quo (Weedon, 1997). For example, Lyon-Callo (2004) posits that “The taken-for-granted everyday practices of shelter workers are based upon and in turn reinforce the problematization of homelessness” (p. 78).

Language.

Language is the common factor in the analysis of social organizations, social meanings, power, and individual consciousness in poststructuralist theory (Weedon, 1997). The notion that language is neutral, and a value-free conveyor of reality is challenged. Language is the place where an individual’s sense of self, her subjectivity is constructed, which implies that subjectivity is not innate, not a mere product of biology and genetics but also socially produced (Weedon, 1997). Poststructuralists see no essential connection between word and its meaning; therefore, meanings do not exist prior to events, experience, or discussion, they exist when they are articulated in language (Weedon, 1997). Language constitutes social reality and in effect constructs the individual’s subjectivity, thus the subject becomes an effect of language which is the site of conflicting and contradictory discourses located in social and institutional practices (Weedon, 1997). Weedon (1997) argues that “Language, in the form of a historically specific range of ways of giving meaning to social reality, offers us various discursive positions,

including modes of femininity and masculinity, through which we can consciously live our lives” (Weedon, 1997, p. 25).

Canales: Othering

Othering is a process by which those perceived as different from one-self or the mainstream are labelled as *Other* and marked because of being different into categories including race, gender, social class, sexual orientation, and all other categories that do not fit the prevailing social or dominant majority (Back, 2005; Johnson et al., 2004). Further, according to Johnson et al. (2004) magnifying differences between oneself and the *Other* serves to both reproduce and maintain positions of domination and subordination. Canales (2010) argues that the *Othering* process further contributes to the broader social conditions that render the *Other* as vulnerable or invisible. Consequently, individuals regarded as *Other* often experience stigma, inequalities, and exclusion (Johnson et al., 2004). Back (2005) uses a feminist lens to define *Othering* as a form of “disenfranchising, discounting, or marginalizing of that person or group. Persons who are termed as other are objectified and treated as a non-person” (p. 58). Roberts & Schiavenato (2017) further define *Othering* as a social process whereby a dominant group or person uses negative attributes to define and subordinate others” (p. 174). Additionally, Roberts & Schiavenato (2017) attest that for the *Othering* process to occur “an established set of social and psychological conditions that generate a dominant social standard” must be established (Roberts & Schiavenato, 2017, p. 179).

Canales (2000) proposes a theoretical framework, by analyzing the way in which individuals engage with those who are considered different from the self. This form of engagement is termed *Othering* (Canales, 2000). Canales’s (2000) interpretation of *Othering* is informed by multicultural, feminist, critical theory, and symbolic interactionist literature. This

theoretical model strives to explicate how *Exclusionary* and *Inclusionary* practices operate at multiple levels within individuals, families, community, and society, and its effect on perceptions (Canales, 2000). To understand the complexities of *Othering* and its effects on the perception of self, Canales (2000; 2010) conceptualizes *Othering* as the activity or attitude of perceiving persons as *Other*, as two interrelated processes. Both these processes defined as *Exclusionary* and *Inclusionary Othering* exist within power relationships. The distinctive feature between these two processes is related to the way power is used within the relationship and the resulting consequences of those power relationships for an individual (Canales, 2010). *Exclusionary* and *Inclusionary Othering* co-exist in relation between self and *Other*. The difference between the two relates to how power is used, by whom, and what the consequences will be (Canales, 2000). Importantly, *Othering* processes can negatively affect the lives of individuals by excluding them from potential health care and society (Canales, 2000).

Given the fluidity of the boundaries between the two processes, individuals within a same group or individuals of diverse groups may experience *Othering* very differently (Canales, 2000). Canales further posits that “Within every society there are those who control the process of defining the situation, society establishes the means of categorizing persons, and the attributes felt to be ordinary and natural for members of the category” (Canales, 2000, p. 18). It is through social interaction that these categories are maintained (Canales, 2000). According to Canales (2000) “*Othering* processes are not mutually exclusive nor are they dichotomous. *Othering* is a complex inter-relational process that shifts depending on how identities are constructed and interpreted” (p. 17). To illustrate the differences between the two processes Canales (2000) provides an example of persons from subordinate groups who may experience *Exclusionary Othering* without engaging in *Inclusionary* practices, whereas other members of a subordinate

group may experience both processes concurrently. The self is only known through others, and how *Other* is marked and named depends on the role taking of self (Canales, 2000). “How the *Other* is perceived, and how this role taking is enacted, has consequences for how *Other* is defined” (Canales, 2000, p. 18). In her framework, Canales (2000) also focuses on cultures and the visibility of being *Other*.

Exclusionary Othering.

Exclusionary Othering often uses the power within relationships for domination and subordination, with the potential consequences being alienation, marginalization, decreased opportunities, internalized oppression, and exclusion” (Canales, 2000, p. 19). In the process of *Exclusionary Othering* the dominance is reinforced by creating a difference with the subordinate other which in turn reinforces social exclusion that promotes marginalization of individuals (Roberts & Schiavenato (2017). Typically, what is the normal social standard of behavior for operating within a social environment is defined by the dominant person or group (Roberts & Schiavenato, 2017). By creating differences, the dominant individual or group is further empowered, and the non-conforming individual or group are relegated to the substandard status of *Other* given they do not conform to the dominate group (Roberts & Schiavenato, 2017).

Canales (2000) proposes that exclusionary *Othering* whereby individuals are categorized or labeled according to perceived differences from societal norms. “*Exclusionary Othering* is often influenced by the visibility of one’s *Otherness*, and includes such personal attributes such as skin color, accent, language, physical abilities, and gender, that are immediately apparent and construct one’s identity as *Other* (Canales, 2000, p. 23). How an individual or group perceives the context and or conditions that influence or construct the self as *Other* will determine the experience and felt consequences (Canales, 2000). “The ability to hide or remain invisible may

eliminate the consequences of *Exclusionary Othering* often a paradox for those stigmatized as *Other*” (Canales, 2000, p. 23). According to Canales (2000), *Exclusionary Othering* occurs when nurses fail to take on the role of the *Other* and interventions/care is based on stereotypes and not reflective of the patients’ unique needs.

Inclusionary Othering.

In contrast to *Exclusionary Othering*, Canales (2000) defines *Inclusionary Othering* as a process that attempts to utilize power within relationships for transformation and coalition building” (p. 19). Canales (2000) is pragmatic and suggests the process of *Inclusionary Othering* as an alternative to the oppressive *Exclusionary Othering* process by creating awareness and concrete strategies to resist and effectuate change. Social transformation is the goal of those committed to *Inclusionary Othering* practices (Canales, 2000). The aim is to provide an environment in which individuals would be empowered in their struggles for emancipation and seek to reconstruct power relations; the intent is to disrupt or interrupt patriarchal historical systems of oppression (Canales, 2000). Canales (2000) attempts to see *Otherness* as a site of resistance and transformation, a site of emancipation.

Potential consequences for persons experiencing this form of *Othering* are conscious raising, a sense of community, shared power, and inclusion (Canales, 2010). Further, Canales (2000) describes “*Inclusionary Othering* strategies include role taking, reconceptualization of meanings, and understandings, and connecting as allies” (Canales, 2000, p. 19). Canales (2000) suggests that “transformative relationships cannot develop without *Inclusionary Othering* strategies of role taking when nurses take the role of *Others*, however that *Other* is defined, and begin to see the world from the *Other’s* perspective” (p. 25), and form alliances for social activities and change (Canales, 2000). For nurses, role taking in this process is understood to be

empathy, informed empathy, or insight rather than prejudice and or stereotyping (Canales, 2000). In this capacity nurses use power in a positive way thereby taking on the role of the *Other*. Social transformation is the goal of those committed to *Inclusionary Othering* (Canales, 2000).

In her definition of power supporting the *Exclusionary* and *Inclusionary othering* processes, Canales, (2010) offers a view of power that operates wherein the oppressor causes oppression and dominates individuals or groups. In this worldview, the notion of power is one of dominance and control. To free the oppressed, liberation or emancipation, is used. A simultaneous top down and bottom-up view is used to identify who has the power or control, (one approach from the lens of those who perceive to have power over *Others*, and the other lens of those who perceive they do not have power). Those who do not have power are marginalized or excluded (Polifroni, 2010). As a form of emancipation, Canales (2010) suggests the process of *Inclusionary Othering* as an alternative to the oppressive *Exclusionary Othering* process. The goal is social transformation (Canales, 2010). The aim is to provide an environment in which individuals would be empowered in their struggles for self-emancipation and seek to reconstruct power relations. The intent is to disrupt or interrupt patriarchal historical situated systems of oppression (Canales, 2010). Her construction of resistance is through emancipation and empowerment.

Integration of the three Theoretical Perspectives

While there are some divergent features within works of Michel Foucault, Chris Weedon, and Mary Canales, these tensions serve to contribute to a heterogeneity that allows for these worldviews to exist and are of value for this thesis research. These frameworks offer different possibilities relating to the understanding of power relations experienced by mothers living in shelters with their children. Further, given the different understandings of power, provides nurses

with an understanding of the impact and effects these power processes had on mothers' daily lives.

Poststructuralist Theory

A poststructuralist analysis can provide a useful tool in nursing that seeks to examine, disrupt, or deconstruct discourses in nursing and health care. Additionally, such an analysis can be productive in deconstructing formally taken-for-granted narratives and constructions and shed light on the way discourses and identity are perpetuated and taken up (Francis, 2000). How then is power interpreted within the client-nurse relationship? Different meanings and connotations are understood and assumed (Henderson, 2003). Power is central to nursing, but it is often hidden behind "empathetic," and the nurse functioning as the client's advocate (Henderson, 2003). Incorporating a Foucauldian perspective permits nurses to attend to power relationships by understanding the multiple ways power operates in a relationship and within a certain social context such a shelter. Additionally, a Foucauldian analysis provides another lens through which to understand the condition of women mothering in shelters: how problems might be renamed and reconceptualised according to the experiences of mothering in the shelter context; and illuminates how institutional power dynamics are manifested in mothers' daily lives while caring for their children. A poststructuralist approach involves exploring how norms have been constructed as truths.

Further, an awareness of hidden power imbalances within daily life can enhance professional reflection. Nurses consider mothers' needs differently and acknowledge mothers' experiences as legitimate sources of knowledge that, when combined with nurses' "expert" knowledge, does not eliminate power but works from strengths of diverse sources of knowledge and power (Foucault, 1990). Critically reflecting on discourses and practices, nurses gain insight

that their practice may be disempowering to mothers experiencing homelessness and contribute to negative outcomes, thereby doing more 'harm' (Houston & Cowley, 2002). Practices and interventions that are affected by nurses without acknowledging the possibility of power imbalances lead to further marginalizing of mothers living in shelters. Further, an analysis of discursive language and practices also provides an understanding of the struggles undertaken by individuals (Lyon- Callo, 2004). Given Foucault's work suggests that attention should be devoted to a study of resistance and struggle, understanding mothers' modes of resistance can further enhance mothers' empowerment and eliminate homogenizing or critical judgements of mothers' responses and actions such as being for example non-compliance or ineffective mothering.

Feminist Poststructuralist Theory: Chris Weedon

Power is a central concern for many feminists. While many feminists are committed to the importance of politics of the personal and the need to voice and validate women's experiences, the question remains how (Weedon, 1997). According to Weedon (1997) experience and conscious raising make clear that experience is not transparent but could be interpreted and reinterpreted in different ways. Poststructuralist feminists go beyond extending rights to women, they seek to deconstruct patriarchal power relations, showing *how* this function both institutionally and individually through production of patriarchal forms of subjectivity. They attempt to theorize those areas of women's experiences and oppression that elude both Liberal & Marxist theories and politics. In doing so they have immobilized a critique of authority and subjectivity bringing a transformative gender dimension (Weedon, 1997). For Weedon (1997) one of the strengths of a feminist poststructuralist approach is that it enables women to attend to the ways of theorizing women's oppression, and to recognize that feminist politics are

crucial in determining theories useful to fight for change (Weedon, 1997). The principles of deconstruction are based on Michel Foucault's theory of discourses and power which can be applied to all discursive practices in order to analyze how they are structured, what power relations they produce and reproduce, where there are resistances and opportunities open to challenge and transformation (Weedon, 1997). Further, a feminist poststructuralist theory emphasizes the role of control and its manifestation in the gendered distribution of power (Weedon, 1997). Additionally, through the concept of discourse which is seen as a structuring principle of society, and individual subjectivity, can explain the working of power on behalf of specific interests and is able to analyse the opportunities for resistance (Weedon, 1997).

Canales

In her definition of power supporting the processes that engender *Othering* practices, Canales' (2000; 2010) analysis reveals the dominate-subordinate (oppressor-oppressed) relationship within social processes, such as the shelter context in this thesis research. Canales' (2000) process is dependent on differentiation and has a potential to reinforce a dominant identity through a series of inter-dominate-subordinate relationships (Roberts & Schiavenato, 2017). According to Canales's (2010) theory the notion of power is one of dominance and control. A simultaneous top-down and bottom-up view is used to identify who has the power or control. However, Canales (2010) is pragmatic and suggests a solution to *Exclusionary Othering* by creating awareness and concrete strategies to resist and effect change. She attempts to see otherness as a site of resistance and transformation. As a form of emancipation Canales (2000) suggests the process of *Inclusionary Othering* as an alternative to the oppressive *Exclusionary Othering* process.

The aim of *Inclusionary Othering* is to provide an environment in which individuals would be empowered in their struggles for self-emancipation and seek to reconstruct power relations. For Canales (2010) the intent of this theory is to disrupt patriarchal historical situated systems of oppression. As a critical theorist Canales's (2000, 2010) view of resistance is that which is constructed through emancipation and empowerment. Canales's (2010) theoretical exploration of *Othering* is an attempt to provide nurses with guidance for attending to the broader social conditions that create and maintain "vulnerable" states of the *Other*. Canales' (2000; 2010) notion of owning power is a significant divergence from Foucault's and Weedon's frameworks. Foucault (1995) refutes the idea that power can be given to someone or is owned.

Chapter Summary

Weedon (1997) and Canales (2010) have established the impact which gender can have upon the operation of gender stereotypes in exclusionary practices and hegemonic discourses. These theorists share the tenet of feminist principles, which suggest starting from women's experiences by applying to the interview process a framework that builds trust and avoids further marginalization. According to Knaack (1984), an element in building a trusting relationship is by developing the co-researcher approach with participants. Further, using feminist principles embodied in these two frameworks include reducing a hierarchal relationship between mothers and the researcher during the interviews. Importantly, a perception of power differentiation by mothers could potentially inhibit a trusting collaboration between mothers and myself. According to Canales (2010), differentiation has the potential to reinforce a dominate-subordinate relationship.

Foucault's work offers feminist, a contextualization of experience and an analysis of its constitution and ideological power (Weedon, 1997). Foucault prompts women to go beyond

linguistic structures and explore underlying discourses (Weedon, 1997). During analysis, a feminist poststructuralist approach seeks to deconstruct patriarchal power relations showing how these relations function both institutionally and individually through production of patriarchal forms of subjectivity (Weedon, 1997). In her definition of power supporting the processes that engender *Othering* practices, Canales's (2010) analysis reveals the dominate-subordinate (oppressor-oppressed) relationship within social processes, for example the shelter context in this study. While Foucault takes power relations to be an always present structural feature of human societies, he does not prescribe what forms power will take in any society or area of social concern (Weedon, 1997).

Chapter 4: Methodology

This chapter presents the qualitative methodology specifically an interpretive hermeneutic phenomenology undertaken to support the research thesis. The research design is presented followed by a description of the methodology, the procedure for data collection, and the strategies for data analysis. This chapter concludes by addressing the methodological rigor and ethical considerations.

Research Design: Phenomenology

Phenomenology is a qualitative research methodology as well as a philosophical framework designed to explore the human experiences from the standpoint of everyday taken-for-granted experience (van Manen, 1990). Phenomenology offers nurses an approach that is congruent "...with nursing philosophy and nursing art's understanding of unique individuals and their meanings and interactions with others and their environment" (Lopez & Willis, 2004, p.726). Using a phenomenological framework, human experience is explored from the standpoint of everyday meaning ascribed to the lived experience by individuals who experience it rather than a theoretical meaning ascribed to the lived experience by individuals who experience by an observer (van Manen, 1997).

Interpretive/Hermeneutic Phenomenology

Interpretive/hermeneutic phenomenology is rooted in the philosophical tradition developed by Martin Heidegger (1889-1976) and is an approach to exploring and understanding people's everyday life experiences (van Manen, 1997). Interpretive/hermeneutic phenomenology is a method of inquiry and analysis that seeks to understand the meaning of what an individual feels or thinks about a phenomenon (Heidegger, 1953/1996). Further, as a study of human lived or existential meanings it attempts to describe and interpret these meanings to a certain degree of depth and richness (van Manen, 1997). Heidegger diverges from an epistemological way of

knowing to an ontological understanding with the focus on how interpretation is intrinsic to human existence and not something that a human merely has but what he or she is (Todres & Wheeler, 2001). For Heidegger (1953/1996), “Being” is the most universal concept, existence precedes essence, man exists, and man is simply there.

Heideggerian phenomenology is described as existential given that “nothing can be encountered without reference to a person’s background understanding: and every encounter entails an interpretation based on the person’s background in its historicity” (Koch, 1996, p. 176). Additionally, in Heideggerian phenomenology individuals are always already in a position of some form of interpretation (Todres & Wheeler, 2001). In phenomenological research the lived experience or lifeworld is both the source and object of study “the ‘there’ where humans naturally engage in their worlds” (van Manen, 1997, p. 18).

Heidegger developed interpretive or hermeneutic phenomenology that aims to achieve understanding through interpretation and adopts a process that clarifies the phenomenon of interest in its context (Dowling, 2007). The term hermeneutics is historically associated with the theory of interpretation primarily a method used in the interpretation of the bible originally derived from the Greek word *hermenia*-meaning interpretation which illuminates the hidden or taken-for-granted (van Manen, 1997). Given that Heideggerian phenomenology is interpretive whereby understanding is never without presuppositions or prejudices “there is no neutral or unbiased starting place” (Porter & Robinson, 2011, p. 57). Therefore, presuppositions and prejudices or expert knowledge on the part of the researcher are important guides to inquiry, which will always determine interpretation (Porter & Robinson, 2011).

The fundamental question Heidegger asks is what it does it mean to *Be* (Heidegger, 1953/1996). In phenomenological research the lived experience is the starting point and end

point aiming to recover the living moment of the now (van Manen, 2014). Heidegger suggests the “ontological inquiry is a conceivable way of interpretation which we characterize as a development and appropriation of the understanding; every interpretation has its fore-having, its fore-sight and its fore-conception” (Heidegger, 1953/1996, p. 214). For Heidegger, existence precedes essence, man exists, and man is simply there. Man is the only being who asks why he is there. “Being” is the most universal concept (Heidegger, 1953/1996).

Heidegger uses the concept of Dasein from the German word meaning experience, or being, which emphasizes the situatedness of human reality (Welch, 1999). This concept relates "Dasein as meaning Being-in-the-world, whereby “man or woman is not secondarily related to the world as if he or she were a ‘fixed substance’ related to a ‘fixed’ outside world “(Todres & Wheeler, 2001, p. 5). An essential tenet of the person from a phenomenological perspective is that persons are beings for whom things have significance and meaning (Leonard, 1999). For Heidegger, reflecting on everyday living, elucidates fundamental existential categories that are already implied in the constitution of human experience, namely the notion of body, time, space, relations and so forth, that reflect the qualities of human presence, need to be described on their own terms and cannot be measured quantitatively (Todres & Wheeler, 2001).

Another central tenet for Heidegger is the concept of time, which is constitutive of being (Welch, 1999). Heidegger uses the term temporality to “describe a notion of time that was prior to or more original than our common sense of time as a linear succession of nows” (Welch, 1999, p. 240). Heidegger (1889-1976) considered the individual to be temporarily located in-the-world, which refers to the experience of being-in time (living the experience). “Temporally allows the past, the present and the future to be experienced as a unity” (Mackay, 2004, p. 183), and viewed as a “*connectedness*” (Annells, 1996, p. 706). This philosophical conceptualisation

of time must be reflected in the conduct and outcomes of the interpretive phenomenological research. The researcher situates herself, the participants, and their experience of time, in search of ontological understanding (Mackay, 2004) and not in the traditional Western notion of time (Leonard, 1999).

Heidegger refers to *thrownness* as a position in which human beings are already situated as being-in-the- world and do not live in a world of choice but a world dictated by the past (Welch, 1999). Heidegger posits that humans are embedded in their world to such an extent that subjective experiences are inextricably linked with social, cultural, and political contexts and terms the existential concept *situated freedom* (Leonard, 1999). This concept refers to the fact that while "...individuals are free to make choices, their freedom is not absolute; it is circumscribed by the specific conditions of their daily lives" (Lopez & Willis, 2004, p. 729).

An important distinguishing philosophical assumption underlying interpretive phenomenological approach is that "presuppositions or expert knowledge on the part of the researcher are valuable guides to inquiry and make the inquiry a meaningful undertaking" (Lopez & Willis, 2004, p. 729). According to hermeneutic scholars, personal knowledge is both useful and necessary to interpretive phenomenology research, challenging the notion that objectivity and neutrality are possible in an encounter with another (Drew, 2008; Geanellos, 2000). Further, Drew (2008) posits "reflexive considerations of one's experiences with the subject matter of any scientific research project is essential for the validity of that research" (p. 268).

While all qualitative methods focus on people's experiences and their own individual realities, the phenomenological researcher typically goes beyond the actual words used to describe the experience in an attempt to interpret these words and identify underlying meaning

(van Manen, 2014). For that reason, phenomenology is referred to as an “interpretive “method which aims at establishing renewed contact with original experience” (van Manen, 1997, p. 31). Phenomenology resists homogenizing responses to experiences, and categorizing individuals, and there is no attempt to generalize (Munhall, 2012). The researcher is interested in the “particular” of experience, while recognizing that there are similarities (Munhall, 2012). “The phenomenological researcher sees the meaning of the experience, the context in which the experience occurs, and the contingencies affecting the individual as being integrated and critically influential” (Munhall, 2012, p. 170).

Heidegger’s phenomenology requires the researcher to engage in both descriptive and interpretive activities (Mackey, 2004). Utilizing this approach requires the researcher to accept and value the descriptions given by the participants as their reality, their understanding of the phenomenon (Mackey, 2004). More is required from the researcher than simply recording data, interpretation begins when the researcher engages with the phenomenon, as the researcher’s prior awareness, attention and anticipation is directed toward the phenomenon (Mackey, 2004). It emphasizes that the research exercise is a dynamic process with an active researcher in that process (Porter & Robinson, 2011).

Interpretation continues as the researcher listens to and reads the participants’ narratives of their experience of the phenomenon, and then becomes immersed with this data, interpretation requires the researcher to go beyond the literal meaning of the participants words to pursue the fore-structures and thematic meanings held in the data. (Mackey, 2004, p. 182)

Phenomenology’s use of a spiraling process (hermeneutic circle) of data collection, and analysis and detailed field notes of observation during data collection, augments the richness and

fullness of data (Macnee & McCabe, 2008). Heidegger (1953/1996) posits that understanding is a reciprocal activity and proposes the hermeneutic circle. The metaphor of the hermeneutic circle is used to describe the reciprocal activity of the experience of moving dialectically between the part and the whole (Macnee & McCabe, 2008). As in all qualitative studies this approach seeks to avoid external control by going as directly as possible to those who have lived or are living the experience that is being studied (Macnee & McCabe, 2008).

Phenomenology researchers begin with a highly empathic approach to both the interview and the text, attempting to see the person and their experienced world from the individual's perspective, moving what was other into relation with the researcher (Wertz et al., 2011). Empathy is premised on continuity, recognizing a kinship between researcher and other offers an opportunity for a deeper and more articulate understanding (Wertz, et al., 2011). Given that "Phenomenological research is always a project of someone; a real person, who in context of a particular individual, social, and historical life circumstances, sets out to make sense of a certain aspect of human existence" (van Manen, 1997, p. 31). This approach views human experience as meaningful and encompasses understanding as a basic characteristic which differs from other qualitative designs (van Manen, 1997). Van Manen posits "the thrust of the phenomenological research remains orientated to asking the question of what the nature of this phenomenon as an essentially human experience is" (p. 62), and that lived experiences gather hermeneutic memory (van Manen, 1997).

In this research study, I further explore what we know about the phenomenon of mothering in the shelter context from women's perspectives. A Heideggerian phenomenology proposes "there is no privileged position for objective knowing but that all knowledge emanates

from the persons who are already in the world and seeking to understand other persons who are already in the world” (Leonard, 1999, p. 333).

Research Setting and Recruitment

Setting

The setting for this study was in the City of Ottawa, Ontario, Canada. Participants were recruited from two of the three city emergency family shelters designated for families and from two violence against women (VAW) shelters in the city. Currently in Ottawa, there are ten violence VAW shelters. These shelter typologies vary in several important aspects: physically in size, organizational structures, organizational philosophies and mandates, funding sources, and in the services and resources they offer. The main purpose of the emergency family shelters is to provide temporary housing while families (including male spouses or partners in some cases) wait for affordable housing to be available. The emergency family shelters included in this study, housed from seventy to one-hundred families. Emergency family shelters are also used for the purposes of emergency housing in the situation of a family becoming homeless suddenly, for example, as in the event of a house fire, and to house women fleeing from abuse when the VAW shelters are full. Length of stay is dependent on the availability of housing to meet the needs of the family and can range from a few weeks to several months. In the emergency family shelters residents have their own rooms, and share communal kitchens, and communal washrooms and showers.

The VAW shelters in this study offered housing to single adult women, and to women with children primarily fleeing violence. The shelter locations are unlisted, and the coordinates are kept confidential without exception for the protection of the women and their children. Entry is through pre-arranged notification with the shelter. These shelter locations are kept confidential

from family relatives as well. For example, in the two VAW shelters in this study, men, including family members such as fathers or adult male relatives were not allowed access to the shelters either to visit or pick up a resident to provide transportation. The VAW shelter environments resemble that of a house and usually a small number of women (6 to 10) with their children resided in the VAW shelters. Mothers with multiple children may be housed in the emergency family shelters to accommodate for the size of the family. A male child of over sixteen years of age is not permitted entry to the VAW, and thus would be housed in the family emergency shelter or a youth shelter separate from his mother.

Women in VAW shelters may have an opportunity to move to transitional housing following a stay of four to six months in the VAW shelter should there be availability of space. This was not the case for women in the research study. Access to the VAW shelters for women is by referral through social services. Women are assessed and admitted if they meet the criteria or can prove they require safety from an abusive partner. The intake process is to ensure the legitimacy of the applicant for the safety and protection of all other women and children residing in the VAW shelters. When there is no available room at either shelter type, shelter applicants may be placed in a motel sometimes referred to as a welfare motel until which time a room becomes available in a shelter.

Recruitment

The entrance and approach to the shelters was carefully planned over several months. Gaining access to persons living in shelters involves first access to the physical spaces they occupy (Taylor, 1993). The main challenge encountered when undertaking research that focuses on sensitive issues is often that of gaining access (Alty & Rodham, 1998). Many shelters may be reluctant either because of governing board policy constraints or concern about the “intrusion” in

the lives of the residents (Dail, 1990). Moreover, according to Taylor (1993) given that agencies are responsible for the residents in their care, researcher co-operation and compliance to policies and regulations is “critical in order to gain access” (p. 430). My own subjective experience working in the community with families and individuals living in vulnerable situations such as shelters for example, has contributed to my understanding, sensitivity, and the development of a collaborative and respectful rapport with both clients and community service providers.

Prior to submission to The Health Sciences and Science Research Ethics Board at the University of Ottawa for approval (Appendix A) several steps were first undertaken in the selection and approach to seek permission from various shelters in the city. Introductory phone calls were initiated followed by an email outlining the objectives and purpose of the study sent out to the interested shelter directors. Given the various stages of approval and processes involved in each of the shelters, approval from one of the shelters was still pending when the application was submitted to The Health Sciences and Science Research Ethics Board at the University of Ottawa. Several months into the study, this same shelter responded with an approval to participate. This necessitated a request for an extension in the research timeline, which was approved by The Health Sciences and Science Research Ethics Board at the University of Ottawa (Appendix B). Of the seven shelters which I initially contacted, two did not respond to my invitation to participate and are not counted in this research. A meeting was held with each of the shelter directors who expressed an interest to participate to present the research study and obtain written permission (Appendix C, Appendix D, Appendix E, and Appendix F). Additionally, before agreeing to the research, the director of one of the VAW shelters requested that the broad questions which would be asked to participants in the research be submitted to the director. These questions were pre-tested by a group of mothers at one of their residential

meetings. The purpose was to seek approval from mothers currently residing at the shelter to accept the study and the appropriateness of the study given the sensitivity of mothers' issues. The mothers who participated in the session were not research participants as this session occurred several months prior to the start of the data collection. The feedback from the mothers involved in the session was that they supported the study and recommended that the shelter director consent to participate in the research. The shelter director contacted me by phone to inform me several months before the research was to take place.

The participant consent forms for the two VAW shelters were in both English and French and these shelters used the same participant consent forms (Appendix G and Appendix H). Of the three participating emergency family shelters, two used the same participant consent forms including a disclaimer and I was required to submit a police reference check. These participant consent forms were in both English and French (Appendix I, Appendix J). The third city shelter used a specific participant consent form including a disclaimer. These participant consent forms were also in both English and French (Appendix K, and Appendix L).

Once the approval and the certificate from The Health Sciences and Sciences Research Ethics Board at the University of Ottawa was received recruitment was initiated. I held a meeting with shelter supervisors and workers for each of the five participating shelters to explain the proposed study and to discuss a respectful and non-threatening approach to successfully recruit research participants. It was important to establish a professional relationship with shelter workers to promote collaboration while doing research using the shelter premises. The cooperation of the shelter staff at all levels was needed to assist in the recruitment of mothers and in the identification of space for the interviews. Such collaboration was necessary in the three

emergency family shelters because I was not permitted to recruit in person and thus depended on the shelter workers to distribute the research invitation which included my coordinates.

Further, given the research topic and the sensitivity and potentially emotional aspects of the interview child supervision was needed for some mothers with young children. Invitation for participants from the two VAW shelters were in both English and French and included provision for child supervision (Appendix M and Appendix N). To support the research, the two VAW shelters (site 1 and site 2) agreed to provide child supervision should a mother not be able to find her own child supervision in order to participate. Alternately, mothers with small children planned with each other giving opportunities for others to participate. Often mothers with infants preferred to keep their small child with them close by in their arms or in a stroller during the interview. However, most mothers with young children booked an interview when children were sleeping, at school, or in external daycares. Mothers who were breastfeeding or with small infants kept them with them during the interview. In the city shelters mothers had to make their own arrangements for childcare as there was no supervision offered or provided by shelter workers.

In two of the three emergency family shelters an invitation was placed in the residents' personal mailboxes by a shelter worker. The result from this strategy was that there were no participants from one of these two shelters. Furthermore, only one participant was recruited from the second shelter (site 3). In a third city shelter (site 4), recruitment was via an invitation placed at the central office main counter and posted on a bulletin board in this same site. The research invitations distributed to mothers in city shelters were in both English and French (Appendix O and Appendix P). Shelter workers and caseworkers indicated that they also spread the word about the research to their clients. The two VAW shelters (site 1 and site 2) permitted me to

attend the weekly residents' meetings and explain the study. After explaining the research study, I would then wait in a side room in the event mothers wished to speak with me directly. This strategy was the most successful manner to recruit, with mothers booking interview times directly with me after their residents' meeting. On two occasions, a VAW shelter worker called me to book the appointment or reschedule on behalf of a mother. I believe mothers meeting me in person or seeing me a few times at the shelter and having the opportunity to ask questions and chat informally may have contributed to the higher recruitment in the VAW shelters versus the lack of the researcher visibility in the two city shelters that used mailboxes to communicate the research study invitation. I was not given permission to be physically present in these two city shelters unless a mother had booked an interview. The third city shelter (site 4) granted permission whereby I was visible in an assigned room close to the front office and the entrance of the shelter. Mothers stopped by to chat or because they heard about the research through another participant, or through their social worker and wanted to book an appointment for an interview. In this study, all scheduled interviews made by mothers or shelter workers on behalf of a mother were completed.

Sampling

Purposive sampling was chosen to recruit the participants in the present research. This type of sampling is the commonly most used in phenomenological inquiry as individuals are selected for participation based on their knowledge or experience of a phenomenon (Speziale & Carpenter, 2007). Maximal variation, a strategy of purposive sampling was utilized to include women's varied experiences of motherhood. For example, mothers had different number of children, children were of various ages and gender, and some children had special needs

requirements. Additionally, mothers themselves had varying experiences of mothering and were of diverse cultural backgrounds.

The criteria for eligibility for the proposed study was established to ensure recruitment of those with the characteristics related to the purpose of the study. The inclusion criteria consisted of the following: 1) Participants self-identify as mothers who are single heads of families living in a shelter during the time of the study; 2) Participants must have at least one child living with them in the shelter; 3) Participants spoke either English or French. There was a large diverse cultural representation of immigrant women in the shelters. To facilitate the interviews and with the consent of the participants, a cultural interpreter from Immigrant Women's Services provided interpretation, and 4) Participants consented to sign the informed consent form and did so voluntarily.

In qualitative research, it is difficult to predict in advance precisely how many participants are needed to produce meaningful results (Mateo & Foreman, 2014). Sampling in qualitative research is driven by the data being collected and may change as the study progresses, cognizant of the fact that sample size is usually dictated by the process of data analysis (Macnee & McCabe, 2008). Therefore, because the data collection methods yield much data from each participant, the number of participants (sample size) varies and is small, thus researchers continue to interview participants until no new information is added, and the researcher identifies that saturation has been reached (Macnee & McCabe, 2008). Owing to the sensitive nature of the topic under examination recruitment was expected to be challenging as participants may have a greater need to hide their involvement in interviews (Lee & Renzetti, 1990). For this study, recruitment of 15-20 mothers was anticipated. In this research the topic is sensitive because as a

researcher I am subjecting mothers during the interview to more scrutiny and visibility on many aspects of their personal lives including their parenting, and other intimate details.

However, in this study there was an interest expressed by most of the mothers who met criteria and were present at the VAW residential meetings to participate. Moreover, all of the of the thirty women who expressed an interest to participate in the study from all shelter sites were interviewed. Because of the sensitive nature of the research and the number of mothers who showed an interest and responded to the invitation, I did not want to turn any mother away who expressed an interest to participate and potentially further victimize or marginalize any mother. Additionally, given the number of immigrant mothers who volunteered I continued to recruit to include their perspectives.

To cease recruitment in a respectful manner for both participants and shelter workers involved with recruitment at the shelters, time was needed to communicate to shelter leads, staff and others who were aware of the research of my research end date. Advanced notice by phone, in person and via emails was given to all shelter leads to remove any recruiting literature. Further, I spoke directly to each site director or supervisor to ensure no new mothers were informed of the research and would be rejected. When I was confident that no other new residents were made aware of the study and would be refused participation, recruitment was stopped. A total of nineteen mothers were interviewed in the VAW shelters: ten mothers from site 1, and nine mothers from site 2. A total of eleven mothers were interviewed in the emergency family shelters: one mother from site 3 and ten mothers from site 4.

Data Collection

In naturalistic inquiry, the method most often used to illicit data is the research interview (Lowes & Prowse, 2001). Further, researchers need to listen to the participant's narrative with as

little interruption as possible given the centrality of the role of storytelling in interpretive phenomenology (Benner, 1994). Additionally, it is important to create an environment in which the participant feels comfortable, and the researcher does not appear to be in a position of superiority over the participants (Thomas & Pollio, 2002). Further, Hall et al. (1994) posit, telling one's story without the language constraints inherent in questionnaires and structured interviews is empowering for individuals living in marginalized context. Additionally, situating questions and conversations in everyday language stimulates narrative responses (Munhall, 1994). Therefore, the communicative context is set up in a naturalistic way where participants do not feel constrained to respond, and where there is an element of feeling safe to share their stories (Benner, 1994). Further, given the centrality of storytelling to interpretive phenomenology, researchers need to listen with as little interruption as little as possible (Benner, 1994). According to van Manen (2014), during the interview it is important to stay as close to the phenomenon or lived experience as possible, therefore the interview usually begins with the fundamental phenomenological question that prompted the need for the interview in the first place, such as "Tell me about your experience." Importantly, the question centres on the immediate experience and asks what the human experience is like (van Manen, 2014).

This form of interview involves asking questions in an informal and open manner with no preconceptions or assumed answers (Macnee & McCabe, 2008). Feminist principles suggest starting from women's experiences and apply to the interview situation a framework that builds trust and avoids alienation by listening with restraint to the meanings of the experiences of the participants (Levesque-Lopman, 2000). Essential to building trust and avoiding alienation is in developing the co-researcher approach with the participant. Self-disclosure by the participant is only possible when the researcher can communicate her interest in understanding the participant,

and the researcher's suspension of moral judgement (Knaack, 1984). The phenomenological interviews are not conducted but are participated in by the interviewer who shapes the interview but is also shaped by the process and the participant (Sorrell & Redmond, 1995).

In this study, mothers were invited into the room of their choosing for the interviews and were encouraged to be seated and be as comfortable as possible. Mothers were greeted by their names, and I ensured they felt at ease as much as possible before beginning the interview or conversation as I informed mothers. Before asking the phenomenological question, I began with an introduction and shared that I was a mother and a nurse, and my professional experience related to working with mothers in shelters in the past. After some demographic questions related to children and ages, I asked the mothers if they wished to begin the interview process. Mothers were asked a broad question *What is your experience as a mother living in a shelter and caring for your children?* (Appendix Q and R). Based on their responses to this question additional open-ended questions (Appendix S) or neutral prompts (Appendix T) were elicited to fully explore the phenomenon of caring for one's children while living in a shelter. The question was asked in a conversational tone eliciting mothers' responses and further dialogue from there.

The primary source of data collection was through semi-structured audio-recorded interviews, my observations during the interviews and journaling post interviews. To respect mothers' choices all interviews took place exclusively in the shelters in a private space to respect confidentiality. Most interviews were conducted in an unused office, or a counselling room. Two interviews were conducted in the participants' rooms in the city shelters. Interviews took place according to participants' choice of time both during the day and in some cases during the evening. The duration of the interviews ranged from sixty minutes to ninety minutes. However, in some cases an interview continued for up to two hours. There was no time limit placed on the

length of each interview, and the interview continued until each mother had finished their descriptions of the phenomenon. Interviews were conducted in English, French, and one interview was conducted with the assistance of a cultural interpreter in Arabic. Mothers were forthcoming in their responses which elicited data that were rich and nuanced. Interviews were audio-recorded and transcribed verbatim. Additionally, detailed field notes included notes on the observation of body language and expressions, associated actions, and occurrences in the setting during the interview were documented.

Data Analysis

In qualitative research, data analysis begins when data collection begins (Speziale & Carpenter, 2007). The activities of data analysis adopt a fusion of the objectivist hermeneutic circle (part-whole) and the alethic hermeneutic circle (pre-understanding-understanding) which acknowledge the experience of a phenomenon in a whole experience as well as the researcher's role in the research process (Dowling, 2007; Dowling et al., 2012; Koch, 1996). As with all aspects of the research process these two acts are not separable and should be seen as part of the same process (van Manen, 1990). Pre-understanding or pre-judgment is necessarily part of the interpretation and joins the hermeneutical spiral with understandings of others (Conroy, 2003). According to van Manen (1990) "Phenomenological analysis can be understood as the structures of experience" (p. 79).

The goal of phenomenological analysis is to explore in detail how participants make sense of their personal and social world, and the meanings experiences and events hold for participants (Conroy, 2003; van Manen, 1990). Therefore, analysis involves detailed examination of their lifeworld, "being-in-the-world" attempts to explore personal experience and is focused on participants' perception or account of the experience versus an attempt to produce an

objective statement of the experience (Smythe et al. 2008). Further, phenomenological analysis emphasizes that the research exercise is a dynamic process with an active researcher in that process (Sorrell & Redmond, 1995).

Good qualitative findings are profoundly data-based, therefore analytic findings make abundant references to concrete life intuitions (Wertz et al., 2011). The data collected from the transcribed audio-recordings, and field notes are reviewed multiple times to understand the statements, formulate meanings, cluster the meanings into categories, refer to the meanings, and organize into themes (Speziale & Carpenter, 2007). “The unique characteristic of hermeneutical inquiry is its dialogical nature, the returning to the object of the inquiry repeatedly, each time with an increased understanding and more complete interpretive account” (Allen & Jensen, 1990, p. 251).

In this study, data analysis and data collection were conducted concurrently and cyclically. Interview data were analyzed thematically using van Manen’s (2014) interpretive approach and Braun & Clarke’s (2006) coding method was used to guide the analysis. Heidegger does not provide a framework for interpretation therefore, van Manen’s approach was chosen to guide the process uncovering themes from the research data because van Manen’s (2014) activities of data analysis proposes describing the phenomenon through the art of writing and re-writing. The qualitative data were analyzed using thematic analysis, which systematically identifies themes or patterns within the data. Themes were refined and subdivided using themes identified inductively from the data to minimally organize and describe the data (Braun & Clarke, 2006).

The main data for this study is from the interviews, my observations during the interviews, and subsequent written anecdotes. Interviews were transcribed verbatim by a typist

following the method outlined by Poland (1995). To ensure accuracy, I reviewed all transcriptions while simultaneously listening to the audio recordings of the interviews had reflected the meaning of the interview. Any additional nuances of tone, inflection and pauses in the narratives were noted in the process as well. An interview summary was written for each interview which included examples of themes and patterns noted. Additionally, I reviewed the transcriptions multiple times over the course of the research to determine any additional questions I may need to ask and or to determine if any questions or nuances may have troubled mothers during the interviews. In this way I could rephrase or adjust questions. For example, the question asked, “What was your reason for coming to this shelter”? tended to trigger an emotional response from some mothers. Therefore, being cognizant of this fact I only asked the question later in the interview if mothers had not somehow interwoven this fact in their narratives.

In a phenomenology, the analysis is guided by a phenomenological question on the lived meaning of a human phenomenon that is both “experientially recognizable, and experientially accessible” (van Manen, 2014, p. 297). “The question centers on the immediate experience and how it is “given” or appears to us-it asks what a possible human experience is like” (van Manen, 2014, p. 298). During analysis of the text the researcher is repeatedly asking “what meaning does this have for the person?” In this study, my query focused on the existential experiences of mothers in all aspects of mothering in the shelter. I repeatedly asked myself throughout the process questions such as: what is it like to be a mother caring for her children within this context? What has changed? What is the same? What meanings do mothers ascribe to this experience? According to van Manen (2014), the phenomenological analysis does not aim for empirical or descriptive generalizations, and phenomenological analysis can only be conducted

on experiential narratives. The main objective of phenomenology, described as a phenomenology of praxis is to transform personal meaning and experience from the interview texts into disciplinary understanding (van Manen, 1997). For the purpose of this study the lived experience of mothers living in shelters.

Procedural Steps

Carrying out phenomenological research involves a set of activities that are inseparable (van Manen, 1997). van Manen (1997) suggests *four activities* of research to conduct phenomenological research: *activity 1, Turn to the nature* of the lived experience-identify the phenomenon: *activity 2, Investigating* the experience as we live it rather than as we conceptualize it: *activity 3, Reflect on* the essential themes: *activity 4, Describe* the phenomenon through the art of writing and rewriting. Activity 3, *the phenomenological reflection*, and activity 4, *the phenomenological writing* comprise the steps to analysis. The phenomenological reflection consists of conducting thematic analysis through which essential themes emerge. Thematic analysis refers to the process of recovering the theme, or themes that are embodied and dramatized in the evolving means and imagery of the work (van Manen, 1990). Thematic analysis is a method for identifying, analysing, and reporting patterns (themes) within data. It minimally organizes and describes a data set in (rich) detail (Braun & Clarke, 2006). A good thematic analysis ensures that the interpretations of the data are consistent with the theoretical framework (Braun & Clarke, 2006).

Phenomenological themes may be understood as the structures of experience. “So, when we analyze a phenomenon, we are trying to determine what the themes are, the experiential structures that make up that experience” (van Manen, 1990, p. 79). The process of thematic analyses includes isolating thematic statements; van Manen suggests three approaches toward

uncovering or isolating thematic aspects of a phenomenon in some text: the *wholistic*, *selective*, or *detailed reading*.

The *wholistic* or *sententious* approach includes “reading the text as a whole and asking what phrase may capture the fundamental meaning or the main significance of the text as a whole.” (van Manen, 1990, p. 93). The text is attended to as a whole and questions asked “how can the phenomenological meaning or main significance of the text as a whole be captured? We then try to express the meaning by formulating such a phrase” (van Manen, 2014, p. 320). Braun & Clarke (2006) suggest immersing oneself in the data involves reading it in an active way, searching for meanings and patterns. It is best to read the entire data and be familiar with it (Braun & Clarke, 2006). “This phase provides the bedrock for the rest of the analysis” (Braun & Clarke, 2006, p. 87).

This wholistic approach consisted of engaging with the data by listening to the audio-recordings and reading the transcribed texts (verbatim) of each mother several times in order to grasp a wholistic understanding of the phenomenon from mothers’ account of their experience as lived, and posing the questions as suggested by van Manen, (1990/1997/2014). Through repeated readings of the text essential phrases related to women’s experience of mothering were identified and summarized.

In the *selective* or *highlighting* approach, each mothers’ text was read several times to determine what statement or phrase seemed essential or revealing about the phenomenon (van Manen, 1990). “These statements are then circled, highlighted, or underlined” (van Manen, 1990, p. 93). After a more detailed reading of the texts, comments and notes that identified prominent points were made in the margins. Thereafter subsequent notes were made to establish the emerging themes which are recorded in phrases that capture the essence of the analyzed text. In

the *detailed* reading approach, the researcher looks at each sentence or cluster and asks, “what does this sentence or sentence cluster reveal about the phenomenon or experience being described” (van Manen, 1990, p. 93). Braun & Clarke (2006) suggest working systematically through the entire data set, giving full and equal attention to each data item and identify interesting aspects in the data that may form the basis of repeated patterns (themes). Next, each transcript was coded line-by-line, and then relationships between phrases and codes were organized into theme clusters identified inductively from the data. Throughout the analysis and interviews the research question was foremost in my mind that was further shaped by the existentials that are presented and described under the section *existential methods*. The five existentials are integral elements in the analysis that contextualize mothers’ experiences (van Manen, 2014).

Existential Methods

Another activity within the *reflective activity* as described by van Manen, (2014) is the exploration into the structure of the human life world. One way to assist in the reflection process is the exploration into the structure of the human life world (existential themes) (van Manen, 2014). Our lived experiences and the structures of meaning (themes) in terms of which these lived experiences can be described and interpreted, constitute the complexity of the lifeworld (van Manen, 2014). Grounding of human existence may be studied in its fundamental thematic structure (van Manen, 1990). With respect to the phenomenon under study, van Manen (2014) identifies five existential structures to support the research analysis process. They are productive categories for the process of the phenomenological question posing, reflecting, and writing (van Manen, 2014).

These five existentials are especially helpful as guides for reflection in the research process in the study of mothers, living in shelters, they include: lived space (spatiality), lived body (corporeality), lived time (temporality), lived relation (rationality or communality), and lived things (materiality) “to explore the phenomenon in a heuristic manner” (van Manen, 2014, p. 302). The five existentials can be differentiated but not separated. They form an intricate unity which we call the life world, or our lived world (van Manen, 1990/2014). These five existentials belong to everyone’s life world as they are universal themes of life (van Manen, 2014). In any experience the fundamental question that corresponds to these five existential life-worlds can be asked (Van Manen, 2014).

Lived Space (Spatiality).

The existential theme of lived space may guide our reflection to ask how space is experienced with respect to the phenomenon, the shelter in this study. Felt space, refers to the world or landscape in which human beings move and find themselves at home. The researcher strives to understand a person by asking about their world. Lived space is a category for inquiring into the ways we experience the affairs of our day-to-day existence: it helps us uncover more fundamental meaning dimensions of lived life (van Manen, 1990). How is space felt, how does it affect women and children, and how does it shape mothers’ experiences? Lived space is a category for inquiring into the ways we experience the affairs of our existence: it helps us uncover more fundamental meaning dimensions of lived life (van Manen, 1990).

Lived Body (Corporality).

The lived body refers to the phenomenological fact that we are always bodily in the world (van Manen, 1997). The existential theme of lived body may guide our reflection to ask how the body is experienced with respect to the phenomenon being studied (van Manen, 2014).

“As object? As subject?” (van Manen, 2014, p. 304). In our physical or bodily presence, we reveal something of ourselves and conceal something about ourselves (van Manen, 1997). When a person is met for the first time it is through his or her landscape or world (van Manen, 1997). How the phenomenon is studied perceived, sensed, and touched by the body? (van Manen, 2014, p. 304). In this study, how do mothers experience the body living in the shelter?

Lived Time (Temporality).

The existential lived time defines time as subjective (van Manen, 1997) and guides our reflection to ask how time is experienced (van Manen 2014). “Lived time is also our temporal way of being in the world” (van Manen, 1997, p.104). When we want to get to know a person we ask about their personal history and where they feel they are going. The temporal dimensions of past, present and future constitute the horizons of a person’s temporal landscape (van Manen, 1997). Experiences show that “lived space and lived time are mingled; space is an aspect of time, and time is experienced as space “(van Manen, 2014, p.306).

Lived Self-Other (Relationality).

The existential theme of lived self-other guides reflection to ask how self and or others are experienced with respect to the phenomenon (van Manen, 2014). It examines the lived relation we maintain with others in the interpersonal space that we share with them (van Manen, 1997). Reflection guides us in formulating questions about relational aspects such as “How is the self-experienced in relation? In what ways is the subject-object relation constituted? Is the other experienced as object or in her otherness? How are things connected? What is the meaning of community?” (van Manen, 2014, p. 303).

Lived Things (Materiality).

The existential guides the reflection of how *things* are experienced with respect to the phenomenon that is being studied. “It would be difficult to overestimate the significance of things in our lives...with almost any research topic we can ask how things are experienced and how do the experiences of things and world contribute to the essential meaning of the phenomenon” (van Manen, 2014, p. 306).

Phenomenological Writing

The next step within the analysis comprises of composing linguistic transformations once themes and thematic statements from various sources have been identified. Notes and paragraphs are written based on the readings and other research activities (van Manen, 1990). “Composing linguistic transformations is not a mechanical process, but rather a creative, hermeneutic process” (van Manen, 1990, p. 96). While van Manen (1990) proposes that once thematic themes have been identified by the researcher these may be introduced in a follow up conversation and reflection in which both the researcher and participant collaborate or with the research group.

In this activity the process to write, is to “show something” (van Manen, 1997). It requires a dialectical going back and forth among the various levels of questioning from the text. Phenomenological writing requires a responsive reading. It consists of a process of writing and rewriting (revising or editing) between the parts and the whole (van Manen, 1997). The rewriting reflects the processes from the identification of the phenomenon, the investigation, and the reflection. The write-up should provide sufficient data extracts to demonstrate the prevalence of the themes (Braun & Clarke, 2006). Phenomenologists have identified writing as a reflexive activity. Language is the central concern in phenomenological research because responsive – reflective writing is the very activity of doing phenomenological research (van Manen, 1997).

In this study, participants were interviewed once therefore, collaborative analysis took place with my thesis supervisor, co-supervisor, and thesis committee members. These meetings were considered helpful in generating deeper understandings and insights. During the data collection and analysis phases, I met with both my supervisor and co-supervisor every 2 to 3 weeks. During these meetings, the themes were examined, articulated, reinterpreted, and reformulated with several drafts written over the course of the analysis.

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In this study, reflexive analysis/writing was influenced by feminist theories outlined in Chapter 3. Solidarity with mothers is maintained throughout the analysis by providing participants with the opportunity to speak freely in their own words without the constraint of questionnaires and structure, or expert (professional) assumptions. Thus, mothers were able to share their stories which also related not only their actual experiences, but also conveyed their personal interpretive reflection on those experiences presented in Chapter 5. Such experiences as overcoming invisibility can be empowering as mothers’ voices are made heard and reflected in

the phenomenological writing. Analysis drawing on Foucauldian theory, allows for a reflexivity which continues to ask the questions that will unsettle the taken-for-granted assumptions related to shelter practices and health care practices.

Validity of Research Process

Rigour

de Witt & Ploeg (2005) suggest the use of a generic set of qualitative criteria of rigour for interpretive phenomenological studies is problematic because it is philosophically inconsistent with the methodology and creates obstacles to full expression of rigour in such studies (de Witt & Ploeg, 2005). The criteria for rigour that I refer to for this study are described below whereby the unique features of interpretive phenomenology are highlighted in a phenomenological way. This means that they become expressions rather than criteria of rigour (van Manen, 1990). The proposed framework for evaluation of rigour in this kind of research contains the following five expressions: balanced integration, openness, concreteness, resonance, and actualization (de Witt & Ploeg, 2005).

Balanced integration refers to the intertwining of the philosophical concepts in the research process and findings. It addresses potential misrepresentation and superficial inclusion of philosophy. The characteristics of this criteria include articulation of the general philosophical theme and its fit with the researcher and the research topic to be studied (de Witt & Ploeg, 2005). Additionally, there needs to be a balance between the voice of the participants and the philosophical explanation. The interview renders the interviewees as participants or collaborators of the research project (van Manen, 1997). In this research, mothers' accounts of their experiences are the focus. A comprehensive explication of the philosophical underpinnings of the interpretive phenomenology approach used and congruency of methodology, theoretical

frameworks and researcher's philosophical stance is presented throughout the study. The researcher's thoughts are reflected in the published results and must be accounted for in the interpreter's interpretation (de Witt & Ploeg, 2005).

Openness refers to the orientation toward the phenomenon of inquiry that the researcher adopts and is sustained throughout the research process (van Manen, 1990). This opens the study up for scrutiny through a systematic, explicit accounting for the multiple decisions made throughout the research (de Witt & Ploeg, 2005).

For example: the researcher conducts all the interviews and the analysis; the study purpose and aims are transparent, and the code of ethics is respected; the use of field notes and journaling contributes to an audit trail: the evidence and thought processes that lead to the conclusions are illustrated clearly. In this study, I conducted all the interviews and analysis. Ongoing observations, field notes, and summaries following each interview were created and discussed with my supervisor and co-supervisor after the interviews and during analysis. Transcription was completed within two weeks of each interview, and I reviewed the transcriptions for accuracy. Further, I performed the analysis and data collection simultaneously and discussed these steps regularly throughout the research process with my thesis supervisor and co-supervisor.

Concreteness relates to the usefulness for practice of study findings (de Witt & Ploeg, 2005). Readers recognize concreteness when the study is written in such a way that the examples given situate the reader concretely in the context of the phenomenon under study and link with the experiences in their lifeworld (van Manen, 1990). According to van Manen (1997) "as we interview others about their experience of a certain phenomenon it is important to stay close to the experience as lived" (p. 67). Quotes from mothers' narratives are reflected in the study. There

is a balance between the participants' quotes and the researcher's reflection and interpretations. In this study, concreteness is illustrated using mothers' quotes from the interviews, including researcher observations, and presented in the results chapter (Chapter 5).

Resonance reflects the research outcomes. This expression encompasses the experiential or felt effect of reading the study findings upon the reader (de Witt & Ploeg, 2005). It refers to the sudden understanding of the meaning of the text, juxtaposed with self-understanding. van Manen (1997) describes the effect as a striking, 'ah-ah' realization. "The 'ah-ha' of research is not the theme in and of itself, but the understanding that is evoked by the thinking and rethinking the experiences participants share always keeping new understandings in play and offering them to readers to further explore" (Smythe et al., 2008, p. 1393). Benner (1994) suggests that the reader plays an active role in critically reading the interpretive work. I spent prolonged periods of time dwelling with the data and writing and rewriting as part of the analytic activity described by van Manen (2014). Throughout the process, I was frequently moved by phenomena highlighted by mothers in their narratives.

Actualization refers to the future realization of the resonance of study findings (de Witt & Ploeg, 2009). Phenomenological interpretation does not end when a research study is finished (Sandelowski, 1986), meaning it will continue to be interpreted by readers in the future (de Witt & Ploeg, 2009). The findings provide consideration for future study and knowledge (de Witt & Ploeg, 2009). There is the possibility that the presentation of the findings from this research study may have meaning for others in similar situations or create an interest in enquiry into further study related to the research question. Additionally, other understandings may be interpreted from readers. van Manen (1997) posits "A phenomenological description is always one interpretation, and no single interpretation of human experience will ever exhaust the

possibility of yet another complementary, or even potentially richer deeper description” (p. 31). According to Smythe, et al., (2008) what matters in Heideggerian phenomenology is what has held the thinking of the researcher and in turn holds the thinking of the reader that provides an insight into how better to understand human experience. Corben (1999) writes “Hermeneutics enable us to take a pragmatic approach by proving identification of the features of phenomena to which readers can relate and develop further themselves” (p. 64).

Reflexivity

Reflexivity is the process by which researchers recognize they are an integral part of the research with participants, and vice versa (Munhall, 2012). Further, reflexivity enhances the credibility of the research findings by explicitly exposing personal and intellectual biases arising from prior assumptions and experiences of the researcher (Dowling, 2007). Reflexivity is vital in feminist research and acknowledges that the researcher identifies with the participant in the study (Dowling, 2007). Reflexivity involvement means establishing and maintaining solidarity with those who are marginalized throughout the knowledge development process which includes dissemination of research findings (Hall et al., 1994). Further, reflexivity makes nurses accountable for providing participants with the opportunity to speak freely in their own words (Hall et al., 1994). Through reciprocal sharing of knowing, the researcher and the participants become collaborators in the research project, and the researcher utilizes her own experiences and reflections to illuminate important meanings (Hall et al., 1994).

Nurses engage in reflexivity when they are aware of themselves in relation to the participant, the data generated and their own roles in the study (Munhall, 2012). As the investigator I am aware of my personal biases that are present from prior assumptions and experiences working within the shelter environment with families living in the shelter context.

As public health nurse working in the community and in diverse settings, I have experiential knowledge that I am conscious of that could influence my interpretations of the presenting data, given my clinical experience triggered the interest to investigate this phenomenon further. During the interviews there may have been a blurring of role of researcher and nurse given the knowledge and experience I have. I made explicit in my introduction to mothers of my experience as a nurse and mother, and my interest in their experiences as mothers staying shelters. This knowledge may have influenced mothers as the majority were very forthcoming in their narratives. The sensitive and personal issues shared in the research required empathy and compassion to be shown to mothers. Taylor (1993) posits that “often nurse researchers receive positive welcoming responses not because we are researchers but because we are nurses” (p. 430).

Additionally, there is an emphasis on reflexively examining the taken-for-granted assumptions of all participants including the researcher, such as the location of the researcher in relation to participants in terms of power and status inequities (Lowenberg, 1993). Therefore, it was critical that I was cognizant of my role as both a researcher and nurse that holds a perceived positional power which has the potential to create a hierarchy between researcher and mother and the potential to ‘victimize,’ traumatize, shame, or embarrass mothers further. I was very aware of and sensitive to how barriers such as language (both verbal and body demeanor), and the question construction can further marginalize participants, coerce, or engender *Othering* or exclusion to mothers. Coercion during any part of the interview or recruitment was avoided by my paying close attention to subtle cues that might have indicated any reluctance to participating in the interview, signing the consent, or answering questions or wishing to terminate the interview. Additionally, the very fact that a researcher poses a particular research question has

important implications socially (Sieber & Stanley, 1988) and personally for mothers. I was also sensitive to the fact that the topic may further stigmatize, or stereotype mothers given the interviews took place in a shelter and may presume certain assumptions of homogeneity of mothers or stereotyping.

Demi & Warren (1995) raise an issue rarely addressed in the literature: the sensitive family issues that have the potential to raise difficult and emotional issues such as sadness or anger for the researchers as well as for family members. Taylor (1993) reflects on the importance of nurse researchers when spending extended amounts of time with individuals experiencing homelessness to guard against such feelings of “sadness, guilt or indifference” (p. 430). Given the level of distressing content in the data at times I felt sadness, anger and frustration for the situations, conditions and experiences mothers and children lived and were subjected to. Regular debriefing sessions in person or by telephone post interviews with my supervisors was a supportive strategy that permitted me to discuss my feelings openly and safely.

Ethical Considerations

Guiding ethical principles express the common standards, values, and aspirations of the research community (Secretariat on Responsible Conduct of Research, 2019). Respect for human dignity is considered the basis of ethical obligation in research (Secretariat on Responsible Conduct of Research, 2019). Research conducted with vulnerable populations entails particularly nuanced efforts to meet the fundamental ethical principles of doing no harm, respecting the individual’s privacy, supporting mutual participation, and providing informed is made more complicated when the research undertaken is socially sensitive and the participants are vulnerable and at risk for further marginalization (Kavanaugh et al., 2006).

The research study was submitted for approval to The Health Sciences and Science Research Ethics Board (REB), University of Ottawa. The participant consent form outlined the risks, information, and conditions to ensure an informed consent. According to Macnee & McCabe (2008) the right to self-determination as well as the right to privacy and dignity are reflected in the informed consent document through clear explanation of the study and what the expectation of individuals will be, including actual or potential risks and benefits of the study. To protect families from exploitation they must be fully informed about potential risks and benefits of the research study (Demi & Warren, 1995).

Prior to the start of each interview, I took the time needed to review the consent form with participants to ensure their voluntary participation, understanding, and informed consent. Mothers were given opportunities to ask questions prior to signing and at any time throughout the interview. The potential risks were discussed, and I reiterated with mothers that they could withdraw at any time before the interview began, during the interview without penalty or consequences, and without having to explain their reasons to me. Mothers received a copy of the signed participant consent form specific to the shelters where they stayed. Additionally, the contact information for myself and my supervisors was included on the participant consent form.

All data collected remains strictly confidential and will not be used for other than the approved study by the REB. Mothers were informed of the process. Audio-recordings and written materials, including transcripts, were coded with numbers. For example, participants were assigned a number from 1-30, such as participant 1 and participating shelters were numbered as site 1 to site 4. Any information that could potentially identify the participant or shelter site was removed at the time of transcription after each interview. The audio-recordings from the interviews were erased from the audio-tape recorder once transcription was completed.

In addition, the transcriptions and audio-recordings are secured in a password protected computer. According to the University of Ottawa REB these contents are kept for a period of five years following completion of the research. Results of the study will be published but the identity of the participants will remain confidential. The participant numbers will be assigned for use in the published results. All the related research documents such as participant consent forms were secured at the university in the supervisors' offices.

One area of concern when conducting research with vulnerable families is the issues of confidentiality, particularly to protect the identity of the participants from further stigmatization (Demi & Warren, 1995; Lee & Renzetti, 1990). I informed each participant that all information would remain confidential, and anonymity would be respected. According to Macnee & McCabe (2008) the right to self-determination as well as the right to privacy and dignity are reflected in the informed consent document through clear explanation of the study and what the expectation of individuals will be, including actual or potential risks and benefits of the study. I explained to mothers that their transcribed interviews would be assigned a number such as for example, participant 1, and their names and other identifying information would not appear on any transcriptions in the dissertation or in any published results. In this study, at the time of their separate interviews, two mothers agreed to be interviewed but stated they did not want to sign the participant's consent form for fear of tracking and discovery by their partners. Further, one mother did not want to have the interview audio-recorded. I accepted their conditions with no further comment or questions. However, once the interview began each of these two mothers initiated further discussion and questions with me related to confidentiality. These two mothers subsequently voluntarily decided and agreed to having their interviews audio-recorded and signed the participant's consent form. I did not coerce or request them to sign once they had

refused at the start of the interviews. Fear of discovery by an abuser and protection of personal information is a reality for women residing in shelters and researchers must be sensitive to these concerns of women. Taylor (1993) posits that participants may agree verbally but feel threatened when asked to sign the consent form or to have an interview audio-recorded (Taylor, 1993).

I was transparent and informed mothers in a non-threatening manner of my legal responsibility to report any child welfare concerns such as child neglect or child harm should participants share any information that indicated risk for their children. Mothers accepted this information and did not seem concerned by this comment. Also, I outlined potential risks associated with involvement in the study for the participants which may have included feelings of anger, guilt, emotional distress, and embarrassment. At all times throughout my interactions with the participants I was respectful, and empathetic. Moreover, I was sensitive to and focused on the participants' needs, such as ensuring mothers were comfortably seated, and their children needs were addressed. At the time of the interviews shelter workers or case workers were available at the shelters to provide support for mothers who may have felt in need of emotional support after the interview. As an optional support following the interviews, I made available a list of community resources related to maternal child health, programs including counselling and mental health supports to distribute to mothers if they desired or felt a need. One mother of teenager requested coordinates to join a cultural activity group to minimize the isolation she felt in the shelter, which I was able to provide.

Sharing sensitive thoughts and experiences related to their experience of violence and their myriad of concerns for themselves and their children was difficult for most women. Mothers often became emotional and cried during the interviews. In some interviews the sharing of their reason for staying in the shelter triggered the onset of emotions such as crying. Some

mothers would lapse into silence for short pauses. When mothers showed discomfort or became upset I offered to pause, to end, or rebook an interview throughout the interview process.

Otherwise, I followed their cues to determine the pace of the interview and or sit in silence with them when they needed to pause or reflect. I did not wish for mothers to feel further distressed or experience any harm during the interviews but wanted mothers to feel comfortable and retain control of their decision to participate, and more importantly their dignity. It is important to note I was a stranger to the mothers who were sharing openly and in detail their experiences.

However, all participants chose to continue the interviews and none of the interviews were terminated or re-booked. Moreover, had I any concerns about a participant's emotional health or had the participant expressed a request, I would have made a referral to an appropriate community support service with the participant's consent.

The research was undertaken in a non-threatening, non-coercive manner to provide a safe and trusting environment without contributing to further marginalization of mothers. For example, mothers determined the time of the interview which best suited them, how much they wanted to share with me and how much time they wanted to be interviewed for. Respect and trust were further achieved by my awareness of personal biases and a non-judgemental approach, and through an openness to their accounts by listening. Throughout the interviews and at the conclusion, I checked in with mothers to ensure that no problems or further stress or harm was caused by their participation with the study. Mothers' feedback reflected that they did not find the interviews problematic, and some indicated they found the experience cathartic. Other mothers indicated they found a sense of relief in telling their story for the first time. Many mothers expressed the hope that their participation would help other mothers in similar situations by making a difference.

Given mothers contribute to future generations and will not benefit directly from this research, their [mothers] contribution and their time must be acknowledged and valued (Adderley-Kelly & Green (2005). Further, compensation for participants may also help to minimize power differentials (Dickert & Grady, 1999; Mann et al., 2005). Demi & Warren (1995) posit that a major tenet of feminist research is that researchers must have respect for participants, this respect can be documented in diverse ways such as the researcher's demeanour, by the interaction with participants and by valuing participants' contribution through compensation. To express my appreciation of mothers' time commitment I provided each mother with a Walmart store gift card for twenty-five dollars.

Chapter Summary

Understanding mothers' experiences through an interpretive/hermeneutic perspective makes visible the meanings that mothers assign to their experiences. The methodology fits well with this study given the purpose of the research is to explore each mothers' lived experience through naturalistic and interpretive inquiry by describing their day-to-day experience of mothering within the context of a shelter. According to Beck (1994) "Phenomenology and clinical nursing practice parallel each other in several ways. Both emphasize observing, interviewing, and interacting with clients so that a deeper understanding of the client's experience can be grasped" (p. 501). Additionally, van Manen (2014) posits that the value of phenomenology is that it "prioritizes how humans experience the world" (p. 58). Further, a Heideggerian hermeneutic phenomenology adds reflexivity to research inquiry through the emphasis of meaningful questions and concerns that are culturally and historically relevant that can sensitize the researcher to meanings that may have been neglected (Todres & Wheeler, 2001).

Chapter 5: Findings

The world is structured in such a way that, it doesn't favor women. And it's, it's something that has been there for ages, and I don't know when it's going to change. So that's why women have to stand up and fight for their own happiness, the way that they perceive happiness. Because other than that, I don't know that a male-dominated world will ever favour happiness for women (P25).

The following chapter presents the findings of this study. A socio-demographic description of the participants will be presented followed by a section on the context. The context provides a description of women's existential experiences that forced them to leave their homes, and to seek alternative housing in a shelter. Moreover, mothers' context was an important influence in the analysis of mothers' narratives. The themes which emerged from the analysis are presented followed by a summary of the study's main results.

Description of Participants

The participants in this study consisted of thirty mothers ranging in age from 19 to 41 years (mean: 33 years). The interviews were conducted in the mother's choice of language: English (26), French (3), and one interview was conducted with a cultural interpreter in Arabic.

As shown in Table 1, the mothers who participated were a diverse group. They self-identified their ethnicity, culture, or country of origin, including their immigrant and refugee status as follows: four Indigenous women including one Aboriginal, one Metis and two Inuit women; nine Canadian born, and one European born Caucasian women; one woman from the Caribbean; one woman from Iraq; and fourteen women from Africa including the Congo, Somalia, Ethiopia, Sudan, and Zimbabwe. All fourteen African women, and both the Caribbean, and Iraqi women self-identified as being a newcomer to Canada at some point as either an immigrant, or refugee. Of the sixteen newcomer women nine have resided in Canada for 5 years

or less and the other seven women, have resided in Canada for 8 to 26 years. These sixteen women self-identified their status as either a refugee (6), as an immigrant (6), or sponsored by their spouse (4).

The thirty mothers had a total of fifty-three children living with them in the shelters who ranged in age from 1 month old to 18 years of age (see Table 2). Thirty children were boys and twenty-three were girls. Two mothers were pregnant at the time of their interviews. Fifty percent of the children ($n = 27$) were less than 4 years old. The number of children per family living in the shelter ranged from one to five. Most of the women ($n = 24$) had one or two children. Seven mothers did not have all their children living with them while living in the shelter for several reasons: children were considered adults and lived on their own; one was a student and lived in another province to attend university; children were left with family members in their country of origin due to a lack of finances and awaiting sponsorship; five of the women reported that children were living with their biological fathers. In two cases mothers who had legal custody of an older child had to leave that child with the biological father who had abused the women.

Table 1*Description of Mothers*

Characteristics	Descriptors	<i>n</i>
Country of origin/culture/ Ethnicity	Canadian Caucasian	9
	Indigenous	4
	Caribbean	1
	Iraq	1
	Africa	14
	Eastern Europe	1
Number of children per mother in shelter	1	11
	2	13
	3	3
	4	1
	5	2
Employment/Schooling	Employed (full & part time)	2
	Maternity leave	2
	Interruption of work or schooling	9
	Loss of day-care	6
	Disability support	4
Marital status	Single	14
	Common-law	2
	Divorced	2
	Married/engaged	3
	Separated	6
	Arranged marriage	3
Education	High-school level	10
	College	10
	University/postgrad	1
	Undisclosed	9
Health	Chronic health conditions	6
	Pregnant	2
	Postpartum	3
Shelter experience	First stay in shelter	22
	More than 1 stay in shelter	8
Reason for seeking shelter	Abuse	26
	Eviction from housing	4

Table 2*Description of Children*

Characteristics	Descriptors	<i>n</i>
Gender	Female	23
	Male	30
Age in years	Less than 4	27
	4-12	17
	13-18	9
Health Status	Asthma	2
	Autism spectrum disorder	4
	Tourette syndrome	1
	Attention deficit disorder	3
	Anxiety & depression	2
	Self-harming	1
Education status (school age children)	Attending school	Most eligible
	Not attending school	3

At the time of the interviews, participants' length of stay at the shelter ranged from two weeks to fourteen months. Regarding employment, some mothers had to stop work due to their move to the shelter (7) were on maternity leave (2) worked part-time (1) worked-fulltime (1). Most of the women were receiving social assistance for numerous reasons including past reliance on their partner's income, immigrant/refugee status, and unemployment. Four mothers were receiving disability pensions. Women reported their education as the following: two mothers reported that their schooling was interrupted when they accessed the shelter. Ten women had some level of high school experience with five of the women having completed high school; ten had completed college or university, and one had a master's degree. Two women disclosed that due to cultural beliefs they did not complete their education or have employment. The remaining women did not disclose their education status.

Fourteen women self-identified their marital status as single; six women were married but now separated; three women were in arranged marriages; two were in common-law relationships; two were divorced; two were married; one woman was engaged.

Regarding their health status, six mothers self-identified as having a chronic health condition including: diabetes, lupus, dyslexia, skin condition, heart condition and depression. One mother was on daily medical treatments. Twelve of the children had varying health and developmental issues including: asthma (2); Tourette syndrome (1); Autism spectrum (4); ADD/ADHD (3); anxiety and depression (2); and self-harm by self-cutting (1).

Twenty-two women reported this was their first stay in a shelter whereas eight women had previous experiences living in shelters. Of these eight women, two were transferred from a shelter in one city to a shelter in another city for their safety because their husbands were stalking them. One woman disclosed she had been stalked and had already been found by her husband once. This was her second attempt to find safety. Another woman's husband had employed a private investigator. Other women had also moved between shelters for several reasons; one woman because of poor sanitary conditions, and another to be closer to services and schools in the city, and two cited negative treatment by shelter staff.

While all mothers cited the primary need to leave their homes to come to a shelter was for their children's well-being and safety, mothers disclosed additional reasons for accessing the shelter. Twenty-six women cited interpersonal abuse by partner or family member. In addition to the abuse directed to them by their partners, seven of the twenty-six mothers reported that their children had been abused physically and or emotionally by the current partner who may or may not have been the child's biological father. Most of the abuse directed towards children was from

a non-biological father such as a new partner or spouse. Other mothers cited varying situations of poverty as the cause including eviction, refugee status, and vermin infestation.

Context

It is critical to acknowledge that the context in which women and children access a shelter has a direct impact on their needs, the services they require, and further explicates the data obtained from participants in this research. The context demonstrates that mothers with children who no longer had a safe place to call “home” have unique needs. The primary reason given by mothers in this study for accessing the shelter was because of some form of violence against them or their children or both. However, for many mothers the progression from fleeing their homes to finding shelter and subsequently a new home was not a linear process. Several families experienced transient living conditions in their attempts to avoid homelessness. Some mothers had made earlier attempts to leave the abusive partner but met multiple interconnecting challenges such as: financial constraints, lack affordable housing options, refusal of a property owner to rent, and for some the sheer enormity of the coordination to displace school age children, and the loss of employment. Fear, shame, and uncertainty were a major constraint for most mothers when considering leaving their abusive partner. Faced with an urgent need to flee, most mothers attempted to find housing with friends and or relatives on a temporary basis. Others encountered cultural ideologies within their families that inhibited and caused constraints in their attempts to find safety. Several mothers refrained initially from accessing the shelter because of the normative social perception of what a “shelter” was, and who the occupants are. Further delineations of mothers’ experiences related to the context are as follows.

Abuse

Some participants experienced attempts on their lives and in the experience of the following mother of two young children there was more than one attempt. She describes the second attempt in the last year on her life. Fearful of further severe injury or death she sought assistance to seek safety in a shelter from her social worker.

He was trying to murder me. So, I got away from that. He started from abuse, and went to, first, it went to abuse, and then physical abuse, and then, the last time he drove the car, he was trying to really kill us, both of us, and then, unbuckled my seat belt, tried to go on the highway, then parked in a parking lot, and then just, started, beating me up. You know? He was trying to go to the highway, trying to kill me. (P7: lines 31-36)

Frequently reflected in women's narratives was the fact that the abuse was not perpetrated solely by their partner. The abuser had family members who were accomplices or supported the abuse in some manner. In several situations, it was the abuser's mother who was not only supportive of the abuse, but also directly involved as revealed by participant 1 in her words.

Well, the fact that I had to leave my home, I was forced out of my home, in my particular situation it was the verbal and emotional and financial abuse. And he [husband] was also abusing drugs. And when I just had a breaking point and when I tried to deal with the situation, I tried to reach out for help and get him some help. Unfortunately, my mother-in-law was, our landlord, and she was part of the abuse, and kicked me out as well. So, it was like I was being kicked out on all fronts. (P1: lines 56-62)

Once deciding to leave, like other women's accounts, participant 1 felt more vulnerable as the abuse often escalated when women tried to leave in the presence of her abusive partner.

This same mother recounted her frightening experience while trying to pack some essential belongings to quickly escape the couple's apartment with her thirteen-month-old son.

And then the day that I left he had the baby in his arms, and he was following me around the house, so angry and so upset, shouting at me, and he was shaking so much, that he was shaking the baby. I was trying to pack, but I was also trying to get the baby out of his hands. And I told him, "You're frightening me, give me the baby. (P1: lines 761-780)

Sometimes women seeking safety from one situation found themselves in another abusive environment as experienced by this young mother. Whereas participant 16 came to Canada when she was nine months pregnant accompanied by her younger sister seeking refuge from political instability, she now is impacted by, and dealing with, cultural values and beliefs that subject her to further abuse. She related how her sisters "kicked" her out with her baby. She lived with her two sisters up until two months earlier when she accessed the present shelter with her nine-month-old daughter citing financial, verbal, and emotional abuse by her sisters because of her status as a single mother.

Well, I was abused by my family. So, that is why I came here [Shelter]. My big sister. Because in my country, they don't take it well when you're 19 and you have a baby and you're single. (P16: lines 35-36) ... Like, she'll [sister] be like, I'm never going to amount to anything, like, everything, she would take my money away, and not buy anything for me and my daughter, so I have to go to the food bank, go see my social worker, to get like baby food, diapers, and stuff. And every time it was, mean words, on top of each other, the way I'm a shame to the family, because my parents don't talk to me either. (P16: lines 40-46)

Children's Exposure to Abuse

Although mothers feared for their personal safety, they prioritized the well-being of their children and highlighted this variable as critical in their decisions to leave. Despite mothers' attempts to hide the abuse from their children, or that the perpetrator of the abuse would separate the women from their children at the time of the abuse, women recognized the negative effects of an abusive environment on children. This participant with three school-age children explains.

When kids live in an environment that is not okay, then, when especially when you are close to them, even though I was hiding, they could feel that Mommy's not okay. They could feel that. So, in some ways, it affects them. And it's even for them that I really wanted to go away for good. (P26: lines 105-110)

Several mothers lived in a context where their children were becoming increasingly the targets of abuse by a partner who was often not the biological father of the children. In these circumstances, these women left for the protection of their children. Abusers were manipulative and controlling to the point where mothers were not allowed to parent their children as they wished. This quote by participant 4 underscores the controlling nature of her current partner, and his maltreatment of her six-year-old daughter. As such, participant 4 shared custody privileges with her daughter's biological father and would only be able to see her child every two weeks.

Like he just wasn't nice to her. He [current partner] was very jealous, and stuff. He would just, trust me, it wasn't good (nervous laugh). Like he wouldn't let me pay attention to her very much, he would just be like "oh, no, you can't go lay down with her in bed, and like hold her". And it got to the point where I had to give her one of my sweaters to hold when she went to sleep and stuff so she'd feel like, "oh, Mommy's there." The thing he didn't understand was that my daughter only gets to see me once every two weeks now,

you know, she wants to see me. And then, it was just really sad (nervous laugh), the whole thing. (P4: lines 139-148)

Similarly, the following mother's ten-year-old daughter experienced the effects of her mother's jealous and controlling partner. In addition, participant 21 experienced fear for both their lives from his escalating anger.

I left in a hurry; I just couldn't take it anymore. No matter what I did, where I went, or whatever, I was always getting crapped on. I wasn't able to do anything right. Even my daughter, was to the point where he was always screaming at her, or always giving her trouble. Because she always wanted to spend time with me, so I'd spend time with her, but he always had to come first. It's like, my kid comes before anybody else. So, I ended up leaving pretty fast. I was scared for both of our lives because his anger was getting out of hand. So, I left before anything happened (emotional). (P21: lines 176-185)

For another mother, the current partner was not only abusive to her seven-year-old child from a previous relationship, but the aggression was escalating to now targeting his own six-month-old biological child.

Well [name child 2] dad [current partner] was really aggressive toward my older son, and he would like throw things, and punch the wall, and he would yell at my older son, a lot. And then, with [name of child 2] he [partner] was starting to get a lot like, angry, when he [child 2] wouldn't sleep, or he was fussy, he would get really angry and so it was mainly for the kids' safety from him. (P 15: lines 37-41)

Multiple Attempts Made to Find Safety

Common in women's accounts were the often-multiple attempts made to find safety prior to seeking refuge. To ensure the safety of her family, the following mother as well as several

other mothers in this study moved several hundred kilometers to a new city to escape the abuse, and to find the protection they needed that could not be provided to them in their own communities. One participant moved several hundred km to find safety. Participant 30 moved with her five children to escape her abusive husband who was stalking her. She described how regularly he was even stalking her to a distant city where her parents lived in. Previously, she had made several attempts to leave her abusive husband by going to her parents with her five children for respite from the abuse but would always return. At this time, she explains because of her fear for her life she left for good.

We fled, I had to flee, for safety. He was physically abusive, emotionally, it was an arranged marriage, so there's a significant amount of age difference between us. So, I basically took my children and left, because I was (pause, emotional) I wasn't sure. I wasn't sure if I was even going to make it to 35, to be honest with you. Because when I turned 30, I remember, it became 10 years, since I was married to him. I said to myself, "You're not going to make it to 35. You need to leave, and take your children, NOW. Before anything else gets worse". (P30: lines 48-58)

Fear of Child Abduction

Fear of child abduction was a pervasive concern for most women pending child custody status. A common concern expressed by mothers was their fear that the abusive partner might kidnap their child or children from daycare or school premises and mothers would not be able to gain access to their children. Therefore, mothers removed children from existing childcare arrangements and in other cases transferred children to a different school to prevent abductions of their children. Since living at the present shelter, participant 1 left her employment and removed her toddler from his daycare due to fear of the child being abducted by the father. The

following is an example of the disruption in the routines, and established care that further burdened participants when leaving abusive relationships.

We had daycare when I was working. I had to pull him out, for fear that his father would take him. Because the daycare couldn't stop him from taking [name of child]. And because of the legalities of default custody, whoever had the child, had custody. And it's still, I haven't filed for sole custody yet, my lawyer hasn't for some reason (small laugh), sent him the papers. (P1: lines 334-338)

No Control Over her Decision-Making

Also common in women's accounts were the multiple 'controllers' in their lives such as: family; intimate partners; culture; religion. In the following excerpt, participant 30 explains that she felt she had no control in her decision-making. Culturally, it is not considered acceptable for her to leave a marriage without her parents' consent. This cultural practice inhibited her from leaving the abusive partner. "They [parents and family] would tell me, to deal with it [the abuse]. (P30: lines 74-75)

There's a lot of pressure, you know. When you're in an arranged marriage, you have to do what the family wants. So, it's not just about what you want, or what you decide, it's what your family decides. And you can't just say that you want a divorce because it doesn't work like that. It is what it is. (P30: lines 48-64)

Disruption in Mothers' Lives and the Multiple Losses

Leaving the family home for most mothers and children was described as difficult due to the pervasive disruption in their lives, and the multiple losses incurred. Many of the mothers were the children's primary caregivers, dependent on their husbands or partners for financial security. For some mothers, poverty and abuse were interconnecting variables that precipitated

their hardship and subsequent loss of home. This following mother explains that her partner abandoned both her and his three children eighteen months previously in their rural home with no support of any kind.

He [partner] stopped paying bills, so we were behind on the taxes, the hydro, just everything. And then eventually he left, and just left me with it all. ... It was not quite 2 years, but 1 year and a half, without him in the hole, he just left, and left us abandoned and all. And it continued to fall apart around us, to the point where we had no water (small laugh) and power, and so on, and then one day, he just came in, and sort of, kicked us out, well kicked me out. He wanted to keep the kids, locked the doors, and changed the locks. (P2: lines 28-34)

Having nowhere to go and in her words. “It was really embarrassing”. Participant 6 indicated that she lived in her car for a week. “I wasn’t sleeping, I wasn’t eating.” She indicated that she did not want to be “alive” without her children. On the advice of the Victim’s Services worker, she picked her children up from school and accessed a violence against women shelter when she realized her previous partner would not allow her access to her children. She described her experience.

And so, under the advice of the victim services because they were both of our children, even though there is no custody arrangement, then I still have custody. She told me to go to the school, and take the kids out of school, and go to a shelter. And that was the last week of school, I had to take them out. I didn’t want to, I tried to let it go as long as I could, but he wasn’t compromising, I couldn’t let him continue doing what he was doing, I didn’t want to be alive without my kids, so I did what she said and came here. (P6: lines 60-69)

For most women in this study, the lack of affordable housing and the National housing shortage is a contributing factor to mothers' challenges to finding stable housing and thus forcing them to become dependent on others. Loss of the family home when this participant's mother died, and the separation from of an abusive relationship has left participant 28 without a permanent stable home for several years, resulting in her dependence on other family members to provide shelter.

That's the whole reason to stay in this city is to look for a place and to settle. It's been, like I said, it's been unsettling since my mother died. Especially with children, it's very hard to find a place. Some relatives will let you stay. If they're drunk, it's hard, and there's a big housing shortage back home all-around the Territory [name]. There's a big housing shortage and it's a long waiting list, it's like, one to two year waiting list. And here, I know I could have better luck finding a place because there's lots of resources and lots of places being built and being open. So that's given me hope to find a new place.
(P28: lines 198-209)

Substance abuse by their partners was recounted by mothers as financially draining an already limited source of income in some homes. The birth of a child placed additional stress on the budget and created tensions that escalated to abuse on the part of the partner towards mothers. Participant 5 recounts that when she wouldn't give her partner money, he would become abusive and "spit in my face". She further explained that as his drug abuse increased there was "never any money."

Things got worse after he [baby name] was born. He [partner] was using [drugs] more. Never any money. Like he'd take ALL of our money. And if I didn't give him money, the situation would escalate, and he'd rip the house apart until he found my bank card and

like, and then he'd just be gone, all the time. He wasn't there helping me with him [baby]. He was just gone all the time. (P5: lines 45-51)

Mothers Attempted to Find Refuge with Families and Friends

Mothers in this study did not always access a shelter at first when they became homeless. Participants described how they attempted to find refuge with families and or friends when they left the abuser and the violent context. However, these were not always viable long-term solutions for a few reasons as noted in mothers' narratives. Some participants also found it difficult to accept that they would have to go to a shelter because they had no other option for a roof over their heads. The following mother sought refuge with family members, but space and overcrowding became a barrier to any stability or permanence as a solution.

I called my cousin, because my cousin has a house, she has a husband, and kids and all that so she was like, "I don't know how I can keep you, with a baby, here, but there's a number you could call that it will help you." So, she gave me the number and I called them, and they [shelter] sent me to a motel. (P16: lines 164-169)

Participant 21 and her ten-year-old daughter sought temporary help from a friend when they left the abusive partner. "And I was just with my friend for 2 months, 3 months almost, and trying to find a place." (P21: lines 77-78). Poverty underscores some single mothers' attempts to leave a relationship and find affordable housing as this same participant explains.

I stayed at a friend's place, because he didn't want to see me out on the street with my daughter. Because I was trying to find a place, but it is hard being a single mom, because I don't get, I only live off \$300 a month. It's, it's hard. (P21: lines 71-74)

Mothers Have Little Choice of Shelters

Mothers face several challenges to secure safety and did not always have a choice of where to access a shelter as the access of a shelter is determined by vacancy. Access to a shelter that is close to services and schools may not always be possible, so participants have little choice when there is an urgent need to leave as was the experience of this mother. According to the following mother, a second move in as many months was required to satisfy her family's need for safety, and to be better situated to obtain appropriate services and schooling for her two young sons. The following attests to the instability families experience when seeking stable housing.

This is my second shelter, because when I tried to get a shelter in [name of city] it was all full. So, I had to go all the way in [far city]. So, I leave from here to here, so it's hard, for the kids, because they move-move-move (P11: lines 100-103)

Participants often find themselves in vulnerable situations when they feared for their safety and make the attempt to leave the violence. At the time participant 7 fled her abusive husband there was no space at any of the local shelters. Her only recourse was to access a hotel to hide, but even then, this mother continued to be fearful and anxious for the family's safety.

I was scared that he would follow me to the, like to the hotel. I was in the hotel downtown for about a week because there was no available shelter for me. There was no space. (P7: lines 205-208)

Knowing how to access or find a shelter was not a given as this was often a first experience for most women in this study because many participants did not necessarily have knowledge of the shelter system nor how to access it. Mothers fleeing from other cities did not know where shelters were in the current city. Some participants called police services to

determine access to a shelter for their families. In this situation, the family was from another city over 500 km away and spent a brief time in the motel before finding the current shelter.

When I came here, the first things I done, is to call the police, to tell them that I'm here, and that I'm fleeing from abuse, and then they contact the city, and then the city, found a motel for me and the kids, and from the motel, then we start to try to find a shelter, and then we end up here. (P26: lines 93-97)

Denied Shelter Access

Admission to a shelter is not a given fact. Not all participants were able to access the shelter immediately when they called for assistance or were provided with alternative support. Often women must prove they need protection to be admitted to specific shelters, namely the violence against women shelters. The following mother's request was denied as her account of the abusive event was rejected by the first shelter she called once the landlord was called by the shelter to verify the validity of her story. Participant 2 was attempting to leave quickly with her two school age sons from her apartment because of two nightly home invasions by the housing superintendent.

And so, they [name of shelter] wouldn't take me in. They like, "we don't believe you". I'm like, "I have a police report, and everything". It was somewhere in my mess of a house because I was packing all my stuff because, I'm going to leave soon, I can't take any more of this. So, I was packing all the things here and there, so it [police report] got messed up in one of the boxes, and I like, I don't know where the police report is, and they [landlord] just denying everything [drops hands in lap]. (P2: lines 630-636) ... They [shelter workers] were like, "you're lying to us." I'm like, "I won't make up this story." I didn't know what to say to them. (P2: lines 658-660).

Women's Lived Experiences of Mothering Within the Context of a Shelter

The findings of the thematic analysis of mothers' accounts are reflected in the following four themes: 1. Defining Myself as a Mother; 2. Mothering Disrupted; 3. (Re) forming Mothers; and 4. Ongoing Victimization. Table 3 presents these four themes and the related sub-themes. These themes describe and provide an understanding of mothers' lived experiences reflective of the five existentials which pervade the lifeworld of all individuals (van Manen, 2014). These five existentials form an intricate unity which is called the lifeworld or the lived world and are as follows: 1. Lived space (spatiality); 2. Lived body (corporality); 3. Lived time (temporality); 4. Lived relations (rationality or communality); and 5. Lived things (materiality). Moreover, these existentials guide the reflection for the research process of phenomenological questioning, reflecting, and writing (van Manen, 2014).

The lifeworld of mothers living in shelters has different experiential qualities from the lifeworld of mothers when they were housed. Additionally, mothers may experience different lifeworlds at various times throughout the day. For example, mothers may experience being safe bodily related to specific aspects of the shelter's physical environment and yet the subjective self is experienced as object and *Other*.

Table 3

Coding Theme and Subthemes

Themes	Subthemes
1. Defining myself as a mother	1.1. What does being a mother mean to me? 1.2. Mothering in a Shelter 1.2.1. The emotional and physical health of mothers 1.2.2. The health of children: emotional, physical, and behavioral 1.2.3. Mothering children with special needs 1.2.4. Education 1.2.5. Relationship with children 1.2.6. Creating new spaces "for us": Looking to the future

2. Mothering disrupted	2.1. Safe space 2.1.1. Supportive resources and services 2.1.2. Supportive relationships with staff 2.1.3. Relationships with other mothers 2.2. Unsafe space 2.2.1. Physical space 2.2.1.1. Lack of living space 2.2.1.2. Lack of private space 2.2.1.3. Jail space 2.2.1.4. Unhealthy space 2.2.1.5. No play space for children 2.2.1.6. Chaotic space 2.2.1.7. Risky space 2.2.2. Psychological space 2.2.2.1. Emotions triggered 2.2.2.2. Non-conducive space for emotional support 2.2.2.3. Emotional labour
3. (Re)forming mothers	3.1. Living under pressure 3.1.1. Time 3.1.1.1. Time to adjust 3.1.1.2. Time of isolation 3.1.1.3. Waiting for housing 3.1.2. Rules: Fixing mothers 3.1.2.1. Mothering 24/7 3.1.2.2. The 48-hour housing rule 3.1.2.3. Loss of mothering autonomy 3.1.3. Abandoned: Lack of services 3.2. Under surveillance 3.2.1. Being watched 3.2.2. Being judged
4. Ongoing victimization	4.1. Ongoing victimization by perpetrator 4.2. Victimization by Police 4.2.1. Complicity 4.2.2. Threats 4.3. Victimization by Judicial System

Theme 1: Defining Myself as a Mother

What Does Being a Mother Mean to Me?

Central to each of the mothers' experiences was the struggle to maintain the integrity of their *mothering* role which they perceived to be threatened or diminished within the context of living in a shelter. Given the mothering role was often described as undermined, mothers were

faced with multiple compromising decisions to meet shelter obligations and be housed or evicted if they did not comply.

When mothers were asked the question “what does being a mother mean for you?” Participants became animated in their responses, in describing their subjective experiences and their role as a mother. While their narratives and experiences were diverse, women expressed many commonalities in their description of their “mothering” role. Most mothers’ narratives emphasized the never-ending responsibility of mothers to protect, guide and teach. Mothers described the importance of mothers in the lives of their children, and the self-sacrificing roles of mothers.

What does it mean to me? Being a mother is the most important thing in the world, to me. To me, it’s my job. So, when I wake up in the morning, I don’t think about myself. I think about what I have to do, for who, for so-and-so, what needs to get done, for so-and-so. That’s my job. From the sunup to sundown. So, I don’t take it easy. And, because I have so many children, I have to be on my A-game. Because it’s mandatory for me. I can’t afford to slack. Because I have five little ones who are relying on me. (P30: lines 123-130)

Additionally, mothers defined their role as protector and provider for their children very much in keeping with contemporary mothering *ideology of mother as nurturer and protector*. The following mothers described the intuitive nature of a mother to understand the needs of her children, and to be omnipresent present in their children’s lives.

Oh, a mother is someone who has to protect you, no matter what. A mother is someone who passes all your needs, before anything else. A mother is someone who just by looking at you, can SEE, when you’re really happy or not. A mother is someone who has

to provide, for you. A mother is, like, in one word, a mother has to love you. More than anything. To be there for you. I think it's, for me, it's that, a mother. (P26: lines 496-499)

Other mothers described the need to love their children. Likewise, mothers must have courage and the belief that things will improve for their family.

Être une maman, c'est avoir un grand cœur. Tu dois te sacrifier beaucoup pour ton enfant. Et il faut juste avoir le courage, et te dire tous les jours, les choses vont s'améliorer, il ne faut jamais te décourager. C'est ce que je peux te dire, pour être maman et aimer son enfant. (P19: lines 102-107)

Most of the mothers' accounts reflected the focus of mothers on setting goals for their children's futures. Consistently highlighted in their narratives was the desire to provide for and ensure that their children received an education to have a better life comparatively to their mothers. The following mother described concrete strategies and the pathway needed to accomplish these future goals.

My role as a mom? I think I got to offer my daughter the best that I can possibly do. Like I got to work hard, like the hardest that I can so that she has a better life than I had, than I'm having right now. I want to send her to a good school, I want to be able to pay for her university, that's why I want to go back to school and work a lot. (P16: lines 119-123)

Mothers' accounts also reflected their desire to provide for and offer their children opportunities they themselves missed out on in life. While mothers accounts focused on the future, most described their role in the shelter as mothers was to ensure children's care and health emphasizing a clean environment. The following mother explains her role.

It means caring for my children, making sure they're healthy, having a good place to stay, clean home, clean clothes, and giving them love, and experiences in life that I never got

to have. And then at the shelter, basically making sure they're taken care of, and healthy, and in a clean environment. (P 20: lines 114-118)

Mothering in a Shelter.

Mothers and children experienced many challenges daily while staying in the shelter. The effects of living in an unfamiliar environment, and the uncertainty of stable housing all had an impact on mothers and on their children, both emotionally and physically. Mothers recognized that the context from which they had to seek safety or alternate housing also had an impact on their well-being and that of their children.

The Emotional and Physical Health of Mothers.

The following mothers expressed their concern about their ability in 'keeping' their mothering role while living in the shelter. Mothers described the need to adapt to the multiple and variable changes in both their lives and their children's, which included for many the uncomfortable living conditions. Common to mothers was the stress they encountered since accessing the shelter and the effects it was having on them. For some mothers, the transformation that occurs changes them and is irreversible as evidenced in the following mother's account.

Because you're stressed a lot, so sometimes it's hard dealing with children. A lot of things, happened, a lot of change, right. So, it's, it's uh uncomfortable. But yeah, it's, it's hard sometimes you can't be like before, you can't. (P24: lines 151-154)

This same mother further explains how the stress consumes her since coming to the shelter and that she can't be the same as when she was in her home where she had the time to spend playing with her children. For this mother, spending time playing with her children was viewed as an important function of her mothering role which, is now denied to her living in the

shelter. Her accounts delineate the mothering differences experienced in the lived world of home from the lived world in the shelter.

Yeah, it's different. Like when you're in your apartment, you spend time with your children. Play with them, you read a book with them. For example, you watch TV with them. A lot of things, you do. You take them to the park. Here, you can't do that, no. (Sigh) It's hard here very hard. (small sigh) Here you don't have time to play, even if you have time, you keep thinking, you spend time thinking, during stress about yourself, that's what you do. But inside home, you spend time with your children. (24: lines 178-185)

Loss of mother autonomy was a concern for mothers. The following mother describes how the constraining shelter conditions have affected her and expressed her concern about losing her mothering role. She is ambivalent as to whether she could stay much longer and still maintain her role as a mother. Her last sentence highlights the courage and tenacity of many mothers in accepting shelter conditions to provide a safe space for their children, sometimes at the expense of the loss of their autonomy as mothers.

I'm not sure. I don't think I can last. I think it's limited for me. Like for a long period, I, I don't think I would be able to stay here for a long period. (big inhale) And get out [lose] that mother role in me. But maybe I could get used to it and still have my role. (P28: lines 533-538)

The crowded conditions of families sharing a room together often impacted children's and mothers' capacity to sleep at bedtime causing many sleep disturbances. The effects of children's reactions as a result also impacted mothers' physical and emotional health. As the following mother of a toddler explains.

I do need help with her. She doesn't sleep very well here. So, she's up a lot during the night and I don't get sleep, and it's stressful being in the same room with both. Trying to keep her occupied and her dealing with all this stuff. (P13: lines 71-75)

The above mother describes self-care as a pre-condition to be the mother she feel she needs to be for her children, yet with shelter stresses this is not possible.

The situation itself is stressful. So, because of my anxiety and stuff, I need to be on a level where I'm happy, and comfortable, I mean, I am comfortable, but it's not like being in your own place and you know, crawling into your own bed at night, and just, you know zen-ing yourself. And being able to do some workouts, and you know. So, to be the mother that I need to be, and to have the patience and stuff, I need to be "okay". I mean, I'm making the best of it but, you know. It's still less stressful when you're in your own place when you're in a comfort zone. (P13: lines 293-301)

The Health of Children: Emotional, Physical, and Behavioral.

Some mothers expressed relief for the physical safety they found away from violence. These mothers felt it was beneficial for their children to be living in the shelter and underscored the relief and safety, which the shelter represented for both mothers and their children coming from abusive and unsafe home situations. Participant 30 states:

My kids are pretty resilient, to be honest with you. They [children] are more concerned of how long we're going to stay here. They know that we're SAFE, and that we don't have to worry about anything happening, because, when he [husband] was home, it was very unpredictable. You don't know how, how his uh [pause] how his behavior, whatever he was feeling throughout the day, how it affected him that day, is what we would have to deal with. (P30: lines 441-447)

Mothers felt their children could be freer to ‘be’ children away from the tensions in their homes. Participants were protective of their children’s childhood and attempted to create the spaces for them to “just be kids” free of worry and tensions. The following mother expresses her relief from having fled a terrifying experience of trauma and abuse.

She’s just happy she’s with mommy. That’s a big thing for her. She sleeps with mommy. She’s not separate from mommy. That’s a big thing for her, that mommy’s there for her. You know kids whenever they are with parents, they feel protected enough. Yeah. And for her, she feels very free, like I feel it even the day that we been moved from that house, I thank God that finally we are out of that house. I did not know how we are going to manage to leave that house, when and how. But God made the way, with his talent. We went through a lot. (P17: lines 89-96)

However, even when a mother expressed gratitude for the safety of the shelter, most participants’ responses regarding their children’s well-being since coming to stay at the shelter focused their concerns and distress over the negative effects the shelter experience had on children’s overall health and behaviors. All participants observed some form of change in their children’s behaviors or overall health since moving to the shelter. Further, they found that their children responded to shelter life in a variety of ways depending on children’s ages.

Additionally, women also reported a decline in the emotional and physical health of their children, and expressed their frustrations that, as ‘the mother,’ they had little or no control over the shelter space to protect their children from ‘harm.’ Participants felt their mothering roles were challenged by shelter rules that governed every aspect of daily living activities. They also noted that many of the rules and expectations were confusing to their children. The following quotes by mothers further explicate some of the challenges of living in the shelter.

Participant 23 and her two daughters aged nine years and eleven months have been living in a shelter for four months. She shares her concerns about her children's poor health since moving to the shelter.

And how long my kids going to have to be here, if they're getting sick all the time. And this morning, my daughter, she was puking, and she had to go to school like that. Because she was missing 2 days of school, she had eczema too. I had to bring her to emergency to get medication and then yesterday she starts puking. (P23: lines 288-294)

She goes on to describe her daughter's feelings about her experience of living in shelter, the isolation and lack of stimulation within shelter structure. This mother acknowledges her child's feelings and explains her efforts as she tries to encourage her daughter.

Yeah, she's still, "Mommy, this shelter isn't good, I feel bored, there's no friends." So, she's 9 years old, she understands what the situation is, but I always tell her that, "Be patient. We're going to get the house soon. Be patient." (P23: lines 300-304)

Another mother also shares her concerns about her three-and-a-half-year-old son's health since moving to the shelter six weeks earlier.

My son has asthma, my first son, so since we got here, he has been sick, throwing up, coughing, and throwing up. (P24: lines 253-254)

In addition to the decline in his physical health, Participant (24) indicated in her narrative that her son is experiencing emotional decline in well-being. This mother describes her son as lonely, and he has changed. "He's not happy like he used to be." (P24: lines 130-131). Like other mothers' narratives she recounts how her child misses his home, and the personal possessions that were left behind. Mothers confront many challenges in trying to explain the losses to young children. Their children's emotions and stress create more stress for mothers.

He's very, very upset with every little thing, you know. And he wants, he says he wants to go home. He's not uh, especially the first day, the first week and the second week, it was very hard, he says, "I want my TV, I want my, home! I want to go home!" I don't know how to explain to him, the situation. (P24: lines 133-138)

Other mothers also spoke about their children's emotional health and described the effects of the stress, the unfamiliar and limiting environment could be for a child. Consistent in mothers' accounts is the common reference to the fact that their children were not comfortable in the shelter. Participant 25 who had been living in a shelter for two weeks at the time of the interview with her 2 children describes how scared her two and half-year-old daughter was. Like other mothers' accounts about their children's reactions to shelter environments, participant 25 explains how her daughter had regressed in behavior resulting in a constant physical presence with her mother.

The children are not comfortable being in a shelter. Because they are used to being in their home, whereby they have their freedom, and they have their space, and they have everything they need is there. They're used to it. But here there're some limitations. They have to be on the same floor with me, I cannot leave them here. First of all, my daughter is very scared, like the moment she gets here. Like at home, I can be in the sitting room, I can be in the bedroom, and she's okay. But ever since I get here, she's very scared to be like 2 meters away from me. Like even at home, she has her own bedroom, where she sleeps, but here she has to sleep on ME, literally. Because she's so scared. She's not sure where she is and everything. She wants to be close to me and sleep with me, and if I just locked the door and leave them there, I have to be, like, she, she has to be sleeping,

because if she's up, and she finds that I'm not in the room, she will scream, like the whole day. "Mommy, because I love you, don't leave me here." (P25: lines 146-155)

Mothers often reported that their young children had sleep disturbances and often exhibited anxiety during the night.

Sometimes it would take, till like, midnight sometimes to fall asleep, and she would just be all over the place, and screaming, and yelling, and she'd get so angry, that she'd bite herself and the other night she woke up, usually around three to three-thirty am is when she gets up, and she got into the Vaseline and rubbed Vaseline all over her hair, and all over the place and, [while sighing] it's just hard. (P13: lines 108-114)

The following mother attributed her eight-year-old daughter's anxiety and behavior in the shelter to the physical, emotional, and verbal abuse directed at her mother that she [daughter] witnessed in her home. Although she has lived in this shelter for fourteen months, the young eight-year-old daughter continues to check on her mother throughout the night to reassure herself [daughter] that her mother is still breathing and has not died.

Quelques fois je dors et [name of child] elle regarde si je respire. Et je lui demande, « pourquoi tu fais ça? » et elle dit « oh, je regarde si tu vas mourir. » (P10: lines 564-566)

Other mothers reported that since living in the shelter their older children behave differently, are less social and isolated themselves in their rooms. Participant 27 is a mother of five girls aged three to eighteen years and explains the change in behavior of her three teenage daughters.

When I am a mother, at home, they have a lot of freedom at home. They have their own space, that they feel free. My kids here, they're totally different people. They're very shy, they don't associate with many people. And when there's too many people like that. They

eat, they usually spend their time in the room, they don't go out. It's very tough situation.
(P27: lines 460-466)

The most recurrent or common concern expressed by mothers that was also an irritant for their children was the limitations of space, the lack of privacy, including the overcrowding conditions that families had to endure.

I have a 14, 9, and 6 years old, but we share a room. So, we're all sleeping in one room. I don't think it's enough space for the four of us. Especially because I have a boy who is really annoyed whenever he has to put clothes on. He has to go to the washroom, and we, rotated a little bit, stepping on each other. So, it's, kind of hard. (P26: lines 146-150).

Mothers often commented on the other mothers' ways of disciplining that were perceived as negative. Women had their own beliefs and standards they wanted to raise their children by. Due to the diverse population of mothers and children, mothers felt their children were influenced by the social environment and interactions with other children living in the shelter. Consequently, mothers report that they had to be constantly disciplining, or correcting the new learned behavior that their children were mimicking.

It's challenging. My daughter and this other little girl [name of girl] became good friends, and so if [name of girl] doesn't eat it, [my child] isn't going to eat it. It's like if [name of girl] says no, [my child] says no. So, they like copy each other's everything, so it's really hard for me to tell her "Don't do that, you've got to behave here." Because she sees [name of girl] say no, to the mom, it's kind of, 'if she can get away with it, why can't I get away with it!' That's what I'm dealing with right now. (P7: lines 549-557)

Participant 14 and her four- and six-year-old sons have lived in a shelter for the past three months. She provides an example of the behavioral changes that her boys have undergone which

she feels has made parenting difficult for her because “The children are mingling with other kids that are different backgrounds from them.” (P14: lines 113-115). She further explains.

The challenge is that, sometimes there are some certain things, your kids, they happen to be nice kids, when you’re at home. So, by the time they are mingling with other kids in the shelter, some are talking to their parents rudely, they will now like start copying, they think it’s the right thing to do. So, this is the most difficult aspect of it. (P 14: lines 80-85)

Mothers also felt that the shelter rules, and the change in routines that differed from living in their own homes created confusion and distress for their children. The formerly taken-for-granted activities, living spaces and ways of ‘being’ at home are disrupted resulting in the creation of ‘issues’ that were non-existent while living in their own home. Participant 9 talks about the emotional impact of the uprooting from home and loss of personal possessions such as toys that her youngest child is experiencing and how it affects them all.

It gets difficult sometimes. The transition, of a three-year-old who doesn’t understand what is going on, it was really, really hard. Like to this day, the crying, the tantrums, not listening to me, it gets harder, when you’re at a shelter, because you just took away everything that they had, their space, their privacy, their toys, everything. Like the first 3 weeks, it was really rough on me, especially the little one. The three-year-old was just going through a really bad transition. Like everything for him had changed, so. It was really, really hard on me. So, there would be times that I would cry because I didn’t know how to control him. Because at home it was different. He listened [inhale], he was very respectful, but now, like the tantrums, I’ve never seen him go through that like he’s banging his feet, or he gets frustrated very easily, and, so it was really, it’s pretty hard on the little ones, because they don’t understand what’s going on. (P 9: lines 141-157)

Participant 9 goes on to explain that for her three-year-old the hardest part is the toy rule which sparks his crying and tantrums, behaviors which she did not have to contend with as a mother in their home. Her account of her child's behaviors underscores the deprivation and loss of personal belongings children also experience when they become homeless. The effects of this vary with each child's age and needs.

There are toys here, but those aren't his toys. Those are the shelter's toys. Those aren't the toys that he can just, put in his room. They have to stay in the playroom. You know, he had his own toys. He could play with them however he wanted to play with them, you know, like, play with them in the living room, or it could be in the room, you know, at the house, but here, you have to be in the playroom. You know when you're like at that age, you're, you're possessive of your toys. And that's just, kind of different. (P 9: lines 161-168)

Similarly, participant 8 states there is a rule that the toys "must stay in the playroom" (P8: line 163), at the shelter, however her three-year-old daughter doesn't understand and thinks she can take them to her room. The following quote describes the strategy this mother uses in order to avoid confrontations over this rule with her daughter and avoid further distress for both. This mother explained her daughter has already gone through so much and has lost so much in terms of personal items such as toys, her home and much more.

So, she's learned how to borrow toys. She takes whatever her favourite toy is from the playroom, brings it upstairs ... I sneak them downstairs, while she's sleeping. (P8: 752-755)

In addition, the shelter rules that resulted in constraints such as loss of control, autonomy, and freedom, which negatively impacted mothers was also felt by children. Mothers explained

that children did not like the shelter workers telling them what to do and disciplining them.

According to mothers' narratives, children of all ages repeatedly asked their mothers when they could leave the shelter. The following two mothers explain.

Then your kids, they keep asking, "When are we moving to our own house?" They are tired of living in the shelter because, they [shelter workers] start giving you orders in the shelter, "oh, you're not supposed to be here at this particular time, you have to be supervised" and all that. So, living in a shelter, is not a good experience. (P14: lines 86-90)

Participant 6 and her three sons have been living in the shelter for over three months. She described the frustrations and inhibiting effects that the rules, and the altered routines had on her seven-year-old son. She perceived these rules as posing a risk for his developmental health, his independence and self-actualization by altering his routines that contribute to his functioning given his personal limitations. Similarly, she felt these imposed regulations diminished her parental authority.

There are rules, like children of a certain age, can never be by themselves. And my seven-year-old is super independent, he's such a farmer, and he wakes up with the sun. And he wants to come down and get his day on. When no one's awake. And so, he would get in trouble, at like six in the morning, they are [shelter workers] like, "What are you doing here? Go find your mommy". But he's not allowed to just come down for cereal. So, for about the first month he was having a hard time, because they were trying to nip his independence in the bud, right? I'm okay if you're [child] able, to do things, if you're able to get a snack, if you're able to get your cereal, that's fine. And so, he was able to do those at home, and then when we came here it's like, "I'll help you, let me help you, I'll

do this. Go find your mommy, go find your mommy, go find your mommy!” [shelter worker]. And so that was frustrating for him. (P6: lines 715-728)

She is frustrated, and further explains how contradictory and confusing this rule and new routine is for her son who has Autism, “which was frustrating for him.” (P6; line 744). The expectations of the shelter system challenges and undermines her parental authority and the expectations she has of her child. Further, it is confusing for the child given other adults [shelter staff] are now monitoring and structuring his behavior. The following illustration is an example of the disruption in children’s established routines and family functions. Further, this statement indicates the expert knowledge mothers hold related to their children’s needs and care, and the energy and advocacy mothers must have to speak on their children’s behalf.

Because he’s on spectrums [Autism], I encourage his independence, for one, because he’s very independent, so I allow him to be independent. I have him do certain things with expectations and rules, like you know... So here [shelter] it’s, “your child is downstairs without you. Your child’s getting cereal. You child...” And I’m like, “He’s not doing anything wrong! He just wants to be in a different room [exasperation] why is that so bad?” (P6: lines 756-762)

Mothering Children with Special Emotional and Physical Needs.

While most mothers had expressed their frustrations and concerns around the care of their children and their children’s health since living in a shelter, mothers with children experiencing a range of special needs also delineate further challenges and stresses that they and their children experience with the loss of order in their lives. In addition, the nature of the shelter dwelling space: the noise; the change in routines; living with strangers; lack of privacy and personal space; new schools; separation from siblings, and many other factors not experienced at home

can exacerbate or compound existing conditions. For these mothers there is a paucity of support or assistance provided, and this places additional strain on them. The following mothers shared their concerns.

Participant 21 has a ten-year-old daughter with ADHD and ADD who is now waiting for a brain scan and an appointment with a pediatrician since coming to the shelter two months ago. She becomes emotional as she shares that “it’s very stressing. I cry every day; I cry every night. It’s something I don’t want to happen, but no matter which way I turn, there’s still. Yeah. Just stressful.” She further explains what makes her feel this way:

Well because I try to make sure I have everything. That she has food and everything else for my daughter. Like I give to my kid before I have anything. And now she’s been having seizures since I’ve been in the shelter, um, because of the stress, anxiety, and that’s done a big thing to her. She’s been fainting and having seizures and it’s hard. I don’t have family and I don’t have support.” (P21: lines: 92-99)

The extent to which children’s lives are disrupted also affected their emotions and behaviors. Given the following mother shares a room with her 2-year-old daughter and sixteen-year-old son, participant 13 shares her concerns and explains how the lack of personal space and privacy affects her son whose is diagnosed with of ADD and ADHD. She is concerned that when he comes home from school he goes to his room “right away” and she has to remind him to eat.

So, his anxiety and the stress he is going through has made him an introvert, into being in that room anytime he is not in school. (P13: lines 201-203)

Participant 15’s son has Tourette syndrome, and she explains what it is like to be a mom in the shelter with a child with a special need without any accommodation, or capacity to adjust his environment to be more conducive to support him and reduce his anxiety.

It's like a little bit difficult because there are other families, like it's not the same as being in your home. Because like with [name of child], he's seven, he's used to having his own room, but now we are all in the same room, so he kind of doesn't want to go to sleep that if I'm not up there because we had an apartment, so everything was on the same floor, so he felt comfortable. He doesn't really feel comfortable here, yet he's been acting out a bit, so it makes it harder than just being in your own space, because he knows something is going on, he just doesn't know what. (P15: lines 56-64)

To ensure stability and a routine participant 15 drives her son daily to school: "I just want to keep it to the same routine, he's been through enough, that I'm driving him to his old school." (line 93). Participant 12 also relates how her six-year-old daughter who has "high functioning autism" wants to stay physically close by to her mother. "She had a hard time adjusting, it was too loud for her in the playroom, so she always wanted to be with me in the living room or in the bedroom. So, it was an adjustment for her." (P12: lines 96-100)

After fleeing an abusive partner and immigrating to Canada fourteen months ago with her four children ranging in age from eighteen months to eighteen years participant 10 watches over her eighteen-year-old daughter who began to self-harm several years ago by cutting her arms after she witnessed the abuse inflicted on her mother by her stepfather.

Elle a vu comment il [ex-husband] m'abusait, et elle a fait mal à ses, elle coupait quelque chose, ça fait mal. Ça faisait mal. Parce qu'elle a vu beaucoup. Elle a vu beaucoup ce qu'il s'est passé et oui, elle a vu et elle s'est coupée. Elle sentait, le mal qu'elle a ici (*points to heart*), il faut qu'elle le sorte (P10: lines 528-532) ...Elle cache tout ici (*points to heart*) et elle se fait ça (mimics cutting on the inside of her forearms). (P10: lines 554-556)

Education.

Another important task that mothers had to contend with was to organize their children's schooling. For most families this meant registering children in new schools in a new city or district. Mothers encountered several challenges and made every effort to ensure stability and minimize further disruption in their children's lives by keeping them enrolled in their same school. For most children, attending their regular school was one of the few stable and familiar activities in their present situation. The following mother drives her two children daily to ensure continuity with her sons' academic progress and maintain a connection with their friends.

I just have to wake up a little bit earlier, get use to driving (laughs) farther. Instead of them taking a school bus to school, I'm driving them. But in the mornings, it's not so bad, I get there within 15 minutes, but on the way back, during rush hour, it usually takes me like an hour, an hour and something, I get stuck in traffic (P2: lines 500-503) ... But I let them come back on the school bus, so they're still with their friends, so they can go to the park for a little bit. Because I'm always there once they get back from school and I usually let them play at the park for a little bit, and then sit in the parking lot and I watch them. (P2: lines 509-516) ... I try to keep it [routine] as much as I can. Like, if I could make it to the bus to let them take the bus to school I would, but, I can't. (P2: line 529)

Participant 2 strove to keep her two sons' routine for school unchanged from prior to accessing the shelter. Playing at the park, taking the bus to where all their friends are dropped off after school provides them with the stability of their former routine when they lived in their home. This also saves her sons from the embarrassment of their friends knowing they live in a shelter. According to this same mother: "They [school friends] just know that we're moving. That's all they know." (P2: line 526)

Although children were forced to attend a new school when they moved, mothers felt it was one of the few tangibles and stable ‘thing’ in their children’s lives at present time.

School for my kids, school at least, that is the most consistent thing. Because they were in French immersion before, moving to [city] so they just continued with the French immersion. Uh, that’s, that’s pretty much the only consistent thing that has gone on so far. Everything else has been kind of a roller coaster, in a way. (P30: lines 262-267)

Mothers’ narratives often related those children who moved to different schools encountered some difficulties in transitioning to new a school fitting and making friends as the following mother illustrated.

She just turned eight a few days ago. Because she is new, and kids are kids are quite mean, you know? They don’t have a filter, so, they say it. And um, they were just telling her things like. “Oh, go back to your old school” and things like that. (P30: lines 282-286)

Shelters sometimes were in neighborhoods out of the child’s regular school district. As a result, some children were not yet enrolled in a school. The following mother is homeschooling her seven-year-old son and stated she was bothered that he was not in school, and that his school routine was disrupted since accessing the shelter.

I still do the schooling for my son because he’s not going to school, because the school is far from here, so we trying to get him into school, so things like that, you know you get up in the morning and “he used to go to school, now he’s not going to school”, so that kind of bothers you but, you know what I mean. (P11: lines 122-126)

Mothers’ narratives reflect the destabilizing and disruptive effects of schooling children experienced resulting from frequent moves. The following mother relates the challenges her

children faced when they transferred schools mid-year in the first semester and her teenage daughters' loss of their academic year. The family had fled a violent husband the previous year to a shelter in another city. However, due to a custody dispute the courts have ordered the mother to return with her five children. Further, the following mother's situation is like many other families in this study who also had to deal with the multiple competing crises daily because of the uncertainty and instability in these families' lives.

When we came back, it's a big mess. The first semester is like, September to December. So, their school is a mess. And then when they are here, their behavior is like, everywhere. They were mad to the max, even when they are in court, it's like fireworks, my older one, she's going to do grade 12 in September, and she was in grade 11. My second one, she's in grade 10. So, for them to, for us to be brought back in December, we don't even know where to go. I cannot send them to the old school. And then when the younger ones come, I go to school, and I talk to the principal, and we put in the plan. Like they have to catch up some grades. (P27: lines 204-213)

Relationship with Children.

Another effect of living in the shelter was the impact on family relationships. Most of the mothers responded that at some point while living in the shelter, their relationship with their children underwent changes. Some mothers found children lacked focus and were affected by other children's behavior resulting from different parenting by other mothers.

Overall, mothers felt that despite the challenges and chaos in the shelter environment, most were able to respond positively to their children and influence their behavior. The following illustrations demonstrate the patience and perseverance of mothers as they parent their children in the context of the shelter.

Living at your home, you know it's different than living at a place with a lot of people. So, as I said before, it's a little hard for them (P30: lines 154-156) ...But it's really how you are with your kids. It's about, how is your parenting with them. If you tell them, "Okay well you have homework to do." And 90% of the time, they tell me, "Oh well so-and-so is in the computer room." I say, "Oh, well, we have responsibilities. We have things that we need to get done." And I just explain to them why we have responsibilities. So. It's harder, but I don't know, I just try to work on it. (P30: lines 176-183)

A few mothers noted that their children tended not to respect parental authority and listen to them in the same way as they would at home. However, mothers understood their children's reactions and what was contributing to their changed behaviors. Participant 2 while referring to her two sons who are aged eleven and twelve years old provided the following illustration.

Like, at my place they would listen to me constantly. Like, everything I say, they would be on their best behaviour, but here, it's like, [child2] goes on the computer first thing in the morning. I'm like "[child2] it's breakfast time", "you need to get ready for school", "but I'm playing on a computer, I want to do math", "no I want you to eat", "no", and like, he would never be like that, when we at our place. So, he's taking it, he's just, like, it's not our place. Here is a bit different rules, and all that, he's just a bit different. (P2: lines 338-344)

Similarly, Participant 27 recounts the challenges she encounters when she attempts to exercise her authority as a mother in disciplining her teenage daughters. She describes how her eighteen-year-old daughter is aware of the diminished control her mother has over discipline in the shelter. Participant 27 relates that her daughter manipulates her [mother] knowing that participant 27 has little autonomy when it comes to disciplining her children.

That's why I said the rules are totally different, when it comes to parenting and you hold the place, and if you don't hold the place.

Q. Do you feel that you have less control here, at the shelter with your children?

A. Yeah. Especially my older one. She knows, that's why she is playing. Because she knows she cannot play [behave] like that at home. She knows that we are here at the shelter that I have less control. (P27: lines 205-218)

Different, because they grow up. When they first came here, they don't listen, they are different here. They think they are here now, and I am out of reach." Like I cannot tell them "Don't do this, don't do that." Because there are some people watching over. But, to my kids, I have to tell like if someone do something wrong, I say, "This is wrong." I try to say this is wrong and this is not wrong. (P27: lines 1006-1012)

The way I discipline them at home, I don't feel that it's right here. I feel the more they listen to me at home the less they listen here. That's why I say that it's come to shelter or at home, it's totally different, you know. (P27: lines 1033-1036)

Creating New Spaces "For Us": Looking to the Future.

Mothers stated the need to try to ensure stability for their children. Maintaining family integrity reflects the strategies and coping mechanism mothers and children created that were meaningful for them and helped to maintain or re-establish the family unit while living in the shelter environment. While these activities vary with each family, the common feature expressed by each mother was to repair and or preserve their family unit, and to be supportive of each other in a progressive and forward-thinking way. As participant 26 explains. "So, I make them understand, to all of them, it's not just the money or the material things that can make us happy. The time we share together and whatever we could create, we could be happy." (P26: line 510).

This mother feels the relationship between her, and the children became closer since they have left the abusive home. While she attributed much of this from the fact that they are always physically together with few options given the close living spaces. Moreover, she further encourages her children by underscoring the need to look beyond the losses and by working together they can achieve a goal and take ownership of their future even while experiencing struggles.

We get closer because the way I deal with them, I always make them understand. Since especially since we left home, I make them understand we are a team. I'm not just the adult, I want to listen to you. I want to know what you like, what you don't like, and try to figure out TOGETHER [emphasis] what is the most important. Usually, I know exactly what is going to be my next move, but I make them FEEL, that they have word, too. So, I always told them, "We are a team. We work together, to achieve this, and that. So (inhale), we need to compromise, we need to do this, we need to do that." And since we left home, with all this situation, I put more accent to that, to say that "we NEED to focus. We NEED to be patient. We need to give more. I know we love each other but this time we need to love each other even more." So, to be able to share this room, for four of us, like, okay, maybe we are struggling for now, we don't have enough space, we don't have that and this and that, but still. (P26: lines 182-196)

For some mothers, concessions to rules were seen a means to de-escalate the stress of the shelter experience on children. Participants offered insights into the need to focus on children and their immediate need to stabilize their emotions.

Whereas at home, in a more stable environment, you're more apt to like, put down rules and, you know right now, I'm just trying to just get them through it. You know, in one

piece, and with all of their emotions stabilized, I guess. So, you know, putting down rules, in a time like this, it's, it's hard. (P13: lines 304-312)

Creating new spaces for a few participants meant providing their children with opportunities they themselves did not or could not experience. Being together away from their oppressive home environment provided this mother with the opportunity to teach her children that it is okay to express emotions, contrary to what her husband would allow for his children and contrary to her cultural upbringing.

It's just that in our culture we don't show emotion. That is not acceptable. You keep things composed. And, you know you're not supposed to. That's how we grew up. (long pause) But I don't teach my children because I know it's wrong. You are supposed to express your emotions. (P30: lines 642-648)

Mothers provided leadership and role modeling for their children, as they strive to support them and embody a vision of their future and that of their children's. Women were sensitive to their children's emotions and understood their needs. For many mothers their own stress and anxiety was related to knowing their children were anxious, unhappy, and uncomfortable in the shelter. When mothers observed their children were more relaxed, they too were able to relax. While women had no control over the access to housing, they were able to guide, and role-model for their children, ways of coping with the uncertainty, and ways to contend with living in the present situation. The following mother instills trust and confidence in her children by talking with them and teaching them to adjust.

But for me, I can adjust to anything, so I taught the kids, "Listen: this is how it is. We are here for now we don't know when we're going to move. But I think it will be working

out fine.” You know, and once they start not thinking about nothing but having fun, then it makes me more relaxed. (P11: lines 116-122)

For many women access to a new home away from the abusive partner also provided an opportunity for the family to make a fresh start in their relationship. Further, it offered them a stable home free from violence.

I told him [teen age son], “I really want a family. I really want my family back.” And he said, “Mom, we ARE a family.” “Just the 3 of us, we are a family.” So, it’s just given me hope that it’s going to be okay. My daughter will have her own room and, it will be a stable place. I haven’t had a stable place in 3 years. Almost 4 years. And that’s affordable. That makes a huge difference. (P13: lines 325-336)

Theme 1 Summary: Defining Myself as a Mother.

This theme highlighted the importance of mothering to women, and the impact that the many challenges that mothers and children experienced had upon them. The effects of living in an unfamiliar environment, and the uncertainty of stable housing, influenced mothers and children both emotionally and physically. The mother-child dyad also underwent some changes and experienced tensions as reported by mothers. Participants demonstrated resiliency and strength and were future orientated in their responses. In the next section, Theme 2, *Mothering Disrupted* will further delineate everyday lived experiences that interfered with mothers’ capacity to care for their children.

While most mothers described the shelter space as a controlling and limiting space bound by rules, regulations and obligations, and inadequate spaces for caring for children, all mothers did acknowledge and perceive the shelter system as providing them and their children with a ‘safe’ place, away from the immediate diverse threats they experienced. Moreover, when women

with children have no other choice to live safely due to abusive home conditions, or unstable housing, they are forced to depend on shelters for help. In this study, shelters provided women the opportunity to obtain resources and access to housing they would not have been able to procure without first accessing and living in a shelter. Women's ambivalence to the 'spaces' they were forced to live in, is further discussed in detail under *Theme 2: Mothering Disrupted* in the next section.

Theme 2: Mothering Disrupted

Seeking refuge in a shelter was reported by all the mothers in this study as their only choice and means to be able to safely care for and provide for the needs of their children. When women decided to seek a safer space to protect and to mother their children, they had very few options due to multiple extenuating circumstances such as: a lack of resources in terms of money or alternative housing, family, and friends to stay with, or the need to hide for their personal safety. Most mothers revealed that the experience of coming to a shelter met their needs at some level by providing them and their children with a place of refuge away from diverse threats, and much needed immediate amenities such as clothing, food, money, services, and future housing. However, once accessing the shelter, mothers reported that they encountered many negative barriers that disrupted their capacity to care for and provide for their children.

The analysis of mothers' responses relates to their perceptions of the shelter environment as a place of safety, or refuge, and mothers' definitions of what constituted "being" in a safe space or unsafe space meant, and how these spaces disrupted mothering practices. The analysis provided several examples of mothers' perceptions of what being in a Safe Space and Unsafe Space meant for them and their families.

Safe Space.

For women who had experienced violence, access to a shelter meant physical safety from an abuser and in some cases from more than one abuser. The importance of being in a space where they were hidden, or that they could not be found was a common recurring theme for most women. Another crucial factor for women was the sense of being protected on several levels such as: physically removed from the violence, and the provision of resources and emotional supports by others.

Participant 3 has lived in Canada for two years following an arranged marriage. Her husband and his family had been consistently abusive toward her from the beginning. “It was like, the first-second day I arrived in Canada, he was already like that. It was even before I get pregnant.” (P3: lines 171-172). Following the birth of her thirteen-month-old son, the ongoing abuse, and threats of her deportation by her husband had escalated.

He was threatening me all the time, all the time that I will send you back to Iraq and I will cancel your immigration status here. I will send YOU back to Iraq, and I will keep the son here. (P3: lines 161-169)

In comparison to her former personal experience with her husband, the following excerpt from this same mother underscore her sense of emotional and physical security in the shelter related to her husband’s threats. Further, they explicate the trust she feels concretely in the physical space where she is well hidden, and within her social interactions with the others who work and live in this same space.

I feel safe because they cannot, his family, my husband’s family, they cannot find me.

Cannot disturb me, cannot touch me. So, I feel protected here. I feel protected. (P3: lines 236-238)

Mothers appreciated the 24 hours a day support they experienced in some shelters, knowing someone was there providing a safe and protective feeling as this mother explained. Both the physical and emotional aspect of feeling safe was important for women.

Then coming from [shelter name], which is another family shelter, like here, it's so supportive. 24 hours a day, there's always somebody downstairs. And you feel safe.
(P12: lines 248-250)

Similarly, the following quote points to the experience of another mother with two small children who not only felt protected by the unlisted location of the shelter but additionally the concrete structure of the shelter and all its tangible protective devices such as: locks, cameras, intercom system and so forth, but also by the presence of staff who will take the necessary steps to keep her safe while living in the shelter.

Because first, he doesn't know where I live. You know? And if he does know where I live, they're [shelter name] are not scared to call the police on him. You know? It's not something I would do. You know? But now I would do it. It makes it easier. There are cameras all over, it kind of protects you. And yeah, it feels safe. (P7: lines 339-344)

For many mothers who sought refuge, having the necessities to live, such as a roof over their heads, food, and clothing also gave them a sense of safety and confidence in the system that there was help and to protect them.

I have a roof to sleep. I have food to eat although, food coming from my own pocket as well, but I arrive here, I'm not in the street, and I'm not sleeping in the street with my baby. I have clothing to wear, I feel safe that [name police station] is in the area, if things happen, I feel safe with them as well. That they [shelter] can protect me and they can help

me with many things. They've been helping me to try to find a place, with government housing. (P17: lines 69-75)

Although the following mother feels it is frustrating and unsettling to be living in a shelter, participant 28 indicates it is a relief to be in *a place* together as a family, especially for her fourteen-year-old son who was separated from her due to previous lack of housing capacity in her community up north [Territory]. In the past this family unit shared living space with numerous relatives and were therefore always on the move looking for a less crowded place to live together. Her narrative also underscores most women's accounts during the interviews who also expressed gratitude for having a place to escape to.

He [teen age son] feels better now. Since we're alone and since we're together, not living with relatives, he feels alright with it. It's, very new to him, but it's not new for us to, keep moving, and keep moving, and never settle in. Still finding places to live, but here at least it's kind of a relief for us. It's a big relief for him, too. For me it's still unsettling and still frustrating but (slight laugh) at least it's a place. I'm happy with what I've got. Anything given to me is a benefit for us. (P28: lines 211-218)

Mothers revealed that children also benefited from relief of the abusive environment at home. Participant 11 is relieved that she can sleep and that both she and the children are no longer disturbed by her husband's anger.

And I'm happy because I can sleep. Because at the shelter I don't have a man knocking all over the place, throwing everything around the house. And he disturbs me and the kids. So, I am good. (P11: lines 408-412)

For many women safety was also described as peace of mind from dealing with the numerous stresses often incurred by the abusive partner, which impacted women emotionally.

Partners' abusive behavior is experienced as demanding on families and has serious impacts on mothers' capacity to focus on their children's needs, because such behavior often has the effect to divert mothers' energies away from their children's care. As a result of her separation from her former partner this following mother of a one-month-old infant states she is now free to focus on caring for her son and will be relieved of some of the stress and uncertainty her former partner's behavior created.

Like I find it, that I'm living here alone, I'm caring for my son, and that's pretty much what I was doing back there too. He wasn't around, and I'm just doing it without the stress of wondering where he's at, and if he's dead somewhere or arrested or when he's coming back, you know? Now I can just be like, (sigh of relief) I can do what I have to do for [name of child], and not worry about him [partner]. But still, I worry about him, because I care, but not stressful worry, like Oh my god, when he comes back, he'll take the rest of our money for our groceries, like, you know. (P5: lines 408-415)

Several mothers in this study were subjected to stalking by their abusive partners and for many moving to a different city many miles away became a requirement for safety as this mother explains.

I was at a shelter in [name of city1]. And they had transferred us to [city 2] because husband basically hired a private investigator, so, because of the risk, we were considered high risk, we were transferred from one city to the next.

Q. Does that concern you that he'll know where you are?

A. Absolutely. But here, at least there's more people that look like me. There are more people who wear a hijab, that are Muslim, that are, you know, dark skin. So, I'm

not so (long pause) I guess you could say scared, or afraid. It's always like that. (P30: lines 39-48)

In the above illustration, the participant's ethnicity placed her at risk in a community that was not culturally diverse enough to offer her protection however moving several hundred kilometres to another cities provides her with a perception of being offered better protection.

Supportive Resources and Services.

Participants reported that having access to services and resources that met their needs was integral in their perception of feeling safe. Mothers had varying needs and requirements and depended on multiple services providers to support them at this time. Some mothers sought out specific resources from agencies in the community outside the shelter to meet their unique needs.

For some women accessing culturally specific resources in the community was found to be supportive, and as this young mother describes, responsive to her unique needs.

There's free counselling, and they've also given me resources to other kinds of counselling. I see two counsellors myself. One is for, you know, the abuse that I've gone through, and the other is through actually a crisis worker who also deals with addictions. So, it's to help ME to get an insight into HIS addiction. Which I find very helpful. Because I can understand where HE's coming from, and deal with it, also. And it's through the native [centre name], and I'm also part native, so it's a sort of a, spiritual journey for me too. Which I find very comforting. (P1: lines 435-442)

Poverty and financial constraints underscored the majority of mothers' present living status and most living in the emergency family shelters needed to access resources such as the food bank. This mother explains that most of the others living in the shelter with her utilize the food bank out of necessity to feed their children.

Il y a la banque alimentaire, on te donne beaucoup de choses vraiment, on t'aide beaucoup. Ça aide beaucoup. Oui, parce qu'on te donne beaucoup de choses, et ça aide vraiment. Je te dirais que presque tous les gens qui vivent ici, ils prennent tous de la banque alimentaire, et ça leur aide beaucoup. (P19: lines 216-220)

Leaving in distress many mothers arrived with little or no familial belongings and were financially unable to replace items needed to set up a new home. Others did not have the financial means for legal support. As a result, most mothers found themselves in need of financial assistance for a variety of reasons such as: being a newcomer and lack of language skills; lack of job training; not enough education for employment; lack of work experience and having been dependent on their husbands; loss of job when they moved to the shelter, to name a few. Mothers therefore were required to access social assistance to gain an income. This was described as a valuable resource for women to be able to feed and clothe their children and to pay the added expenses incurred from moving to a shelter, such as transportation and legal fees as not all women qualified for legal aid. "They helped me a lot to find a house (pause for more translation) they helped me to get my welfare, or my salary." (P3: lines 347-348)

Some mothers reported having little or no money when they arrived in part due to the substance abuse of their partners.

But in general, any help I need with [name of child], it's no problem. Like (emotional) if I need formula, or diapers, or you know, because like, I came here with no money, so, I don't have to wait until the end of the month to get my cheque, any money that was spent beforehand, it's like everything was spent beforehand, because nothing was ever planned properly when you have a drug addiction (slight laugh). (P5: lines 315-321)

Supportive Relationships with Staff.

Mothers who felt a positive response from staff and a welcoming approach often reported that their needs were met and felt supported.

I will always appreciate them, that they are doing their best. They work at the best level to help everyone for any service they need. You don't have food, you don't have clothing, you just arrive here, and they [shelter staff] try their best to get you a place to, like for the housing, any service they can provide. (P17: lines 120-125)

Mothers who had been moved about within the shelter system for several reasons consistently remarked on the diversity of shelters, and that their experiences with shelter staff, the services provided, and the shelter living conditions in some shelters were not favorable. Common in their accounts was the perception of being just a number and not listened to resulting in their needs not met. The literature as discussed in Chapter 2 suggests mothers often return to the abuser for those reasons. This was the experience of the following mother who did return to her abuser. However, since accessing the present violence against women's shelter due to ongoing abuse at home she offers a comparison of her two experiences. Citing her first shelter experience the following mother describes her discomfort and the lack of sensitivity to her needs as an individual among the many others living in the first shelter [emergency family shelter].

Oh, there was no support. Or maybe I just wasn't comfortable enough to talk to them about it. But I felt like I wasn't being heard. I wasn't in an abused women's shelter I guess, but I'd been through a lot, and it just, and because of my disabilities and stuff it just didn't seem like I'd been heard. I was just one of many. Whereas here, I don't feel like that. I feel like they actually care. (P13: lines 242-247)

Participants had varying experiences living in shelters and perceived some shelters to be more supportive than others. The following mothers compared their two shelter experiences. For Participant 14 these experiences have been opposites. In the first shelter she accessed, participant 14 felt reminded her of pain. In contrast, in the present shelter she felt her needs were met and that this is a good shelter. She reflected on the following.

Some shelters are really, really, as in (slight laugh), they remind you of your pains every now and then, and you want to start crying. But some are very good, like this very one, I'm here, I'm saying, this one is very, very good. If I'm to grade them, I'd give them 95%, they are very good, yeah. (P14: lines 142-145)

Relationship with Other Mothers.

Mothers described the value of the bonds that developed between some mothers as both supportive, and that these connections helped to reduce feelings of isolation. Being able to self-identify with other mothers was both affirming and a source of strength and motivation for some women.

As much as community living is hard, the best part is waking up and having someone else there, to say good morning to. You're so frustrated sometimes in the morning, and here there's another mom here to say, "It's okay, it's okay. I brewed coffee, come, come have a cup, before you get on with your day." (emotional, long pause). That doesn't happen anywhere else! Not even in relationships! At least not mine (small laugh) (big exhale, pause). And there's no other supportive person in my life, except for other moms you get along with. Like nobody understands your situation like your neighbour up here, you know. (P6: lines 863-872)

Mothers who were isolated from supportive family and friends or those who had none or were new to the city or country welcomed conversing with other mothers and reported it minimized the isolation they felt, even if it was social chatting. Young mothers also appreciated the support of an experienced mother as this participant indicated.

Il y a des mamans que j'ai rencontré ici, qu'on vit dans le même étage, on se parle, parfois on s'échange, on s'assoit dans la cuisine, on partage. On se demande, « Tu as déjà une offre? », des choses comme ça. « Comment ça va? Comment tu t'habitués ici? » Ouais, des choses comme ça. (P19: lines 251-254)

The transition to the shelter culture which includes living with the rules is challenging and complex. To spare new residents from negative consequences for not understanding or for not knowing the rules, which she experienced when she first arrived, participant 6 described the process of assisting new mothers to better understand the organizational space.

When anybody comes into the shelter, the first person who really tells them, who tells them what it's really about, and kind of finishes the rule directory, is us. We're the ones that will take that new woman coming in and be like, "Okay, look, this is how this works, this is how that works. (P6: lines 964-968)

While most mothers did acknowledge and perceive that the shelter system provided them and their children with a *safe place* and the opportunity to obtain resources and supports including some form of housing, mothers also described the shelter environment as a disruptive, chaotic, controlling and limiting space bound by rules, regulations and obligations which disrupted their capacity to mother according to their own rituals and values. In multiple instances, the shelter was not perceived by mothers to be a *safe living space*, which added further burdens for women in their attempts to care for their children. The conditions in the varied types

of shelter environments also affected mothers' perceptions of the safety of a shelter for their families.

The following sub-theme *Unsafe space* explicates women's responses and descriptions about the physical, and subsequent emotional and psychological spaces, and how they are experienced by mothers while living in a shelter.

Unsafe Space.

Results from the data analysis revealed that living in the shelter was challenging and uncomfortable for most mothers and their children. Further, families experienced the taken-for-granted activities of daily living such as eating, sleeping, and bathing as stressful in this environment. Mothers also experienced isolation and perceived themselves and their children to be living in an unsafe and risky environment. Most mothers also found resources and services to be insufficient, lacking, and exclusionary. These findings will be discussed in the following section.

Physical Space.

Mothers provided detailed accounts of their perception of the diverse shelter spaces in which they were living. Consistent in mothers' narratives was the disruptive and chaotic nature of the shelter environment. One of most difficult aspects for many mothers was the physical shelter space, the lack of privacy, and sharing the personal realm with strangers. As one mother commented. "Because a shelter is not a place one wants to come to, it's not like a home. (P14: lines 71-72). Other mothers felt it was not a place of comfort. "(sigh) You can't really be comfortable here. We are not home. We are not home." (P26: lines 263-264)

About the safety, yeah, they say there's safety, because nobody's [abuser] coming, or nobody [abuser] calling you or something like that. They [shelter name] keep your

privacy [you're hidden]. But other than that, I don't see any kind of hominess, like anything. (P23: lines 189-192)

Another mother stated. "It's not easy to live with strangers. Like if anybody says it's easy, they're lying." (P11: lines 116-117).

Many mothers perceived a lack of control and autonomy in daily taken-for-granted routines in caring for their children and performing 'normal' activities. In addition, mothers described the shelter space as limiting and confining. "We're all confined to one area." (P15: line 125)

Lack of Living Space.

Overall mothers felt frustrated in the overcrowding of some shelters thus having to wait to use the facilities such as the toilet or shower because of the considerable number of residents and lack of sufficient facilities. Often small children's routine bedtimes were delayed and were much later than bedtimes at home due to the wait and sharing of limited bathrooms and showers. Or children wet themselves while waiting for use of the toilets. This mother with four young children explains how her children's bedtime is disrupted because the bathrooms are always occupied, especially when mothers are preparing children for bed. Consequently, children's bedtime routines are delayed, and children are going to bed past their regular bedtimes.

Il y a deux toilettes et deux douches. Et quand les enfants le soir, avant de dormir, il faut avoir la douche mais il faut que tu attendes parce que c'est occupé, quelques fois les enfants dorment à neuf heures, parce qu'il faut que tu attendes que l'autre soit terminé. Et les enfants vont au lit à neuf heures, parce que la toilette c'est occupé. (P10: lines 373-377)

She goes on to explain that this was not a problem in her own home. “Mais quand tu as une maison, ce problème, tu n’as pas. » (P10: lines 390-391). On a personal level, participant 10 recounted that she too is affected by the waiting for the limited number of bathroom facilities given the considerable number of shelter residents. She also indicated that personally if she has an appointment and the showers are occupied, she must go out without showering. She found this irritating and sometimes would go out without showering.

C’est ça qui m’irrite quelques fois. Ça m’irrite, il faut que je reste ici. Quelques fois il faut que tu sortes, tu as un appointment, que tu ailles aux douches, mais tu ne peux pas doucher, tu ne peux pas faire une douche, parce que c’est occupé. Il faut que tu sortes sans douche. (P10: lines 395-399)

Lack of Private Space.

Other mothers commonly commented that living in the shelter was “hard” and experienced a loss of privacy. The following mother explains that everything is done in the public sphere collectively with others.

Mais, quand tu habites, quand tu habites ici, c’est un peu difficile, car tu n’as pas ta vie privée, tu vois, tu es là, tu fais tous les choses avec toutes les autres. (P19: lines 116-118)

In their experience, shared living spaces with others resulted in a constant wait for all aspects of daily activities. Mothers and their children had to wait for others to finish and share facilities. Mothers anticipated that these tensions would be resolved when they obtained housing. This mother described her experience of “waiting” in every aspect of daily activities, a sentiment echoed by most participants.

Just more privacy. My own stuff. I don’t have to wait for people to finish in the kitchen or do laundry. I’ll have my own home to do what I want to do. I don’t have to wait to

cook, or do laundry, or wait to shower. Living here it's pretty hard. You want to take a shower, they're all taken, or the bathroom, they're all taken. It's sharing the kitchen with a bunch of other people it's, it's difficult. But in our own home, we can do what we want, when we want. We don't have to wait. (P21: lines 295-302)

Limitations to following usual routines were also experienced by mothers in that they did not have the appropriate facilities to meet their children's requirements or that they were unable to care for them in a safe environment. Some shelters did not have bathtubs or a facility to bathe an infant or small children. Participant 28 explains that she must take her 13-month-old child into a shower stall with her when she needs to bathe him.

There is no bathtub. I hardly get my baby to bath now. I just shower with him, he's afraid of the shower. (P28: lines 310-312)

Other mothers expressed that they were uncomfortable with the collective or communal living conditions. Mothers found sharing the public washrooms with strangers or unrelated people challenging and unhygienic. This added stress and worry to mothers wanting to protect their children from diseases and illnesses but having little control over such conditions.

People have to go to the washroom together, even I told my daughter, when she has to go to toilet, she has to put the toilet paper on top of the toilet. But it's still, she's just a child, that doesn't know anything. And here, everybody using the washroom, you never know who is sick, and who's not sick, who have a disease and who doesn't have a disease, we share the same things, over and over again. I'm not happy about it. In my own house, I have my own bathroom, I wash every day. I clean every day. But here, it's really not, for me, I've never been in a public, place, something like this. (P25: lines 72-80)

Further, some mothers felt intimidated and uncomfortable by sharing living quarters with so many strangers.

I'm a shy person. At first, I was like, take-out every day (small laugh), so that I'm not cooking with a bunch of people, because I'm very shy person, so, I don't know how this is going to work out." (P2: lines 764-769)

Jail Space.

Other mothers made the analogy of a jail or prison when they described certain aspects of the shelter environment they were living in. The following mother spoke about her sense of isolation and imprisonment and feeling of separation from the outside world.

It's like everybody have their own issue, you know, you don't want to get involved with another person. Everybody is just kind of quiet, in their own room. It's kind of like being in jail. I'm not speaking to anyone in like, two days. You're just being in your own room, and not going out. You know. (long pause) you're just being in your room, just being locked there with nothing. (P23: lines 111-116)

Prior to adopting her infant grandson, participant 28 experienced being in a jail overnight. The smells in this shelter reminded her of that experience in a prison cell.

Um, the place smelled and when I didn't have my baby, I used to drink a lot, and I used to go to a drunk tank or a jail, and they used to put me there overnight. And that reminded me of the smell. It's the same smell. Everybody uses it [washroom in prison] and here, everybody uses it [washroom in shelter] also. Yeah, the whole place [shelter] reminded me of a jail. (P28: lines 292-297)

Unhealthy Space.

Mothers expressed concerns with and were anxious about the unhealthy environment of the shelters and perceived their children at risk for diseases. The following mother felt she had to constantly protect her eight-month-old and not put him down anywhere for fear of him getting an infection. Further, mothers described the shelter's spaces as not clean for children to play.

Ici c'est un peu différent parce que tu ne vas pas mettre ton enfant partout, tu dois le surveiller tout le temps, tu dois ne peux pas le mettre partout parce qu'il y a peut-être des microbes? Il peut attraper toutes les gripes? Encore c'est ça, c'est un petit bébé, c'est un peu compliqué...il y a des petits microbes. (P19: lines 112-114)

The following mother was concerned that her baby's existing asthma was exacerbated and indicated there was little ventilation in their room. Mothers additionally felt the rooms were small and crowded with mothers and children sharing the space.

My baby has asthma, it's very stuffy sometimes, there's only one window with a small opening, that we can only crack it so much. He's been getting sick and um I get concerned for him. He gets asthma attacks. They both get claustrophobic if they stay in too long. (P28: lines 226-231)

In addition, mothers were also concerned about their children's safety and the impact of inadequate facilities on them. Families, specifically in the emergency family shelters were confined mostly to their rooms due to the lack of child play space and other spaces for respite. This mother was worried about her children's health due to not being able to sleep because of the poor room conditions they lived and slept in.

And this, the main thing is I mention for my children's safety. The room is very small and it's too hot, my room is hot, very hot. And so sometimes we don't get sleep.

Especially yesterday and today, so, that is a new challenge [warmer change in weather outside] too. (P24: lines 163-166)

Other mothers expressed concern about vermin infestations to which their children were exposed to throughout their stay at the shelters. During one interview in an emergency family shelter, I observed that participant 10 had all the family's belongings in plastic bags because the fumigators were coming to fumigate due to a recurrence of cockroaches in that shelter. Furthermore, staying in another emergency family shelter participant 23 reports the following about her experience with cockroaches in the shelter.

There's a lot of cockroaches in this place, it's not good for kids...Cockroaches in the bedroom, in the kitchen. I saw one in the kitchen. And when I came today this lady said, "Oh my god I hate this building, because there's a lot of cockroaches." And this other one said, "Oh, there's other cockroaches on another floor." And I said, "Mine is 7th floor", and the other lady said, "Oh mine is 10th floor." We're all like, "ookay." This is not a good place. This building is old but, because they do renovations it looks kinda new, but it's not new. (P23: lines 469-473)

Hygiene and sanitation were other aspects of the shelter that mothers commented on and perceived these to be a problem and a risk for their children. Another issue they reported was how unpleasant this made their living conditions, and they had little control over this aspect. One mother attributed the poor sanitary conditions in the shelter due in part to the level of cleanliness and lack of respect by others and highlights the negative effects of living with strangers and in crowded spaces.

Not everyone has the same standards of cleanliness. When I had my home, I was clean, I used to pick up, I may be a slob right now (big laugh) you know what I mean? But no,

my home was clean, I clean my dishes, some people just don't have that? They leave [unflushed toilets] when they go to the bathroom. People don't respect everybody else. (P29: lines 703-708)

Other mothers also commented in some shelters that because everyone shares the toilets and showers these are dirty, and these are not "livable" conditions, as this mother explained.

Ici on te donne juste une chambre, tu as un lit, tu as un frigo, tu as la télé, mais, tu partages les toilettes avec tout le monde, et les douches, et c'est ce qui n'est pas vivable, vraiment. Parfois c'est sale, ce n'est pas tellement agréable. (P19: lines 205-210)

Further, mothers also worried about the cleanliness of the washrooms as a source of infection for their children. In this example the mother's infant daughter is eight months old.

But you know when you come, it's a new place, you have to share the bathroom, that's the part that I didn't like, because, the first time I entered my floor, I just smelled like toilet smelling like pee I have a small baby, we can get like infection anytime, and I'm living in a place that has pee everywhere. (P16: lines 92-99)

She goes on to suggest that mothers with small children should have "their own bathroom" or limit the number of rooms that use a bathroom. Another mother spoke about the challenge of having her assigned room in front of the communal shelter bathroom and the constant stench.

Because there is a lot of smell in the room, uh, we live in front of the toilet, there is a toilet, um in front of us. Bathroom, the big one, everybody uses it, so the smell goes in our room, it has been a challenge. It's hard. And the room is hot, so. That's a big thing. (P24: lines 260-264)

No Play Space for Children.

Several mothers expressed concern over the lack of spaces for children, specifically a designated play space in the shelter environment they were living in. Mothers with small children had to constantly keep their children in strollers or always carried them around in their arms. Other reasons cited for not being able to put their children down to play were because of the size of the room, concern for safety, and dirty floors and surroundings.

La chambre est petite, l'enfant ne peut pas jouer, il n'a, il n'a pas sa place pour jouer.

Donc tu dois toujours lui tenir, être toujours avec lui. (P19: lines 119-121)

Moreover, mothers perceived the poor conditions of the shelter environment to negatively impact the living spaces for their children. All mothers consistently compared these aspects of the shelter space to their homes. Shelters were not considered conducive for caring for children of all ages particularly infants, toddlers and preschool children who were kept confined to cribs, or strollers or their mothers' arms because of inadequate spaces and vulnerable conditions related to safety and lack of autonomy.

In your apartment, you have everything right. Like you have a room to play, and you can leave your baby on the floor, and you know he's safe and he has something to play with it, you don't have to keep him in the stroller every time, or in the crib, or the other one [older child] he can watch TV, he wants play in the other room, it's big difference here. (P24: lines 103-107)

Mothers in some shelters reported that in addition to a lack of play space there were no activities and nothing for their school-aged children to partake in. Neither was it considered safe to let children go unsupervised to visit other children living on another floor in the shelter. In one shelter, public access made it easy for outsiders to enter the shelter spaces.

It's kind of hard, because here she can't do much. Like, she can go and play but I don't usually let her upstairs by herself. (P21: lines 248-249)

Chaotic Space.

Several mothers remarked on the noise and chaos of the shelter environment, which disrupted several familial routines and rituals. Additionally, mothers' narratives highlighted the lack of private spaces or spaces for a quiet moment. They found daily activities such as mealtimes and bedtimes to be stressful when there is little privacy or control over the environment. Mothers found specifically that bedtime routines were disrupted, and it was a challenge to get children to bed and maintain their regular routines due to the chaotic nature of the shelter and communal living with many others.

Bedtime. Yeah, because you hear noises, and your kid doesn't want to go to sleep.

Because you know, for the moms that have younger kids it's difficult, because you know, you have certain hours that you put your kids to sleep, and then, the older kids go to sleep at like 9 o'clock, but my kid goes to sleep at 7:30. So everybody's still up, some kids go on the stairs. (P8: lines 734-740) ... You can hear people running even on the first floor, you can hear them upstairs. And so, I would get out of bed, I would say "Shh, I'm trying to put my daughter to sleep. She's tiny, she needs to go to daycare in the morning." You know? But that's the most challenging part I found. (P8: lines 840-845)

For mothers with school-aged children there were many distractions due to communal living. Tensions at bedtime was also common in women's narratives due to the public nature of shelters resulting in children not getting their rest and confrontations between mothers and children.

The kids have to be in their room for 9. My kid's in the room for 9. But all the other kids are up running around until 11:30, midnight. So, it gets hard because she wants to play. Or she can't sleep because they're screaming or running around. I'm calling down to housing all the time, "Hey can you come and tell all these kids to get into bed and shut up?" Like, there are kids in bed at 8-8:30, that are sleeping. But it's. But she'll be in the room, and she won't sleep right away. And then she gives me issues. "Oh, I got to go to bed. Oh, you don't love me, you won't let me play." "Well, you have school." (P21: lines 331-339)

In the following quote, the young mother perceived being in her own home was better as she and her baby could rest. Living in the shelter the noise of the children playing in the hallways wakened her baby. She understood that it is normal for children to play, and that here, in the shelter children did not have play spaces.

Bien, être maman à la maison ah c'est un peu c'est un peu bien parce que là tu peux te reposer parce qu'ici quand tu dors, il y a les autres enfants qui jouent, et tu ne peux pas leur dire de se taire. Et parfois ça peut te réveiller, ça peut réveiller ton bébé. (P19: lines 124-128)

Mothers remarked collectively on the lack of privacy for mothering tasks and lack of control over the environment in the shelter. The following mother found the environment at mealtimes to be distracting and a cause of confusion and distractions for her five children.

In your home, you have, you know you have the privacy, you have control of the atmosphere of the environment. Here, you might have your kids sitting at a big table, and you're eating, and there might be another kid crying, and your kids are wondering what's

going on, so there's a lot of distractions, a lot of confusion, you know? (P30: lines 172-176)

Risky Space.

Participant 21 doesn't ever allow let her ten-year-old daughter out of her sight and describes herself as a "mother hen" when referring to her protective nature and her constant hypervigilance in watching over her daughter in this shelter environment. This mother had experienced multiple forms of abuse as a child, including sexual abuse and was always therefore very fearful for her daughter's safety and potential risk for being molested in the shelter. This mother explains her fear of living with strangers and her lack of trust living in the shelter space.

Just, everybody that's in and out of here. I don't have trust in too many people and a lot of scary people come in and out of here, so. It's just that I'm cautious of my daughter, if I don't see her, then I start panicking, "Where did she go? Where is she?" It's, it's a worry. (P21: lines 257-261)

Other mothers also stated how difficult it is to live with the constant vigilance and fear of 'someone' coming into the building who could "take your child" (P24: line 292). Participant 21 described her concern about potential child abduction. She goes on to explain about the easy access to the shelter bedrooms by the public, and her constant fear that any stranger who doesn't live in the shelter building can gain entry and go up to the rooms. She described why it is "scary" and how this contributed to the daily uncertainty of living in this environment.

Because people try to go straight on up, and there's not allowed visitors. Yesterday they kicked somebody out for going in and they don't live here, and they were going upstairs. No, it's not allowed. We reported it, and they got kicked off of the property, and it's just, it's scary. You never know who's going up. So, yeah. It's kind of hard. Because when I

have my own place, she can do what she wants. I know she won't, like, be hurt or like somebody will grab her. But even to walk outside, she wants to go by herself, but no. Mommy goes with you. It's just it's just a fear I have, it's just worries. You never know, something could happen and, I'm not there. (P21: lines 273-282)

Similarly, other mothers expressed their concern and further burden of living in this same shelter regarding the safety of their young children and the need to be vigilant while living in rooms next to others she considers to be strangers. Narratives demonstrated that mothers continued to live in fear for their children and spent an inordinate amount of energy and time in watching over their children and guarding them (children) from strangers.

At home you can leave your kids, you know, to play in the living room. But here you have to be with them all the time, 24 hours. Because of the regard [watching] of everybody. (P24: lines 105-107)

Further, participant 24 explains not only did she fear outside strangers entering the shelter but also other residents who live in adjoining rooms and throughout the shelter building.

You have to be with them EVERY time. So that's the big challenge here. You don't know, what kind of people your neighbors are. So, your children, might not be safe, so you have to be with them every time. (P24: lines 108-111)

Mothers spoke consistently of how unsafe many of the living spaces in the shelter were for children and the need to child proofed spaces. A common concern for all the mothers was how to comply with a rule when there was no alternative or safe place provided for their children to be safely placed while mothers performed daily tasks such as cooking.

Yeah. It's, I mean it's hard, just as I said, with my daughter, trying to keep her occupied, while I'm in the kitchen, and trying to get her, NOT to be in the kitchen, and being 3 she's (laughs) I can't really just put her in a playpen. (P13: lines 261-264)

As participant 12 stated: "For instance, the kitchen, it's scary and dangerous." (P12: lines 183). For this reason, some mothers agreed with specific rules related to the kitchen space.

Which I completely agree with, because, with everything that's in there, it's not just a normal, household kitchen. Um, it's not a safe place for children. There are only so many places [shelter] where you can baby-proof it and make it safe for them. (P13: lines 266-270)

Psychological Space.

While some mothers experienced the physical space as unsafe, they also reported psychological distress, which also had a strong influence on them. The concepts such as privacy, space and support had significant impact on the emotional experiences of families. Multiple elements found in the context of the shelter impacted on families' emotions triggered by coming to the shelter.

Emotions Triggered by Coming to the Shelter.

For many mothers, this was their first experience staying in a shelter and as a result, mothers experienced many emotions living in the shelter context. Mothers felt guilty bringing children to the shelter, and often questioned what other solutions might have been possible. The following mother experienced guilt for bringing her five daughters to a shelter and internalized self-blame for not finding another solution to find a safer option for her children than the shelter. She engaged in the "good" mother versus "bad" mother dichotomy as illustrated in her quotes.

Do I think I could be a better mother? Yes, I'm very upset with myself. The fact that I ran five children to a shelter. Not because, not because of not being safe, not because of the safety aspect, but because of why didn't I find some other way to bring my kids to a safer place? Why, how, how did it take me so long? Why did it take me so long, to I guess you can say, "wake up!" and figure out another plan, instead of resorting to coming to a shelter. But you know what, at the end of the day, it's the path that was chosen for you (becomes emotional). So, you just take it. You just take it, and you go with it. (P30: lines 210-218)

Participant 5 grieved the loss of the family moments, the routines, and the familial rituals, which she experienced with her partner and baby during more pleasant and peaceful times in her home. While her partner misused drugs, was unreliable nor always present, they created fond memories which gave her pleasure to remember. Coming to the shelter highlighted her loss, isolation and this is emotionally difficult for her.

I don't have that feeling of support of the partner. You know like, even though I felt like, he was gone, and you know, like when he was there, it was we were a family. When he [baby] was crying too much for me, he would take him and say "Oh, daddy" and sing to him, and, while I'd heat up a bottle, or I'd be changing his diapers and he'd heat up the bottle and, we'd all just be laying there you know? And it's all just, very different. (long pause) It's just like, nice, when you think about those family moments. I don't have that here. (becomes emotional). (P5: lines 263-271)

Another mother questioned the injustice of having to access a shelter as a woman with her baby while the perpetrator of the abuse remains in the family home. She expressed her disappointment that she had to live in the shelter when she could be relaxed in her own home

with her own comforts of home. The carefully prepared layette for her baby remains in her former home. While she has access baby items from the shelter resources, these are not the carefully planned and chosen articles she had invested in for her baby.

Why am I here, and why is he there?" You know? I'm the one with the child, HE [emphatic] should be out! But that's not how it works. I said to another woman, "The only way that would work, was if we women stayed at home and they [men] went to another place, that place would be called jail." You know what I mean? There are no shelters for men. WOMEN [emphatic] are having to leave their homes. Which is, it's strange (exhale) but that's how it works. (P29: lines 491-498) ... I'm disappointed that I'm here, and having to have that, you know? I could be relaxed in my own home, if he wasn't there and yet, I'm here. I have to be like that. (P29: lines 565-567)

The following mother was in disbelief that she had to access a shelter for safety, it was not something she had envisioned would have ever happened to her. "Everything that resulted to me being here, are all new things to me and I never thought that I would be in a shelter situation" (P25: lines 56-58). Mothers often expressed moments of uncertainty for their family's future and questioned their capacity to provide for them. For many women it was an overwhelming experience to escape the abuse, find safety, and establish themselves as primary provider for their family in all capacities. Mothers made multiple sacrifices and privilege their children's needs when they fled the violence in their homes.

You get out of there, and you ask yourself, "How I'm going to manage? Am I really going to do it?" (pause) "Am I capable to do it? Is it the right choice?" Because the kids, well they're the ones, missing nothing. They will get whatever they need and here (inhale), I got nothing. No job, no school, no nothing. How am I going to provide, and are

they going be patient, and will they understand the situation? So, it's a lot. (P26: lines 139-144)

Participant 2 found relief by coming to the shelter after being stalked for over ten years with multiple break-ins by her ex-partner, and more recently the superintendent. Now, at the shelter she slept in a bed for the first time in many years and stated: "Oh, I actually sleep pretty good." (P2: line 596)

She explains the ongoing fear and vigilance she has endured over the last decade of being stalked to keep herself and her children safe.

It's like I always have something about somebody breaking into my house. It's like, I only sleep on the couch, I don't sleep in a bed. I never slept on a bed for I think, since [child 2] is small. I never slept in a bed. I like to be right at the door and listen (small laugh). I have this, thing going on. Ever since he broke into my house, I don't sleep properly. (P2: lines 581-586)

Other mothers felt that they had little choice but to access a shelter, even though it meant a loss of freedom and privacy for their families.

At home you have you have more freedom, you can sit and be quiet, and when there's lots of people you can't. It's not [the shelter] something one would really want, but this is what it is for the moment. (P11: lines 162-165)

Non-Conductive Space for Emotional Support.

In the shelter, all aspects of the social, and the physical space had an influence on mothers' perception of having emotional support or not. The analysis of the data revealed that some mothers in this study found that the shelter was not conducive to supporting women's emotional needs. Mothers describe the lack of privacy/personal space, living with strangers, were

all inhibiting factors for mothers. As the following mother stated: “there’s nowhere to hide.” (P6: line 1176). The environment was not perceived to be safe for mothers to express certain emotions. Several mothers referred to the diversity of the shelter’s occupants they were sharing the shelter space with. Therefore, mothers did not always feel secure to show their emotions or feelings to strangers in a public setting. Their preference was to wait until they had the privacy and the experience of safety of their own home. Common in women’s conversations was the theme of others (women) as strangers, and that sharing the space did not confer necessarily sisterhood, bonding, or friendships. The following two mothers explain their feelings about why they don’t feel safe to express their emotions in the shelter and underscore the lack of privacy and trust with others which mothers’ experienced.

I do know that I need some support counselling. But I know that being here, is not the time. Because I need to be in my own home, and maybe have that sense of security, or something? So that I, if I am um am emotional or whatever, at least I’m in my own home. I’m not in a shelter, where you have different people, and different, you know, behaviors, and lifestyles, and it’s not easy being here, because you have a room full of women and, you might not get along with them, and everybody has their own cultural background, everybody has their own way of looking after their kids. So, you just have to focus on what you have to do, and not get caught up in that. (P30: lines 235-252)

Additionally, participant 6 highlights her discomfort to express her emotions given not only the lack of privacy to express emotions or feelings in front of stranger [other residents and shelter staff] but that her children would witness her emotions. Mothers were protective of their children in this regard as well.

And then something else will happen and (inhale) you feel that meltdown coming, and you kind of want to release it, but you're not comfortable. You're not comfortable around people, you're not comfortable around your kids, there's nowhere to hide. You can't go to your room to hide, you can't go to your bathroom to hide, there's nowhere to hide (slight laugh). (P6: lines 1172-1176)

Some participants referred to the shelter as not dissimilar to the experience of the controlling abusive partner. Several mothers felt that not all staff was well trained and may not understand mothers' needs. In some cases, women referred to the shelter environment and treatment by staff as no different as their experience at home. The following mother likens some treatment experienced in the shelter as like her experience in her home. The shelter environment reproduces trauma and abuse according to this mother.

Dans les shelters, y a les hauts et les bas. Il y a des moments où c'est vraiment difficile et ils n'arrivent pas à nous donner ce qu'on a vraiment besoin. Mais ça aussi je peux comprendre c'est peut-être parce que, bon, les finances, ou, budget ou quelque chose comme ça, je ne sais pas. Mais, il y a beaucoup de choses que je souhaiterais qu'ils puissent faire différemment. Par exemple, pour être sûr que les gens qui travaillent vraiment, on une certaine, qu'ils respectent l'éthique de travail. Parce que c'est vraiment décevant, de quitter un endroit où tu as été abusée et d'arriver dans un endroit où tu te sens quand même abusée, d'une certaine façon. (Inhale) C'est difficile pour une femme de quitter sa maison, et de venir dans un endroit comme celui-ci, mais c'est encore plus difficile de penser que tu vas avoir du soutien, des gens, et, ce n'est pas ce que tu reçois, et ça fait mal. Et je sais que c'est beaucoup de femmes qui choisissent même de retourner

dans la violence parce qu'elles ne se sentent pas bien. Elles ne se sentent pas à l'aise.

(P26 : lines 537-552).

Emotional Labour.

The following narratives highlight the emotional work involved by mothers in interpreting the conflicting messages, understanding, and managing diverse personalities, and coping with ambiguous supports, when their priority should be the focus on their children and the present living situation. Some mothers related their experiences of feeling powerless when asking for resources specifically for their children.

Participants' responses articulated the tensions they experienced with staff, and the different forms of power-dynamics they encountered. Relational inconsistencies among shelter staff and the discrepancies in the provision of services was experienced as challenging, requiring expending additional effort on the part of mothers, and perceived as disenfranchising for them. The following excerpt also raises a critical issue related to the subjection of mothers who are in a 'therapeutic' environment and are required to shift the central focus from prioritizing their family needs to expending energy and time to navigate the inconsistencies of resource dissemination and the professionalism of persons in a perceived position of authority.

There's always going to be certain staff who like you more, certain staff who are more judgemental, you know, certain staff, like the whole parenting thing. Certain staff come in, and ignore what you're doing, certain staff come in, and start telling you what to do. Certain staff just are friendly. So, there's always a different personality which you have to deal with. It's never the same person, it's never the same routine. It's always different. And, I think, even THAT process takes a really long time to get used to. And once you start to know, "Okay, this is the staff that's going to sit in the office, this is the staff that's

going to try to come out and be with us, this is the staff that's going to tell us what to do all night" So you, you work with it. (P6: lines 868-879)

The following participant was disappointed with the amount and type of services received when she reached out for support. There is a perceived discrepancy in what services residents are told are available and offered on admission to the shelter and what in fact is the practice.

Following her experience of helping another mother one evening and the perceived abandonment of the staff, this same mother highlights the need for more consistency and efficacy in service delivery made available to mothers living in the current shelter.

It's just a few people are a little more judgy than others. We have this one relief staff who is, and I don't know if it's because she's not the best at English, but we call her snobby, because she doesn't want to talk to us. One woman was having a breakdown not long after I got here, and she [shelter worker] just wasn't even there. She wasn't there. I helped this woman through that, and if it weren't for me, and she even said, "If it weren't for you, I'd be in the in hospital right now." Like, where's the staff?" Like, it's, as much as we're told when we come in, "Oh, there's lots of supports." and there is, but it's not a 24/7 thing. The supports are during the week and when we ask for them, and depending on what you've asked for, how long they can come to you, it's not, directly here. There's no therapeutic anything going on in this house. It's just a place where women can come to be safe and where staff are just moderating the living. (P6: lines 923-935)

A tension existed between mothers and some staff related to services and benefits women and their children needed but had difficulty receiving from shelter workers. The personal context in which some women access the shelter may force them to be dependent on resources the shelter

system makes available such as clothing and toiletries. Participant 27 described the contradictory messaging she received related to her request for resources for both herself and her children.

When I came, because I move a lot, when we came, we didn't have enough, like, clothes. And then I came here, and I'm like "Look, me, and my kids now, we don't have nothing. I don't mind if it's used clothes or what, donation. For all of us." Before they [shelter staff] said when we came, "If you need clothes and stuff, we have donation downstairs." I said, "Okay." So, all of us, when we ask, "I want to go downstairs." [shelter worker response] "Oh no, no, no. It's for the new people." (P27: lines 741-745)

Similarly, participants' narratives reflected the access to food as one of the significant issues where discrepancies in attaining food upon a mother's request existed. In shelters such as the violence against women shelters where food was made available, mothers encountered varied and inconsistent responses when they approached staff as to who was responsible for purchasing and providing the food.

But when you come to it [shelter] you get told a lot of other things. "Oh, we're here for you, we've got daycare, we'll help you with your housing," They don't tell you, the complicated part. They're trying to be as positive as they can in that moment trying to say, "We have EVERYTHING for you, and everything you could need. We're here for you and we even have laundry." And as time goes by, like there's a fridge, there's a kitchen, you just have to ask, and like some staff, when you ask for food, they're just like, "Well you're supposed to buy that." Other staff are like, "Oh yeah, that's cool, let's go see what we can find in the cooler." It's literally that. So, it depends on staff. (P6: lines 921-931)

In the following mother's narrative, the privileging of the staff's needs or agenda over this mother's request for her child's needs further underscores the boundaries that exist between shelter workers and mother's capacity to respond to a child's immediate basic needs. This mother recounted her experience to obtain warmer clothing for her toddler as the weather cooled. Her urgent request was dismissed as the shelter worker deferred participant 6 to come back on another day when it was less busy. This mother resists by her desperate insistence in order to provide for and protect her child from the cold. She explains.

The staff, like the regular staff, especially if it happens during the day, like, you're GREAT, there's lots of people here. But on evenings and weekends, there's only ever one person. If you need something from the basement, sometimes you get told that, "Oh well can't it wait for during the week, when there's other people here, because we're busy." Like, "I need a sweater for my kid, like I CAN'T wait." Like, you know it's cold outside now." (P6: lines 1115-1122)

The following mother described a shelter worker's response in a similar experience as the above illustration when asking for much needed resources such as clothing and toiletries. Her narrative illustrates that staff may not be responsive to or prioritize mothers' requests.

[shelter worker response] "Okay, if I have time. I'm the only staff that works. Maybe if we are 2 [shelter workers] then I will take you downstairs." (P27: lines 746-747)

The same mother further emphasizes that staff will forget about the mother's request and or may not communicate the need that was requested by the mother earlier in the day to the fresh staff coming on shift. This type of response by a shelter worker often resulted in the mother's request being forgotten, ignored and consequently mothers must wait for another responsive shelter worker or ask repeatedly until the request is fulfilled.

And this one [shelter worker] will forget about it for the rest of the day, because you think they going to call you when the next staff come. So, this one [shelter worker] becomes another problem, too. (P27: lines 748-750)

Because all resources were under lock and key, mothers were not always given the opportunity to make selections of the resources for themselves, which mothers found to be frustrating and dehumanizing. In addition, the following mother stated this was a challenge knowing items were available but controlled by staff who constantly promoted resources but conflicting messaging for access to several resources.

You ask for soap or something, they [shelter worker] say “Okay I going to bring it.” Maybe that’s not the stuff that you want. Maybe that’s not the shampoo or lotion you want. So let me go down, look, and then I’ll see what I want. Those are the BIG challenges. Because you think anything down there is maybe for us. We are the victim of course we are not coming here for the fun of it. But if they [resources] are there, we are tired of it [asking] and them [shelter worker] saying “Oh we [shelter worker] have this, we [shelter worker] have that.” (P27: lines 750-753)

When mothers ask for an item, they may be questioned by staff with an underlying implication that they [mothers] already have the item. There is an element of mistrust or a form of veiled threat on the part of staff who have access to mother’s personal lockers and suggest the item may already be in mothers’ lockers. Questioning a mother whether she brought certain mundane items with her in her haste to escape her abuser, further marginalizes women and contributes to their trauma. As this participant related, the interaction with staff reduces her to feeling like she is “begging.” She describes how shelter workers are questioning her about what resource items she has and threaten to check her locker to verify this mother has not stored items

already and further questions this mother to determine that this mother has not brought her own resources such as toiletries, disqualifying her for anymore.

[shelter worker questions mother] “Oh, you don’t have that yet? If it is in your locker, we [shelter worker] will open your locker” [mother’s response]. Because there are lockers down there. If I, have it, why would I ask? “You don’t, have it? Oh, you don’t come with it?” [shelter worker questioning]. So, it’s because I don’t have it, that’s why I ask. If it’s in my locker, why do I ask for it? And when it sounds like I’m begging. And I don’t like to beg, you know. These are the hard parts that I find here in the shelter. It’s very hard. I don’t know about the other system but this one, it’s a mess up. It is rules that come from one person. And the one person is causing a lot of damage, to all of us. We lose it, and that’s why we talk, we’re like, “No. This is not working. It’s not working.” (P27: lines 750-753)

Participants found that service providers did not always follow through with promises or commitments they made to mothers. Mothers lost confidence and trust in workers who they perceived to have a lack of caring and professional efficiency. Having sought refuge in the present shelter from another city the following mother (with her baby) felt stressed at having to find her way to the housing office in a strange new city without support.

The first they say they going to help you and they take your application, to housing, right, but guess what I’m the one that took my application on my own, because they said, “Oh you have a car you can take it, if you want to.” And my caseworker was, she didn’t do some stuff that she was supposed to do. So, I took my own application to the housing, which is I don’t know where the housing, I had to find it on my own. So, I took my own application. (P23: lines 376-383)

The following mother talked about the strategies she used to cope with the various shelter staff personalities she must contend with, in order to navigate for services. She also identifies to this researcher by name those staff she knows she can depend on and who are trustworthy to give her the support she needs while living in the shelter.

We know the nights a certain staff is there and is going to tell us what to do, we avoid her. There's a night staff, who is going to be there for us, we, know she's there for us. I don't know, it's a livelier house when the staff are there interacting. There are very few staff that are like that, there's STAFF1, STAFF2, STAFF3; very few staff that are like that. Like, that are really hands-on. Are here for their job, it's not just a job, their job is to be here with us. Like HERE with us, not just to sit in the office and take the calls. So, again, the dynamics are always different with the staff, depending on who comes in. (P6: lines 879 -887)

Similarly, participant 26 commented on her experience with inconsistencies related to the interactions with shelter workers and the provision of services and resources. She differentiates between those who are caring and others who are less responsive who this mother judges as not doing their job.

Because any woman [shelter worker] here, who come to work, all of them have their own style. You will see some of them, they are really warm, and they show you that they are there for you, and some of them they treat you like you are a client, and some of them, they just don't do their job, I could say. So, they are really different to one another. Completely different. (P26: lines 386-391)

The following citation by participant 26 highlights the phenomenon of 'visibility' of women who mother in shelters. While mothers are made visible through surveillance and

monitoring to be discussed in Theme three, *(Re) forming Mothers*, mothers may also simultaneously perceive themselves as ‘not even existing’ as result of the staff’s response.

And you could see the other one who look at your like, you are not even existing, you come to her, you’re asking her for food, and she tell you “I’m coming,” but she’s never going to get up and come and give you even bread. I remember one night, we ask one lady who was working, “There’s no more bread, can we have more bread?” And she says, “Yes I’m coming.” But she never came. And we went to bed like that. We went to bed like that. So, they are completely different to one another. Completely different. (P26: lines 397-404)

When asked the question by this researcher how she felt about the event, participant 26 describes her feelings with emotion.

Uhh (big sigh) frustrated. And, hopeless. You feel like you’re nothing. You feel like, you don’t have any power, you don’t have anything. You just feel like you’re just there. And I remember even that night I, it was a little bit too much, because my family, who are African, to leave your house, even though it’s for abuse, it’s a sign of weakness. So, they were talking, and I have too much on my head, and to see my kids that they could not even eat BREAD. I’m like, HERE, listening to my family who are really mad at me, because I went out of the house. And I come here, because I thought its better and they [children] sleep without eating what they want and what it is, is bread. So that really hurt me and pissed me off. It was a mixture of feelings. I was mad, I was sad, I was lost and I’m like, really. Seriously? What is this? [pause, then quietly] Yeah. That’s what I felt. (P26: lines 419-431)

The above excerpt exposes the vulnerability felt by this mother and her self-doubts on several levels. As a mother with three children, she feels responsible to be able to provide for them and their needs, however even with the resources available she is not able to accomplish this. It demonstrates to her how powerless she is in providing even the simplest necessities for her children, in this instance a piece of bread and creates self-doubt. This experience underscores her significant dependency on others for resources, the pressure she is experiencing from her extended family and cultural practices, and the undermining of her mothering capacity to protect her children in the shelter.

Theme 2 Summary: Mothering Disrupted.

Overall women were grateful for a roof and a place to stay. Mothers expressed appreciation for services and the opportunity to obtain some form of stable housing after an indeterminable length of stay at the shelter. Mothers also stated they found relief and protection from the immediate threats to their children and themselves. While shelters were perceived to function as a source of refuge, mothers expressed concerns in relation to the physical and emotional safety, and health risks that they and their children experienced living in the various shelter environments. Mothers struggle with balancing their mothering role and undertaking of activities such as caring for their children in the shelter context which is experienced as unsafe and disruptive. For example, the lack of privacy and safe spaces to mother children made it difficult to promote the simplest of healthy growth and development activities in shelter spaces such as crawling and unrestrictive play. Further, mothers' narratives consistently demonstrate their attempts to limit the disruption in their children's lives.

In addition, mothers perceived the imposition of routines and rules that they experienced to further inhibit 'mothering' and prioritize the organizational system versus their needs and

those of their children. In the next section under the third theme *(Re) forming Mothers*, women's narratives will delineate these issues.

Theme 3: (Re)forming Mothers

Living Under Pressure.

Most participants described the temporary process of living in the shelter as exhausting, challenging, tough, and as requiring a "lot of energy." Mothers said that they felt under pressure as they juggled a multitude of demands and crises requiring a shift in attention daily in order to meet the multiple needs of their families, and the demands of the shelter system. This theme further describes the struggles women encountered in their daily mothering role related to the adjustment to the shelter environment, the imposition of rules that influence ways women should mother and the lack of supportive services. The following three sub-themes support and further define the content under this section: 1) Time, 2) Rules: Fixing Mothers and 3) Abandoned: Lack of Services.

Time.

The element of time consistently emerged throughout the analysis of women's narratives. Time emerged as a source of pressure and stress, and as impeding participants' capacity to mother while in the shelter. While all mothers' experiences were unique, collectively women reported many similarities in the way time was experienced. Mothers reported their concerns about the time-intensive shelter requirements and obligations as adding to their stress and existing burdens as well as undermining their ability to primarily focus their attention on their children to meet their (children's) specific needs.

Time to Adjust.

Women reflected on the challenges of leaving their homes with urgency with their children and moving to an unfamiliar environment which required living in the collective realm with complete strangers and under organizational rules. The period of adjustment was complex, and that required mothers to comply with rules for every aspect of living. Women contended with the direct and indirect effects that the context of their forced flight to a shelter imposed on them. They were also required to guide their children through these new and unfamiliar rules and routines all the while performing the daily taken-for-granted ‘mothering’ tasks without the necessary resources and in the manner the shelter policies and programs enforced. Mothers often reported a lack of support to parents on the part of shelter workers given the added burdens of unfamiliar experience of the shelter and its rules.

Participant 7 described her specific experience when she first moved to the shelter with her two children, an eight-month-old son and two and half year-old daughter. Like other women’s narratives, this mother spoke of the stress of a broken marriage, the adjustment to an unfamiliar environment, dealing with children who are confused, and having to cope with shelter rules required a lot of energy and demanding work.

It’s hard. It’s very hard. It’s challenging too, because you’re coming from your situation, and then you’re adjusting to a new situation, and then your kids are driving you crazy because they’re used to their situation, it’s really hard, for the first month, I mean unless you’re lucky and you stay here less than that, then you’re good. If you stay more than one month, then it’s really, really hard. It’s very challenging. It takes a lot of work and a lot of energy. Because you’re dealing with your own feelings of you know, living with other people you barely know and then you’re kind of saying “hi” and you’re trying to adjust to

the rules of the shelter, and then you're having a mental breakdown because you're so used to your own schedule, and now you're all over the place, and starting a new life, and your marriage is over on top of that, and then your kids are going crazy because they don't know the situation, you know? It's like, my daughter, [CHILD1], she was all over the place. And she was not used to so many kids. (P7: lines 298-314)

The adjustment to the shelter environment as a temporary home was fluid, dynamic and unique to each mother and her children, as they all had to navigate through stages of adjustment. The following mother described the process as non-linear and non-static.

I think it depends on a few different things. So, one, how long you've been here? Like I think you go through different stages while you're here. At the beginning, it's nice but scary. You're like [awed voice] "Oh look! There's food, there's other kids, there's a playground but at the same time, you're very stressed, and you're very scared, and you're very lonely, and so it's the whole emotional thing. (P6: lines 655-661)

This same mother comments on the difficulties of parenting while multiple children of various ages and genders interacting with her own three boys, and the constant need to "keep on your toes" with the transitioning of mothers and children in and out of the shelter. There is a need to relearn her mothering to adjust to meet the needs of communal living situation with other mothers and children. It requires having to mother other children to ensure safety for her three children.

You're sort of having the reactions from your children now. And at any given point in time, you're dealing with whoever's children are coming in. And then, the dynamic is always changing of who's here. So that does make it difficult for parents, because you have to re-learn, you have to get to know everyone else's kids, and make sure your kids

aren't in conflict with those children. Sometimes this is a great relationship, sometimes it is not, sometimes this is, you have to watch, there's a baby there now, sometimes there's a bigger boy who wants to fight back, like, you just have to always keep on your toes, with the whole parenting with other children. (P6: lines 662-675)

Similarly, another mother of two young daughters described the need for ongoing vigilance of other children's interactions with her daughters, owing to the "different personalities of other children" and to ensure her daughters' safety.

Having to adjust to my kids being around other kids and having to watch how the other kids interact with my kids and stuff like that, basically different personalities, for the children. (P12: lines 80-83)

Participants who moved to the city where this study was conducted spoke about the difficulty and challenges of adjusting. Mothers revealed that they were faced with the dual challenge of mothering in the unfamiliar environment of a shelter, but also experienced the challenges of having to find their way around a new city, to access resources and services. The following mother communicated the difficulties encountered which adds another layer of stress and, in some cases, fear.

Not knowing your surroundings. Not knowing where, is where. When I first came here, I didn't know, for example, where a drugstore is, or where a department [name of store] is, you know? For other women here, they're from this city, so they can tell you east, west, north, or south. I had no clue. So that alone was a big fear because it's not my territory. (P30: lines 254-258)

Another recurring theme reported by women was the experience of fatigue and diminished energy. Simple tasks such as preparing a meal became more burdensome and time-

consuming, as the following mother described. She also explained how she compromised by feeding her son some foods she would not usually buy when living in her own home. Mothers often described feeding their children less nutritious foods since arriving at the shelter.

When we just arrived at the shelter, no matter how much money first of all, you don't have the energy to think of what I'm cooking for my son, when am I going to buy the ingredients, and stuff like that. And it's not all the ingredients that are here. For example, myself, I never feed my children the ready-made food, the one that's in the jar. But ever since they got here, I have just started to feed my son that, because it's not very easy to find the energy, the time, and just the ability to navigate your way, to go out there and buy the things that you need and bring them here and cook them for your children. (P25: lines 596-604)

The following mother also describes the development of a new identity, that of dependence which reinforces the perception of loss of control in multiple dimensions in her life.

The shelter is like a new area, it's not like where you used to live, right? So even knowing the directions, where to go, you create a certain form of dependency on the staff here, to help you with printing a certain timetable, to show you the bus, where you'll take the bus and all this type of thing, and I'm an independent person who used to control your own life? That is like you're becoming, a dependent person, I don't know the English word for it but, you're not in control of your life and of your movements, and of your whereabouts, because it's a new physical environment. (P25: lines 183-191)

Time of Isolation.

Mothers commonly reported a sense of isolation because of the restrictive visitors' rules, and they felt different and embarrassed to tell their friends about their new situation. Other

mothers commented that they could not meet with families because of the fear of being found by the abuser, who was often stalking their families or friends. Mothers' narratives reveal the constricted spaces they live in governed by rules or fear. The following mother described her personal situation.

You have some limitations, like right now, first of all being in a shelter is sort of an embarrassing thing. So, to speak. Because there's so much stereotype out there, so you're not proud to tell your friends that you're in a shelter. That's one. And two, you cannot tell everybody that you're in a shelter because only female friends are allowed to come here for example. (P25: lines 192-198)

The following remarks describe the constraints mothers experience due to the limited physical and social space they are regulated to live in that contributes to their feelings of isolation. Mothers experience many losses and suffer from a deprivation of material belongings as well as emotional and social interface when they experience homelessness in the shelter.

Like I just want to get everything back in my home. I want to be able to look at a photo, and know, have a place other than a small room to place everything. What homelessness is, it's just not having your own place to go, and you know, be completely alone? You can't have people over here, you're not allowed, and, you know, having a place to bring your friends, and, and family. Like have, like a dinner with everyone, and stuff like that, which, I just haven't been able to do in a very, very long time. (P4: lines 661-687)

While the following mother does acknowledge the need for counselling and will take time for herself to fulfil this once she is settled. Like other mothers, collectively mothers often did not prioritize their needs.

Counselling is something that I will do once we get settled. Because we're new in [city], so we're just adjusting to being in a new city, in a shelter, and all of that. That alone right now is, is quite hard. (P30: lines 235-252)

Similarly, Participant (29) feels overwhelmed with all she has to deal with including being displaced. She feels she can deal with her emotions when she is in a stable home and "at a healthier stage." She does not want her baby to feel this emotion. Other mothers also had this sentiment of hiding their emotions.

My parents keep saying, "You need to go see a counsellor", but I feel that, if I'm dealing with those emotions, and I'm emotional, she feels that. So, I'd rather just put it at the back, and when I'm at a healthier stage, more stable, and maybe in my home, and we have a better routine together, maybe then start dealing with these issues. Whereas right now (emotional) it's too much. I can't deal with being displaced. Unsure of the future, and then dealing with everything. It's TOO MUCH. They [parents] keep saying, "It'll make you stronger." I understand that, but it's too much to deal with, at a time. For the last 6 months, she [infant] hasn't lived at her home, you know? It's hard. Thank God she's a baby, she doesn't understand what's going on. (P29: lines 337-341)

Mothers also reported that dealing with the practicalities of life took precedence over seeking services for themselves. They sometimes had to wait for appointments and their appointments interfered with their caring for their children as illustrated by this mother. In the following excerpt, this mother demonstrates the constant shifting of priorities while living in the shelter.

At some point I will. I had to cancel, I had a counselling appointment last week here, but she [caseworker] was really late and I had to go get my daughter in OTHER CITY, and I

had to let her [caseworker] know that I couldn't stay any longer. It is hard to juggle everything, work, and kids, and counselling and just, sanity stuff. (P13: lines 255-259)

Waiting for Housing.

For all the women in this study access to a new house was reported as their priority and seen as a source of hope to start over a new life for them and their children. A major contributor of stress that women stated was over their uncertainty over access to future housing and long waits for housing. It was perceived as a time of tension and worry by mothers hoping to secure housing quickly to be able to move on to a new home and exit the shelter to begin the process of stabilizing their families and re-establishing their lives. The following mothers described their feelings in the following excerpts.

You are unhappy, right? You get stressed like I don't know how to explain to you.

(pause) You can't be happy like before. Yeah, because you have too many things going on. So, you worry whether you'll get the house, you'll have a house of your own. So, it's hard. (P24: lines 155-160)

The above mother's comments clearly articulate the multiple stressors that are contributing to her unhappiness. The uncertainty and lengthy wait women experience for housing is described as the reason that is affecting this mother's emotional health as she explains.

Just that I've been here for so long with no results, of any house, of any good news, and my emotion is getting more hard as how long am I going to be here? And how long are my kids going to have to be here, if they are getting sick, all the time? (P23: lines 286-289)

Common in mothers' narratives were the momentous events or milestones of children that were experienced while still living in the shelters. Mothers live with uncertainty and pressure to move but are fixed in the shelter when there are no other options.

Because I don't want to spend, I don't want to do my daughter's birthday here. They tell me, "Oh no you're not going to do it here. Then guess what? I'm going to celebrate my daughter's birthday here. This, coming month [DATE emphasized]. And that's what I asked. And then I ask, okay, now it's going to be 4 months, then 5, then 6, and we don't know how long it's going to keep going on. How long it's really, and there's a lot of cockroaches in this place, it's not good for kids. (P23: lines 459-467)

Participant 8 has been in the shelter for six months and internalizes the reason for her still living in the shelter for such a considerable amount of time. She spoke with desperation when stating her fear of being assigned to a particular neighborhood she knew to be unsafe after such a long wait as she is presented with little choice or control in choosing her housing.

It's tough. I was getting discouraged, because I saw people come to the shelter before, no, after me, and leave before me. I said, "What am I doing wrong, like? Yes, I'm sorry, I'm very selective of, of my areas of, choosing a house, but with CITY housing, and I'm not going to go to [NEIGHBOURHOOD name] (emphatic voice). (P8: lines 906-910)

A few mothers perceived that living in the shelter was temporary and chose to wait for their stable housing before making plans as this mother explained. Her comments reflect the disaffiliation, uncertainty and unstable situations mothers, and children live in leading sometimes to complicity due to a lack of control over mothers' ability to obtain housing independently of the shelter system.

I don't want to live here. It's just temporary. I cannot like, make any plans, for like, future plans. Like when I was trying to file my taxes for the first time this year, then I'm like, "Should I file them? Should I file them when I know I might leave at any time? Should I give this address when I know I'm going to leave?" Everything that I do while I'm here has to be temporary, because I know I have to restart, again, I have to get used to another place, again, so, I don't, I tend to leave out the long-term plans, for when I have a house, so that I can be stable, and settled, and yeah. Ready to take on life [slight laugh] in the long-term. Like everybody here is sleeping, waiting for the call that is "Oh, you've been offered a house!" (P16: lines 194-207)

Some mothers felt shelter workers should provide more support and be more attentive to mothers during their stay in the shelters given the adversities mothers encounter. The following mother perceived the time women are in the shelter and waiting for their homes is a time that service providers need to do their best work, so women feel supported.

Une femme, elle quitte, sa maison, la seule chose qu'on est en train de focus, c'est d'avoir un autre endroit that we can call home. Et je sais qu'on est beaucoup à chercher ça, et ça prend beaucoup de temps, mais le temps qu'on est ici, il faudrait qu'ils [shelter workers] fassent de leur mieux, pour qu'on se sente un peu mieux. (P26: lines 574-578)

Rules: Fixing Mothers.

Mothering 24/7.

Collectively, mothers' narratives referred to the aspect of 'mothering' 24/7 because of the many demands placed on them by shelter rules and conditions to live in the shelter, resulting in little respite for themselves. Many mothers stated they struggled specifically with the imposed rule that children had to be always supervised and had to always remain within one arm's length

of their mothers without exception. As one mother described, all other mothering tasks were neglected to conform to and prioritize this shelter obligation. Performing daily mundane tasks became a challenge and more difficult to accomplish because of this shelter rule.

So, there's this rule that a certain-aged child can't, like [child 3] can't be left unattended.

This is where it becomes complicated, because if he runs out into the yard, I have to go follow him. If he runs back inside to pee or something, I have to go follow him. If he's downstairs, I have to be downstairs. If he runs upstairs, I have to be upstairs. So, if I do laundry upstairs and he bolts it downstairs, which he's a runner, I have to chase after him. So, I'm neglecting everything else that's going on. For example, if we were at home, the kids could go downstairs and watch TV and I'm still upstairs for laundry. That's absolutely okay! (P6: lines 745-754)

As discussed earlier in the chapter, mothers cited a lack of privacy due to sharing sleeping quarters with their children and sharing all other communal living spaces in the shelters with unrelated people, including shelter staff. The following mother clearly articulates a common sentiment by women in this study given the mothering 24/7 rule. Mothers explained that there is just not enough respite for mothers because the children were constantly with them as enforced by shelter rules.

No, no privacy. No downtime. That's another downfall. You have to leave to get that.

There's not one thing that I found, particularly at the beginning, whenever I, you FEEL that you need to cry. Like, you know that it's coming. And you keep pushing it and pushing it and pushing it, and you're just busy, busy, and busy. (P6: lines 1183-1187)

Common was a mother's reference of having to leave the shelter for respite from the rule that required residents to always keep their children within arm's length. Few women had family or friends or the option of day care to get relief from this enforced way of mothering.

Other than having to be with them 24/7, you can't have any sort of independence yourself, unless you're leaving and putting your kids in a daycare or something. So, you have your kids 24/7. (P6: lines 995-997)

Most mothers reported that even for private functions such as the washroom or for personal hygiene mothers had to bring their children in with them, giving the mothers little respite or privacy. Mothers' consensus was that these rules created more difficulties and burdens.

Well, just cooking, can be difficult. Taking a shower's hard, going to the bathroom can be hard. I have to take him in with me. Either we'll take a bath together, or I'll take, I didn't shower with him before, because I had a claw foot tub, so, for me it was hard, especially being pregnant, to get in and out of the tub, let alone holding a baby, um. I might've put him at the end in a little bouncer, but I don't have a bouncer here, so I take him in with me. (P1: lines 806-814)

Another mother with a small baby related how the rule was a "hassle" when she needed to prepare a bottle for her infant son especially during the night. She describes the steps she took to prepare the bottle when her infant woke up for his feeding during the night.

That's another thing. Having to come downstairs to make his bottles with him. It's just an extra step that's hassling. Like where I was at home, I'd come out of my room go into my kitchen, make the bottle, and like, here I have to come out of my room, and make sure I have my key, and not lock us out! And go down to the kitchen, make the bottle, heat it up

and then go back upstairs, give him the bottle, and then he falls back asleep. (P5: lines 628-635)

The shelter rules that children had to be within mothers' arms' length always was a burden for women with multiple children. Mothers' narratives often compared shelter living conditions to the living conditions at home, highlighting the homes they had left behind as more conducive and practical to mothering than in the shelter space.

Like, even trying to find time when I can take a shower, like how am I supposed to watch them, and take a shower? Whereas if I was in my own place, I could let them watch TV and just take a shower. (P15: lines 126-141)

Other mothers noted the increase in responsibility in their roles as mothers, whereas the same tasks or daily living activities were much more easily managed at home but became burdens in the shelter.

We can't leave our child anywhere unsupervised. And today I found out that she's got to be arm's length from me. She's never been an arm's length from me, even when she was tiny, tiny, tiny. I would cook in the kitchen and yeah. I would have a direct sight to her, and her dad was on his phone in the living room. But she's never been arm's length from me. I feel I would be suffocating her, if we were that close to each other, you know. (P8: lines 898-904)

Other mothers spoke about the struggle to juggle the imposed task of accomplishing the assigned shelter chores in the prescribed timeframe while simultaneously caring for young children. As the following mother's quote illustrates there was also the added obligation to consider others who shared the space and maintain the shelter space.

I can't leave my son alone. If I do, he's got to be sleeping and I have to have a monitor. And that can be challenging because he has a lot of separation anxiety, so if he wakes up, you know he doesn't just go back to sleep, I have to run back and forth, I have to grab him, sometimes like holding a baby and doing a chore, is a chore in itself. If I'm at home, it wouldn't be such a big deal, because I could leave it. But you're here, and you have to be considerate of the people around you, that these things need to get done. (P1: lines 672-679) ... I have to get this done because there's a timeframe to get this done. (P1: lines 877-878)

The 48-hour Housing Rule.

The process of obtaining housing, more specifically, the housing rule was reflected as a common concern that was unsettling for many mothers. This rule in particular exacerbated power differences between staff and mothers. Some mothers perceived that they had little control in the process and little or no choice in the outcome or decision. These narratives also highlight the coercive practices of housing distribution some mothers experienced. The following mothers shared their understanding and experiences of obtaining a house after months of waiting. Moreover, the following reflects the helplessness women may experience following weeks or months of waiting and then a lack of support if housing offers are deemed inadequate or unsafe according to mothers.

The rule in the shelter is, you have to take the first offer that is given to you or then you have to leave within 48 hours from the shelter, if you don't take the first offer. They tell you that when you're doing your housing application, you sign a form agreeing to that. Hopefully, it'll be good. One lady refused her offer and last I heard she's refusing, and she has 48 hours to leave the shelter. So, she feels really stuck. She says she doesn't

know where she's going, she doesn't know what she's going to do. So, she took the time to think about it, so, I don't know what happened with that, yet. But yeah, it's, no joking around. (P5: lines 661-672)

Having received her housing offer this participant stated why she accepted, "you have no choice" (P6: line 1029). Understanding the housing process, and that there is a lack of affordable housing available for mothers, the following mother also tried to reach out and support another woman in her quest for housing. She explains that the shelter policy is for mothers to move out once an offer of housing however salient is offered. This narrative also reveals the coercive manipulation of housing and shelter space to determine where and when women obtain housing or leave the shelter.

You have to take it. Shelter policy. You'll get kicked out. So Housing, will give you three offers. Shelter says: "As soon as you get your first offer, you have to take it and leave".

We found you housing, here you go. It's policy. I've watched two women fight that now, go through many tears, and much frustration and, they did fight it. They were fortunate to get the second offer, but again both were told, "If you do this again, you may as well just leave." So actually, the one woman that was here, she was a single woman, she actually just left, she wasn't going to take the offer, she was just going to go on the streets. (P6: lines 1035-1047)

During the process of their choosing limited housing in the city neighbourhoods that have been sectioned off for mothers and families experiencing homelessness. Two participants quoted staff as making an analogy about mothers in reference to "Beggars" during the housing choice process.

You have to take part of the decision and agree to go into the areas. And if it's not safe for you, you're not comfortable. So, you have to choose, areas, and you have to literally go through the book and check, every housing area that's available to you (long inhale). So that's hard on its own when you're getting "Well beggars can't be choosers now. You can't just choose here and here! You have to do this, and you have to do that." [shelter workers]. Like literally everyone gets told that beggars can't be choosers. Like, "Here's the book, choose what would be best for you. Okay, you didn't make enough choices. You have to choose more." [shelter workers] "Okay, well that's not safe for me, and that's not safe for me." [mother]. "Ah! But! Beggars can't be choosers!" [shelter workers]. (P6: lines 1056-1070)

Participant 8 internalizes shelter workers insidious suggestion that beggars can't be choosers by accepting housing in a less than desirable neighbourhood.

House policy is that you have to get the first offer. You have to accept the first offer. Now, I was fortunate enough that my first offer happened to be a three-bedroom townhouse in [location], mind you. But I'm thinking, beggars cannot be choosers You know? I'm not so sure about [location]. (P8: lines 918-922)

For most mothers, obtaining a home and moving out of the shelter is a goal for independence and stability and they comply and accept what they have been assigned as this mother justifies her response. "But I'll be happy with anything." (P5: line 673)

Because, it'll be a home, for me and my son, something I can do. I hope. I can do whatever I want, I can paint the walls whatever colour I want, I can hang pictures on the wall, whatever I want, put the couch wherever I want. Do my room however I want, you know? (P5: lines 675-679)

Faced with a risky choice the following mother explains why she did not accept the offer for a house when it was first assigned to her several months earlier. Balancing both the needs of her sixteen-year-old son who has ADD and ADHD plus her chronic illness, she felt she had little choice but to return to her abusive husband. She did not feel the assigned housing unit in the neighbourhood would benefit her family but rather would endanger their well-being.

I waited like 7-8 months in the [shelter] and they offered me a place at [street] and I have a lot of anxiety and stuff and with my son having the problems that he has; I didn't feel safe there. (inhale) So I went back to my ex. (P13: lines 52-56)

Specifically, this mother's rejection of the assigned housing underscores the resistance and courage on the part of women protecting their children but raises the concern of the risk mothers are subjected to through the current housing practices when attributing housing to mothers that could be described as the taken-for-granted norm. Mothers' narratives reveal how this process places families at risk and in danger related to their well-being at all levels. When mothers and children experience homelessness, they became dependent on a diverse network of services to assist them navigate through the system to meet their needs and determine their housing eligibility.

Loss of Mothering Autonomy.

Dispersed throughout mother's comments in interviews was the perception of a loss of autonomy and freedom in multiple aspects of daily living for both themselves and their children. Mothers reported that there were rules and obligations that they needed to follow in order to live at the shelter often without exception. As one participant commented "A shelter is a shelter, it's not like living in your own home, they have rules and everything." (P14: 112-115). The

following mother spoke to the complexity of having to deal with so many rules that conflicted with her personal rules as a mother.

My mom had her own rules, right, so I have my rules, but being in the shelter as a mom, you have your own rules, then you have the shelter rules, then you have to deal with other people's rules, too. (P7: lines 577-579)

All the shelters had fixed rules for curfews and for the children a fixed bedtime, and several other diverse rules to govern and maintain order for everyone's way of living while residing in the shelter. Mothers were informed of the rules for every space, and how to 'be' in that space [how to use the space, who could use a space and when to use a space] because the shelter space is not "your" space or "home." The concept of home and the experience of a former home was consistently recurrent in interviews as a more stable option for raising children.

The only place you can eat is in the dining room. You're not supposed to eat in the living room, or the computer room or upstairs, just in the dining room. (P5: lines 690-692)

As one mother of a small baby observed, the "simple things" that were previously taken-for-granted at home and are perceived as a pleasant experience are now subject to surveillance and discipline when performed in the shelter. "You kind of have to supervise them [children] here because it's not your home." (P29: lines 879-880). The following was her observation, which includes the child-like treatment adult mothers were subjected to follow in the same manner as their children. In this example, mothers are not allowed to bring food in the shelter living room.

I've been seeing the different ways people raise their child, and then having the staff almost discipline their child. You see because there are rules here, you know? No running, no food in certain rooms. If you were at home, you would be able to sit in the

living room, with your pop, watch a movie, whereas here, you're not allowed you know? Then you have staff saying, "Please don't do that." I understand it, because we need to keep this clean, you know what I mean? But it's almost sad that, just the simple things like that? A mother can't do. You know? (P29: lines 806-814)

Additionally, participants felt they should not be subjected to the same rules in the same manner as their children. The following mother's comments were reflective of most women living in the shelter. Participant 5 described herself as a responsible adult, yet she had to follow the same rules as the children.

I don't like the whole 'Not eating in the living room' but I understand it's not a place for the children, but I feel like the adults should be able to eat in the living room like at night, when the children are in bed, and you're just having a snack, and you're sitting with you baby watching your favourite TV show. I feel like that should be changed. (P5: lines 694-698)

One expectant mother spoke specifically about her medical condition, and the challenges she encountered in maintaining her prescribed medication regime. The rule in some shelters stipulated that all residents' personal medication had to be locked in the shelter's office. Participant 1 who is in her last trimester of pregnancy described the inhibiting effects this rule had on her capacity to have access to her prescribed medication, and take it as prescribed by her doctor at the correct time for her health and safety.

For me, the medication was challenging. Having the medication locked up for MY situation, was very challenging. For myself because I'm [medical condition], I'm on many, I'm on two different [medications]. So, I'm on a very regimented routine. I have to

wake up, take a [medication], wait about an hour, then I can eat after taking a second [medication]. (P1: lines 280-284)

This same mother further reveals she must rely on the shelter workers capacity to provide her medication on time which from the narrative below demonstrates a lack of stability or medication regime is adhered to as prescribed by her doctor. Given her serious chronic medical condition this lapse in medication time could have detrimental effects for this mother, even more so given she is in her third trimester of pregnancy.

Another thing too, sometimes with the staff, I couldn't get to my medication quick enough. Because when I wake up, I have to take it right away. So, I'd have to come down, and if they weren't in the office, they were busy doing something else, I'd have to wait, half an hour sometimes. (P1: lines 695-698)

Another rule enforced in some shelters was the assigning of daily chores that all residents were required to perform at a specific time. Without exception, all mothers were assigned house chores to support aspects of communal living. One participant understood the purpose of the chores as payment for refuge at the shelter.

That's what the chores are for, so, because they give you free shelter and free food. So, everyone has their own chore to do and stuff like that. But I have more difficulty to do things like that (small laugh). (P2: lines 750-752)

The above mother had a medical condition, and because she was on a disability pension she received cleaning services in her home, but at the shelter she was expected to perform chores.

Me doing the dishes all the time, and cleaning, and everything, it just makes my hands really bad, so I started going to my friend's house for supper (small laugh). (P2: lines 767-768)

Unlike having the freedom to perform domestic chores when mothers chose to just as they would in their own homes, mothers living in the shelter “learned” that they had to perform their assigned domestic chore at a prescribed time as per the shelter rules and to meet the requirements to remain in the shelter with rule compliance. For most of the participants, this was difficult given their other priorities including caring for children.

And it's difficult too, because you have, you know, say, some chores that you have to do, determined by them [shelter workers] there. You learn to do that [chores] at the time that you're supposed to do them, because at home you have the freedom to do whatever you want at whatever time. (P25: lines 173-175)

Overall mothers found the imposed task of doing chores a challenge and in addition, as this mother explained, there was a need to conform to the staff's way of performing a chore.

It's challenging, it's challenging, yeah. It's really challenging. It takes a minute to get used to it. Because the staff want certain ways to be done in the house, so when you're doing your chore, they want their own way of doing the chore, and then you have your own way of doing your chore. (P7: lines 588-592) ...So, like yeah, everybody has their own way of doing everything. Even the ladies that work here. So, it's, it's tough. It's tough, it's tough. (P7: lines 598-600)

This same mother in one of the VAW shelters emphasized on the need for mothers to compromise, but also to question and resist. However, in the end, the chores are conducted as per the shelter rules.

A lot of compromise. You HAVE to. You HAVE to compromise. You have to really actually be like, “I’m sorry, this is how I do it.” So, the staff will be like “Oh, but,” they’ll tell you WHY this is wrong. (P7: lines 602-604)

Mothers with small children spoke about the shelter-imposed rules and routines that negatively impacted pre-existing family routines. Participants related children’s difficulties with the change in their taken-for-granted routines, making it hard for mothers who themselves were responsible for enforcing the shelter rules.

There’s a big difference. You know, when you’re in a shelter, you’re living under somebody else’s house rules boundaries. At home, it’s a little bit free, for all the kids. Like here my little one can’t go into the kitchen because of safety hazards, but at home, he’s allowed, so he doesn’t understand that. Kind of makes it hard sometimes. (P9: lines 252-257)

Mothers reported being subjected to curfews for returning to the shelter and for overnight stays with family and friends. Residents needed permission each time as to whether they could be absent from the shelter overnight. Similarly, there are rules to returning to the shelter at night before the shelter doors are locked and residents are not allowed given admittance. Further, any infractions result in being written up. The following mother highlights the urgency and seriousness of an infraction to the rules of curfew and potential for punitive measures by shelter workers.

But, like curfew here it is midnight. And I actually happened to have gone overnight to my friends’ house, the other day. And I ended up calling, at like quarter to midnight, and then, the lady on the phone told me she’s like “Well I don’t approve this overnight”. And I’m like, “But, but why? It’s before curfew, and like everything else” but I guess they

want you to call a whole lot earlier. And I was like “Well if I make it back in the next 15 minutes, am I still going to be in trouble?” (P4: lines 915-919)

Shelters that are classified as violence against women sites in this study did not permit male visitors to the shelter, nor for the address to be shared with anyone other than the shelter residents, in order to ensure their safety. As such, women must plan for family members or others to pick them up at a location away from the shelter. This rule is particularly difficult for women with small children, especially in the case of Participant (1) as noted before who is in her eight month of pregnancy and has a thirteen-month-old child.

(sigh) I think the only thing I could say is that, sometimes it’s been difficult, to have to go, like, to a special meeting spot, having a baby a car seat, a stroller, and sometimes if it’s raining. Those kinds of things can be inconvenient, to have to go like “okay I have an appointment, yes I have support, but I have to go like 10 minutes away, to keep it safe.” I understand, and I know not all shelters are the same, so if I needed a ride, you know with a safe person. It was sort of introduced that if I asked, I MIGHT be able to have someone, that could sign a confidentiality, I haven’t, gotten that around myself, because I know that one person is a male, and I try to respect the rules, but it has been a little difficult, with the baby and the car seat and all that other stuff, having to go meet up. It’s been a bit of a, a challenge. (P1: lines 925-936).

Abandoned: Lack of Services.

As discussed earlier under the sub-theme safe place, there were several services and programs that were provided through the shelters which some mothers found to be beneficial and supportive for their families. However, the lack of childcare services was a recurring theme throughout the mother’s narratives and was identified as a critical resource mothers needed. This

sentiment was found to be contingent on several variables, namely the number of children each mother had, the ages of these children, whether any of the children had special needs and the types and frequency of appointments and or services mothers required to support their needs. Likewise, women's involvement with legal services, and the courts determined a mother's need for childcare, given children were not allowed to be present for these types of appointments. However, most mothers reported that they felt that childcare services were insufficient and did not meet their families' needs. One of the major concerns for mothers was related to this lack of provision of childcare services, a service the shelters promised them on admission.

But when you came in the way they [shelter workers] introduce it [childcare], they're "We have Tuesday and Thursday daycare, you can put your child there." We thought it was for all the children. So now, this time it's "Oh, well as long as you sign up." But even if you have an appointment and you sign up late, well the other six moms sign their six kids there, then you have no room. So, you say, okay, the problem with this, these two days are the only days all of us can have appointments, because there is childcare. (P27: lines 618-626)

Additionally, many mothers found the service to be lacking or too restrictive at all shelter sites. Without childcare mothers referred to a lack of respite resulting in forced mothering 24/7.

Here I have to keep both of them with me, and they [shelter] has two days where there is daycare, like inside, but it's priority-wise. Like if, I have an important meeting, and if the daycare is fully booked, because they only have two workers and they have rushes, so if you have, an important meeting, and then you need your child to be in daycare, they [shelter worker] will tell you the daycare is full, because they can only take so many

children on this week and, two other people have already signed for it. (P25: lines 264-270)

The following participant articulated how busy mothers were, and the struggle they had to go through to get much-needed childcare. Feeling women are not listened to or are powerless to obtain or meet their childcare needs, this same mother requests the help of the researcher to intervene on her [mother's] behalf with the shelter workers. This perception of the participant points to the hierarchy of power of those who are professionals and those who are not and must be dependent on others for their basic needs versus those with so little control or power to fulfill their needs.

Maybe you [researcher] can talk with them in a meeting or something, yeah, because something has to be done. If two days a week cannot be forever, because we are moms, we came here we have a lot of stuff to do. Some have courts, some have a lot of appointments outside. Because there are two of them [shelter workers] they cannot take care of more than six children. This is a struggle now. That is one of the worst things in the place, it's not going well. (P27: lines 635-642)

For many mothers, the system worked against them. While they needed to access a multitude of services because of becoming homeless, there was minimal to no assistance provided to mothers who required childcare. Mothers who had childcare arrangements prior to becoming homeless had to pull their children out because of; fear of abduction by the partner; loss of their employment; they resided in a shelter in a different city; no longer had the finances; or no longer had the transportation to access the childcare. Mothers reported that in most instances, helping services such as legal services or victim services did not consider mothers' needs for childcare or aid, which further burdened them. Given the nature of some of the

appointments, it was not appropriate for children to be present. The lack of sufficient childcare services created stress and uncertainty as illustrated by this mother.

And even next Thursday, I have a meeting with Victim Services, at eight-thirty a.m. on Thursday, but it's [shelter daycare] already booked for Thursday with other people who booked. I'm not allowed to go there with my children for that meeting, and I'm in this new environment, and I don't know WHERE to keep my children on that day. If I was in my own area, I would have talked to a friend, somebody in the building, like, "I'm leaving for an hour or two", but here I'm new. I don't know anybody. I don't know where to leave the children. Up to this moment, I don't even know what I'm going to do. (P25: lines 274-286)

The following mother explained that there was some childcare service offered at the shelter she was living in, however mothers were not allowed to leave the shelter premises when the child was in care. She found this rule made it difficult for her to get her groceries and errands done without having to bring her young children, including a baby, with her.

Quelques fois, il faut que tu as besoin d'aller chercher quelque chose aux « groceries », mais j'ai un bébé. Il y a un playroom, mais quand le bébé est là-bas, tu ne peux pas sortir. Il faut que tu sois dedans le refuge. Il ne faut pas que tu sortes. (P10: lines 191-194)

Mothers with young children found it a struggle to accomplish the work (chore) which was a requirement in some shelters without having any support or aid, such as either day care, or a shelter staff or another resident to help with babysitting their children. Moreover, it was mothers' responsibility to arrange childcare as required even for the purpose of fulfilling the shelter rule for the completion of an assigned chore.

I would definitely like to see more childcare, um, [small sigh] I know not everyone needs it, [small sigh] and I try my best to, you know, find alternative measures. I'm kind of left to my own devices. The only issue I have is that it can be really hard for you to participate in some things where household chores can be hard if my child is a real handful, in the middle of the day, be expected to do something, and then still have all these appointments. (P1: lines 658-665)

As participant 1 further stated: "Having more daycare would be great to take better care of myself. (P1: lines 842-843). Some mothers perceived that there was an insufficient staff ratio to the number of children to provide adequate surveillance in the childcare space. The following mother had concerns related to the staff's capacity to keep her child safe given the number and activity of other children.

Well, being in the playroom with her and other kids, because there's so many other kids. And, I think that, because they're [shelter worker] limited, some kids are louder than others, and then, it's harder for them to pay attention to her, so that's kind of like a barrier to me feeling comfortable with her being in the playroom without my vision. So, as soon as I hear her whining or crying, I'll start to come [small laugh] like, run down the hallway and just grab her. (P12: lines 218-224)

Participant 6 no longer had the support of childcare in the shelter for her five-year -old and seven-year-old children who were "kicked out" because of their behaviors. The following mother explains that given the context of her children's past life experience of the violence they witnessed towards their mother and the violence directed towards the children by their father, and the reason they are in the shelter, specifically an abused women's shelter, there should be more understanding and appropriate support for the family by the shelter staff.

My children got kicked out of it [childcare]. [child 3] kicked the staff, and [child 2] had gone and hit her [shelter worker] one day. So, they got kicked out. So, again, that was frustrating on its own, because, this is a women's shelter, an abused women's shelter, you gotta know the kids are coming in here with some sort of aggression. Possibly, they're coming from an abusive situation. What do you think is going to come out of this? Right? They're [children] probably going to be withdrawn, or aggressive, if, if that's how it went down for them. And so, I actually had one of them. I have one that's withdrawn and one that's aggressive. (P6: lines 983-992)

This same mother perceived the removal of her children from the day care as a contradiction to what the shelter's mandate professes to offer for women when they arrive at the shelter. Common to mothers' narratives was the lack of services such as counselling and other opportunities for children.

And, so, again, when I came in, I get told, "Oh yeah, all sorts of resources. We'll help you get therapeutic whatever; we'll help you get counselling; we'll help your kids with counselling, we've got daycare, we have things to do if you need a respite. Anything." (P6: lines 992-995)

When asked if participant 6 had received counselling for herself or her children, she replied "No." (P6: line 997). None of her three children had received any sort of counselling for the several months they had stayed at the shelter. However, for herself she replied: "You can be referred outside the community. There's no counsellor that comes here." (P6: lines 999-1001).

Other mothers identified that their children had multiple needs and mothers felt their children would benefit from additional services not provided in the shelter. The need for

therapeutic support for children of all ages was a major gap in services that mothers also identified as a crucial service and advocated for.

The only service that I wish that they had, like they have counselling for the women, but they don't have any counselling for the kids, which I find would be helpful. They don't have that. So, like, I asked about that, and I have to call Family Services. Whereas they'll just set up a meeting for me immediately for counselling, but for [child 1], I have to go through, like, a different place, I guess. So, it's kind of like, I wish that they had their own counsellor, that they worked with for kids. Because I find that, they [children] go through a hard transition, and they could benefit from talking to someone. (P15: lines 190-201)

In one of the shelters where there was some form of a child's program, attendance was limited to specific age ranges, and excluded all others. The following mother felt her young daughter could benefit from such sessions as developmentally participant 8 perceived her daughter to have the verbal capacity.

They also do children's sessions. Where children are free to express themselves and draw and all that. And because of my daughter's age, she's not yet three, she's not allowed in those sessions. I think because she's got a very good vocabulary. (P8: lines 958-962)

Other mothers recognized the need for professional support services for themselves that exceeded the scope of the shelter caseworkers' expertise. Specifically, this mother asked to be referred to an external agency for counselling.

So, I become emotionally uncontrollable. And then, when I, when I came here that's when I ask for it, "I need a counsellor. Because I can't stop crying." At small things like that, I already lose it. They didn't provide me with one, but one of the ladies here, my

support worker, they told me, “We can meet, like, Thursday. I said, “I need someone, like outside, that can be accountable.” I said this time, because I want to get rid of what has built up in my system. And then, maybe it will help me in the future. (P27: lines 946-954)

This same mother had resided in the shelter for six months at the time of the interview and had not yet obtained an appointment with an external agency for counselling.

They said they’d make an appointment, they’d sign up for it, but they didn’t do it yet. I don’t know how they manage it, but I didn’t get anyone yet. They said, “If you don’t get it here, when you move, still, you are qualified.” Qualified for it. (P27: lines 956-962)

Under Surveillance.

Often stigmatized because of mothers’ status of experiencing homelessness or violence, comes the activity of surveillance by shelter workers and others towards mothers living in shelters. Owing to the public nature of most mothering interactions, many of the mothers’ narratives are replete with language indicating that mothers felt under surveillance constantly being watched and judged through various comments and behaviors made by some shelter workers and other mothers. The following narratives by mothers illustrate the ways in which women in this study experienced being watched.

Being Watched.

Many participants’ experiences of being watched or under ‘surveillance’ by others contributed to a sense of heightened vigilance related to the ‘good mother’ and ‘bad mother’ dichotomy. Mothers felt regulated and experienced a lack of autonomy and uncertainty over their decisions as mothers. This mother expressed her concerns and the pressure she feels with each of her mothering decisions always conscious of the fact her behavior as a mother is under continuous scrutiny with consequences.

I feel like a pressure for not, if I'm not, like if I want to go take a smoke and I'm asking moms to watch him, or staff, I feel like pressured, like, "Oh my god, they're going to think I'm a bad mom, and I going out for a smoke, and I'm leaving him", you know, or like I want to take a shower, and so I left him in daycare, or like, if he's crying too much or crying too long, that they're going to think I'm doing a bad job. That I'm not a good mom. That's how you feel with the staff. Like they're watching me. Because I've just never lived under this atmosphere, I've never lived under a set rule, you know it's just like Big Brother's watching me. I don't know, it feels weird. (P5: lines 545-556)

Although the following mother acknowledges and accepts that being watched is an organizational mandate, she does not feel comfortable with this shelter practice. Her words reflect her uncertainty and unsettling perception of the necessity to prove to shelter workers and other strangers that she is a good mother and no longer needs to be watched. After several months of surveillance, this same mother suggests she has done enough to merit approval from the shelter workers and now feels she needs to focus her time and energy on her five children who need her. This excerpt highlights that when mothers spend time and energy worrying about *others'* assessments of their mothering, consequently energy and attention is diverted from mothering to fulfilling the shelters requirements or shelter's expectations.

You don't have your sense of uh you don't have your privacy, you're not comfortable, so, the workers here, they're nice, but they watch you. And it's understandable, because you're in a shelter, and they don't know, like in the beginning, when I first came, YES, they were watching me, and YES, I have five children, young children, so it's understandable to see how I am towards my children. Is it comfortable? No. But this is an organization. They have a job as well to do. So. And they realize that I've been here three

months now, they realize that how I am at home is how I am here. There's no like, façade. This is how I am. So, now I'm able to go about my day, and do what I need to do, and focus on just us, you know, rather than worrying about "Oh, well, I hope these people don't think badly of me." Or stuff like that. Because now they see how I am. (P30: lines 143-157)

Another participant commented on the parent-child dynamics she experienced with staff's comments and the constant 'surveillance' over her parenting, and other aspects of shelter living such as her assigned chores. "Like I said, it's mostly a reminder of keeping with your kid, and routine and chores and stuff. But it's a constant sort of thing, it's like your mother nagging at you. (P6: lines 775-777)

Conversely, some mothers with infants did not experience the regulations and obligations of the shelter rules in the same manner as mothers with older children. Participant 29 who is the mother of a six-month old boy does not feel she is an "object" of the monitoring and surveillance in the same manner as some of the other mothers. Rather, she interprets staff watching as a necessary step in obtaining documentation by a "professional" which affirms her status as "a great mom" to support her legal and custody process. The watching can result both in a positive outcome such as a letter of support, or the watching can result in a negative outcome, such as no letter of support from shelter workers for mothers who are "observed" and "judged" to be non-compliant with the shelter routines, rules, and expectations. Good mothering is evaluated according to their compliance with shelter rules and according to mothers' children's behaviors.

It's like you almost have to be careful what you're doing too, here. Because, in a way, the staff are watching how you are doing it. Because, in a way they can help you, in a way they can't help you, you know? When it comes to custody time, they can write a letter to

support you, saying you're a great mom, and you've done this, but if you're not they're not, you're not going to get that support. You know if you're neglectful of your child. If you're not keeping to a routine and letting them miss school and stuff like that. You're not helping yourself; you're not showing that you can do it. Whereas this is the first step to helping yourself. You left that environment, obviously for yourself and for your children. So, you want to do good things for them, that's why you're here. So, if you're letting your kid not go to school, or, you're just letting them run free without any supervision, you kind of have to supervise them here, because it's not your home. (P29: lines 865-880)

Mothers with older children experienced the double bind of being watched by both their children, other mothers, and shelter workers. Knowledge of this surveillance has influenced the way mothers are disciplined. Due to the public nature of every family's interaction, a mother's reaction could be construed as her usual way of *being* as a mother when in fact mothering and discipline were influenced by the shelter conditions. The following mother explained her way of discipline as a mother is different due to frustration of the situation because of her lack of control of her children, which is now in the hands of the shelter workers.

They [shelter worker] come to see you, you know, the kind of person who will get mad. This is the kind of mother who will do this. Because others are watching, especially the staff. They [children] said the staff are watching, and no one can tell you [children] "Don't do this, because the staff are there." That's how I feel. That is a big challenge. But I feel a little bit different from my discipline at home and here. You know. (P27: lines 1037-1043).

Another form of surveillance mothers were subjected to were regular checks of their rooms and their presence in the shelter or compliance to curfew. The following mother reported the intrusive manner room checks were conducted in the shelter she and her children were staying in. Nightly room checks occurred unannounced at around midnight. Throughout the analysis, mothers spoke about lack of freedom and control. The following mother felt she had no control as experienced by the nightly checks she received for several weeks, which had the effect of scaring her. This activity causes her to reflect on the reason for the intrusion and leaves her wondering why they do that. She described how at midnight for the first month, they [shelter workers] would knock on the door and use a key to enter her room. “And then they see if you are there or not.” (P23: line 156). It is clear from her comments that she did not understand the purpose of these intrusive visits, nor had she been prepared or informed this would happen. She described her experience of her first month living in the shelter.

Well like when I first came, they check on you here right? And at first, for me I was so scared, why did you check on me, like what did I do wrong? Right? I was like, “Is that the policy?” Is that because they think people are crazy? They knock at night, at midnight at 12 o’clock they knock at my door. I don’t know why they do that. Maybe because they don’t trust people. They do it first day, second day, at least for, one full month, then after that it stopped. They just say “Housing?” And then they see if you are there or not. (P23: lines 150-167)

Similarly, other mothers spoke of routine room checks that were conducted to check for medications or alcohol in other shelters. This mother related that she felt she had no control in the shelter space except for in her room. But even then, she was subjected to room searches. She

associated the experience of room checks to the inspections of home, and the parent-child relationship.

Only my room. But even then, they do room checks on Mondays and Wednesdays, so. I have to clean my room. I feel like a teenager! (P5: lines 680-683)

Being Judged.

Consistent with the narratives describing surveillance and the constant monitoring they were subjected to: women's accounts of their experiences also include elements of judgement with resulting corrections of mothers' behavior or actions. Based on societal stereotyping, mothers' perception of staff is that they [shelter workers] presume to think that mothers who access shelters "are no longer able to parent."

It's mostly just some of the staff sort of not realizing that you can handle responsibilities.

Like sometimes they get the opinion that, it FEELS like the opinion that because we've come here, we're no longer able to parent at all. (P6: lines 742-745)

The following excerpt points to the fact that the "feeling" of being judged is pervasive among some mothers living in the shelter. While they may not hear comments directly, mothers are cognizant of the covert observations and omnipresence of the shelter staff.

Well, we get told that there's no judgement, but we FEEL otherwise. Right? They, they obviously can't just SAY: "You're not being a good mom". Like, you know. That's, that's not okay. And uh, there's always moments when the staff has their parental suggestions, right? But you just feel it. You don't hear it. You just kind of feel it more. (P6: lines 893-898)

This same mother indicates that she is aware of criticism and judgment that occurs by shelter workers and other residents. She further describes shelter workers' behaviors and the way they overtly and covertly communicate approval or disapproval.

A bit of everything, a bit of everything. It's more, it's uh, it's more, um the looks, the avoidance, the looks. Because sometimes a woman will walk away, after doing something with her child, and you can just see the staff like, [very small whisper] "Why would she do that?" (P6: lines 500-504)

Mothers often felt the need to justify or prove that they were not a "bad mom" and at the same time, they did not want to appear ungrateful with staff who were perceived to be doing their jobs by judging the residents. The following narrative reveals the dependency mothers have on staff to ensure positive comments and approval of being a good mother.

It's just being under the atmosphere. Having that there. Like you know, they're [shelter workers] just helping and doing their jobs. I just don't want them to think I'm a bad mom because I'm not. I think I'm doing the best I can. And I think that if I was a bad mom, then I would have just stayed where I was. (P5: lines 558-563)

This participant's response was a frequent theme that resonated in women's responses when the theme of control was brought up by mothers and further explored by the researcher with the following question.

Q: Do you feel that you can mother the way you want to, here at the shelter?

A: It's a little more different, I find. I kind of feel like you're being judged, sometimes. I don't know. Because like one day I had [child 2] in the highchair, and I didn't have anything on the tray for him to play with, and the child worker walked by, and she said, "Well why don't you give him anything to play with when he's in the highchair?" I was

just trying to get some food, or a bottle washed or whatever. I was like, “He’s just there for a minute.” Just little things like that, that I wouldn’t have thought twice about. And somebody makes a comment too, I don’t know, it made me feel bad, in a way. (P15: lines 159-167)

Given the public nature of the shelter space and the shared living spaces, mothers are faced with the challenge of caring for their children in ‘public’ within the view of shelter staff and other unrelated families. As a result, mothers are subsequently exposed to judgements, unsolicited comments, and the need to be accountable to strangers related to compliance with rules and the correct mothering behavior.

You get told how to be a parent by certain staff, “Okay ladies, time to get your kids settled down.” Or “You know he should be in bed right now.” “Did you do this?” “Did you get that?” It’s like, I’ve been doing this [mothering] now for 16 years. All by myself. I’m glad that you’re [shelter worker] here and want to help, like help if you want to help, but don’t tell me what to do. Don’t tell me when to put my kids to bed. And to be honest with you my kids [long inhale] consistently, throughout the time I’ve been here, have been on schedule, and on a decent schedule, compared to other kids, who could have been up from 9 to 12. Whereas my kids are in bed. (P6: lines 728-737)

Participants also reported that other women staying at the shelter also judged mothers and undermined each other’s mothering. In this instance, it is another mother who approached participant 15 about her six-month-old son, in a manner that the latter felt and perceived as not mindful of participant 15’s maternal authority, and less so of the context (rules and environment) both mothers are regulated by which in turn can inhibit or hamper taken-for-granted mothering activities. Having to prepare a bottle for her son who is left in another room, who because of the

rule cannot be in the kitchen is both a challenging and tense task for mothers. This interchange also reflects the lack of an appropriate physical environment conducive to mother children.

One day, [child 2] was being fussy and he was crying and one of the moms said, “Well, aren’t you going to deal with him?” and it’s like, well I was trying to get a bottle for him, and he’s not allowed in the kitchen, like, what do you want me to do? (P15: lines 169-172)

It was made apparent in the interview by this mother’s tone and body gestures that she was at first surprised by the comments then felt unsettled by the lack of understanding and solidarity on the part of another mother living within the same context. When asked by this researcher how this other mother ‘s comments made her feel she replied.

It made me upset, because we’re all going through our hard time, trying to deal with everything, but I just didn’t feel that I needed that comment. (P15: lines 174-176)

Given that most family daily living activities occur in public, there exists a tension between the constant watching and judgement by others in relation to being different and the perception of being different due to diverse mothering practices and cultures. As the following participant explains.

You have that constant, when you live with many people, whatever you are doing, you’re not afraid, but you know that people are watching. What they going to say. What they going to think. And sometimes, for my kids, I let them eat, whatever they left after lunch, because I came from [name AFRICAN country], and I told them, “The commercial you see on TV, where little kids are starving, it’s not just a commercial, because you have, like, cousin, who you are related, who are starving. So, for me, I don’t accept you to waste food.” So, whenever they come from school, whatever they have left, I make them

finish that first. But some parents here will see that I am pushing them too much. You have some comments here and there, “it’s just food, if they don’t want to eat, and it’s not a big deal.” But that’s not the way I want to raise them. I want them to be conscious that they are blessed. So that’s my way to raise them but you could see, when I do that, some other lady is going to talk about that, and stuff. Anyways. You cannot feel comfortable here, it’s impossible. It’s not home. (P26: lines 281-298)

Another mother referred to her cultural practice of carrying her toddler on her back as per her Inuit customs and noted she would draw attention and comments from other mothers. She explains.

While here they look at us differently. I feel awkward when that happens. Like, I don’t know what it is. (P28: lines 546-548)

While the following narrative is not related to the monitoring of mothering practices. It does provide other examples of practices of pervasive monitoring, judging and conformity to rules mothers are subjected to in all aspects of shelter living outside of mothering. Participant 6 describes an experience she encountered with staff and other mothers when she first arrived at the present shelter some three and a half months before while she was performing an assigned task (chore) incorrectly or not according to the specific requirements of the shelter.

Like for example when I moved in, I was not washing the dishes before I put them on the tray for the sanitizer, I was just rinsing them for the dishwasher. I’d get dirty looks, hear the comments behind my back by women and staff. Well, women make comments, staff give looks. Staff can’t really make comments. You won’t hear the comment and if you do, you were supposed to be observing the rule. (P6: lines 953-959)

It was apparent to this researcher during the interview and during analysis that this event had had a negative impact on participant 6 which was made evident in her recounting of the experience. She showed emotion and frustration placing emphasis on the fact that she had not been shown what was expected of her when performing the prescribed chore and therefore she felt that she did not deserve the treatment she received. She voices her frustration.

I wasn't doing it [task required] at first, and I remember stares and these comments "Well you have to wash it!" Okay, I didn't know! So, there's that whole judgement when we first walk through the door. (P6: lines 963-966)

In this research study some mothers felt that the lack of understanding on the part of the staff related to mothers' present situation of living in the shelter and mothers' needs contributed to women's feelings of being judged. This mother further perceived both the comments and responses made by staff of her voiced concerns as both dismissive and patronizing. She reflects the lack of understanding or empathy on the part of shelter workers to her personal situation and conditions she and her children are experiencing.

At home I have my own freedom, I can do whatever I want, but here you are under somebody. You know, responsibility. They think this place is good, but they don't know how you feel when you're sitting here. Whether you be here for one month or two months, they don't know. Even when I explain to them, they [shelter worker] say, "I know, I know, I know." But how can they know if they don't experience the same situation of being here? They go to work, they come home, and they go back to their house. They don't know how you feel. They like have freedom. But here it's not like this, it's not freedom. Even they think, "Oh, you have a lot of activities, there's a lot of things." NO! Then we go back and play, they [children] can be happy. But when we go

back to the same room, over and over, do they [shelter worker] know? Do they know why I am here? They don't know why I am here. They don't know. They don't know how I feel. Like this thing they call abuse between adults married, they don't know it's only the ones who experience, who have the emotion, and thinking what to do with the children, do they [shelter workers] know? No. They don't have the experience. (P23:126-143)

The following quote further illustrates another mother's questioning and perception of staff's lack of understanding of her needs with the presumption on the part of shelter workers that mothers have the same needs. She expresses her concern that mothers are not regarded as unique individuals with diverse needs but as a homogeneous group that fit a preconceived stereotype. Her statement suggests she experiences a loss of identity as an individual. Such a practice excludes her from services and further marginalizes her rendering her needs invisible. Despite articulating to staff what she feels her specific needs are, she perceives staff to be non-responsive and judgmental.

It's very challenging, it's very, very challenging, and because women who come to the shelter are not homogeneous, you know? Everyone has their own experiences, everyone has their own, you know, backgrounds and everything. So, I have a feeling the staff, perhaps, don't really understand. That, we are different, you know. Because there's a perception that, if people come to the shelter, maybe they need money, you know? Maybe they have some behavioral issues, addictions, or all these stereotypes. Right? But I am here, I have my job, I have a lot of respect in my community, I am a responsible person, you know? But, something happened, and I ended up here. I don't need anybody to help me with money because, I, that's not my problem, you know. I don't need these other things that other people need. Like I don't need bus tickets, like I don't need those,

things that other people need who are living in a shelter. Then I find that I'm not getting a lot of help, because what I need is not thought of, as, a need. I need help only with finding resources to help me with my emotions, like, this staff has lack of emotional support to me, and helping me to heal from past experiences that happened in my family, and you know, just things of that sort. (P25: lines 206-225)

In the following illustrations this same mother raises several self-doubts related to her status of inclusion or belonging in a shelter resulting from her interactions with staff. Concerns of being ignored or not considered deserving of resources and or services contributed to anxiety and feelings of being excluded and stereotyping by staff.

Because I am educated, I have a job, like I have a problem that landed me here, then it looks like the shelter is not a place for me. The way it's perceived, I find. And that, that makes me, a little bit sometimes I am doubting myself, like, "Oh my gosh do I belong here? Do I not belong here? How do I carry myself? Like, should I wear a different color, so that I fit in?" You know? So, it's very challenging this, to leave your house and come to a shelter. (P25: lines 230-237) ... They [shelter workers] want to know exactly "Why should you be here? If you, you sort of, you don't have too many needs, you know?" Financial needs and things like that. "Maybe you just rent a place and be there." Or something. I feel so bad. (P25: lines 303-307)

Theme 3 Summary: (Re)forming Mothers.

Mothers' narratives highlight the marginalized context they experienced while staying in the shelters. Mothers found the spaces they were confined to as lacking comfort, their treatment by some shelter workers as infantilizing, and highly regulated. Participants related feeling forced to fit into the victim's role as dependent on the shelter for their needs constantly asking for

services or permission. Mothers reported the exhaustion and pressures they were subjected to due to the rules and expectations of certain obligations such as chores, and ways of mothering.

They spoke of the difficulties of having to adapt to new a new city with minimal support, living communally and under constant surveillance, judgement, and criticism of their mothering practices. In addition, mothers spoke of the amount of time spent waiting for housing, services, and resources. As one mother described, all other mothering tasks were neglected to conform to and prioritize shelter obligations. Participants collectively spoke about the rules that imposed times for waking, curfews, and ways of using the space in the shelters. Shelters had rules that mothers had to be with their children twenty-four hours a day every day, and with children kept at their sides presented many challenges and burdens for mothers never having any respite particularly for mothers with more than one child and children of varying ages. Mothers described the undermining of their authority by the rules and shelter workers who intervened while they were caring for children.

Theme 4: Ongoing Victimization

For many mothers in this study, physically leaving the abusive partner and living in a shelter did not always protect her, nor ensure her safety, nor that of her children from ongoing violence or further exploitation by the abusive partner. This theme describes a key aspect of gender-entrapment whereby men use varying coercive behaviors to exert power and control over women, which continues the cycle of violence. The numerous tactics men employed created enormous hardships for mothers who chose to leave their abusers for their safety and that of their children. Several women in this study were exposed to further forms of ongoing abuse and losses when their former partners continued to assert their authority.

The analysis also reflected that in addition to their former partner's capacity to maintain control, mothers were also subjected to their abusive partner's pervasive use of the authorities, the civil (police), judicial (courts) and children welfare services (Children's Aid Service) as strategies to potentially maintain control and inflict further violence. These examples were grouped under three subthemes: 1) Ongoing Victimization by Perpetrator, 2) Victimization by Police, and 3) Victimization by the Judicial System which demonstrate the power and control abusive partners have within systems which they depend on to subject women to further levels of abuse.

Ongoing Victimization by Perpetrator.

The incessant attempts to contact and stalk mothers using technology and other means can take its toll, in some situations: it assumes an invisible control by the abusers covering up the strategy with plausible excuses such as asking about the children. According to participant 29 her husband repeatedly told her to get "rid of the kid" right up to her fifth month of pregnancy, and when the infant was 11 days old "he head-butted me while I was holding her." This mother feels he [husband] wants to take her daughter from her as another means of control. "He doesn't want me happy." And when she doesn't respond to his daily contacts, he becomes verbally abusive and resorts to verbal abuse and name calling her "white trash, bitch and swears, and calls me every horrible name under the sun." When she moved to the shelter participant 29 states how "he tried to make me feel like I was lowering myself living in a shelter, you know low-income housing [emotional]. And I said it would be better than living with you. There's nothing wrong with what I am doing."

Changing or blocking their phone numbers is not always an option for logistical purposes. The cellphone is their only mode of communication, and some women have to be

accessible for custody visitations. As a result, mothers never really escape former partners' abuse. Participant 30 has taken steps to block her abusive husband's calls: "Oh yes, he texts me every day. But I blocked him so he cannot call but he can still text. A few days ago, like I said, it was my daughter's birthday, so it is what it is for now. I cannot change my number for now."

For some women, their violent partners were relentless in their attempts to find the family who has fled for their lives. Women who have attempted to leave and then have been found often suffer severe consequences aimed at teaching her a lesson and to deter any further tries to flee. Participant 26's first attempt at fleeing was six months prior to coming to the city where this study was conducted. She had resided in the previous shelter for two months before her abuser found her. When participant 26 left her abusive partner, she was not counselled to remove her children from their school and transfer them to another school unknown to her husband. Subsequently by following the school bus he found the vicinity where they were residing in the shelter. "HE found us. My ex-husband found us, and then he pushed me to go back. And then I was afraid, and I went back. Afraid of him, of whatever he usually does." (P26: lines 71-72)

For many women, remaining in their home city is no longer an option regardless of the fact they are residing in a shelter. They can never be safe from their abusers therefore relocating becomes their last choice to have the potential to live in safety and freedom from violent partners. Participant 30 is considered high risk because of the violence she endured. Upon the advice of her lawyer, she and her children were transferred from the shelter in her own [city name] to the present [city name] shelter hundreds km away to "flee" from her abusive husband of 10 years. In addition to hiring a private investigator to search for her and the children her husband furthers his search efforts to find her by going weekly to her parents [city name] from his home looking for her and the children and harassing her family.

Following her experience of having been stalked and found by her husband on her first attempt to flee, participant 26 feels that she and her three children would be safer if she relocated to another city, and she could be free to take better care of them as she explains:

First of all, because it is far (long pause). Because the first time he found us. And second, I just realized that I have to give myself a chance to take care of my kids properly. So, I was thinking where to go, and I speak French very fluently and I know here it could be easier for me. First of all, the schooling is going to be easier, and then I will, I will like, I felt I could do better in here.” (P26: lines 84-89)

Moving involves many losses such as familiarity of place and support systems “so that alone is a big fear.” (Participant 30: lines 258-259). Not all mothers have the resources or the support to flee their city of origin and continue to reside in their community using strategies that they feel will keep them safe because there are no other choices. Although participant 2 had applied many times for housing she explained her documents were lost [she was informed by housing] each time and she would reapply but never received housing. She feels if she had come to a shelter, she would have secured safer stable housing sooner for herself and her eleven and twelve-year-old sons and lived differently.

For the longest time I should have been here, 11 years ago. I should have been here, but I was too scared. Their dad is out of the picture, you know, but he keeps on finding me, every, like, I move once a year, every half a year I always move around because he always finds me, but I have never been around him since I had [child 2] but he always managed to find me. He’s a good con-artist. He gets everyone to like him, and he finds out everything. (P2: lines 106-114)

Partners also continue the abuse by financially withholding monetary support to mothers when they flee abusive domiciles, and this forces women to seek other sources of support for themselves and their children. Mothers are further victimized when they experience financial constraints due to a loss of employment because of having to seek safety (or do not qualify for legal aid). Some women have also had to forgo their education and studies because of escaping the abusive partner to stay hidden. Participant 29 relies on her parents for financial support, and her former husband's stalking and harassment adds another layer of stress and worry as she feels responsible for any negative outcomes from the expenditure of their money. She explains while becoming emotional.

Because I own property, I made more than the requirement, so my parents are paying for my lawyer. And he just likes to do stupid things to charge my lawyer more, so my parents have to pay more. He feels that if he does this it'll use up their resources so eventually, they'll run out of money, and they won't be able to do anything." So, it is stressful, knowing that they are using their money. (P29: lines 651-656)

She further states that "my parents would do absolutely anything, if they have to re-finance and sell their home, they would do it." Mothers not only experience ongoing abuse by their partners when they separate and seek safety but also from multiple sources that are under the control of the abuser. Participant 13 receives texts from her abusive husband's new girlfriend who is also his boss that participant 13 finds upsetting and hurtful. The text reads as follows: "Pull up your panties like a big girl, you shouldn't take your kids to a sleazy shelter." Participant 13 response when she receives these types of text, she states is: "I try to stay calm."

Victimization by Police.***Complicity.***

The following excerpts expose the further oppressive and stigmatizing experience mothers felt when seeking help in the form of protection from protection services such as the police. Complicity on the part of police was experienced by some mothers as further oppressive and marginalizing. Accompanied by her father, participant 1 attempted to retrieve personal belongings from her former home post-separation.

So, we were getting things out, but it's very difficult to pack and move things up and down the stairs when you're pregnant. Especially when you're high-risk. We did the best we could, and he [partner] was cooperative for the first two trips (small sigh), and then the third, I was a little late, and he was, pulling things up and screaming in the street and I'd only had my father, who is an elderly man, and I had only one relative there and, it wasn't a good, it was the last time I had been there. (P1: lines 169-175)

She describes her further attempts to retrieve personal belongings, and some clothing for her toddler by eliciting both help and protection from the police. "I went back with the police; they didn't want to go in because the locks had been changed" (P1: lines 152-153). She goes on to explain the lack of assistance and unresponsiveness by the police to intervene.

I really felt that the police were just really kind of not wanting to do anything. I was there with the Victim services as well. They had tried to talk to the police like, "can we just get some baby stuff for her? And these important documents?" which I really did need, for a lot of the things that I would be doing here. Taxes, and all kinds of housing things. I felt the police weren't, for me, a big help that day. (P1: lines 183-189)

As discussed earlier under the section ongoing perpetrator abuse, common to many of the women was the stalking of former abusive partners by calling the police to report abduction of the children by mothers. To mitigate police tracking, mothers often are forced to report to police and explain the context. The following mother's account draws attention to the hostility by law-enforcement officers, and their reinforcement of the perpetrator's behavior, and subsequent re-victimizing of women.

And I've already notified the police in that city, I've notified the police in this city, when I first came, on the way here, I was telling the police, because he [husband] left numerous voicemails, saying that he was going to tell the police that I had abducted the children and just a bunch of nonsense. You know? So, I told the police, just to make sure, if he [husband] does ever go into a police station and says, "my children are abducted," that's not the case. I was telling them [police] about the domestic violence, because the police were involved, you know, he [police] knew about it, but he kind of just brushed it off, he said to me, "Oh, if my wife left and took my children, for a few weeks, I would be pissed off too." (P30: lines 533-552)

Threats.

In this research, some mothers experienced threats of arrests when their abusive partner lodged false complaints of either a breach of court custody or domestic abuse against them [abuser] with the police once women left the relationship and was staying in a shelter. Participant 29 experienced threats of an arrest by the police when she first called the police for protection from her home prior to moving to a shelter.

I charged him with assault. And when the police came, they [police] took him out [outside the house]. He gave them a big story saying that I hit him, and that I grabbed

CHILD from him, which was not the case. So, the police came in [inside the house] and said I had two options. “He believes you’re post-partum, and because of the baby, you’re suffering, or stressed out” So, they [police] believed it would be safer for me to go stay with my in-laws, where I will be supervised, versus, or I go to jail. (P29: lines 74-80)

Now, participant 29 faces further threat of being arrested by police if she does not comply with custody orders despite having to travel a long distance to visit her family. Needing a respite from living six months in the shelter while waiting for housing and experiencing isolation from family, this mother wished to visit her parents who live outside of the province. However, limits have been placed on the length of time she could be out of the province. Fear of arrest was common among a few mothers’ narratives given a previous arrest or threat of an arrest.

I *had* to be back by the 5th of April, otherwise the police would be out for my arrest. It was (pause) approved by the lawyers, and that’s what he would have done. Because he was calling me, and harassing me, saying, I had to provide proof that I was back in Ottawa. Otherwise, he would call the police. (P29: lines 385-389)

In the following illustration, participant 6 was accused of scratching her partner when he bodily put her out of her home and changed the door locks. Her account exemplifies the mixture of fear, force, and threats she experienced with the police. It further underlines the powerlessness of women trying to protect their children, and the ongoing bullying and humiliation mothers in vulnerable situations experience.

I was arrested while I was living here, they [police] threatened me. They told me they knew I was in a shelter. He [police] says, “We need you to come in, we have a warrant for your arrest for domestic” or something like that. I was in SHOCK; I was in SHOCK. I went into WORKER’S office and had a mental breakdown, I was like “I never done

anything wrong, and now I'm going to get arrested for bullshit lies, like this is not fair, what do I do with my kids?" I've never gone through this. I've never been in a cell in my life. I've never been arrested. He [police] says to me over the phone, "We have you for a domestic, I need you to come in, you're arrested". I'm like, "Well I'm at an abused women's shelter, I have children, like, and how do you want me to do that?" He [police] says, "I don't know, make arrangements." And he said, "Listen. If you don't come down to the station right now, I will come and get you and arrest you right in front of your kids at the shelter." His EXACT words. "I'm [police] on my way." (P6: lines 507-528)

Victimization by Judicial Systems.

The emotional and physical effects of continued contact were exacerbated and described as exhausting for women. The ongoing contact, in some cases forced contact by the judicial system pending custody decisions were reported by participants as depriving women of their mothering time with their children. Narratives indicated that regardless of past or current abuse, or threats, to both mothers and children, children were forced into visitation with the abusive parent. Several participants' narratives revealed that visitation orders outlined by the courts such as the perpetrator requiring a third-party present during custody visits, or meeting at a predetermined neutral location to separate mothers from former abusive partners were mostly ignored. These situations frightened mothers and were reported as stressful, and distressing. Moreover, mothers expressed concern about their children's safety. However, they had little control over them.

Participant 29 describes how the temporary court ordered custody of their six-month-old daughter has given her ex-partner unmonitored access to her in every way, including the capacity

to further abuse her by depriving her ‘mothering time’ with her daughter. Having to see her former husband twice a day three times a week is as she describes “emotionally draining.”

Just after days of visitation, I’m emotionally drained from him. And it’s just sad, because most of my full days with her, he’s still calling me. Bugging me, questioning me. I’m like please let’s just stick to Tuesdays, Thursdays, and Saturdays, so that I can have that time with her, and not be bombarded with you. You know it takes my time away from her.

You Know? (P29: lines 336-341)

Participant 13 also spoke of the stress she experiences when she has to face her abuser when she brings her three-year-old to a contact visit where her former husband has control in choosing the location, and frequently disregards a third party be present with the child exchange during custody visits. “I hate it seeing him. I wish he would drop her off at daycare and I would pick her up.” Her following statement emphasizes the control he maintains in determining when he will see his daughter and the ongoing emotional abuse and anxiety this causes participant 13. “He never gives me a time when he will take her.” Participant 13 also experiences verbal abuse at contact that is stigmatizing and attacks her mothering: “he wants to say that I am the one who took the kids to the shelter, that I am the bad one.” (P13: lines 79-80)

Theme 4 Summary: Ongoing Victimization.

Mothers’ narratives reveal that they continue to experience violence post separation from their former partners. For some mothers, the ongoing violence and intimidation isolated them from much needed resources, namely their family and friends. In addition, mothers in the study expressed a loss of control as they reported the monitoring and restraints in many aspects of their lives which they continued to experience by former partners with little respite. For example, abusive partners stalked mothers physically and or with technology or through the courts. Some

abusers elicited friends to pressure mothers as well. As a result, mothers indicated such behavior by the abusive partner made it more difficult for them to carry out their mothering. Mothers reported the ongoing abuse interfered with mothers' own time with their children. The narratives highlight the emotional and mental consequences mothers suffered because of the ongoing abuse endured while mothers were living in the shelter. Further, mothers' accounts highlight the abuse they experienced from civil and judicial systems who mothers' felt supported their former partners' behavior their shared ideology or may have needed more training to understand mothers' experiences of violence.

Chapter Summary

These findings suggest that women have a variety of experiences while staying in the shelter. While most of the mothers reported finding safety from immediate danger, mothers were ambivalent in their responses with most mothers reporting, they could not mother their children the way they wanted to because of the over regulated shelter environments and shelter living conditions. Mothers' narratives reveal they felt they had little control over their lives and for some, assumed identities of dependency. In retrospect, some mothers stated they would have acted differently and not sought refuge at the shelter.

For many mothers, moving to the shelter triggered additional problems and concerns, such as the emotional and physical safety of their children, and themselves. Mothers' narratives reflect the risky conditions of the shelter especially for children with minimal resources and opportunities to support their child's development or specific support following the experience of abuse. Most mothers felt the shelter could do more for children by providing activities and counselling programs. Additionally, the lack of childcare limited some mothers' capacity to work, attend appointments or for some much-needed respite and self-care. Moreover, mothers

continued to experience lack of control over their experiences of ongoing abuse at multiple levels. Some mothers referred to the shelter practices and attitudes as victimizing and as not dissimilar to the experience of the controlling nature of their abusive partner.

Chapter 6: Discussion

The following chapter presents a discussion of the major findings presented in Chapter 5. This discussion is organized along three broad axes, *Mothers Positioned as Other*, “*Mothers, Interrupted*” and *Being Unable to Escape*, that delineate the reality of mothering in the context of a shelter. These findings will be compared with the current literature that was presented in Chapter 2, and situated within the three theoretical frameworks of Michel Foucault, Chris Weedon and Mary Canales, which are outlined in Chapter 3. The present chapter will conclude by identifying the strengths and limitations of this thesis research and will offer implications for nursing practice, further research, education, and policy.

In response to the broad research question *what is the lived experience of women mothering within the context of a shelter?* Mothers reported multiple challenges and interconnected stressors that were part of their daily lives, which contributed to the complexities of caring for their children while living in the shelter. Further, mothers encountered structural constraints that consistently undermined their autonomy, and ability to exercise their authority as mothers. Analysis shows that multiple shelter discourses and practices disrupt relationships between mothers and their children further undermining their roles as mothers. Guarino & Bassuk (2010) argue that caring attachments are fundamental to human development, therefore mothers are important in the lives of children and thus worthy of exploring their experiences of homelessness. When a child’s bond with a primary caretaker is disrupted or inconsistent, the child may suffer long-term negative effects such as behavioral difficulties and the inability to form trusting relationships (Guarino & Bassuk, 2010; Jouriles et al., 2001). In effect, the findings of this study outline the way shelters control and mediate every facet of mothers’ lives making it difficult for women to maintain their unique roles as mothers. Additionally, findings revealed

that the women staying in shelters continued to experience ongoing violence and abuse that also disrupted their mothering.

Most mothers in this study reported a history of violence by their former partners, and in some cases by other family members, which they viewed as harmful for themselves, and their children which precipitated their fleeing to a shelter for safety. These experiences are significant and relevant when assessing and determining care, providing services, and resources for mothers and their children. Results revealed that the context in which mothers sought safety and help is a crucial element in the reality of women's experiences. Mothers' contexts emphasize that mothers were not a homogenous group given their reasons for seeking shelter, their diverse cultures, values, number of children, ages, and gender of their children, including the special needs requirements of several mothers and children. These factors suggest the context and reasons for seeking refuge cannot be ignored as it provides the reality of women's lives which qualitative methods illuminate. Because victimization was experienced differently by each woman, program approaches need to reflect the individual nature of each woman's experiences and how each woman's mothering is unique. Women's experience of ongoing violence is an element of their stay in shelters that is not given enough consideration or importance as experienced by women in this study. Results suggest this was evidenced by their needs not being met due to a lack of adequate services, including unsafe living environments, experiences of *Exclusionary Othering* and ongoing partner abuse post separation.

Mothers Positioned as *Other*

Mothering was central to mothers in this study. When describing their role as a mother, women perceived their mothering role as their priority in life and assumed total responsibility for their children's care. Findings revealed that despite the diversity of mothers, they shared a

commonality in their desire to be ‘good mothers’ and how this role was constituted. The mothering role was described by women as a responsibility to provide for, to care for, to protect, to love, and to be a good role model for their children to learn right from wrong. Additionally, women spoke of their desire for their children’s future success. However, women’s narratives emphasized their concern and considerable stress over the living conditions of the shelters, and the impact the effects of shelter living had on their children.

Findings from different studies Azim et al. (2019), Benbow et al.(2019a), Cosgrove and Flynn (2005), Fisher and Stylianou (2019) and Friedman (2000) converge with the findings of this research, that demonstrate as women in shelters manage motherhood, they strive to construct and maintain mother positions and performances under considerable stress. Reppond and Bullock (2020) argue that even though mothers must contend with housing precarity and numerous hardships while experiencing homelessness, mothers are deemed unfit and stigmatized for their situational homelessness. Mothering in the shelter, for most participants in this study, appeared to be perceived as deviating from normative expectations, which reflected negatively on mothers at times. Even if mothers performed tasks associated with ‘good mothering’ they cannot claim identities as ‘good mothers’ (Friedman, 2000) as evidenced by the constant surveillance they were subjected to (Benbow et al., 2019a; Fauci & Goodman, 2020).

Homelessness is an extra layer of risk and therefore risk becomes an enabler where all forms of interventions are justified (Lupton, 1997). Mothers are constructed as at risk because of living in vulnerable conditions and having to flee violence. Subsequently, they are perceived to need instruction in parenting, and therefore another layer of rules and surveillance is imposed. According to Connolly (2000), “Homeless mothers either struggle to achieve impossible norms or risk being placed into the dependent category of the incompetent mother...both the good

mother and her antithesis are produced together through powerful cultural discourses, that places homeless mothers in a social category that is deemed outside of normal motherhood” (p. 49). McCarthy (2013) argues the term “homeless identity” is socially constructed through discourses and consists of an amalgam of stereotypes that influence perceptions. This has serious implications for individuals experiencing homelessness as it subsumes people into categories that become the defining feature of a person’s character, overshadowing all other axes of identity (McCarthy, 2013).

As a result of the multiple issues such as the lack of play space, toys created due to the lack of resources, the multiple rules, the inadequate shelter living conditions, and the effects these had on children, mothers had much to contend with. Mothers felt challenged given their lack of maternal authority to effect change within the environment. Results suggest that the social and environmental context has significant consequences both emotionally and physically and can affect the health and well-being of families. Mothers’ narratives were replete about the subsequent adverse outcomes the effects of the shelter environment had on their children at multiple levels. Additionally, mothers described declining physical and emotional health, particularly increased distress, and changes in their families’ behaviors.

Mothers reported several perceived impairments to child development characterized by regression of some children such as thumb-sucking; bed-wetting; sleeping with mother; insomnia; fear; increased crying; anxiety; and clinging to mother. These findings are consistent with research by Bassuk, et al. (2020), Bassuk et al. (2015), Cutuli et al. (2017), and Hinton and Cassel (2013). In a qualitative study conducted by Hinton & Cassel (2013) to examine the developmental effects the homeless situation can have on young children, the researchers interviewed parents and young children between the ages of four to eight and used observations.

The authors concluded that moving to a shelter affected the development of young children and additionally underdeveloped vocabulary. Furthermore, observations of the families and parents' narratives in that study described behavioral changes in children such as anger and anxiety (Hinton & Cassel, 2013).

Mothers in the present study noted an increase in upper respiratory and gastrointestinal infections in their younger children, while others experienced food insecurity due to financial constraints, and several others experienced poor sleep due to inadequate ventilation and noise. In some children, mothers reported that existing conditions such as asthma were exacerbated. Moreover, several young children and teens living with special needs were adversely affected by the shelter environment and the lack of services or spaces to accommodate them. In a qualitative study to gain insight into the barriers that exist to providing child-specific services within VAW shelters, Reif et al. (2020) found that a lack of funding, staff training and child-specific resources and services were highlighted as key barriers to the provision of services for children.

Further, consistent with the study conducted by Hinton & Cassel (2013) all mothers in the present study reported some form of behavioral or health decline in their children, including mothers with teens. The shelter rules made it particularly difficult for these children as the rules were perceived as counterproductive, and unsupportive of the familial established routines, and, or treatment routines children required to function daily. Kirkman et al. (2010) documented that homelessness adversely affected children's sense of security, behavior, and health. Similar to the present study Kirkman et al. (2010) noted the loss of toys and pets contributed to children feeling confused, sad, and angry.

Results also highlighted the struggles of several of the teens who demonstrated anger, withdrawal among other issues related to residing in the shelter. Further, the ongoing, past

experiences of violence and custody conflicts affected them in several ways. Mothers described some youth as isolating themselves, experiencing changes in eating habits, such as having to be reminded to eat, and another teen was self-cutting. Barnes et al. (2018) suggest that mental health among youth experiencing homelessness residing with their parents has not been well explored. The authors suggest youth residing with parents are a distinct subgroup of those experiencing homelessness differing from unaccompanied youth as well as adults. The authors reported that of youth who experienced family homelessness, 42 percent had high levels of emotional distress, and 29 percent had suicidal ideation and concluded that these youth had twice the risk of severe emotional distress, self-injury, suicidal thinking, and attempted suicide than their peers with homes (Barnes et al., 2018). These findings have important implications for policy and service interventions for children and youth residing in shelters and warrant further attention.

An important finding that remains minimally addressed in the literature is the attention to the impact of shelter conditions and living on both children and children who experience special needs and or have developmental needs. In addition, according to mothers, some of the children most impacted were those children and teens with autism, ADH (attention deficit disorder) and those with other health needs. The findings revealed that children's needs, and the presence of children in general are diminished and remain invisible as demonstrated by the lack of consideration of space including resources for mothers to care for their families and programming reported by mothers. The homogenizing or universal effects of rules and shelter regimentation obscured a mother's differing relationship to her individual children and diminished their distinctive needs. The exclusion of children's resources and consideration of their needs and requirements within the shelter setting, however, also unwittingly contributes to children's experience of stigmatization and *Exclusionary Othering*. This lack of care and

attention of children's and youths' needs is deeply concerning given most women who access shelters are accompanied by children and youth. As reported by one mother, the interference with the set routine of a child experiencing autism to accommodate shelter rules impacted negatively on this child causing undue hardship, distress, and stress for both mother and child.

Mothers' statements also revealed that children felt burdened by the lack of privacy and cramped living in one room with their mother and other siblings. These findings concur with the preponderance of literature over the last several decades that suggests children face many adversities, and the experience of homelessness is detrimental to the well-being of children (Bassuk et al., 2020; Buckner, 2008; Cutuli et al., 2017; Kirkman et al., 2010; Kilmer et al., 2012; Wright, 1990). Further, Buckner (2008) argues that given homelessness is one of the stressors that children in poverty can experience, a greater emphasis should be placed on prevention of child homelessness given the adversities children encounter when living in shelters.

Moreover, some divisiveness in families occurred because of the various stresses and burdens of living in the shelter. Testing of mothers, manipulation by older adolescents, lashing out from the stress of the shelter, and mother blaming for "living in this place" revealed the challenges endured by mothers that further contributed to family stresses. These issues further highlight mothers' lack of power to change the situation. Some teens were refusing to go to school as they felt the stigma of living in the shelter, were embarrassed, and did not want other students to know their current living situation. Older children were fearful of other students finding out about their living situation, hence isolating themselves from friends. According to Bassuk et al. (2020), not only is the experience of homelessness devastating for families but many

families endure toxic stress which results in living in a mode of survival which leads to constant physiological arousal that in turn significantly influences thinking, problem-solving and coping.

What this study further highlights are the mothering aspects and needs of families that are invisible as is evidenced by the lack of responsiveness in the form of support and resources by shelters in acknowledging the diversity of children, women, and the exceptional circumstances they may have experienced as discussed earlier in the section under the context of coming to the shelter. Further, mothers received minimal support because of the paucity of childcare services and are caught up in having to respond to issues created by the shelter environment. These issues remain largely ignored, and unacknowledged, but reflect badly on mothers when children do not conform to rules or ways of “being” as outlined by the system. The competency of mothers is then unfairly called into question. While some mothers felt guilty for not being able to provide for their children, others did not and felt they did the best they could and were good mothers. These findings are consistent with a qualitative study of shelter residents in a recovery program conducted by Azim et al. (2019). Findings revealed appropriate mothering was organized around structured, mandated programs founded in White middle-class practices of acceptable mothering. Additionally, the authors reported that tensions arose between mothers and shelter workers because of the continuous interventions and ongoing surveillance. Mothers in that study reported feeling judged and expressed feelings that shelter workers questioned mothers parenting instincts due to their histories of substance use (Azim et al., 2019).

These findings support and converge with several researchers who have emphasized the damaging effects of the shelter experience: wasted time; lack of privacy and opportunity to establish family routines (Fleary et al., 2019; Jarvis et al., 2005; Mayberry et al., 2014; Schultz-Krohn, 2004). Other authors have documented the effects of overcrowding, trauma, and a decline

in both emotional and physical health and well-being of families (Barnes et al., 2017; Cutuli et al., 2017; Grant et al., 2007; Harpaz-Rotem et al., 2006; Karim et al., 2006). Qualitative research by Averitt (2003), Kelly (2009) and Benbow et al. (2019a) document the loss of mothering autonomy women reported. Other researchers have highlighted the invisibility of the mothering role with associated mothering tasks such as childcare and lack of services needed to support women such as respite care for themselves (Friedman, 2000; Krane & Davies, 2007). Further, mothers' accounts in some shelters revealed lack of sanitary conditions, chaos, noise, the lack of feeling safe, and included complaints about cockroaches in the rooms and throughout the shelter. The literature also highlights the poor sanitation/dirty living conditions of some shelters (Connolly, 2000; Kozol, 1993).

Yet, despite the preponderance of the studies that have previously documented these findings, the problems and conditions in shelters continue to persist, and families continue to experience these deprivations and sub-standard living conditions in some shelters as revealed in this study. These findings point to the invisibility of families' experiences and require a shift of families from the margins to a central focus by politicians. Additionally, responsive policy administrators are needed to resolve the inequities experienced by mothers and children who have few other options except to access shelters for safety.

According to Foucault (1995), power is relational and therefore resistance is possible. Despite being confined to institutional pressures and subjected to discursive practices, each mother had her own unique way to define "mothering." Mothers found ways to create subjected, autonomous identities for themselves that reflected their strengths in mothering. Mothers described multiple strategies which suggested resistance to the imposition of rules that they perceived to undermine their unique mothering roles. Mothers strove to maintain their mothering

roles and the belief in their role as a good mother. While resistance according to Foucault (1995) is understood as acting against dominant power and present in all social relations, it can be understood as an act of protecting as demonstrated by mothers in their attempts to mitigate the numerous negative effects of the shelter on their families. Moreover, like the participants in a study conducted by Bunston et al. (2021), all mothers in the present study prioritized their children's safety by accessing shelter for protection from further harm by abusive partners.

Furthermore, resistance serves as an affirming strategy for mothers that they are good and caring mothers against the critical judgement of others. What is often not recognized and remains invisible in the shelter setting is the agency and empowered mothering, however limited that mothers practice in the shelter setting that is reflected in their narratives. Moreover, mothers' narratives suggest that mothers in shelters find ways to exert agency through their mothering practices that protect and empower their children similarly in the way other authors have documented the way mothers do within abusive relations (Radford & Hester, 2006). In addition, mothers' narratives revealed how mothers attempted to establish an alternate discourse to overcome the negative "voice" and establish their own "voice." Mothers were aware of their limitations in their role as mothers due to shelter constraints however they rejected the "bad mother" discourse by referring to the various modes of caring and love they had for their children.

Resilience can be understood as a strategy of resistance as mothers strove to re-establish themselves and their authority with their children. Mothers demonstrated great resolve and determination while navigating these spaces to protect and support their children's well-being, sometimes at their own expense. Women often had to endure service providers' complicity and circumvent rules to ensure resources for their children. Moreover, women were creative in their

approaches and strategies to enhance family dynamics and protect the integrity of their families. For instance, some mothers' focus was to spend more time privately together in their rooms talking with their children to explain what was happening or leave the shelter setting as much as they could on spending more time together to talk. These findings have been reported in a study by Mayberry et al. (2014) and in another earlier study by Schultz-Krohn (2004). Additionally, mothers' narratives focused on creating emotional and physical spaces for their children that would strengthen, maintain, and create family unity. To this end mothers indicated they used soothing, calming, and comforting measures with their children. Consistent with other research conducted by Lindsey (1998) and Mayberry et al. (2014) some mothers of school-aged children and teens reported becoming closer to their children. Mothers in this study attributed this phenomenon to the fact that families had little choice faced with were living in crowded rooms and a loss of other material distractions such as their video games, television, toys, their pets and formerly established familial routines and other extracurricular activities. Families adapted their behavior and possibilities within the shelter limitations they were living in.

While living in the shelter was perceived to be deeply destabilizing for families, mothers strove to retain their integrity with their children as a family with shared their values through several strategies (Fleary et al., 2019). One mother described her family as a team, united to work together and face challenges. Role modeling was used by some mothers to encourage and support their children and to lead by example. Mothers assumed a positive attitude pointing out their children's strengths and tutored them to do their best. Mothers emphasized the temporary nature of the shelter to their children by focusing on the future planning of a new home such as procuring a safe home of their own, decorating their rooms, a new beginning for them all with many opportunities, retrieving their pets, and making new friends. Other mothers felt the need to

talk more with their children, to be open, honest, and transparent in their discussions with children about the difficulties they were experiencing. Other strategies included helping children to focus on schoolwork and provide reassurances to diminish children's anxieties and uncertainties. In attempts for normalcy with their children, mothers established their presence or maternal authority by affirming they would take care of everything and not worry. One mother was able to maintain her pre-teen sons' school routines by driving them to their usual school, which kept the nature of their homelessness hidden from their school friends. Another mother moved shelters to ensure her children could attend school and be closer to community resources. And yet another mother home-schooled her child due to a delay in the administrative process within the school system. Findings highlighted the fact that mothers sometimes made concessions about certain rules because they felt their children had gone through so much and mothers did not want to further contribute to their children's emotional distress, uncertainty, or confusion.

Moreover, mothers understood how the shelter context living conditions and marginalization they experienced severely impacted their children's behavior. The literature reveals the criticism of mothers' choices and their parenting styles while living in the shelter (Azim et al., 2019; Connolly, 2000; Fauci & Goodman, 2020; Fonfield-Ayinla, 2009). Friedman (2000) argues that "mothers make choices that may not be always understood by others and do what it takes to mother" (p. 37). Given the conditions in which mothers must parent their children, mothers' resilience is evident in the way they were reflective, flexible, and strove to maintain their identities and aspects of their mothering roles, to provide spaces for empowering their status as mothers caring for their children.

While shelters provide for basic needs (Maycock et al., 2015; Tutty, 2015), throughout the interviews mothers frequently stated their needs were not adequately met. Women who access shelters are often cast to the margins and face multiple stigmas, such as being a single parent, being abused, being without a home and for some placing their children in care (Averitt, 2003; Barrow & Laborde, 2008; Benbow et al., 2019a). Interviews with mothers in this study revealed the construction of daily *Inclusionary* and *Exclusionary* practices experienced by mothers.

Mothering for all women was described as different as in your own home which posed challenges for families and created different ways of being, including impacts on the mother-child dyad. Most prevalent in mothers' narratives was the loss of control in many aspects of their lives particularly in their authority as mothers. Shelter systems monitored and constrained every aspect of women's and children's lives, which posed challenges and difficulties for women to mother their children according to the standards, routines and values families previously established prior to their shelter admission. Most women were ambivalent in their responses when describing the shelter environment as both a place of safety and unsafe. Results suggest that mothers had little control to modify these effects and experienced the shelter as highly disruptive.

Mothers' responses highlighted the way women were positioned as *Other* in marginalized spaces with respect to the shelter as a refuge for safety and future housing. Positioning of the self in relation to the world can be explored using a feminist poststructuralist theory as proposed by Chris Weedon (1997), and feminist Mary Canales (2000). Feminist approaches are useful in the examination of systems/contexts of domination and how they are maintained and perpetuated (Weedon, 1997). Findings show that each mother experienced the shelter space in multiple ways

at various times. Results demonstrate the paradoxical nature of the shelter environment. Prevalent in mothers' narratives when describing their experiences was the binary scripting of conflicting positions such as visible versus invisible; dependent versus independent; safe versus unsafe; included versus excluded; supported versus disciplined, freedom versus control/oppression, also reported by other authors (Benbow et al., 2019a; Connolly, 2000; Gregory et al., 2021; Krane & Davies, 2007). While mothers' collective experience is replete with narratives that speak to positive and negative aspects of the shelters, most women were uncomfortable with the dynamics of the shelter environment, the shelter workers, other mothers, other children, and the services provided. Findings emphasized that the environment provided initial safety and provided a roof. However, consistent with a qualitative study by Thomas et al. (2015) most women found themselves regretting their decision to enter the shelter although they realized there were few other options or choices available to them. Qualitative research by Thomas et al. (2015) highlighted the numerous losses such as, loss of autonomy and freedom, loss of possessions, loss of privacy, loss of social supports and many other forms of losses that women and children experienced when they accessed shelters.

A key finding from this study is the importance of the relationships that formed between mothers and service providers, and between mothers and other mothers. The analysis focused on how both *Inclusionary* and *Exclusionary Othering* processes are manifested in the experiences of mothers living in shelters and seeking services. Mary Canales (2000) framework on *Othering* offers an understanding of the dynamic complexities inherent within these two interrelated processes. Canales (2010) posits that a critical lens is essential for identifying *Exclusionary* processes that occur within relations. While both processes exist within power relationships, the key distinction between these two processes is how power is used in the relationship and the

consequences of these power relationships. Mothers who are living in homeless conditions are often categorized and stigmatized for living in a shelter and this marks them as being different than the contemporary ideal of a good mother (Connolly, 2000). Perceiving an individual as *Other* denies that person's visibility, resemblance to self, refuses to admit a person's uniqueness or that individual's voice is knowledge (Krumer-Nevo & Benjamin, 2010).

While participants were made visible through surveillance and monitoring as described by participants in this study in the theme (Re)forming Mothers, mothers also perceived themselves as invisible through the marginalizing and stigmatizing discourses of shelter staff. Women's narratives were framed by the disparity in power and authority between them and shelter workers and other service providers. Experiences of *Othering* were evident in mothers' narratives and illustrated in women's discussion of their encounters with shelter staff, other residents, and other service providers.

Objectifying language presented in Chapter 5, such as "beggars can't be choosers," and overt actions by shelter workers that rendered mothers invisible: "she never looks at us," "she never looked up" and "she never came" exemplified *Exclusionary Othering* practices which were replete in the findings further stigmatizing and disrupting mothering. Additionally, using a feminist poststructuralist lens highlights the gendering of language and positioning of mothers in subordinate positions. Language constructs mothers as lesser but also serves to normalize the process of the distribution of resources such as housing. Like other research, this study found there was a certain stigma attached when women and children accessed the shelter due to their homelessness which leads to further stereotyping (Benbow et al., 2019a; Fonfield-Ayinla, 2009; Savage, 2016) feeling different than others, and feeling ashamed because of the abuse endured (Menke & Wagner, 1997), and the humiliation of being without a home (Milaney et al., 2017).

Similar to other studies, findings revealed mothers felt shelter staff could be more caring (Averitt, 2003; Cosgrove & Flynn, 2005; Friedman, 2000; Glen & Goodman, 2015).

Additionally, mothers alluded to the institutional structures and practices that created conditions for *Othering* namely through reinforcement of rules, surveillance, distribution of resources, shelter living conditions, lack of adequate services and many other forms experienced by mothers. The *Other* (shelter workers) sets itself as the one that constrains the *Other*. The deviant labelling of those who experience homelessness and single mothers are constructions perpetrated by the disciplinary techniques and rules of the shelter that control mothers' behavior and actions, including resources available to them. Findings revealed how mothers' interactions are influenced by the social and institutional contexts that create conditions for *Othering* practices. According to Connolly (2000) mothers experiencing homelessness will often conform to rules that help perpetuate the stigma attached to welfare clients. The following examples of *Inclusionary Othering* and *Exclusionary Othering* highlight mothers' experiences of *Othering* as reported in the findings in Chapter 5.

In the present study, staff who attempted to listen to and identify with mothers were seen as being able to understand them, to relate to their situation, and create an alliance that was believed to be an important part of mothers feeling supported and non-judged, and a sense of mutuality. Maycock et al. (2015) also reported that "women who perceived that they were cared for and treated with dignity and respect within service settings recounted a stronger sense of autonomy and control over their lives" (p. 33). According to Canales (2000) when referencing nurses, suggests this type of practice falls into the realm of *Inclusionary Othering*, whereby the nurse's ability to view and understand the world from the *Other's* perspective enables the creation of a therapeutic alliance and a possibility to use power within the relationship in a

positive way (transformation). When nurses take on the role of *Others* and broaden their perspective of the *Other's* world, they more readily respond according to the *Other's* needs rather than with prejudice and stereotypical assumptions (Canales, 2000). Mothers reported they would seek out staff who they felt comfortable with, who were responsive, nonjudgmental, and trustworthy. Women who had access to these kinds of services often reported positive and encouraging interactions with staff. Participants in this study identified these staff as exhibiting characteristics such as concern, care, empathy and helping, which mothers felt exhibited respect for the mothers' individual circumstances and family needs. These findings are consistent with a qualitative study by Fauci and Goodman (2020) where the authors documented that when shelter staff showed empathy and interest in women's experiences, survivors felt supported.

Mothers recounted positive experiences when they felt listened to and treated as individuals and not treated based on stereotypes. This study supports existing research by Warburton et al. (2018) where mothers reported being most satisfied when services were provided in a respectful and individualized manner. Other mothers in this study expressed gratitude when referencing shelter workers who had helped them. For example, assist with navigating challenging school registrations, or who would simply seek out a woman and ask how she was doing or smile in an encouraging way. An earlier study by Lindsey (1998) also complements the current findings suggesting that when mothers who experience homelessness perceive interactions with *Others*, particularly helpers, as nurturing and caring, they feel supported and better able to handle change. Further, mothers engaged in similar *Inclusionary* activities among other women through supportive activities and developing positive relationships with other mothers in multiple ways: assisting mothers with childcare, respite, meal preparations, soliciting mothering advice and various supportive activities.

Welcoming a new mother and showing her “how things really are around here” as explained by one mother in the study is seen as an important aspect of enculturation, and communal caring/inclusion for new residents in one shelter. This act of solidarity was described as a protective practice to ensure the new mother did not make any mistakes that would result in public judging, or correcting her for not knowing how things, however mundane, are executed in the shelter, resulting in a smoother transition for the “nubie.” Empathy for other mothers’ sadness and pain was common in the narratives. Mothers created supportive spaces to comfort and be with other mothers experiencing emotional distress, and or a multitude of other issues such as parenting, challenges of shelter living, housing, custody, and violence. Acts of kindness and thoughtfulness towards other mothers and their children were revealed by most of the mothers as common occurrences. For example, a mother who greeted another participant with a cup of coffee in the morning knowing that mother was having a challenging time was perceived to be caring. As a result, these types of relationships reduced isolation and marginalization experienced by mothers and were reflected in mothers’ narratives when they described feeling supported in the shelter environment.

Analysis of mothers’ narratives revealed the precarious situation mothers lived in. As a result of separation, most of the mothers found themselves cut off from the security of former partners, which emphasized their social and economic vulnerability. Consistent with a study conducted by Neil (2004) mothers’ economic dependence on a spouse is often replaced by dependence on public assistance. Subsequently, mothers experienced a disparity and varying levels of resources when they experienced homelessness. In a qualitative study by Bunston et al. (2021) mothers reported that although some shelter workers were highly committed and

compassionate, other shelter workers were ill-equipped or themselves inadequately supported to respond to the complex needs of mothers and children.

The disparity and differing levels of resources that confronted mothers in this research study was disruptive to their capacity to care for their children. Many experienced food insecurity, inadequate shelter living conditions, lack of play space for children, clothing for their children, toys; childcare and so forth made it difficult for mothers to care for their children. Results highlight the reality of what can be done by mothers living in shelters who lack the necessary resources to provide for their children because of their context and personal histories. Inequities in being able to provide for their children positioned mothers as *Exclusionary Other* for not being able to provide the often taken-for-granted amenities and material goods expected by parents. The dichotomy of a “good mother” and “bad mother” discourse is highlighted in mothers’ narratives when they made requests for resources for their children and themselves, similar to findings by Connolly (2000). The discourse illuminates the marginalized positions women are in who seek shelter from violence, poverty, and other extenuating circumstances. In this study when some mothers fled violence, they arrived with only the clothes they wore. Further, refusal of a mother’s request for a sweater on a cold day for her toddler because shelter workers were busy that day; challenging a mother’s request for a personal item by countering with threats that staff will check her locker for similar items already stored; ignoring a bed-time request by a mother for a piece of bread for a hungry school-age child; are markers that contextualize mothers’ experiences and highlighted their loss of control, power, and primacy as a mother to provide for their children. Such processes render mothers and children invisible and position them in the margins.

Mothers provided examples of help giving that resulted in women feeling humiliated and stigmatized. As one mother related her experience reported in Chapter 5, "...you feel like you don't exist ...you are nothing." In effect, the distribution of services is determined by those who have the power and control to determine who is deserving and who is non-deserving. Additionally, most mothers perceived their capacity to mother was constantly undermined or disempowered by their lack of autonomy or capacity to control the environment or provide for the needs of their children. Gregory et al. (2021) found that while VAW shelters are expected to operate within an empowerment philosophy the experience reported by some women is one of feeling disempowerment. The authors used a mixed-method design to examine how specific rules relating to curfews, chores, time limits among others were perceived by the residents and affected their feeling of empowerment. Findings suggest rules were restrictive in affecting day to day activities, many rules served no purpose that supported accessing housing, and rules were perceived to affect women's psychological well-being. A feminist perspective highlights the structural hierarchy or arrangement of dominance that maintains mothers in the gendered position of women's place in the home.

Exclusionary Othering discourses further stigmatize and reflect the stereotypical ideologies of the holder of power (Canales, 2010). Mothers' narratives emphasized the differences and boundaries between themselves and shelter workers, thus adding to mothers' sense of humiliation and isolation. There are serious implications from such practices given the domain of shelters and the involvement of children who are even more powerless. The paradox of this situation is that if the same mothers in the community did not provide appropriate living conditions, clothing, or adequate food for their children, they would be reported to children

welfare services for investigation of child safety and neglect. Yet, in this study such conditions experienced by mothers were reported as the status quo of daily practice in the shelter.

Not providing mothers with adequate resources such as childcare, and tools needed to care for children further undermines mothering and renders women's mothering role and associated caring tasks as invisible and unimportant. In some shelters mothers did not have access to privacy to mother, bathtubs to bathe infants and newborns, they lacked clean safe spaces for children to play in, and many other taken-for-granted resources required in the care of children. The lack of resources highlights deprivation and sub-standard living conditions that were part of mothers' daily lives. From a feminist perspective, it becomes apparent that shelters ignore the gendered needs of mothers and children to be provided for and cared for. The spaces of dwelling provided to women and children experiencing homelessness reflects the control, inhuman conditions, and the punitive practices they are subjected to when accessing some shelters.

Negative experiences of service settings were reported in relation to rules. The theme of loss of power and autonomy in the context of service interactions with shelter workers emerged strongly in many mothers' accounts, and for several there was a disconnect between the nature of support and what they needed. Analysis converges with results from other studies highlighting the way rules dominated all aspects of shelter life making parenting and shelter life difficult, limiting parental authority, and contributing to an already disorientating experience (Fauci & Goodman, 2020; Feltey & Nichols, 2008; Glen & Goodman, 2015). Relying on public assistance and having to access a shelter to provide for their children's basic needs, mothers felt a loss of autonomy that disrupted their mothering roles. Many of women's conversations reflected their lack of control over what was considered private and public (Friedman, 2000). Agreement with

shelter rules is a required part of the contract mothers make in exchange for shelter (Gengler, 2011; Gregory et al., 2021). Desperate for shelter, mothers have little or no choice other than to agree with these conditions (Friedman, 2000; Kelly, 2009; Kozol, 1993). Rules are created that reflect their (shelter system) opinion on how parents and children should live their lives while in the shelter (Schultz-Krohn, 2004; Swick & Williams, 2010).

Results show mothers experienced further loss of power and autonomy in that there was a perceived and lived experience of unbalanced power dynamics between mothers and shelter staff. The shelter environment emphasized the conformity to rules which diminished mothers' autonomy. Friedman (2000) argues that unbalanced power dynamics are unavoidable once staff introduce shelter rules to families. The shelter staff are the enforcers as they have the power over parents and their children. According to Connolly (2000), the current welfare system promotes resentment and animosity between workers and clients, produces stigmatized public identity of clients and fosters internal and external disrespect of clients, "that is mired in a politics of blame and a maintenance of social stratification" (Connolly, 2000, p. 176). Connolly (2000) argues further that welfare systems create competition between clients for services and resources.

Findings concur with those of other authors (Boxill & Beatty, 1990; Schulz, 2009) where mothers' accounts of a lack of control over their mothering role as "provider, family leader, organizer, and standard-setter" (Boxill & Beatty, 1990, p. 60) was now determined or usurped by *Others* [shelter workers] was pervasive throughout mothers' narratives. This study converges with a study by Swick & Williams (2010) where mothers had little input on rules related to daily living within a shelter. Swick & Williams (2010) interviewed four single mothers with at least one child each ranging in age from birth to five years living in shelters. The authors (Swick & Williams, 2010) reported that mothers experienced an impediment to effective parenting due to a

lack of financial resources and a loss of personal control. Mothers' narratives indicated that the rigid shelter rules interfered with their parenting and that they felt service providers should make a concerted effort to eliminate negative generalizations about homeless families among staff and provide more one-on-one counseling to build trust and understanding.

Mothers felt disempowered and felt they could not mother the way they wanted to mother. Their examples consisted of wanting to cook cultural or favorite foods for their children, allowing children to cook with them, setting their own children's bedtimes and curfews, planning outings and so forth. These were some of the formerly taken-for-granted activities they experienced in their own home. These findings converge with other authors, Fleary et al. (2019), Mayberry et al. (2014) and Schultz-Krohn (2004) who documented the disruption of family routines in shelters. Further, mothers found themselves in a position to have to enforce rules dictated by the shelter workers on their children, whether they agreed with these rules or not. The resulting effect for many families was confusion and distress on the part of children and mothers. Especially so for young children who did not understand the contrary nature of some rules and their mother's new way of "being" [mothering]. Such expectations of mother to enforce rules that are not of her making and mostly conflicted with families' unique established routines and culture practices contributed to emotional outcomes such as confusion, stress, distress, and frustration among other effects for both mothers and children often affecting mother-child relations.

Not being able to maintain family routines and rituals is an example of stress experienced by mothers and children. A particularly disturbing rule for children in one shelter was the toy rule which prohibited the removal of toys from the toy room for any reason. Such a rule prohibited a child from having a cuddly toy or favorite play toy for bedtime, which resulted in

undue distress for toddlers who could not understand the rule which differed from ways of being at home. Further, it precipitated anxiety in both mother and child as explained in participants' narratives presented in Chapter 5. For example, for one three-year-old toddler the refusal to allow the child a snuggly toy from the shelter toy room to sleep with at bedtime precipitated excessive crying and emotional distress for both toddler and his mother. His mother explained it was a nightly routine at home to sleep with his soft toy. Having fled an abusive situation, in her haste she had not been able to bring her child's favorite toy or any of his toys to the shelter with her. Another mother experiencing the same issue for her three-year-old daughter stated that in order to reduce the distress of her child, she would sneak a toy up at night from the toy room and wait until her child fell asleep before sneaking the toy back down without anyone knowing or getting "caught" by staff. The finding highlights the deprivation and lack of attention paid to children's emotional needs.

Rules are created that reflect the shelter workers' opinions on how parents and children should live their lives while in the shelter (DeWard & Moe, 2010; Fauci & Goodman, 2020; Smyth et al., 2006). In this study, mothers' positions were subjected under the control and spatial limitations of the shelter in their search for safety. Conversely, subject positions created by shelter workers and system's policies are those of regulator and ruler of the domains (DeShong, 2015). Mothers mostly found themselves under the power of workers who were younger and or were not parents themselves and questioned these staff's capacity to have the experience or knowledge of mothers and parenting. "While some rules are deemed necessary to maintain safety and order for communal living, shelter workers have the power to establish rules that go beyond this purpose" (Friedman, 2000, p. 122). Thus, resulting in further stigmatization and diminished mothers' roles in front of their children. Most mothers in this research stated the rules

were not conducive to enhancing the quality of life in the shelter, but further burdened families and created chaos in the lives of children of all ages. Additionally, mothers' accounts highlight their perception that shelter workers focused more on the rules and compliance by residents than on more pressing concerns of mothers' needs to care for and protect their children.

Mothers' reports of shelter workers or other service providers' language also contributed to *Exclusionary Othering* experiences. These findings concur with research by Friedman (2000) who also found that staff do not have a positive influence on mothers' social lives when they participate with mothers in negative terms such as gossip. Mothers gave examples of overt and covert practices that established the "they" versus "us" categories which created stigma and divisiveness among shelter residents. Mothers who dressed differently or mothered their children differently according to cultural traditions were sometimes subject to "a look exchanged with another", or a comment made about a mother in undertones by both shelter workers and other mothers. As mothers explained in Chapter 5, "It's the look" staff give without having to say anything, or that "they look at you differently."

Results from mothers' narratives also highlight the lack of mutuality women experienced in their interactions with shelter workers around rules. These findings converge with studies by other authors (Averitt, 2003; Cosgrove & Flynn, 2005; Fisher & Stylianou, 2019; Gregory et al., 2021; Schulz, 2009) whereby mothers expressed their dissatisfaction to the inordinate amount of power shelter workers had in determining and enforcing the shelter rules as compared with mothers' own limited avenues for influencing shelter operations. Parallel to a study by Averitt (2003) mothers in this study were willing to make recommendations and provide solutions to the handling of complex and sensitive issues that arise in the shelter. Even in the shelters that held residential meetings, mothers related that despite being told they had a voice, their input had no

influence on several important consequential rules: for example, in one shelter, food was only provided on the weekend on the condition that one mother cooks for all the residents. As such, food was not distributed to individual families to cook according to familial and cultural preferences. Mothers found this rule to further marginalize their families through deprivation of food felt by women experiencing financial constraints to be able to provide food for their children. Additionally, in qualitative study by Gregory et al. (2021) to determine how rules affected empowerment in two VAW shelters, residents in that study described how the regulated mealtimes created major inconveniences, conflict, and pressures. Moreover, women in that same study described rules around food was a source of stress because the rules dictated when how and where they could eat in the shelter. Mothers' narratives highlight the way rules and obligations required by shelter policies undermine program values, empowerment and a collaborative approach to care and services. As discussed earlier, women in this study were diverse in areas of financial security, education, culture, employment opportunities and so forth. A remarkable finding in this study was that not all mothers occupied equivalent positions of marginalization in the areas of gender, social class, and race. Some mothers occupied multiple positions of marginalization in these areas, while others experienced none. Findings highlight the stereotyping and discriminatory practices that mothers experienced, which contributed to the invisibility of women's needs and how their needs were not addressed. Some women did not feel they belonged as they did not fit into the shelter workers' preconceived expectations or stereotypical assumption of a *homeless mother*, and the prescriptive types of resources and services mothers needed. Mothers who did not fit into the expected category of aid such as requiring bus tickets, or help with finding a job, or subsidies, felt they were ignored and did not belong. In some cases, it was suggested by shelter workers that mothers go elsewhere for

services as they did not have the same financial constraints as other women even though they were fleeing violence and seeking refuge. Some mothers felt discriminated against and further isolated resulting in unmet needs and feeling excluded from shelter supports and services.

Findings suggest that women fleeing violence or in need of shelters are unique in their needs and that a one-size-fits all approach to service delivery does not respond to the needs of all women. Categorizing women as the same contributes to further stigma and marginalization. Moreover, mothers are rendered invisible when they are not listened to, and their needs are overlooked.

Another finding reveals the further invisibility of women's needs that expands into the boundaries of children's needs. Given the dearth of services for children in all shelters as related by mothers, access to the limited child-care space is considered lacking by most participants. As one mother explained in the results section in Chapter 5, having her pre-school child with autism kicked out of child-care permanently as per the shelter policy rules for misbehavior towards a staff, was perceived to be a rejection of her child. Further, this mother perceived the action to be a judgement of her mothering, and a lack of sensitivity to her child's context (of maltreatment, witnessing violence against his mother and living in marginalized conditions) by the shelter worker. Moreover, this mother perceived there was a lack of acknowledgement by shelter workers of the child's needs such as counselling, and further marginalization and exclusion of both child and mother as *Other* and not belonging. Of particular concern is the exclusion of a powerless child who needs the play space for healthy normal development, of much needed protection, who does not conform to a rule, and is therefore punished with no other alternative space or support offered. These findings are consistent with research by Bunston et al. (2021) documenting the gap in child-specific resources including services for children experiencing trauma and violence residing in shelters. Children who experience homelessness face

considerable risks for healthy development including chronic stressors and traumatic events in their lives (Herbers et al., 2014). Further, research suggests that young children who experience homelessness are at risk for developmental delays and behavioral health problems (Haskett et al., 2016). Given the research pertaining to children's emotional and behavioral risks, the rule policy pertaining to children's behaviors in shelters may be an overlooked issue in shelter policies which has implications to address relational shifts grounded in empathy for mothers and children.

Most mothers reflected primarily on the constraining effects of the multiple rules and constant surveillance had on their capacity to mother their children in the mundane day to day activities such as decision making, mothering tasks specific to caring for children, and establishing appropriate familial routines for bedtime, mealtimes, and other care. Gregory et al. (2021) revealed similar findings where women residing in a VAW shelter reported that the rules were problematic and added unnecessary stress to their lives by ignoring the complexities in women's daily lives. Further, the participants of that study described many of the rules forcing women to ask permission for everyday things as *myopic* (p. 8). Other literature notes that some mothers residing in shelters are conflicted about motherhood and their ability to be a "good mother" given the multitude of constraints, and the shelter environment (Connolly, 2000; Reppond & Bullock, 2020). Some women in this study felt their self-identities as mothers were threatened and spoke about losing "my mothering role," which for them meant cooking appropriate cultural foods and maintaining established family routines and activities together. Other mothers spoke about the effects of rules and routines which kept them so busy there was little or no time to play with children (toddlers, preschoolers). Not spending time or playing with their children was associated by mothers in this study with not being a "good mother," or as

being different than before, “you’re not the same.” These effects of living in the shelter contributed to emotional distress and stress as explained by women. Women’s narratives spoke to the fear of losing their mothering identity “keeping my mothering role.”

In this research all mothers spoke about their loss of freedom at all levels, particularly in mothering in exchange for admission into the shelter and subsequent services. The emphasis in women’s narratives on ‘obeying’ the shelter rules cannot be overestimated. This phenomenon of relinquishing maternal autonomy for access to safety and social assistance is consistently documented in other research findings (Connolly, 2000; Friedman, 2000; Schultz-Khron, 2004; Kozol, 1993). Other researchers, Mayberry et al. (2014) studied the effects of housing programs on family routines and rituals, described similar findings, “underscoring the centrality of controlling family routines and rituals for self-identification as a parent” (p. 106). Hausman and Hammen (1993) described the “double crisis of homelessness” in which characteristics of the shelter environment such as the lack of privacy and shelter staff’s interference with parenting inhibits parents’ self-efficacy. Cosgrove & Flynn (2005) described similar findings regarding the marginalization of mothers living in shelters, and a study by Lindsey (1998) described the negative impact of the shelter environment on parent-child relationships.

Findings in this study emphasized women’s perceptions of themselves as mothers in a controlled environment which subjects them to rules, regulations, obligations, surveillance, scrutiny and under the supervision of the shelter system at multiple levels. Mothers’ words displayed the gaps/tensions between how they wanted to mother, and what was deemed as necessary for their admission to the shelter and as recipients of services. The routines and obligations that occurred in the shelter environment demonstrated how responsibility shifts from the personal authority of mothers to the authority of the shelter workers/shelter system. Mothers

and children moved into an environment characterized by discipline and obedience, visibility, and invisibility, safety, and risk.

The findings parallel with other studies (Friedman, 2000; Kozol, 1993) where under the best of circumstances families can put up with shelter and rules for short periods of time but these constraints can take an exceptionally large toll if families stay in shelters for prolonged periods of time. At the time of the interviews, most families had lived in shelters from several months to one year or more. Many mothers found the transition to shelter living difficult and stressed, needing time to adjust before being subjected to the multiple rules and obligations and demanding nature of some shelters. Women who had to move to a new city found it particularly challenging to the double bind of shelter and foreign place/new city. Adjusting to living with strangers was difficult and uncomfortable, requiring energy and stamina. Mothers' accounts highlight the multiple pressures women experienced which often is ignored within policies and services that exist within the shelter system. The reality for mothers was not only in engaging in the daily tasks of mothering children in the constricting shelter environment but balancing that care and the overwhelming effects of: leaving their home, becoming a single parent which further burdened them, the loss of home, loss of employment, loss of family and friends, and dealing with children's reactions to their losses (house, toys, school, friends, daycare) simultaneously was reported as "exhausting", "hard" and "tough." Findings revealed that the conditions of lack of childcare and respite in the shelters combined with the rule that stipulated children must be within a mother's arms-length further burdened mothers creating undue stress and risk situations for families. Multiple narratives demonstrated that due to lack of childcare, or safe child-proof spaces, or refusal of others to help, including busy shelter workers, mothers

brought babies into showers and bathtubs with them or missed appointments. Additionally, with no respite, mothers and children except for school-age children were constantly together.

Shelter rules further burdened and caused undue pressure on mothers, particularly the rules that enforced mothering twenty-four hours a day, seven days a week. Literature has documented that all mothers in shelters must always keep their children at arm's length, day, or night (Gengler, 2011; Mayberry et al., 2014). Additionally, findings highlight the risky and unsafe shelter environments families lived in, as discussed earlier, that forced mothers to keep young children close by. Mothers' narratives in larger shelters suggested the covert and overt threat of reports to child services if children are left unattended in their rooms, or consequences for not keeping a child within arm's length. Paradoxically mothers themselves articulated that even if there wasn't a rule, they would never leave their children unattended awake or asleep, even locked in their rooms for fear of strangers harming or abducting a child. These findings were documented in an earlier study by Hodnicki and Horner (1993) where the authors found that mothers engaged in daily "guarding behavior" to protect their children from harm from other residents. Mothers frequently used the term strangers when referring to other residents, particularly in the larger shelters that housed men with their families. Some mothers were concerned about child abduction, and one who had experienced sexual abuse as a child was fearful for her child. Overall, mothers did not feel comfortable with communal living with strangers.

Mothers characterized the temporality of shelter living as both busy, hectic, and yet involved waiting endlessly for housing, news of housing, and for services. As several mothers indicated, living in a shelter takes a lot of energy. These findings add support to findings described by other researchers, Fraenkel (2020) and Warburton et al. (2018). Fraenkel (2020)

examined the multiple temporal challenges parents encountered while staying in one shelter in the U.S. In a qualitative study Fraenkel (2020) explored the time challenges and coping strategies of parents (33 single mothers and three single fathers). Parents in that study described waiting anxiously for housing, feeling on edge daily for weeks and months, and how the unpredictability of daily life made it difficult to create regular routines for themselves and their children. Further, parents felt they did not have enough time to manage their responsibilities of childcare, family togetherness, attend to their children's emotional and health needs among many other issues. One mother in the study described her feeling of time pressure, “everything is so tight there is no room for error” (Fraenkel, 2020, p. 589). Further, Fraenkel (2020) documented those parents perceived “the shelter rules and requirements as controlling their daily sense of time and largely responsible for the changeability of daily schedules and routine” (P. 594).

In another study using semi-structured interviews with 14 single mothers and four agency staff, Warburton et al. (2018) explored the specific needs and the services and supports of young mothers experiencing homelessness. Findings revealed that mothers in transitional housing emphasized the constant uncertainty they were living while waiting for stable housing including not being able to answer their children’s questions when long-term housing would be granted (Warburton et al., 2018). Additionally, findings in this research revealed that in VAW shelters women must perform daily chores which for some women is a hardship to get done in the designated time due to small children who they must keep close to them while they complete chores as per the rules. Mothers felt the focus for shelter staff was to get the work completed at the set time regardless of individual situations mothers were experiencing. Some women related examples of crying all night due to an episode of harassment by the former spouse, or being ill, or experiencing some other worry which left them feeling both emotionally and physically

drained yet needing to complete the chore. According to mothers, sometimes it is easier to just do the chore otherwise “staff will follow you to get it done...or keep asking you.” Mothers felt the shelter workers focused more on the rules and chore completion than on mother’s personal needs and could be more caring.

Findings from this study clearly revealed that mothers and children living in shelters, become according to the seminal research by Boxill & Beaty (1998), “...public families, forced to engage in each task of daily living in full public view” (p. 61). In the circumstance of shelter living mothers and their children have extraordinarily little space to interact freely and in private. Boxill & Beaty (1998) further described the loss of autonomy and the undermining of the mothering role in the shelter because of public mothering as an “out-of-order” relationship. Mothers’ narrative reflected the scrutiny and public nature of their interaction with their children by all.

Emotional Labour

One of the most striking elements found in mothers’ narratives described as a major stressor, and experienced as dehumanizing and further marginalizing, was the emotional work involved in: understanding and interpreting conflicting messages from shelter workers. Understanding and managing the diverse personalities of shelter workers, including the discretionary use of power and ambiguous supports when a mothers’ priority should be focused on themselves and their children. Families were forced to depend on the shelter staff for resources such as bus tickets, food, and personal items including clothing and diapers for their children, and safety. Additionally, they must ask permission for daily activities such as: access to personal health medication locked away, use of living spaces, and navigate curfew times, for food, for financial assistance and more.

Additionally, mothers described the multiple inconsistencies among shelter workers in the ways some shelter workers used their authority to implement rules, and in the distribution of much needed resources both mothers and children needed. Moreover, mothers expressed their displeasure with the ways rules and resources were enforced describing both favoritism, and complicity among some shelter workers. More importantly, mothers reported further depletion of their energy and a diminishment of their mothering role when describing their struggles over the rules, and their requests for services or resources of which mothers had no control over. Like other studies by Averitt (2003), Benbow et al. (2019a), Glenn and Goodman (2015), Fraenkel, (2020), Friedman, (2000) and Kozol (1993) mothers reported struggles over the rules, and in their requests for services or resources as stressful, marginalizing and a further depletion of energy.

Another major concern for mothers was the posturing and attitudes of some staff towards mothers. Consistent with findings by Connolly (2000), some mothers felt they were being judged or looked down on because of *being* in the shelter. Additionally, mothers reflected on the multitude of shelter staff personalities and ways of *being* (behavior) exhibited by shelter staff, and the implications this had for women. Mothers' accounts described experiences of a shelter worker who would consistently ignore or not speak to women the entire shift that staff person worked. Additionally, mothers' narratives explained how some shelter workers would consistently tell mothers they were too busy and to come back another day. Reports of staff being too busy have been documented in other studies (Fleary et al., 2019). Fisher and Stylianou (2019) highlighted in their study several factors such as ineffective shelter workers and services, restrictive policies, and inadequate facilities as some of the factors that contributed to participants choosing to leave the domestic violence emergency shelters.

Mothers reported the need to discriminate who (shelter worker), and what could be trusted in the shelter setting. As reflected by one participant in Chapter 5 "...it takes a while to know who will be there for you, and who will give you what you need." As a result, mothers avoided certain workers waiting and hoping for a more responsive worker on another day. Due to these inconsistencies, mothers in this study expended an inordinate amount of time, and energy on their interactions with staff related to rules, resources, which not only depleted energies as discussed earlier, but was also emotionally draining and contributed to more stress and the experience of *Exclusionary Othering*. Furthermore, mothers felt this time disrupted their mothering capacity and the time they (mothers) expended on navigating shelter workers' personalities should have been used to focus on their families' needs and care of their children. Converging with other studies, findings revealed mothers felt shelter staff could be more caring (Averitt, 2003; Cosgrove & Flynn, 2005; Fisher & Stylianou, 2019; Friedman, 2000; Kozol, 1993; Menke & Wagner, 1997).

These findings have serious implications given that families are placed at further risk by not receiving the services and resources they need in a timely way while living in marginalized and subjugated situations. Moreover, mothers' accounts illuminate the invisibility of mothers' and children's status within the shelter and ways in which mothers' voices are silenced by their lack of control over the resources and autonomy to provide for their own care and needs, often a taken-for-granted concept when families were living outside the shelter. Results suggest mothers are confined in spaces and conditions that situate them in vulnerable positions through these exclusionary practices. Some mothers' responses indicated they advocated for their children's needs but often backed down for themselves so as not to be seen as begging and to maintain their dignity. Mothers perceived these inconsistencies and discourses as adding tension and further

disorder in their lives, which contributed to living the stigma of a *homeless mother* and disrupting their mothering capacity to care for, protect and provide many much-needed resources for their children. Guo et al. (2016) suggest that as mothers, women with children living in shelters are a vulnerable group because they must ensure care for both their children and for themselves while facing difficulties that arise from unstable living conditions. Fraenkel (2020) also found mothers in shelters encounter many inequities incurred by their impoverished conditions while caring for their children similar to findings in this research.

Moreover, findings in the present research also align with research conducted by Fisher and Stylianou (2019) in four domestic violence emergency shelters in the U.S. The purpose of the research was to determine factors that influence victims' decisions to stay or potentially leave the domestic violence emergency shelters. The authors of that study found shelter-specific factors contributed to participants' satisfaction or dissatisfaction with the policies, services, relationships with shelter workers, and shelter conditions and influenced their decisions to stay or leave the shelters. Findings revealed that reasons for leaving were linked to participants perceived lack of "helpfulness, availability, and empathy of staff members," in addition to shelter conditions (Fisher & Stylianou, 2019, p. 800). Participants perceived some staff members as disrespectful of residents' needs and were not trained to work with traumatized victims of abuse. Additionally, victims displaced to a new neighborhood to escape the abuse, indicated their struggles involved in moving and felt shelter workers could have been more empathetic and supportive. Participants in the study suggested better training for shelter workers. Further, findings from the Fisher and Stylianou (2019) study indicated that among the participants who considered leaving the shelter, 67 percent cited displacement from their homes to live in a shelter

was challenging, additionally, 24 percent of the participants indicated major adjustment difficulties experienced by their children.

Given mothers' lack of trust and the inconsistency in relations with some shelter workers, analysis also revealed some mothers felt emotionally unsafe to disclose personal feelings or express their emotions in the perceived public shelter space. The lack of privacy or a safe place were cited as reasons for holding back until mothers felt safe in a stable home. The use of the word *safe place* in the future was pervasive in their narratives. Most participants described not feeling safe to cry or express their emotions out in front of strangers who they described as being shelter workers and other mothers. Findings revealed that women felt there was no place to go to express their pent-up frustrations and emotions. They were *holding on* until they could secure a safe home. For some mothers sharing a shelter space was not contingent to sharing all. Mothers wanted privacy and to decide who they would share with, and what they would share, and when.

“Mothers, Interrupted”

The in-depth analysis substantiates the assessment by other authors DeWard and Moe (2010), Feltey and Nichols (2008), Fraenkel, (2020); Haj-Yahia and Cohen (2009), Reppond and Bullock (2020), Williams (1996) and (Westlund, 1999) that shelters are hierarchal organizations whose structures according to Foucault (1995) are comparable to institutions such as hospitals, prisons, and schools. Mothers' description of the shelter as “a prison” or “a jail” in the present study converges with other studies in literature (DeWard & Moe, 2010; Haj-Yahia & Cohen, 2009). Women referred to the smells, rules, and physical confinement as “being in jail.” For others, being in jail was likened to the experience of isolation and “just being in your room” and “having no one to talk to.” Consistently, mothers' narratives highlight the lack of comfort in the

shelters both physically, emotionally, and socially. Whether implicit or explicit from shelter staff, mothers perceived this was not their space. As a result, there were certain rules and obligations mothers, and their children were required to follow to live in the shelter. Families had to maintain the order of the shelter environment according to specific rules for each living space and therefore, for the way of ‘being’ in these spaces. Further, mothers embodied the overt and sometimes covert expressions from staff that families should “not get too comfortable” or implied “this is not your home.” Mothers perceived their “welcome” was temporary, and conditional to adhering to the shelter rules and obligations.

For many women in this study, the evaluation of performance as a mother was experienced as an ongoing process. These evaluations were taken up by self, other mothers, by shelter workers, by social agencies involved and by those with the power to police, evaluate and control behavior. Because motherhood and mothering are tied to normative evaluations, these are not morally neutral positions and performances (Enos, 2001). Results of this study converge with seminal and recent literature that mothers living in congregate settings such as shelters are forced to mother their children in public. As a result, mothers then became targets of collective criticism and scrutiny by shelter workers and other mothers. Further, mothers’ narratives were replete with examples of the pervasive scrutiny that they as women, mothers, and including their children experienced. Mothers were aware that their every action was on display and monitored or judged. Mothers in this study consistent with other documented literature (Azim, et al., 2019; Connolly, 2000; Fauci & Goodman, 2020; Friedman, 2000) felt they were constantly being watched and judged in need of corrective parenting. As a result of being homeless, many mothers felt they were labelled as being deficit mothers for having to access the shelter, and therefore the prescriptive assumption was that they needed to be told how to parent and therefore

were under constant surveillance. These findings concur with other documented research where abused mothers are often perceived to be “bad mothers” (Connolly, 2000; Friedman, 2000; Kelly, 2009; Reppond & Bullock, 2020). Most mothers contested or resisted these assumptions by affirming that they demonstrated they were good mothers when they separated from their abusive partners or sought help. Other mothers insisted they were good mothers because they took diligent care of their children considering the limited resources they received and the inadequate living conditions in the shelter.

According to mothers, tensions developed within families due to the pervasive feeling of being “watched” or in need of “correction.” As one mother explained “everybody is watching everybody...the children watch too.” Consequently, mothers perceived children themselves to be in the middle of control issues. Children exhibited behavioral changes that often-pitted mother against shelter worker. In a study conducted by Boxill & Beaty (1990), similar findings were reported whereby “children experience uncomfortably divided loyalties ...the ways in which mother can mother are limited” (p. 62). In this study, mothers felt disempowered by older teens who manipulated or undermined their mothers’ discipline by pointing out to their mothers that “they (shelter staff) are watching you...you can’t tell us what to do.” Given mother’s lack of autonomy over setting rules including discipline, mothers felt shelter workers took over their [mothers], parenting role, and their older children knew it and as a result took advantage of this. According to Schulz (2009), in the shelter environment, the shelter often takes over as parent. Usurping the role of mother as rule maker and authority, the shelter systems of policies assume control of parenting. However, mothers felt powerless as they stated they did not own the space and therefore had no control over making any rules. Moreover, mothers’ accounts emphasized the pervasiveness of the covert nature of the surveillance: “Big brother is watching... you just

know...you feel it.” Mothers’ comments reflected the ongoing scrutiny and surveillance they were subjected to while staying in shelters. The incessant offering of unsolicited comments and or advice by either staff or other mothers for most women was a source of annoyance and stress. These findings support those of Fauci and Goodman (2020) where mothers were upset by the interventions of shelter workers and the constant surveillance. However, more importantly mothers felt undermined in their role as mothers. Friedman (2000) suggests that when a worker intervenes with a child, that individual impedes respect for the mother, during a time when both mother and child are already feeling out of control. The author further argues “We cannot help a child without respecting the parent’s authority” (p. 117). While mothers often internalized the criticism, they insisted they were “good mothers” and were doing their best given the conditions they were living in.

For some women, however, living in shelters opened significant threats from others over mothering and ownership of parental role. Good mothering became a bargaining issue incumbent upon the mother’s conforming to, and compliance of requirements set down by others to obtain, for example, a custody letter or expanded curfew. To remain in the shelter, many expectations require mothers to enforce many unrealistic rules on their children and as well as on mothers themselves. Mothers became “agents” of the system as they enforced adult rules on their own children. The rules imposed were not necessarily those of the mothers and conflicted with the natural family routines and way of “being.” Mothers found it challenging to reinforce their authority in an environment where the rules were not their own, and the rules were administered as “one size fits all” under the watchful eye of so many. Consistent with other studies (Benbow et al., 2019b; Cosgrove & Flynn, 2005; Friedman, 2000; Hausman & Hammen, 1993) mothers spoke about internalizing the authoritative criticism of their mothering and anticipated being

judged, supported, or diminished depending on their children's behavior. Benbow et al. (2019b) reported from a qualitative study of 26 mothers that the participants internalized gender norms and societal expectations of what it meant to be a "good mother." Moreover, mothers in that study expressed feelings of shame, and some mothers expressed feelings of being "bad mothers." Women faced threats to identities as mothers based on their individual qualities (you are not a good mother) or by virtue of membership in a category such as "homeless." As such, mothers in shelters need to arrange and manage caretaking of their children, is dependent upon a development of self-identity and how this role compares or is in contrast with that of others (Enos, 2001). Findings revealed that mothers and children became enmeshed in power relations and as objects of power they were disciplined into new ways of "being." As described earlier, mothers find themselves attempting to mother in the rigid and confining environment in which their "mothering" authority is constantly challenged, undermined, and under control by *Others*. The findings demonstrated that power, and disciplinary techniques are used by the shelter system to exercise control over women and children to maintain order within the structure through rules; in the distribution of resources; and in corrective behavior, in this study mothering; and in normalizing behavior of both children and mothers.

Women's accounts emphasized the positional formal power that shelter workers had over mothers and children. Results suggest that power is seen to be pervasive in the shelter system, where the agenda or focus is on maintaining social control and order for the smooth functioning of the shelter structure. Interviews suggest mothers come under extreme surveillance and constant evaluation of their behavior as mothers, and women. Results suggest that shelters maintain the status quo and they reinsert women into existing structures of power and perpetuate similar surveillance and control as their abusers (Gengler, 2011). Results from this study align

with a qualitative study by Fauci and Goodman (2020) where mothers perceived shelter workers as constantly monitoring and scrutinizing their activities including parenting. Additionally, consistent with the findings of this study, the participants in the Fauci and Goodman (2020) study also felt they had no privacy and were upset with the way shelter workers questioned, doubted, and judged them as mothers.

Using a Foucauldian lens, an analysis of mothers' experiences in shelters can illuminate the operations of disciplinary power through which shelter workers, mothers and children are situated, and the effects of disciplinary power within this context. A poststructuralist approach can contribute to the understanding of and reveals the ways in which shelters function as disciplinary spaces and regulate mothers and families and produce "docile bodies." A parallel can be drawn whereby shelters as disciplinary institutions provide the context within which relations of power are formed and exercised, and in addition become "laboratories for observation of individuals" (Foucault, 1995, p. 203), in this case mothers living in shelters.

Two important mechanisms discussed by Michel Foucault that are relevant in the analysis of mothers' experiences in homeless shelters in this study are: power/knowledge and instruments of discipline. Disciplinary techniques highlight the positioning of women and children within the shelter where an analogy can be made to other institutions of discipline such as prisons, hospitals, and schools. For Foucault, knowledge is not independent of power, relations of power, and knowledge that constitute modes of objectification through which individuals become subjects (Smart, 2002). The work of Foucault (1995) suggests that the relationship between mothers and shelter workers can be understood in terms of disciplinary power. "In reality, power means relations, a more-or-less hierarchal coordinated cluster of relations" (Foucault, 1980, p. 198). Implicit in all relationships is the presence of power expressed in control (Foucault,

1995;1980). Mothers' narratives suggest that shelter workers become agents of the disposition of space to ensure its functioning, like what Foucault (1980) describes about doctors in his book *Birth of a Clinic*. Foucault (1995) is concerned with the way the body is positioned in space through architectural practices. For Foucault, spatial arrangements are subjected to control, with themes of surveillance such that control becomes inscribed in the architecture (Foucault, 1980). According to Foucault (1995), "Discipline organizes analytical space" (p. 143). "Discipline makes individuals: it is the specific technique of a power that regards individuals both as objects and as instruments of its exercise" (Foucault, 1995, p. 171). For Foucault (1995), corrective institutions discipline society to restore individuals to socially appropriate or normal patterns of thoughts and behavior, through the strategy of normalization achieved through the imposition of rules. According to Foucault (1995), power aims to produce useful and docile bodies by using disciplinary powers.

One disciplinary strategy described by Foucault (1995) to achieve this is through the "art of distribution...discipline proceeds from the distribution of individuals in space" (P. 143). These spaces are functional and hierarchal and provide fixed positions with detailed partitioning of time marked with efficiency (Foucault, 1995). For example, mothers' narratives converged with other authors (Averitt, 2003; Friedman, 2000; Fauci & Goodman, 2020; Gengler, 2011; Repond & Bullock, 2020) that revealed that they (mothers) were expected to watch their children twenty-four hours for seven days. In addition, mothers described the rule that stipulates mothers must always keep their children at arm's length, even when using the washroom. In this way, children are under their mother's constant supervision resulting in the orderly functioning of the shelter. Further, some mothers reported the assigned mandatory household chores required in the violence against women shelters were governed by established set times to be completed by, or

else mothers faced shelter workers incessant monitoring until the chore was completed, and or consequences when mothers were not compliant. Other participants described bedtime curfews, and mealtimes that dictated where and when mothers and children were permitted to leave their rooms, with specified designated times to be in each space, such as the kitchen, the playroom, the living room, or an outing outside the shelter. Some mothers stated their understanding was that rules were made to maintain safety and order in the shelter similar to the results documented by Gregory et al., (2021).

Results suggest that as objects of disciplinary techniques women incorporated the rules that govern time and space in the shelter. Moreover, mothers adopted new ways of “being” as imposed by the shelter system, for both them and their children to meet the requirements to be housed as shelter residents. Mothers became according to Foucault (1995), “docile bodies” in that they followed the rules and obligations of the shelter, they become productive and contributed to the smooth functioning by complying with shelter schedules such as curfews, and rules for living in each space, even though these ways of being contrasted and disrupted with most families’ pre-established familial routines and norms of living.

Moreover, mothers became “agents” of the shelter system, and enforcers of rules on their own children to ensure compliance and corrective behavior of children as required to fit into the shelter’s normative ideology of “good children” and “good mothers.” However, more importantly compliance was contingent to maintaining their ‘space’ in the shelter. Other incentives to submit to embody rules was to avoid any risk of child welfare involvement also noted in a study by Reppond and Bullock (2020). For most mothers, the rules were not conducive to enhancing the quality of life in the shelter but further burdened families and created chaos in the lives of children of all ages. Mothers’ accounts highlight their perception that shelter

workers focused more on the rules and compliance by residents than on more pressing concerns of mothers.

Foucault's (1980) conceptualization of power examines the relationship between knowledge, truth, and power. Foucault (1995) describes disciplinary power as being everywhere, invisible, and insidious and as operating by internalizing and normalizing the thoughts and actions of subjects. These disciplinary techniques are intended to make power efficient and invisible, while ensuring the visibility of individuals (Foucault, 1995). "The exercise of discipline predisposes a mechanism that coerces by means of observation; an apparatus in which the techniques that make it possible to see induce effects of power...on whom they are applied clearly visible" (Foucault, 1995, p. 170). The similar relation between an institution such as a shelter and its spatial configuration can also be seen in Foucault's (1995) analysis of the prison model of Bentham's Panopticon in his book *Discipline and Punish*. The architectural arrangement of shelters and shelter discourses provide isolation, and individualization of mothers, that makes it possible for such disciplinary practices such as surveillance and normalizing to occur. Therefore, based on the study analysis, mothers in this study were being distributed or fixed in time and space through their subjection to continuous modes of surveillance.

Findings reveal mothers experience the institutional form of panopticism embedded within the functioning of shelter systems producing a homogeneous effect of power as espoused by Foucault (1995). Therefore, mothers in shelters are under the constant site of panoptic surveillance for monitoring of their conformity to the rules and the conformity of their children's behavior, through which mothers' compliance to shelter rules, their children's compliance to shelter rules and their own mothering can be judged. van Manen & Levering (1996) argue that

“the goal of increased supervision tends to homogenize ... and pressure towards sameness” (p. 184). However, findings show that while mothers are made visible under constant surveillance and need to conform to rules their unique needs often remain invisible and unmet.

Foucault (1995) posits in the case of an assumed panoptical vision where individuals understand themselves to be under surveillance individuals will often “discipline” themselves resulting in a continuous enforcement of rules and order. In this study, most mothers referred to knowing they were being watched both overtly and covertly. Other mothers expressed feelings of uncertainty, of never really knowing if they were being monitored which precipitated most mothers to both internalize and externalize the shelter’s systems of “norms” of behavior, in other words, to comply with the rules and ways of being. Mothers used descriptors such as “you know it,” “you just feel it;” they [shelter workers] are “always watching.” Reasons mothers gave for internalizing and subjecting to shelter regulations and expectations were to ensure “invisibility” to avoid further unwanted attention, and to diminish any threat of receiving a poor reference rating on their [mothers] mothering practices in a custody letter, or to avoid further attention or judgement of their mothering practices by others.

Additionally, Foucault (1995) refers to what can be described as an insidious form of disciplinary power, which is the internalized belief by some mothers that they needed to be watched for potential reform or correction of their mothering, their children’s behavior, or for further instructions related to the orderly functioning of living in the shelter, such as “correctly” performing a chore as previously demonstrated by a shelter worker, or adhering to bedtime curfews or any other number of institutional rules as discussed earlier. For example, one mother demonstrated this insidious form of disciplinary power by her statement in Chapter 5, “This is an institution, it’s their job.” Additionally, this study highlighted the way shelter staff used such

disciplinary power as self-awareness techniques to re-socialize mothers into adopting ‘normalized’ behaviors. Since by adopting shelter rules and expectations as a requirement for admission into shelters, mothers were socialized into new ways of “being”. For instance, Gengler (2011) reported that women were constantly reminded of the shelter rules at the weekly mandatory shelter meeting when shelter workers perceived mothers were not managing their children well enough to maintain shelter order.

As objects of disciplinary techniques women incorporated the rules that govern time and space and adopted ways of “being” for both in themselves and their children. For example, mothers described prioritizing shelter rules sometimes at the expense of spending time playing with their children or a much-needed break for themselves after a particular distressing court or custody hearing or feeling emotionally down following further experiences of post-separation abuse. Fleary et al. (2019) reported similar results in their study, where mothers reported having to follow shelter rules to attend shelter nightly meetings that interrupted for some mothers the only free time with their children, after a busy day of seeking housing, legal, welfare and a host of other activities to ensure their children’s futures. Importantly, these effects contributed to further disempowerment of mothers, and disrupted their mother care for their children in ways that compiled additional layers of stress for both mothers and children. Such disciplinary techniques resulted in mothers engaging in self-governing not only themselves but for other mothers to ensure the orderly functioning of the shelter. Women learn that those who do not comply face consequences; written notices of warnings to correct their behaviors or those of their children; evictions for breaking rules; increased surveillance such as room checks; or in the case of a refusal of a housing offer, mothers are forced to leave within 48 hours (about 2 days).

Nurses and other service providers engage in visual identification, documentation, and categorization of behaviors to identify pathological processes. As the results from this research suggest, there is a discernable advantage in rendering mothers completely visible to staff. Results highlight the ways mothers are made visible notably through; parenting; chores; room checks; curfews; and other situations of surveillance. Making mothers subjects of constant visibility was not rationalized by most mothers in this study as therapeutic or helping women find housing or supportive. While mothers are made visible through surveillance and monitoring as described by the examples of the participants in this study, mothers may also perceive themselves as ‘invisible’ through the marginalizing discourses of shelter staff. Through discourses that engender *Othering* processes mothers experienced a lack of support and assistance when caring for themselves and their children, challenging their capacity to care for and nurture their children in ways they wanted to. This form of power also conforms to rules and services through these *Exclusionary* practices. In the study by Benbow et al. (2019b) mothers expressed the impact of societal exclusion when they attempted to access resources and services in the community as feelings of worthlessness, hopelessness, and disempowering. While mothers in that study expressed frustrations, they supported each other emotionally and advocated for their needs.

Being Unable to Escape

A significant contribution of this study is the inclusion (analysis) and discussion of the overwhelming prevalence of abuse and violence, experienced by mothers in the presumed safety of a shelter. Despite leaving the abuser and the violence women in this study continued to experience the threat and fear of future violence including murder. Post-separation violence does not just commence at separation, rather, it is part of the ongoing campaign of power and control, which places women more at risk if they have children (Seth, 2001). Many participants

articulated that they could never really escape or stop the ongoing abuse because the courts and custody disputes kept their abuser involved in their lives. Moreover, women indicated they feared a loss of custody of their children for noncompliance with the courts even though mothers continued to live under ongoing harassment by the former partner. Several participants described their fear of further violence when they encountered their abuser. Not every mother could use a third party to avoid contact with the abusive partner when bringing the child to the abusive partner for a custody visit. These experiences converge with another research conducted by Palmer et al. (2016) and Kelly (2009). In literature, stalking has been documented as a severe problem for women who have separated from their abusive partners (Burczycka & Conroy, 2018; Menard & Cox, 2016; Woodlock, 2017). Mothers' narratives described the duration and intensity of abuse they experienced while staying in the shelter. Other studies concur with this result. "Parenting is physically and emotionally more challenging for women who are abused" (Radford & Hestor, 2006, p. 19). Some authors argue that professionals need to be able to recognize the effects of violence and the impact on mothers' physical and mental health (Humphreys, 2007; Jordan et al., 2010; Meyer, 2010). To my knowledge this aspect of mothering in an abusive relationship post separation while residing in a shelter has not received much acknowledgement, or study, and therefore requires further exploration to offer adequate support and protection for mothers.

A feminist poststructuralist approach emphasizes the significant role of the gendered distribution of power and its manifestation of control and was used in this study to examine the discursive functioning of gendered power, namely the perpetration of violence. The gender-based power of men in determining women's lives requires a particular understanding of violence in intimate relations (Weedon, 1997). Women who initiate separation "challenge the

foundation of a male bastion; his power and control within his home” (Sev’er, 2002, p. 572). A feminist perspective highlights the way gender is reproduced in women’s accounts of the ongoing perpetration of violence by former partners while in the shelter (Weedon, 1997). Within the IPV (Intimate Partner Violence) framework violence, financial deprivation, threats to women and their friends or relatives, intimidation, abuse towards children are some elements used within patterns of coercion (Radford & Hestor, 2006; Sev’er, 2002).

The research demonstrates both the continuation of violence that caused homelessness, as well as the way violence, and the serious threats of violence figure prominently as part of most mothers’ everyday reality while staying in the shelter. Findings are consistent with other authors’ research on gender and violence, DeShong (2015) and Radford & Hestor (2006) that suggest gender-based violence limits women’s space for mothering. Mothers in this study described the effects of the strain and time taken up by having to negotiate custody visits, subjection to pervasive stalking, attempts at maternal alienation, and the frequent harassment or other covert controlling practices by the perpetrator under the guise of interest towards the children. In some cases, mothers revealed the abuser showed no interest in the children until mothers separated. These experiences not only caused fear for some mothers but could quickly turn to verbal, emotional, financial abuse, and ongoing threats of child custody disputes.

Violence against women is one of the most overt manifestations of the asymmetrical relations of power that exist (DeShong, 2015). Intimate partner violence against women is a major social problem and public health concern (Adams et al., 2013; World Health Organization, 2021). According to DeShong (2015), the continued and widespread perpetuation of violence reflects the resilience of masculine values which take root across all societies. The findings of this study concur with studies that focus on post-separation violence in women who leave their

abusive partners that report men use coercive control to maintain or regulate women's actions (Radford & Hestor, 2006) and create terror and fear in women (Thomas et al., 2015). Research shows that a relationship break-up or separation are risk factors for further violence by intimate partners (Conroy, 2021). This study converges with other research which demonstrates that women continue to experience abuse long after they separate or flee abusive intimate relationships, and for the majority the abuse becomes more frequent and or exacerbated (DeKeseredy, 2011; Radford & Hestor, 2006). According to Canadian statistics, 45 percent of women who have left an abusive relationship experience the continuum of violence long after separation, with 38 percent of women reporting ongoing violence six months after separation (Conroy, 2021).

Findings in this study align with another research by Bunston et al. (2021) and Bell et al. (2009) that showed physically leaving the abusive partner and living in a shelter does not always protect mothers, nor ensure her safety nor that of her children from ongoing violence or further exploitation by the abusive partner or by others. Mothers' narratives are replete with the forced deprivation of mothering time with their children and the ongoing fear and uncertainty as they struggle to keep their children safe. The study findings are consistent with Swick & Williams (2010) who argue that the time families spend on responding to abusive behavior is time lost in nurturing of both mothers and children and changes the way mothers and children interact and function as a family. These same authors argue that violence in the family interferes with normal bonding and attachment behaviors (Swick & Williams, 2010). Additionally, mothers' comments reveal the ongoing disruption and deprivation of their mothering time in caring for their children when they were forced by judicial systems to maintain ongoing contact with the abusive partner through custody disputes, also reported by Slote et al. (2005). Radford & Hestor (2006) also

report that children are used in the ongoing contact with an abusive intimate partner and or abusive parent, in some cases forced contact by the judicial system which not only deprives mothers of their mothering time with their children but maintains mothers in the “cycle of violence” for years which can be emotionally draining resulting in limited time for their children (Radford & Hestor, 2006).

The findings from this study are important given other studies demonstrate that when violence is a prevailing factor in the family not only is it dangerous for children (Swick, 2005), but children experience disruptions in normal growth and development as a result of child maltreatment and trauma which can lead to various psychological and social impairments (Chiu & DiMarco, 2010; Chu & Lieberman, 2010; Woollett et al., 2020) where little or no social competence development occurs (Swick, 2005a). In a study using mixed method design Woollett et al. (2020) found children showed high rates of probable depression (33 percent) and probable post-traumatic stress disorder (66 percent). Violence against women undermines healthy child development by making children afraid for their lives and the physical safety of their mothers (Binder et al., 2013). In this study fear was a common word used by mothers when describing their lived experiences while in the shelter on several levels. For example, a child’s fear for her mother’s physical safety was evident in one mother’s narrative who described how her young school-aged daughter remained awake throughout the night every night continually watching over her mother to ensure her mother was still breathing.

Moreover, mothers attributed sleep disorders, aggressive behaviors, and other behavioral and emotional issues to the fact that a child had witnessed abuse or been abused and continued to be fearful while in the shelter. One mother attributed the sleep disorder of her two-year-old constantly screaming and waking and wandering through the night because of witnessing

violence against her mother. This behavior had been ongoing for several months since they were in the shelter. The present study converges with other authors who found that children exposed to violence are at risk for significant behavioral problems which when viewed within the context of a family experiencing stress or violence has the potential for child maltreatment (Binder, et al., 2013; Kitzmann et al., 2003). In the current study, a mother reported maltreatment as a reality for a small child when in custody contact with the biological father, the child was repeatedly struck.

Further, mothers reported the ongoing intimidation and coercing they experienced through psychological pressures, harassment, stalking, economic deprivation, and threats affecting their well-being. Stalking was a big issue for women in this study. Mothers who had restraining orders against their partners reported the restraining orders were totally ignored by the abuser. Radford & Hestor (2006) argue that violent men use multiple tactics such as fear, threats, and mother-blame to maintain mothers and children locked into an abusive family milieu. In this research abusive former partners used a variety of tactics to stalk mothers or attempt to continue to exert control over mothers which included technology (emails, Facebook shaming, cellphones/texting) to both mothers and children; initiation of police investigations against mothers; child services' investigations; and attempts at alienating children against their mother through fabricated lies and demeaning public comments on social media or to other family members and cultural communities.

Research suggests that the emerging trend in the context of violence against women is the use of technology to facilitate stalking (Woodlock, 2017). Woodlock (2017) conducted a scoping study and reported that the use of technology facilitates stalking and other forms of abuse. Additionally, the author suggests that the technology is used to create “a sense of the perpetrator's omnipresence, and to isolate, punish, and humiliate” victims of violence by former

partners (p. 584). In a systematic review of cyber stalking, cyber harassment, and adult mental health, Stevens et al. (2021) documented a relationship between cyber abuse and victims' wellbeing. Further, victims reported a lack of support from judicial systems (Stevens et al., 2021).

Consistent with a study by Roschelle (2008) most mothers in this study were fearful of discovery and suffered from ongoing stress, anxiety, depression, and sleep disorders which they attributed to the ongoing violence they were experiencing. Other mothers revealed medical conditions and lingering effects from injuries sustained during episodes of abuse and in some cases, mothers were under medical treatment as a result. Additionally, the boundaries of harassment and similar control by male partners was expanded to mothers' immediate and extended families, and social contacts, instilled fear, and distress for both mothers and those targeted. One mother reported severe financial strain on her parents given they provided her funds for the ongoing custody and court hearings continually initiated by the perpetrator for any reason. In this instance, the perpetrator knew this would drive her family into financial ruin.

Another mother reported the life-threatening medical emergency experienced by one of her parents due to the strain caused by both verbal and physical threats by the perpetrator to the entire family. Other mothers' narratives revealed personal friends and extended family members targeted by the perpetrator withdrew friendships and further contact because of their fear of being targeted. In these scenarios, mothers could no longer visit family safely for fear of harm to themselves or others they loved. The findings in this research are consistent with a study by Radford & Hestor (2006) who also found male abusers use control tactics to isolate mothers from their family, friends, and external sources of emotional or economic support. For some mothers this meant a loss of emotional support or other tangible support such as childcare due to

the pervasive fear of and stalking by the abuser, further isolating mothers. Goodman et al. (2009) found that the intersection of partner violence and poverty produces stress, social isolation, and powerlessness, which combine to produce posttraumatic stress disorder, depression, and other emotional difficulties.

According to Meyer (2010), intimate partner violence has a detrimental effect on the well-being of women and their families and shapes victim resources. Findings of this study support research by Baker et al. (2003) whereby mothers needed tangible resources they often did not consistently have such as financial help, transportation, and childcare in order to demonstrate cooperation with the courts related to child custody issues by attending judicial proceedings. The role of financial constraints is an issue for mothers experiencing postseparation violence (Sanders, 2015). Similar to findings reported by Allen et al. (2004) mothers in the current study rarely had needs in only one domain, given their focus on legal assistance, housing and childcare needs, financial and health care.

Consequences for mothers and children because of perpetrators' *freedom* to commit ongoing violence resulted in further marginalization and isolation resulting from fear of further harm, and loss of support at many levels. As this study shows, some mothers were stalked from city to city by both the perpetrator and a hired private investigator and were thus limited to the control and spatial limitations of the shelter environment to remain safe. Subsequently, most mothers reported being isolated from familial and social support whether due to distance from home communities, or they lived in the same community as the abuser. Mothers' narratives reflected they experienced ongoing psychological abuse of and anxiety fear for both them and their children.

Conversely, men's behavior in abusing women and or their children is reinforced and magnified by practices of professionals in courts, policing, and child protection agencies (Radford & Hester, 2006). Bell et al. (2009) argued that mothers cannot really separate from the abuser as the courts keep perpetrators involved. Findings highlight how the process of custody negotiations support abusers in maintaining control of mothers and keeps mothers submissive and compliant given the effects of threats that are both physical and non-physical such threats of filing charges of an unfit mother or threats to mothers' extended families and friends. Mothers and children were forced by the courts to meet with their abusers pending custody hearings regardless of child maltreatment on the part of a former abusive partner. Mothers and children who do not comply with court orders are held in contempt and liable to imprisonment (Radford & Hestor, 2006). Further, findings revealed that women experienced emotional distress, fear, and exhaustion over the emotional stress and fear for their children's safety when children were with the abusive partner. Additionally, analysis of mothers' narratives highlighted ways in which children continued to suffer the effects of witnessing and experiencing violence. For example, teenage daughters in one family were also affected by the stress of forced contact and wanted nothing further to do with the abusive male parent yet, they were forced to visit for a period of over fourteen months before finally being allowed to stop. This forced visiting created arguments, divisiveness in mother child relations and mother-blaming by daughters who held their mother responsible for not stopping these forced visitations with the perpetrator and for not being able to stop the abuser's ongoing abusive harassment. "Courts reluctance to stop contact leaves women and children living often for years with the threat and fear of ongoing abuse" (Radford & Hestor, 2006, p. 112). In another family, a teen continued to self-harm due to the stress of past abuse and fear of discovery by her mother's former partner. In all narratives,

mothers describe their feelings of powerlessness in stopping the relentless abuse and harassment endured by themselves and their children regardless of age.

One mother revealed police threats of arrest in front of her three small children in the shelter with posturing by police in overt displays of disregard and disrespect for women's status as 'mother' and disregard for the care or safety of her children. In this instance the police threatened arrest even if the mother had not found childcare. Moreover, this mother felt the police threat as further violence to her and her children while in the safety of a shelter for women fleeing violence. Further, some mothers described police sexist remarks in support of the perpetrator when mothers phoned to report the abuse, and other mothers reported complicity by police to assist when mothers were unsuccessful in retrieving personal belongings such as clothing and documentation for themselves and their children from their former homes. Mothers report police stood by while mothers were refused entry to their previous home or were verbally abused by the perpetrator or a member of his family in mothers' attempts to collect belongings. In many instances children were present. Mothers reported feeling powerless and subjected to further abuse and intimidation by the indifference of the police. DeShong (2015) argues that such practices reinforce men's rights to authority, while placing women in a state of powerlessness. Sev'er (1997) poses the question "How can women expect protection from a system that is afflicted with such sexism?" (p. 583).

Consistent with research by Baker et al. (2003) mothers in this study felt that police should be given more training to understand the seriousness of violence against women, and the dangers women face, given the difficulty and negative attitudes some mothers experienced when they sought assistance from police departments in various cities. Radford & Hester (2006) argue that "The individualization of responsibility for crime and victimization has provided culture and

political context in which mother blaming can flourish and perpetrators disappear” (p. 38). The authors further report that women experiencing violence are often seen by the police, child protection workers and the courts as responsible for their own victimization (Hester & Radford, 2006).

Further, important findings reveal that the shelter setting can inadvertently provide a context for re-enactment or perpetuation of the coercive power relations mothers resist when they seek safety. As discussed throughout this chapter, mothers’ narratives demonstrated that many aspects of shelter policies such as the rules and experiences of ‘exclusionary othering’ and isolation increased and or resulted in mothers’ perceptions of being maintained in vulnerable conditions for abuse and lacking control. Analysis of mothers’ narratives in Chapter 5 often made direct comparison to the ongoing stressor of coercive control by their abusive partner at home to the experience of living in the shelter, and the treatment by shelter staff as “being the same.” As some mothers remarked “I don’t see the difference between living here or there.” In fact, some mothers had left the shelter at some point due to the controlling nature of the rules and shelter living conditions, only to return to the shelter as personal abuse at home became more violent or dangerous for their children.

Like the way perpetrators use tools and strategies to maintain gender relations of power, Cunningham & Baker (2007) outline the effects of coercive control tactics on mothers living in abusive relationships that is documented elsewhere in the literature by Radford & Hestor (2006) on violence against mothers. In this research, analysis highlights elements of these coercive control tactics and tools replete in the narratives of mothers describing relationships with shelter workers and others. A parallel was drawn by the researcher to reflect the similarities as reported by mothers which is outlined in the table below.

Table 4*Hallmarks of an Abusive Relationship and Shelter System*

Hallmarks of an abusive relationship Cunningham & Baker (2007)	Hallmarks of shelter system in the present study of mothers' narratives
1. Woman believes she is inadequate as a mother • She is portrayed as an unfit mother	1. Presumption that mothers need parenting courses when she enters the shelter. She is perceived to be an unfit mother. Stereotyping and stigmas occur through 'othering' practices • She is under constant surveillance
2. She fears having her children taken by children's services	2. She fears having her children taken by children's services as mothering practices and child behaviors are assessed
3. Mothers change their parenting style in response to abuser's style • Controlled mothering: act within boundaries established by partner (Lapierre 2010; Radford & Hestor, 2006)	3. Mothers are forced by imposition of rules and shelter authority to change their mothering style, routines, discipline to stay in shelter • Controlled mothering: act within boundaries of shelter rules, and <i>Others</i> in authority
4. Sense of loss of control	4. Sense of loss of control
5. She tries to keep children from annoying the abuser	5. She tries to keep children from annoying the staff and others: 'good mother' judged on children's behavior, and compliance with rules
6. Priority to protect children	6. Priority to protect children from: strangers, bugs, poor sanitation, limited resources such as money, lack of food, lack of leisure, lack of spaces to grow, play and develop,
7. Child's style of coping: anger, acting out, behavioral, blame mother	7. Child's style of coping: anger, acting out, behavioral, regression, blame mother, fear
8. Monitor partners' mood and behavior and develop strategies to protect children and themselves	8. Mothers monitor staff's personalities and develop strategies to mediate effects of shelter and advocate for children and themselves. Emotional labour is exhausting for mothers

9. Maternal alienation	9. Maternal alienation: staff discipline mothers
	10. Experience multiple losses i.e.: autonomy, employment, child-care, impoverished living

Foucault's work is important in pointing to the structural dynamics of power within which patterns of coercion and control of mothers are affected in shelter settings and remain unexamined. These patterns can be compared to or highlighted as an enactment of control in the shelters which is featured in their intimate relationships with former partners. A feminist approach stresses the importance of naming to make gendered reality visible (Weedon, 1997).

Findings in this study which paralleled other authors (Fauci & Goodman, 2019; Gregory et al, 2021; Mayberry et al., 2014; Reppond & Bullock, 2020) emphasized that most mothers perceived the structure and rules to be oppressive, and disempowering. The unequal power relations sustained by the shelter rules further diminishes women's spaces to mother. Additionally, the overt and covert feeling of 'being watched' and under constant surveillance related to child protection services involvement was felt to be threatening and ominous by most mothers in this study and further limits mothering spaces. In addition to using a poststructuralist lens, using feminist theorist Canales (2000, 2010) hierarchal framework on *Othering* also provides a lens to examine the shelter 's response as a system that inadvertently maintains, mimics, and creates further oppressive/abusive-like conditions for women and children, and engenders *Othering* practices.

Women's accounts related to living in the shelter were characterized by discourses of oppression, imprisonment, and a lack of freedom, namely due to the rules, undermining of maternal authority, and constant surveillance by shelter workers. These practices of control, namely the disciplinary techniques such as surveillance and the disempowering rules, continued

to dominate women. They limited women's ability to navigate spaces and functioned to scrutinize and police mothers' behaviors such as compliance to the rules, and mothering practices with a focus on conformity and *prioritizing shelter obligations over mothering tasks*. Further, there was an element discipline through corrections of mothering or undermining mothering rules in front of children and others. These interactions in everyday spaces further shaped ideologies, expectations and practices directed at mothers, and further confirmed the hierarchal powers of the shelter. Therefore, findings from this study have serious implications for policy, health care providers, and child welfare services, requiring reflection on several shelter practices and regulations and their effects on mothers and their children.

Strengths and Limitations of this Study

Strengths

This research is one of the few Canadian phenomenological studies to explore mothers' subjective and lived experience of 'mothering' within the context of a shelter. This study took place in four diverse shelter settings, which included two violence against women shelters and two-family emergency shelters. This aspect of the inclusion of diverse shelter typologies yielded rich data on contextual elements and systems, which were affecting mothers and children lives while staying in these shelters. There was a significant representation of diverse ethnicities and cultures achieved through maximal variation to provide a richness in the data. Women were interviewed in their language of choice although for some English or French was a second or third language. In one instance, a cultural interpreter was used to assist a mother who spoke Arabic. Therefore, the research was inclusive for all mother-led families residing in shelters providing the opportunity to participate in the study if she so chose to regardless of what

language she spoke. Subsequently, the data revealed perspectives from a diversity of cultures and lived experience of mothers.

Additionally, there was a broad range of ages amongst the children which contributed to further insight into mothers' struggles and experiences given the developmental and unique needs of children under their care. Further, mothers and children with various health and developmental issues provided important data related to the challenges of living in a shelter. Also, mothers varied in their length of stays in the shelter which provided further depth to the analysis. Families stayed between two weeks to fourteen months. Many mothers who participated did so explaining that they wanted their stories to be shared with the expectation that the present research would contribute to knowledge of women's experiences of living in shelters which would benefit future women resulting from responsive policy makers. Moreover, most mothers who agreed to the interview indicated they wanted to make a difference and did not want other mothers to experience having to reside in a shelter with their children.

Limitations

The present study focused on mothering in mother-led families. Mothering in a two-parent family residing in a shelter may provide different results. Mothers with children living in an emergency family shelter with a spouse may have a different 'mothering' experience, and perception of the shelter environment contingent on the shared responsibility of parental duties and perceived support. Additionally, the study took place in a large urban center in one Canadian city and may not reflect the same concerns of another geographic region (city, province, or territory). Regions may differ in both the availability and types of resources and support services. For example, mothers living in rural areas may not have the same recourse to social services or consistent access.

Further, the context of mothers residing in the shelter at the time of the interview may have influenced their responses given mothers were still dependent on the shelter system for safety, services and provisions for themselves and their children. While mothers expressed gratitude to be able to share their experience some women may have refrained from revealing information that they felt could result in repercussions at several levels. This may have been in part due to the lack of privacy and involvement of VAW shelters workers to facilitate access for the interviews. Some mothers may have felt particularly exposed or vulnerable by participating in the research.

Implications for Nursing Practice, Research, Education and Policy

Implications for Nursing Practice

The findings for this research study are relevant to nurses, other health care and service providers who offer care and services to mothers and their children living in shelters, and other unstable housing situations in the community. Further, findings can be instructive on several levels; raise nurses' awareness of how seemingly taken-for-granted of everyday practices and responses can alienate nurses from patients; suggest areas of change and transformation; additionally, findings further serve to help nurses understand the process and consequences of both processes of *Othering* and relations of power. Moreover, nurses need to critically assess the context of care and take responsibility by advocating on behalf of mothers and children by challenging and not accepting the status-quo of present practices.

The findings presented in the research demonstrate that mothers are not a homogenous population. Thus, nurses and helping professions need to be reflective of their own practices and have insight into "one size fits all" of dominant practices within institutions and disciplines, and counter this by understanding each family is unique and provide individualized services for

mothers and their children. Moreover, as indicated by mothers in the study, women want to provide input and want to be heard. Professional assumption of the needs and interventions further render women's lives invisible and perpetuates the ongoing oppression they have been subjected to by former partners and others within the provision of services. This study emphasized that children's safety, wellbeing, and care were central in women's lives. Therefore, as part of the caring process, services need to be diverse and responsive to the unique needs of mothers and their children.

This study further reveals discourses that contribute in several ways to or engender *Othering* processes, which nurses and other helping professionals may unknowingly engage in within their practices and do unintentional harm. By understanding the process and effects of *Inclusionary* and *Exclusionary Othering* as proposed by Canales (2000, 2010) service providers can be more sensitive for the need to include women's experiences, and to include women's input when planning and providing care to enable positive outcomes for both mothers and children. Health care professionals contribute to *Othering* practices when they generalize on cumulative clinical experiences to legitimize, rationalize and essentialize individuals (Johnson et al, 2004). Therefore, when collaborating with community partners during planning, care and debrief sessions pertinent to mothers in shelters, nurses need to have insight and raise awareness of harmful hierarchies and power imbalances and practices that contribute to *Othering*. Moreover, to foster safe and effective health care interactions, those in power, such as health care providers, and others must continue to unmask *Othering* practices and transform health care environments to support truly equitable care (Johnston et al., 2004). Further, nurses need to understand and be aware of the social and environmental conditions, and the systems that impact mothers and children as highlighted in this research. Importantly, it is critical that health care

providers and others who provide services understand the marginalized contexts from which mothers seek care.

Additionally, nurses need to understand and to locate risk conceptually in their work with mothers who live in vulnerable conditions. Understanding the social/environmental conditions that mothers are living in, and how these are embodied by mothers brings a contextualized understanding to nurses' work, rather than simply problematizing or pathologizing mothers and families (Brown et al., 2000). Understanding mothers' contexts when assessing their needs maximizes the importance of interpersonal relationships, building trust and communication, which can reduce or mitigate the creation of situations of power imbalances and contribute to unintentional harm.

Contextualizing risk and entering relationally into the complexities of mothers' lives permits nurses to recognize the extent to which mothers in this study, living in homeless shelters, faced stigma, constant scrutiny, and surveillance. Results from this research highlighted that living in a shelter is an added risk to mothers and their children who encountered many inequalities and disparities including poverty; food insecurity; violence; maternal and child stress and multiple other connecting factors. A feminist understanding how risk identities are constructed through language, and mother's social context will enable nurses to acknowledge there are multiple truths, and the need to explore how biased ideologies and representations of mothers are a result of socioeconomic systems that have contributed to producing feminization and poverty (Lupton, 1997; Weedon, 1997). Subsequently, nurses would reflect on their biases, and not presume solutions or care or make judgements without understanding context and mothers listen openly to mothers' perspectives and narratives.

Alternatively, nurses and other service providers can be advocates for changes in health care and policy that would improve families' health and provide more comprehensive and individualized services for those living in shelters and other risky environments. For example, nurses need to work with mothers to delineate their strengths and needs for support and assistance. A trusting and respectful relationship between mothers and nurses is necessary for a better understanding of mothers' context, resulting in effective interventions and services that meet mothers' needs and those of their children. Nurses need to support and promote environments that accept the uniqueness of mothers and establish genuine dialogue that elicits their perspective (Gunther & Alligood, 2002). However, development of trusting relationships may be challenged when mothers are already experiencing oppression and feelings of powerlessness (Marcellus, 2005). The quality of the nurse-client relationship has a direct effect on the quality of care provided and is crucial in effective nursing practice (Oudshoorn, 2005). The nurse is often portrayed as owning power through her "expert" possession of knowledge. This educational/occupational status continues to be a source of power for nurses within the relationship (Oudshoorn, 2005). Consequently, when nurses enter relationships with mothers and other service providers, this perception of 'hierarchical' power can be an inhibitor of partnership and care, if there is a perceived implication of power imbalances by mothers. As the findings revealed, mothers living in the marginalized context of the shelter reported feeling powerless, scrutinized and socially isolated given the marginalized conditions in some shelters. Such barriers reduce access to participation in their own decision-making, and often within the nurse-client relationship (Mulcahy & McCarthy, 2008).

Further, nurses need to critically reflect on discourses and practices that might be disempowering and contribute to negative or outcomes unintentionally and do more harm

(Houston & Cowley, 2002). As power is central to understanding nursing practice, nurses need to understand the way power operates within social context (Bradbury-Jones et al., 2007); attend to power relationships; listen to mothers; consider their individual needs; and let go of judgements; and the assumptions of “what is best.” “A poststructural approach enables the development of a reflexivity that can challenge and open up scrutiny of otherwise closed and taken-for-granted aspects of nursing and health care practices” (Cheek, 2000, p. 126). Additionally, incorporating a feminist poststructuralist lens (Weedon, 1997) permits nurses to attend to power relationships by understanding the multiple ways power operates in a relationship. Understanding mothers’ resistance and including mothers’ input mitigates potential incidence of power imbalances which can resort in mother-blame, increased surveillance, and negative judgements.

Implications for Research

From a research perspective, future study should focus on nurses’ practices in community settings such as shelters and other similar contexts such as designated welfare motels where women and children experiencing homelessness are forced to stay to evaluate and assess future implications for care and services with input from mothers. The findings of this study have serious implications in that families were placed at further risk of social and health inequities by not receiving the services and resources they needed, and by living in marginalized and unsafe situations in some shelters. According to Munhall (2012), there is a need for nursing research to be “socially responsive and meaningful” (p. 193).

Additionally, from a broader research perspective, the findings from this study are important because they contribute to the paucity of qualitative research in Canadian studies that focus primarily on women’s lived experiences of *mothering* within the context of a shelter. The

current explanations and responses to homelessness do not capture the complexity of women's lives and trauma (Hopper et al., 2010; Savage, 2016). The use of purposive sampling from across several shelter typologies provided results that illuminate the deprivation and marginalization women and children experienced while staying both in the emergency family shelters, and the violence against women shelters. Examined through feminist scholarship findings revealed that the gendered experience of homelessness experienced by mothers with children is underestimated, and invisible. Given the present state of homelessness in Canada, and the rapid rise of women and children experiencing homelessness (Schwan et al., 2020; Segaert, 2017) further research cannot continue to ignore mothers and their children who are displaced from their homes. The hidden and complex nature of this issue also results in the absence of the voices of women's lived experiences. To fully understand mothering and the complex needs of families living in shelters, women's own experiential knowledge must be the focus. Nurses need to be involved in and conduct research on mothers living in transient living conditions such as shelters and welfare motels to determine families' needs and assess health and safety. To date there is minimal research by nurses related to this issue.

Furthermore, hidden homelessness in turn tends to obscure other problems from view such as violence against women (Maki, 2020). Pleace (2017) argues that "part of the reason why some homelessness services have met with limited success in the past, and why research has sometimes missed the true nature of homelessness, is because a mishmash of partial data, ideology and culture - a false or at best a partially accurate picture of homelessness - has been wrongly assumed to be an accurate picture of homelessness" (p. 109).

Future qualitative research must focus on the diverse shelter environments with a focus on the negative aspects that impact both maternal and child health, their well-being, and maternal

capacity to freely mother. Public health nurses need to evaluate their nursing care and practices within these environments, and further evaluate their advocacy of families in these contexts. Future research is imperative to determine the nursing gaps and identify nursing practice issues which may do more harm or are of little impact or benefit for families. Additionally, investigation into, agency-related and system barriers, would also illuminate the elements that contribute to labelling mothers with personal deficits that in fact may be outcomes of the experience of residing in shelters, and the ongoing violence and victimization mothers experience. Results from the present study highlighted the troubling reality of the many risky and unsafe shelter environmental conditions and coercive practices which exacerbated or placed mothers and children at risk for adverse outcomes.

Research consistently shows that children and youth experiencing homelessness are not a homogenous population. While some are more resilient than others, children and youth staying in shelters are at a greater risk for poor outcomes such as elevated levels of stress, health problems, developmental delays, in need for pediatric care, and to have experienced trauma (Bassuk et al., 2020; Cutuli et al., 2017; Herbers et al., 2014). Creating comfortable conditions in the shelter may decrease stress and depressive symptoms that would benefit both mothers and their children (Alleyne-Greene et al., 2019). Collectively, agencies such as public health departments, health professionals, service providers, stakeholders, and governments at all levels among others, have a responsibility to address living conditions such as overcrowding, lack of privacy, poor sanitation, vermin infested living conditions, inadequate support services and coercive practices as reported by mothers in this research. Future research by public health nurses should also focus on identifying conditions that would diminish the stress in these environments.

In addition, given that shelters are currently the primary solution to homelessness, shelters must be constructed to create environments that resemble home and support mother-child interactions, and not punitive restrictive environments that further marginalize or contribute to inequities and poor physical and emotional health outcomes. This study emphasized the uniqueness of each family, and the basic unique needs for children such as clean and safe play spaces and private spaces for families, which were unmet. Consistent with this research, other authors suggest there is little attention paid to the environment or architectural design of shelters and how these factors may impact the overall health of residents (Beharie et al., 2015). An environment that fosters healing, supports healthy growth and development is key given the long months of shelter stays experienced by families as reported by mothers in this research. Some authors have found that physical environments are unneutral spaces that can hinder the well-being of residents and play a role in whether shelter residents feel supported or unsupported during their stay (Grieder & Chanmugam, 2013).

Following an interdisciplinary collaboration Grieder and Chanmugam (2013) proposed specific shelter design strategies that would improve outcomes by reducing environmental stressors and restore a sense of personal control and privacy. Further, feminist research would specifically address the gendered requirements of mothers and children by assessing the needs while living in the shelters such individual apartments, basic childcaring tools such as, bathtubs to bathe infants and small children, spaces for children for recreation and play, respite for mothers and older children, and privacy for family units. The study revealed that families are not a homogenous group and have distinct needs. For example, families' needs for services, resources and mother care varied in relation to the number of children, their ages, gender, health, and special needs requirements for both children and mothers. Another focus of future research

by nurses, would be to evaluate this lack of basic requirements for caring for children and additionally promote education of child development milestones with shelter workers.

While this was not the scope of the research, other critical issues were illuminated that cannot be ignored, particularly the gendered nature of women's homelessness. To understand women's health risks, it is critical to understand the socio-environmental elements and stressors to which women are exposed (Williams & Kurina, 2002). Of all the social determinants of health, gender is one of the most significant (Williams & Kurina, 2002). The overwhelming 'violence' that women and their children are exposed to and the lack of systems-wide protection for them is alarming. Given that violence against women is a major public health problem (WHO, 2021), the findings from this research suggest that further inquiry should focus on the intersection of violence, homelessness, and poverty, which have immediate implications for policy at all levels. A striking element in this study was the pervasiveness of post-separation violence that women experienced while living in *both* emergency family shelters and the violence against women (VAW) shelters and the relative *invisibility* of mothering needs with this added burden. Study findings highlighted the negative health impacts which both mothers and children experienced. Moreover, research to examine these issues would benefit mothers by further exploring their unique needs given the double burden of experiencing violence and homelessness. Nurses need to engage in research to determine the overlap of violence experienced by women in all shelter typologies. Presumptions of programming and services needed in certain shelter types should be re-evaluated based on further research.

A finding of particular importance which is also a seldom discussed element of most studies related to domestic violence, is the analysis pertaining to the number of children residing with their mothers who are also targets of violence. Results highlighted that almost a third of

children who accompanied their mothers to shelters were also being directly targeted and experienced some form of abuse by the perpetrator while most other children were the silent witnesses which suggests implications for further study. Nurses and health care providers must be cognizant of the stressors and exposure to violence and how these affect family functioning (Cutuli et al., 2017). Additionally, and more importantly, there are major implications for interventions related to types of services, protection, and programs mothers may seek out for their children when they access shelter. Woman abuse is a risk factor that can be identified and addressed by policymakers and service providers. In other words, mitigating the abuse may save families from multiple hardships later. There are major implications related to systems' response and protection for women and children that require immediate attention to address because of the inequities and trauma mothers and their children continue to experience in shelters as evidenced in this study.

Another important finding revealed the inadequate attention paid to studies related to mothers and children with disabilities and or who have special needs. Mothers in this research reported a lack of services, resources, and consideration of their children who live with special needs living in both the VAW shelters and the emergency family shelters. Findings further highlighted the dual challenge of experiencing homelessness and living with a disability or with special needs while living in a shelter. Therefore, further study is essential to raise awareness of these gaps given the crucial need for services and accommodations for children and mothers to mitigate further hardships and highlight the importance of mental health and developmental concerns for children. Additional research should use diverse samples to develop and empirically validate interventions for survivors with disabilities. Given the high rates of homelessness of children, the potentially negative impact of homelessness on their well-being and the numerous

adversities children experience discussed in Chapter 2 of this research, it is essential that future investigations explore the integration of comprehensive services and programs to meet mothers' and their children's unique needs while living in a shelter. Trauma informed family centered care would be an essential element in establishing best practices within shelters. Future research in all areas of transient living situations by public health nurses is needed to raise the visibility of children and women with disabilities and special needs. Quantitative research methodology would provide important data on the numbers of children experiencing shelter and other transient living conditions and provide important visibility related to the magnitude of this issue. Such data is important for policy makers and programing to advocate for children's wellbeing. Public health units need to work with their epidemiologists in tandem with nurses to include future research data for the purpose of enhancing programing and strategies to diminish the sufferings of families and the threats they encounter.

Traditionally, shelters and social services perceive women who access emergency family shelters and VAW shelters as different populations, with differing needs, requiring different services and supports. Findings from this research highlighted the overlap between the VAW shelters and the emergency family shelters settings. There was little distinction in needs related to supportive services given that most of the women in both shelters had experienced some form of violence. Research to address this disconnect between the two sectors is vital to ensure all women fleeing violence receive services and protection they need and are not further discriminated against. Presuming women's needs and services further renders their plight invisible. Presently the VAW and homelessness sector do not collaborate in terms of operations which perpetuates two positivist categories of women with children, one category who needs

housing and social services such as welfare access the emergency family shelters and the second category defined as women fleeing violence who access the VAW shelters.

Implications for Nursing Education

Understanding how power is inherent in all relationships, and the effect of power is a critical component in nursing education. Incorporating a Foucauldian perspective provides nurses with an understanding of the multiple ways power operates within a relationship, and the understanding of resistance. Canales (2000, 2010) concept of *Othering* will help students understand and identify nursing practices that engender *Exclusionary Othering* with patients they provide care for. Other implications for education related to the results of this research is a feminist perspective for an understanding of practices that engender stigma and the marginalizing effects this has on mothers and children or other individuals who find themselves in vulnerable living conditions (Weedon, 1997). Additionally, it provides a lens to view women how women are positioned within paternalistic structure (Weedon, 1997).

Additionally, given the pervasiveness of the violence that women experience in their lives, nurses and other health care providers need to more sensitive to the issues of gender-violence. Clinically, nurses are ideally placed to provide support to women experiencing violence. However, according to Peckover (2014), professionals face challenges in responding safely and effectively to the increased identification of domestic violence. Health visitors may not respond appropriately to support and protect clients either due to a lack of recognition of the situation or a lack of capacity to respond (Peckover, 2003). Therefore, nurses may require additional training to mitigate missed opportunities for support, dissemination of resources for mothers, and effective interventions. Through education and training, further skills, and confidence to initiate discussions with women about violence, health visitors could make an

important contribution to enhance women's help-seeking, by sensitively recognizing and raising the topic themselves (Peckover, 2003). Further, the results from this study suggest health professionals play a significant role in identifying children in need of protection, given the harm and other negative impacts on children's functioning.

The findings of this research indicated that over half of the participants' demographic composition were from different racial and ethnic populations. Therefore, it is important that nursing programs provide content to enable students to become culturally sensitive and practice nursing in a culturally competent manner. However, students must also understand the provision of competent care to include all individuals perceived as different, or *Other*, not solely those persons perceived as culturally different. For example, Canales and Bowers (2001) employed a grounded theory research design to gain an understanding of cultural competence care from the perspectives of non-mainstream nurse educators. The authors found that the teaching practices of the nurse educators shared a common purpose of teaching students how to think about differences that went beyond solely specific cultural populations. The nurse educators did not distinguish between competent care and culturally competent care but focused on the broader construction of the *Other*, those individuals who are perceived as oppressed, marginalized, and viewed as different than oneself. Such conceptualizations of competent care have much to offer nursing educators in practice and in the development of programs and further research (Canales & Bowers, 2001).

Findings in this study also revealed that there were several pregnant mothers, and mothers who had recently delivered newborns. Experiencing homelessness during the perinatal period is associated with elevated risk of adverse neonatal outcomes and can pose significant risks and contribute to complications (Clarke et al., 2019; Sandel et al., 2018). Clark et al. (2019)

found that women who used emergency shelters experienced higher rate of complications and a greater range of complications during pregnancy such as pre-term birth and low birthweight, than women living in more stable housing. Further, Clark and colleagues (2019) reported mothers in shelters had fewer and less consistent pre-term and post-term care visits with their health care providers, which the authors argued contributed to the more frequent complications experienced by mothers. The authors suggested reasons for the disruption in prenatal care and post-natal care with their health care providers may have been attributed to women's displacement from their communities, and lack of transportation (Clark et al., 2019). Sandel et al. (2018) found children who experience homelessness prenatally and postnatally and for more than six months are at the highest risk of negative health outcomes. It is important that nurses understand how pregnancy and homelessness intersect to ensure mothers receive appropriate prenatal and postnatal care while in transitional housing to ensure healthy pregnancies and maternal health. Nurses must also be knowledgeable about community referrals to better support mothers. Further research into the needs of pregnant mothers living in shelters is imperative, including evaluation of nurses support and capacity to provide resources.

Implications for Policy

The findings from this research suggest that further feminist inquiry should focus on the intersection of violence, homelessness, and poverty, which have immediate implications for policy at all levels. Without an understanding of the complex issues and needs of mothers and their children experiencing homelessness they will continue to struggle with paternalistic policies that govern support systems designed to support families but in fact may not be inadequate and do more harm. Further, there is a need for nursing research to be “socially responsive and meaningful” (Munhall, 2012, p.193).

Family homelessness has been described as a pressing public health problem with devastating effects that can last a lifetime (Bassuk, et al., 2020). Researchers have consistently documented the deleterious consequences of homelessness for infants, young children, and youth (Annor & Oudshoorn, 2019; Clark et al.2019; Cutuli et al, 2017; Guo et al., 2016; Sandel et al., 2018). For many families, particularly female-led, the experience of homelessness is not only traumatic but also creates conditions of poverty, stress, and social isolation (Barrow & Laborde, 2008; Benbow et al., 2019a; Gultekin et al., 2014). Yet, despite this knowledge the risk of becoming homeless for women and their children continues to be a pervasive problem across Canada.

Over the past 40 years shelter accommodation has been the “de facto” response to family homelessness including mothers and their children fleeing violence. While family homelessness is also linked to structural policies governing housing supply and affordability, violence against women and girls is the leading cause of homelessness for mothers and their children (Milaney et al., 2017). Given the high rates of violence women experience and the evidence of the detrimental impacts of violence on not just women, but on children (Fantuzzo & Fuoco, 2007; Osofsky, 2004) and the pervasive disruption in the lives of mothers' and their children when they face a loss of home, systems at all levels must develop responsive policies and interventions to promote families' wellbeing; provide adequate services, protect, mitigate the multiple inequities, risks, and negative outcomes they endure evidenced in this study and other research. Focusing singularly on individual interpersonal violence ignores the roles of larger structural systems that shape how patterns of violence are connected to social systems and institutions and affect women's lived experiences of violence (Montesanti & Thurston, 2015).

Feminist research into the ominous phenomenon of why Canadian women and children must leave their homes and cannot live safely as is their human right but are required to spend for some the rest of their lives in hiding while in most cases as documented in this study, the perpetrator remains in the family home. The integration of systems and services at all levels of government, including inquiry/reform into the failure of the judicial, civil, and political systems to protect women and their families from fear, marginalization, pain, and death. Research on perpetrators would illuminate the needs for further interventions and adequate laws for the protection of women. The lack of attention to men/fathers and the over representation of negative portrayals of mothers in the literature results in mother blaming.

Women and children's experiences within institutions such as shelters, and welfare is gendered as evidenced from the findings. The experience of homelessness for mothers and their children is shaped by multiple impacts of structural violence. The surveillance and monitoring of mothers may be consequential given most in this study were fleeing coercive and controlling abusers. Mothers' narratives described the shelter conditions and services which were challenging and at times risky for children living in these places. At present as long as shelters are the default or "de facto" (Hartnett & Postmus, 2010; Paradis et al., 2008) to house families experiencing homelessness, efforts must be made to provide women and their children with adequate services and safety. Given the pervasiveness of the disruption in the lives of mothers, and especially children of all ages when they face homelessness, systems at all levels need to do more to promote families' well-being and diminish the multiple inequities, risks, and negative outcomes they experience. Revision or changes in laws are required on several fronts in order to provide abused women with protection and services, rather than punishing them. Families need quality environments that are reflected in the care and interventions they receive, and not cast as

Others living in poor conditions that most citizens would refuse to live in. Attention should be directed to the designs/architecture of present shelters and the negative effects that the organizational (spatial/architecture) environment of these structures has on families. Given that an important determinant of health is the environment/housing; the emerging research on the influences of the built environment on the health and well-being of individuals (Beharie et al., 2015), and, that the composition of the population experiencing homelessness changed dramatically over the last four decades whereby women and their children are the fastest growing sub-group (Van Berkum & Oudshoorn, 2015). Therefore, specifically designed shelters should be constructed to accommodate the unique needs of women and children who seek refuge in a shelter until which time the violence which pervades their lives can be constrained.

Women who participated in the research study did so with the expectations that their experiences would be made visible with the possibility to benefit other women in similar situations. Mothers felt strongly that their families' experience of shelter living, and women's experience of mothering within this context should be considered, in order to allow for improved and adequate services that would help rather than burden and place families in vulnerable and at-risk conditions.

Conclusion

The findings from this phenomenological study contextualized the lives of thirty mothers and fifty-three children living in four diverse shelter environments, which included emergency family shelters and violence against women shelters (VAW) in Ottawa, Ontario, Canada. Analysis of mothers' narratives made visible their struggles and highlights the multiple barriers they encountered while living in a shelter. Qualitative research such as phenomenology provides a forum where mothers' voices are elevated, and brings to the forefront their lived experiences, revealing the complex needs of mothers and their children. Such visibility is needed in order to highlight the environmental conditions, systems-wide treatment and external threats experienced by mothers and their children. The "mothering" role was the lens through which women in this study viewed their experiences and was consistently reflected within their narratives regarding their concerns for their children's wellbeing with particular focus on their children's safety and needs.

The mothers who accessed the shelters in exchange for relative safety and access to stable housing experienced a pervasive disruption in their lives. Notably, families' experiences of shelter living varied depending upon which shelter they found themselves staying in. However, while outside the scope of this research, the enormous variations in shelter infrastructures, policies, and services revealed in the findings, point to multiple inconsistencies in the provision of safety, services, shelter conditions, and other interconnecting elements. These variations impacted mothers' and children's experiences both positively and negatively and requires further exploration. The shelter space was described by mothers as a major stressor and strain for both women and children during their stay and made mothering difficult due to the types of

environmental conditions, barriers and gaps in tailored services and resources available. Further, what emerged from the research was a broad range of adverse environmental conditions and an array of negative health effects that impacted families emotionally, socially, and physically. Moreover, mothers entered a world where they experienced diverse inequities and inequalities, where their voices were silenced, and they experienced a loss of autonomy both as mothers and as individual agents. Mothers' narratives described their sense of being subjected to a bureaucracy and system of rules that emphasized conformity and restricted autonomy not unlike the coercive behavior of their abusive partners they fled from.

Shelter space was experienced as intrusive, chaotic, noisy, over regulated, constricting, and risky for children. Few of the shelter spaces in this study were child-proof, and some were dirty with infestations such as cockroaches, and poor sanitation. Shelter space was further described as lacking a quiet place for respite and lacking in play spaces for children. The challenges of the shelter context resulted in most infants and toddlers living in strollers for several months. Especially evident was the lack of crucial resources and services, namely counselling for children and youth, and informal childcare relevant to women and children's unique needs. What is particularly overlooked in the shelter system are the unique requirements to support both mothers and children, particularly for those who are living with disabilities.

The results from the research suggest that the compounding of the intersecting effects of certain risk factors such as the shelter's environment, and the ongoing perpetration of violence, effectively posed constraints on mothers' attempts to mother their children the way they chose. In most cases, women experienced disruption in their mothering due to living under pressure and scrutiny, continued to experience violence from perpetrators, and experienced further marginalization by the adverse physical and social conditions in some shelters. Further, these

reflections challenged the assumption of the shelter as a therapeutic environment and warrant further study.

Women experienced the shelter environment as a paradox on several levels. The elements of immediate safety relative to women's need to flee and the opportunity for housing were experienced as a safe space. Conversely, mothers described how the multiple dimensions of the shelters' highly regulated environment either exacerbated or created more distress, stress, fear, hypervigilance, poor health, exhaustion, and many other interconnecting issues for both mothers and their children. These experiences contributed to mothers experiencing the shelter as an unsafe environment. Mothers' narratives overwhelmingly described the dangers and risky environments of shelters and revealed that few shelters spaces were considered safe for children to play, learn to crawl, or creep, due to poor sanitation, vermin infestations and the lack of a designated space for children. The environment, lack of childcare and lack of recreation and privacy spaces for both women and children contributed to most mothers describing a decline in their children's health. Mothers' narratives focused on the lack of basic resources particularly for their children, which further exacerbated their difficulties to mother and created risk situations for children. Findings revealed marginalizing spaces of neglect that infants, children and youth call temporary "home".

Findings emphasize what remains invisible in the context of the shelter is the mothering role of women, and the patriarchal hegemonic understandings that influence the shelter system. Namely, the paternal authority assumed by shelter workers, and the female maternal subjection experienced by mothers. While mothers were delegated total responsibility of their children twenty-four hours a day, seven days a week, which comes under the tenet of patriarchal mothering or intense mothering, women were not provided with sufficient resources such as

childcare or respite to support them in their care of their children. The lack of resources and support further burdened mothers and exacerbated vulnerabilities they may have experienced. Such ambivalence and undervaluing of mothering ignore the importance of mothering activities in the nurturance and survival of children in their care, and further undermines mothers. Further, it suggests a punitive model of care which only serves to marginalize mothers by casting them as responsible for their situation.

When mothers enter the world of the system, the *Other* assumes the authority in all aspects of family life. As such, mothers' authority, and her rights to be the mother of her child are suspended and constrained, further subjecting her to live under the rules of *Others* and to enforce these same adult rules on her children. Consequently, mothers' narratives emphasize the rights of children to be mothered by their mother are denied. For participants, entering the world of shelter meant a suspension of family routines, schedules, and cultural practices. Owing to the public nature of the shelter space and lack of privacy for most family interactions, mothering was experienced under the "watchful gaze" of the shelter staff and other mothers, and under constant scrutiny. Of significant concern for mothers was the intrusive nature of staff and other mothers in personal mothering practices that were often subjected to criticism and constantly undermined because of shelter rules. As Connolly (2000) argues, "The experience of being watched and judged is common for social service clients. It is one of the ways they are organized. Privacy and autonomy are middle-class luxuries" (p. 22).

Power as a concept is unexplored in the context of shelters. The research addressed the institutional structures and practices in shelters that created conditions engendering *Othering*, both *Inclusionary* and *Exclusionary* practices. Exploring mothers' experiences using Canales (2000) theoretical framework illuminated the various relations of power that were

counterproductive in the provisions of services and programs in a “therapeutic” space. Further, these types of practices fostered dependence, and they marginalized and objectified mothers.

While *Inclusionary Othering* was experienced in positive encounters that were characterized by support and caring attributes, women’s *Otherness* was overwhelmingly experienced in the form of *Exclusionary Othering*, as one of the objects of domination by another, and perpetuation of stereotyping. Particularly alarming was the inordinate amount of power shelter workers retained in determining resources, and this led to *Exclusionary* practices. The tensions created by hierarchal power imbalances resulted in further stigmatization, ineffective distribution of resources, and unmet needs of mothers and children. Given the vulnerable conditions families were experiencing, the controlling nature of these interactions not only posed yet another layer of risk for families when needs are not met but were experienced as disempowering according to mothers. There are implications for further exploration of these practices considering some narratives included children going without food when mothers are cast as *Other*, and their needs ignored or not prioritized.

Research findings, thus undeveloped in the literature, concern the oppressive nature, and paternalistic re-enactment of control or victimization within the shelter that most women in this study reported. This is an often-hidden coercive element within the shelter system that is not addressed or only minimally recognized, has implications for further study. All mothers in this research used the descriptor of “no freedom” when responding to the research question. Women describe the pervasiveness of the rules and controlling nature of the system that governs every aspect of their lives. Mothers in this study often discussed consequences for “breaking a rule,” including being evicted from the shelter. These rules contribute to further marginalization of families and were experienced as disempowering by women. Mothers’ narratives revealed the

often intrusive and dehumanizing rules they experienced and felt the focus was on maintaining the functioning and order of the shelter. Moreover, according to most mothers the rules had no therapeutic effect, nor did most rules enhance mothers' and children's quality of life in the shelter. Additionally, many mothers felt the oppressive and controlling aspects of the shelters they were subjected to, to be no different than what they experienced from their abusers in their homes. Additionally, the narratives of mothers residing in the VAW shelters revealed they experienced pervasive surveillance and were subjected to more disciplinary power than mothers residing in the emergency family shelters. Further, findings suggest that the VAW shelter policies reproduce women's traditional roles of domesticity by requiring them to complete housekeeping chores as a condition of acceptance in the shelter.

Throughout their narratives most mothers consistently compared their previous home environment as more conducive to mothering their children in all aspects of mothering tasks and care than staying in the shelters. The research highlights the marginalized contexts in which women living in shelters attempted to mother their children in an environment fraught with barriers and challenges. These contingencies and various other contextual elements are absent in the planning, assessment, and distribution of services. Therefore, these gaps may contribute to inaccurate presumptions about individuals, resulting in stereotyping and unintentional harm without first addressing contextual elements in shelters.

An important finding that remains undeveloped in the literature reveals that children of all ages are the 'invisible bodies' as evidenced by the lack of space afforded to them, tailored programs and the impositions placed on their mothers' authority. In this study, over half of the children were less than four years old. Alarming, in most instances, mothers reported small children continued to live in strollers for several months given the lack of play space or safe

place to put children down. There are serious implications that need to be addressed related to a child's normal growth and development and the dearth of services families experienced in this study. The experience of homelessness is more than a loss of home for children, given that it disrupts all aspects of children's lives during important developmental stages of growth (Guarino & Bassuk, 2010).

Furthermore, the lack of appropriate age-related resources such as private spaces for older children, play spaces, space for growth and development activities, childcare, counselling, and the pervasive imposition of adult rules on young children is taken-for-granted as the norm. Children were forced to assume adult activities of discipline and ways of being that conflict with "normal" children's ways of being. Ironically, although mothers are scrutinized or held accountable for their children, they lacked the necessary resources in shelters to support or care for children according to societal norms by which they are judged as "good" or "bad" mothers. Children are then constituted as objects that figure into justifications of mother-blaming, and an increased surveillance of mothers when families' needs are not met, or when children are not compliant with shelter rules. Findings suggest children's presence becomes visible or acknowledged within the shelter system mainly when their behavior is not in compliance with the rules but otherwise, they are "just there." This is problematic given the prevalence of children who were exposed to violence in their homes before accessing the shelter. The problem of family violence and violence against women becomes even more alarming when one considers the number of children residing in these homes, and who are subsequently in shelters with little or no supportive resources.

This study further contributes to the literature by illuminating the pervasiveness of the perpetuation of violence that women, while living in the shelter, continue to experience at several

of levels, including perpetrator, judicial system, police, shelter policies, among others. Most women were impacted by the ongoing perpetuation of violence through various channels, by former intimate partners, and others. Considering the pervasiveness of violence against women, findings revealed that the perpetrator remains unaccountable and the focus and burden to end the violence is assumed by women. Using a feminist perspective described by Weedon (1997), this research makes visible the gendered experience of women, and emphasizes the triple crisis women experienced while mothering in the context of a shelter, namely unstable housing, poverty, and ongoing violence.

The findings not only highlight the difficulties that women faced regarding their mothering in the shelter context, but also the additional burdens and the ongoing struggles of mothers who are fleeing violence. Moreover, mothers' narratives of their subjective experiences in the shelters reflect the patriarchal role of shelter policies, and disciplinary institutions they are forced to depend on for survival, once they no longer have a place to call home. Using a feminist poststructuralist lens illuminates how shelter policies play a role in the process of constructing women as gendered subjects within a patriarchal system established to provide support, care, and sanctuary. Further, reflecting on the modes of surveillance women endure would reveal according to the findings of this study, that women and their needs remain unaddressed for the most part. In summary, given the prosperous city women and their children were residing in, only accentuates their marginalized positions.

References

- Adams, A. E., Bybee, D. I., Tolman, R. M., Sullivan, C. M., & Kennedy, A. C. (2013). Does job stability mediate the relationship between intimate partner violence and mental health among low-income women? *American journal of Orthopsychiatry*, 83(4), 600-608.
<https://doi.org/10.1111/ajop.12053>
- Adderley-Kelly, B., & Green, P. M. (2005). Strategies for successful conduct of research with low-income African American populations. *Nursing Outlook*, 53(3), 147-152.
<http://doi.org/10.1016/J.OUTLOOK.2005.03.004>
- Alcalde, M. C. (2009). Empowered mothering among poor Latina women in abusive relationships. *Journal of the Motherhood Initiative for Research and Community Involvement*, 11(2), 134-142.
<https://jarm.journals.yorku.ca/index.php/jarm/article/view/23784>
- Allen, M. (2020). Crime reported by police serving areas where the majority of the population is Indigenous, 2018. *Juristat* 40(1). <https://www150.statcan.gc.ca/n1/pub/85-002-x/2020001/article/00013-eng.pdf>
- Allen, M. N., & Jensen, L. (1990). Hermeneutical inquiry meaning and scope. *Western Journal of Nursing Research*, 12(2), 241-253. <https://doi.org/10.1177/019394599001200209>
- Allen, N. E., Bybee, D. I., & Sullivan, C. M. (2004). Battered women's multitude of needs: Evidence supporting the need for comprehensive advocacy. *Violence against women*, 10(9), 1015-1035. <https://doi.org/10.1177/1077801204267658>
- Alleyne-Green, B., Kulick, A., & DeLoach McCutcheon, K. P. (2019). Parenting satisfaction among homeless caregivers. *Journal of Family Issues*, 40(1), 33-47.
<https://doi.org/10.1177/0192513X18806331>

Alliance to End Homelessness. (2012). Targets and grading: The annual report card on ending homelessness in Ottawa. What is needed to end homelessness in 10 years.

<https://homelesshub.ca/sites/default/files/End%20Homelessness%20Ottawa-Targets%20&%20Grades-ATEH%20Backgrounder%20April%202012.pdf>

Alty, A., & Rodham, K. (1998). The ouch! Factor: Problems in conducting sensitive research. *Qualitative Health Research*, 8(2), 275-282.

<https://doi.org/10.1177/104973239800800210>

Anderson, D. G., & Rayens, M. K. (2004). Factors influencing homelessness in women. *Public Health Nursing*, 21(1), 12-33. <https://doi.org/10.1111/j.1525-1446.2004.21103.x>

Annells, M. (1996). Hermeneutic phenomenology: Philosophical perspectives and current use in nursing research. *Journal of Advanced Nursing*, 23(4), 705-713.

<https://doi.org/10.1111/j.1365-2648.1996.tb00041.x>

Annells, M. (1999). Evaluating phenomenology: Usefulness, quality and philosophical foundations. *Nurse Researcher*, 6(3), 5-19.

Annor, B. O. H., & Oudshoorn, A. (2019). The health challenges of families experiencing homelessness. *Housing, Care and Support*, 22(2), 93-105. <https://doi.org/10.1108/HCS-12-2018-0036>

Arendell, T. (2000). Conceiving and investigating motherhood: The decade's scholarship. *Journal of marriage and family*, 62(4), 1192-1207.

<https://doi.org/10.1111/j.1741-3737.2000.01192.x>

Averitt, S. S. (2003). "Homelessness is not a choice!" The plight of homeless women with preschool children living in temporary shelters. *Journal of Family Nursing*, 9(1), 79-100.

<https://doi.org/10.1177%2F1074840702239492>

- Azim, K. A., MacGillivray, L., & Heise, D. (2019). Mothering in the margin: A narrative enquiry of women with children in a homeless shelter. *Journal of Social Distress and Homelessness*, 28(1), 34-43. <http://dx.doi.org/10.1080/10530789.2018.1548091>
- Bach, B. (2005). The organizational tension of othering. *Journal of Applied Communication Research*, 33(3), 258-268. <https://doi.org/10.1080/00909880500149478>
- Baker, C. K., Cook, S. L., & Norris, F. H. (2003). Domestic violence and housing problems. *Violence Against Women*, 9(7), 754-783. <https://doi.org/10.1177/1077801203009007002>
- Barnes, A. J., Gilbertson, J., & Chatterjee, D. (2018). Emotional health among youth experiencing family homelessness. *Pediatrics*, 141(4), 1-8. <https://doi.org/10.1542/peds.2017-1767>
- Barnes, A. J., Lafavor, T. L., Cutuli, J. J., Zhang, L., Oberg, C. N., & Masten, A. S. (2017). Health and self-regulation among school-age children experiencing family homelessness. *Children*, 4(8), 70. <https://doi.org/10.3390%2Fchildren4080070>
- Barrett, B. J., & St Pierre, M. (2011). Variations in women's help seeking in response to intimate partner violence: Findings from a Canadian population-based study. *Violence Against Women*, 17(1), 47-70. <https://doi.org/10.1177/1077801210394273>
- Barrow, S. M., & Laborde, N. D. (2008). Invisible mothers: Parenting by homeless women separated from their children. *Gender Issues*, 25(3), 157-172. <https://doi.org/10.1007/s12147-008-9058-4>
- Bassuk, E. L. (2010). Ending homelessness in America. *American Journal of Orthopsychiatry*, 80(4), 496-504. <https://doi.org/10.1111/j.1939-0025.2010.01052.x>

- Bassuk, E. L., & Beardslee, W. R. (2014). Depression in homeless mothers: Addressing an unrecognized public health issue. *American Journal of Orthopsychiatry*, 84(1), 73-81.
<https://doi.org/10.1037/h0098949>
- Bassuk, E. L., DeCandia, C. J., Beach, C. A., & Berman, F. (2014). *America's youngest outcasts: A report card on child homelessness*. American Institutes for Research, National Center on Family Homelessness.
<https://www.air.org/sites/default/files/downloads/report/Americas-Youngest-Outcasts-Child-Homelessness-Nov2014.pdf>
- Bassuk, E. L., & Gallagher, E. M. (1990). The impact of homelessness on children. In J. Beker, & N. A. Boxill (eds.), *Homeless Children: The watchers and the waiters* (pp. 19-33). The Haworth Press.
- Bassuk, E. L., & Geller, S. (2006). The role of housing and services in ending family homelessness. *Housing Policy Debate*, 17(4), 781-806.
<http://dx.doi.org/10.1080/10511482.2006.9521590>
- Bassuk, E. L., Hart, J. A., & Donovan, E. (2020). Resetting policies to end family homelessness. *Annual Review of Public Health*, 41, 247-263.
<https://doi.org/10.1146/annurev-publhealth-040119-094256>
- Bassuk, E. L., Richard, M. K., & Tsertsvadze, A. (2015). The prevalence of mental illness in homeless children: A systematic review and meta-analysis. *Journal of the American Academy of Child and Adolescent Psychiatry*, 54, 86-96.
<https://doi.org/10.1016/j.jaac.2014.11.008>

- Bassuk, E. L., Weinreb, L. F., Dawson, R., Perloff, J. N., & Buckner, J. C. (1997). Determinants of behavior in homeless and low-income housed preschool children. *Pediatrics*, 100(1), 92-100. <https://doi.org/10.1542/peds.100.1.92>
- Baumann, S. L. (1994). No place of their own: An exploratory study. *Nursing Science Quarterly*, 7(4), 162-169. <https://doi.org/10.1177/089431849400700408>
- Beck, C. (1994). Phenomenology: Its use in nursing research. *International Journal of Nursing Studies*, 31(6), 499-510. [https://doi.org/10.1016/0020-7489\(94\)90060-4](https://doi.org/10.1016/0020-7489(94)90060-4)
- Beeber, L. S., & Miles, M. S. (2003). Maternal mental health and parenting in poverty. *Annual Review of Nursing Research*, 21(1), 303-331. <http://dx.doi.org/10.1891/0739-6686.21.1.303>
- Beharie, N., Lennon, M. C., & McKay, M. (2015). Assessing the relationship between the perceived shelter environment and mental health among homeless caregivers. *Behavioral Medicine*, 41(3), 107-114. <https://doi.org/10.1080/08964289.2015.1046415>
- Belcher, J. R., & DeForge, B. R. (2012). Social stigma and homelessness: The limits of social change. *Journal of Human Behavior in the Social Environment*, 22(8), 929-946. <https://doi.org/10.1080/10911359.2012.707941>
- Bell, M. E., Goodman, L. A., & Dutton, M. A. (2009). Variations in help-seeking, battered women's relationship course, emotional well-being, and experiences of abuse over time. *Psychology of Women Quarterly*, 33(2), 149-162. <https://doi.org/10.1111/j.1471-6402.2009.01485.x>
- Benbow, S., Forchuk, C., Berman, H., Gorlick, C., & Ward-Griffin, C. (2019a). Mothering without a home: Internalized impacts of social exclusion. *Canadian Journal of Nursing Research*, 51(2), 105-115. <https://doi.org/10.1177/0844562118818948>

- Benbow, S., Forchuk, C., Berman, H., Gorlick, C., & Ward-Griffin, C. (2019b). Spaces of exclusion: Safety, stigma, and surveillance of mothers experiencing homelessness. *Canadian Journal of Nursing Research*, 51(3), 202-213.
<https://doi.org/10.1177%2F0844562119859138>
- Benbow, S., Forchuk, C., Gorlick, C., Berman, H., & Ward-Griffin, C. (2019). “Until you hit rock bottom there’s no support”: contradictory sources and systems of support for mothers experiencing homelessness in Southwestern Ontario. *Canadian Journal of Nursing Research*, 51(3), 179-190. <https://doi.org/10.1177%2F0844562119840910>
- Benner, P. (Ed.). (1994). *Interpretive phenomenology: Embodiment, caring, and ethics in health and illness*. Sage publications.
- Bergum, V. (1997). A child on her mind: The experience of becoming a mother. Bergin & Garvey.
- Binder, B. K., McFarlane, J., Nava, A., Gilroy, H., & Maddoux, J. (2013). Children in distress: Functioning of youngsters of abused women and implications for child maltreatment prevention. *Child Care in Practice*, 19(3), 237-252.
<https://doi.org/10.1080/13575279.2013.785935>
- Bogard, C. J., McConnell, J. J., Gerstel, N., & Schwartz, M. (1999). Homeless mothers and depression: Misdirected policy*. *Journal of Health and Social Behavior*, 40(1), 46-62.
<https://doi.org/10.2307/2676378>
- Boxill, N. A., & Beaty, A. L. (1990). Mother/child interaction among homeless women and their children in a public night shelter in Atlanta, Georgia. *Child & Youth Services*, 14(1), 49-64. https://doi.org/10.1300/J024v14n01_05

- Boyce, J. (2016). Victimization of Aboriginal people in Canada, 2014. *Juristat*, 36(1).
<https://www150.statcan.gc.ca/n1/pub/85-002-x/2016001/article/14631-eng.htm>
- Bradbury-Jones C, Sambrook S, & Irvine F. (2007). The meaning of empowerment for nursing students: A critical incident study. *Journal of Advanced Nursing*, 59(4), 342-51.
<https://doi.org/10.1111/j.1365-2648.2007.04331.x>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. <https://doi.org/10.1191/1478088706qp063oa>
- Bretherton, J. (2017). Reconsidering gender in homelessness. *European Journal of Homelessness*, 11(1), 1-21. https://www.feantsaresearch.org/download/feantsa-ejh-11-1_a1-v045913941269604492255.pdf
- Brown, B. A., Long, H. L., Gould, H., Weitz, T., & Milliken, N. (2000). A conceptual model for the recruitment of diverse women into research studies. *Journal of Women's Health & Gender-Based Medicine*, 9(6), 625-632. <https://doi.org/10.1089/15246090050118152>
- Browne, A. (1993). Family violence and homelessness: The relevance of trauma histories in the lives of homeless women. *American Journal of Orthopsychiatry*, 63(3), 370-384.
<https://psycnet.apa.org/doi/10.1037/h0079444>
- Buckner, J. C. (2008). Understanding the impact of homelessness on children: Challenges and future research directions. *American Behavioral Scientist*, 51(6), 721-736.
<https://doi.org/10.1177%2F0002764207311984>
- Buckner, J. C., Bassuk, E. L., & Weinreb, L. F. (2001). Predictors of academic achievement among homeless and low-income housed children. *Journal of School Psychology*, 39(1), 45-69. [https://doi.org/10.1016/S0022-4405\(00\)00059-5](https://doi.org/10.1016/S0022-4405(00)00059-5)

- Bunston, W., Frederico, M., & Whiteside, M. (2021). The experience of the infant entering refuge (shelter) setting with their mothers after fleeing family violence. *Journal of family violence*, 36(8), 953-965. <https://doi.org/10.1007/s10896-020-00226-5>
- Burczycka, M., & Cotter, A. (2011). Shelters for abused women in Canada, 2010 (publication No. 85-002-X). Statistics Canada. <https://www150.statcan.gc.ca/n1/pub/85-002-x/2011001/article/11495-eng.htm>
- Burczycka, M., & Conroy, S. (2018). Family violence in Canada: A statistical profile, 2016. *Juristat*, 38(1). <https://www150.statcan.gc.ca/n1/pub/85-002-x/2018001/article/54893-eng.pdf>
- Caelli, K. (2000). The changing face of phenomenological research: Traditional and American phenomenology in nursing. *Qualitative Health Research*, 10(3), 366-377. <https://doi.org/10.1177%2F104973200129118507>
- Campbell, A. (2017). The rising mother: The medicalization of mothering. In M. Hughes Miller, T. Hager & R. Jaremko Bromich (Eds.), *Bad mothers: Regulations, representations, and resistance* (pp. 121-145). Demeter Press.
- Campbell, A. M. (2020). An increasing risk of family violence during the Covid-19 pandemic: Strengthening community collaborations to save lives. *Forensic science international: Reports*, 2, 100089. <https://doi.org/10.1016/j.fsir.2020.100089>
- Campbell, R., & Wasco, S. M. (2000). Feminist approaches to social science: Epistemological and methodological tenets. *American journal of community psychology*, 28(6), 773-791. <https://doi.org/10.1023/A:1005159716099>
- Canadian Observatory on Homelessness (2012). *Definition of Homelessness*. <https://www.homelesshub.ca/sites/default/files/COHhomelessdefinition.pdf>

Canadian Femicide Observatory for Justice and Accountability. (2020). *#CallItFemicide: Understanding gender-related killings of women and girls in Canada 2020*.

<https://femicideincanada.ca/callitfemicide2020.pdf>

Canadian Femicide Observatory for Justice and accountability. (2021). *#CallItFemicide: Understanding gender-related killings of women and girls in Canada 2021*.

<https://femicideincanada.ca/callitfemicide2021.pdf>

Canadian Observatory on Homelessness. (2017). *Canadian Definition of Homelessness*.

<https://www.homelesshub.ca/resource/canadian-definition-homelessness>

Canales, M. K. (2000). Othering: Toward an understanding of difference. *Advances in Nursing Science*, 22(4), 16-31. <https://doi.org/10.1097/00012272-200006000-00003>

Canales, M. K. (2010). Othering: Difference understood?? A 10-year analysis and critique of the nursing literature. *Advances in Nursing Science*, 33(1), 15-34.

<https://doi.org/10.1097/ans.0b013e3181c9e119>

Canales, M. K., & Bowers, B. J. (2001). Expanding conceptualizations of culturally competent care. *Journal of Advanced Nursing*, 36(1), 102-111. <https://doi.org/10.1046/j.1365-2648.2001.01947.x>

Cheek, J. (2000). *Postmodern and poststructural approaches to nursing research*. SAGE Publications.

Chiu, S. H., & DiMarco, M. A. (2010). A pilot study comparing two development screening tools for use with homeless children. *Journal of Pediatric Health Care*, 24(2), 73-80.

<https://doi.org/10.1016/j.pedhc.2009.01.003>

- Chu, A. T., & Lieberman, A. F. (2010). Clinical implications of traumatic stress from birth to age five. *Annual Review of Clinical Psychology*, 6, 469-494.
<https://doi.org/10.1146/annurev.clinpsy.121208.131204>
- Ciliska, D., Mastrilli, P., Ploeg, J., Hayward, S., Brunton, G., & Underwood, J. (2001). The effectiveness of home visiting as a delivery strategy for public health nursing interventions to clients in the prenatal and postnatal period: A systematic review. *Primary Health Care Research & Development*, 2(1), 41-54.
<https://doi.org/10.1191/146342301671753098>
- Clark, R. E., Weinreb, L., Flahive, J. M., & Seifert, R. W. (2019). Infants exposed to homelessness: Health, health care use, and health spending from birth to age six. *Health Affairs*, 38(5), 721-728. <https://doi.org/10.1377/hlthaff.2019.00090>
- Connolly, D. R. (2000). *Homeless mothers: Face to face with women and poverty*. University of Minneapolis Press.
- Conroy, S. (2021). Spousal violence in Canada, 2019. *Juristat*, 41(1).
<https://www150.statcan.gc.ca/n1/en/pub/85-002-x/2021001/article/00016-eng.pdf?st=8LR03cog>
- Conroy, S. A. (2003). A pathway for interpretive phenomenology. *International Journal of Qualitative Methods*, 2(3), 36-62. <http://doi.org/10.1177/160940690300200304>
- Conroy, S., Burczycka, M., & Savage, L. (2019). Family violence in Canada: A statistical profile, 2018. *Juristat*, 39(1). <https://www150.statcan.gc.ca/n1/pub/85-002-x/2019001/article/00018-eng.pdf>

- Cooper, J., Walsh, C. A., & Smith, P. (2009). A part of the community: Conceptualizing shelter design for young, pregnant, homeless women. *Journal of the Motherhood Initiative for Research and Community Involvement*, 11(2).
<https://jarm.journals.yorku.ca/index.php/jarm/article/view/23783>
- Corben, V. (1999). Misusing phenomenology in nursing research: Identifying the issues. *Nurse Researcher*, 6(3), 52-66. <https://doi.org/10.7748/nr1999.04.6.3.52.c6087>
- Cosgrove, L., & Flynn, C. (2005). Marginalized mothers: Parenting without a home. *Analyses of Social Issues and Public Policy*, 5(1), 127-143.
<https://psycnet.apa.org/doi/10.1111/j.1530-2415.2005.00059.x>
- Cotter, A. (2021). Intimate partner violence: Experiences of visible minority women in Canada, 2018. *Juristat*, 41(1). <https://www150.statcan.gc.ca/n1/pub/85-002-x/2021001/article/00008-eng.pdf>
- Crawford, D. M., Trotter, E. C., Hartshorn, K. J. S., & Whitbeck, L. B. (2011). Pregnancy and mental health of young homeless women. *American Journal of Orthopsychiatry*, 81(2), 173-183. <https://dx.doi.org/10.1111%2Fj.1939-0025.2011.01086.x>
- Crossley, N. (1994). *The politics of subjectivity: Between Foucault and Merleau-Ponty*. Ashgate Publishing.
- Cunningham, A., & Baker, L. (2007). *Little eyes, little ears: How violence against a mother shapes children as they grow*. Centre for Children and Families in the Justice System.
<https://www.canada.ca/content/dam/phac-aspc/migration/phac-aspc/sfv-avf/sources/fem/fem-2007-lele-pypo/pdf/fem-2007-lele-pypo-eng.pdf>

- Cutuli, J. J., Ahumada, S. M., Herbers, J. E., Lafavor, T. L., Masten, A. S., & Oberg, C. N. (2017). Adversity and children experiencing family homelessness: Implications for health. *Journal of Children and Poverty*, 23(1), 41-55.
<https://doi.org/10.1080/10796126.2016.1198753>
- Cutuli, J. J., Desjardins, C. D., Herbers, J. E., Long, J. D., Heistad, D., Chan, C. K., Hinz, E., & Masten, A. S. (2013). Academic achievement trajectories of homeless and highly mobile students: Resilience in the context of chronic and acute risk. *Child development*, 84(3), 841-857. <https://dx.doi.org/10.1111%2Fcdev.12013>
- Cutuli, J. J., Wiik, K. L., Herbers, J. E., Gunnar, M. R., & Masten, A. S. (2010). Cortisol function among early school-aged homeless children. *Psychoneuroendocrinology*, 35(6), 833-845. <https://doi.org/10.1016/j.psyneuen.2009.11.008>
- Dail, P. W. (1990). The psychosocial context of homeless mothers with young children: Program and policy implications. *Child Welfare*, 69(4), 291-308.
<https://psycnet.apa.org/record/1991-01016-001>
- Dankoski, M. E. (2000). What makes research feminist? *Journal of Feminist Family Therapy*, 12(1), 3-19. https://doi.org/10.1300/J086v12n01_02
- David, D. H., Gelberg, L., & Suchman, N. E. (2012). Implications of homelessness for parenting young children: A preliminary review from a developmental attachment perspective. *Infant Mental Health Journal*, 33(1), 1-9. <https://doi.org/10.1002/imhj.20333>
- de Witt, L., & Ploeg, J. (2005). Critical appraisal of rigour in interpretive phenomenological nursing research. *Journal of Advanced Nursing*, 55(2), 215-229.
<https://doi.org/10.1111/j.1365-2648.2006.03898.x>

- DeKeseredy, W. S., & Schwartz, M. D. (2011). Theoretical and definitional issues in violence against women. *Sourcebook on violence against women*, 2, 3-22.
https://doi.org/10.4135/9781452224916_n1
- Demi, A., & Warren, N. A. (1995). Issues in conducting research with vulnerable families. *Western Journal of Nursing Research*, 17(2), 188-202.
<https://doi.org/10.1177/019394599501700206>
- DeShong, H. A. (2015). Policing femininity, affirming masculinity: relationship violence, control and spatial limitation. *Journal of Gender Studies*, 24(1), 85-103.
<https://doi.org/10.1080/09589236.2013.833087>
- DeWard, S. L., & Moe, A. M. (2010). 'Like a prison! ': Homeless women's narratives of surviving shelter. *Journal of Sociology & Society Welfare*, 37(1), 115-135.
<https://scholarworks.wmich.edu/jssw/vol37/iss1/7/>
- Dickert, N., & Grady, C. (1999). What's the price of a research subject? Approaches to payment for research participation. *The New England Journal of Medicine*, 321(3), 198-203.
<https://doi.org/10.1056/NEJM199907153410312>
- Diem, E., & Moyer, A. (2005). *Community health nursing projects: Making a difference*. Lippincott Williams & Wilkins.
- Dowling, M. (2007). From Husserl to van Manen: A review of different phenomenological approaches. *International Journal of Nursing Studies*, 44(1), 131-142.
<https://doi.org/10.1016/j.ijnurstu.2005.11.026>
- Dowling, M., & Cooney, A. (2012). Research approaches related to phenomenology: negotiating a complex landscape. *Nurse Researcher*, 20(2), 21-27.
<https://doi.org/10.7748/nr2012.11.20.2.21.c9440>

- Drew, N. (2008). The primacy of intersubjectivity. *Advances in Nursing Science*, 31(1), E74-E80. <https://doi.org/10.1097/01.ANS.0000311537.88811.fb>
- El-Mouelhy, M. (2004). Violence against women: A public health problem. *The Journal of Primary Prevention*, 25, 289-303. <https://doi.org/10.1023/B:JOPP.0000042393.90825.fc>
- Employment and Social Development Canada. (2021). *The National Shelter Study: Emergency shelter use in Canada, 2005 to 2016*. Government of Canada. https://www.canada.ca/content/dam/esdc-esdc/documents/programs/homelessness/publications-bulletins/national-shelter-study/2255-National_Shelter_Study-EN.pdf
- Enander, V. (2010). “A fool to keep staying”: Battered women labeling themselves stupid as an expression of gendered shame. *Violence against women*, 16(1), 5-31. <https://doi.org/10.1177/1077801209353577>
- Enos, S. (2001). *Mothering from the inside: Parenting in a women's prison*. Suny Press.
- Etherington, N. A., & Baker, L. L. (2018). Preventing revictimization and use of aggression following girls’ maltreatment: A life course approach. Centre for Research & Education on Violence Against Women & Children. https://www.vawlearningnetwork.ca/our-work/reports/DiscussionPaper-Preventing_Revictimization_Report.pdf
- Fantuzzo, J. W., & Fusco, R. A. (2007). Children’s direct exposure to types of domestic violence crime: A population-based investigation. *Journal of Family Violence*, 22(7), 543-552. <https://doi.org/10.1007/s10896-007-9105-z>
- Fauci, J. E., & Goodman, L. A. (2020). “You don’t need nobody else knocking you down”: Survivor-mothers’ experiences of surveillance in domestic violence shelters. *Journal of family violence*, 35, 241-254. <https://doi.org/10.1007/s10896-019-00090-y>

- Feltey, K., & Nichols, L. (2008). Homeless women with children in shelters: The institutionalization of family life. In R. McNamara (Ed.), *Homelessness in America* (vol. 1, pp. 112-125). Praeger Publishers.
- Fisher, E. M., & Stylianou, A. M. (2019). To stay or to leave: Factors influencing victims' decisions to stay or leave a domestic violence emergency shelter. *Journal of interpersonal violence*, 34(4), 785-811. <https://doi.org/10.1177/0886260516645816>
- Fleary, S. A., Joseph, P., Zhang, E., & Quirion, C. (2019). "They give you back that dignity": Understanding the intangible resources that make a transitional house a home for homeless families. *Journal of Social Distress and the Homeless*, 28(1), 72-84. <http://orcid.org/0000-0001-9237-2407>
- Fonfield-Ayinla, G. (2009). Commentary: A consumer perspective on parenting while homeless. *American Journal of Orthopsychiatry*, 79(3), 299-300. <https://doi.apa.org/doi/10.1037/a0017239>
- Foucault, M. (1980). *Power/knowledge: Selected interviews and other writings, 1972-1977*. Vintage.
- Foucault, M. (1990). *The history of sexuality: An introduction* (R. Hurley, Trans.). Vintage. (Original work published 1976)
- Foucault, M. (1995). *Discipline and punish: The birth of the prison* (A. Sheridan, Trans.). Vintage. (Original work published 1975)
- Fraenkel, P. (2020). Time as a source of struggle and resilience in homeless families. *Time & Society*, 29(2), 581-603. <https://doi.org/10.1177/0961463X20908082>
- Francis, B. (2000). Poststructuralism and nursing: Uncomfortable bedfellows? *Nursing Inquiry*, 7(1), 20-28. <https://doi.org/10.1046/j.1440-1800.2000.00051.x>

- Friedman, D. H. (2000). *Parenting in public: Family shelter and public assistance*. Columbia University Press.
- Gaetz, S., Dej, E., Richter, T. & Redman, M. (2016). *The State of Homelessness in Canada 2016*. Canadian Observatory on Homelessness.
https://homelesshub.ca/sites/default/files/SOHC16_final_20Oct2016.pdf
- Gaetz, S., Donaldson, J., Richter, T., & Gulliver, T. (2013). *The state of homelessness in Canada 2013*. Canadian Homelessness Research Network Press.
<https://www.homelesshub.ca/SOHC2013>
- Gaetz, S., Gulliver, T., & Richter, T. (2014). *The state of homelessness in Canada 2014*. The Homeless Hub Press.
<https://www.homelesshub.ca/sites/default/files/attachments/SOHC2014.pdf>
- Gastaldo, D., & Holmes, D. (1999). Foucault and nursing: A history of the present. *Nursing Inquiry*, 6(4), 231-240. <https://doi.org/10.1046/j.1440-1800.1999.00042.x>
- Geanellos, R. (2000). Exploring Ricoeur's hermeneutic theory of interpretation as a method of analysing research texts. *Nursing Inquiry*, 7(2), 112-119. <https://doi.org/10.1046/j.1440-1800.2000.00062.x>
- Gemelli, M. C. (2016). Motherwork in the margins: Homeless single mothers. In R. Badruddoja & M. Motapanyane (Eds.), *'New Materternalisms': Tales of Motherwork (Dislodging the unthinkable)* (pp. 130-145). Demeter Press.
- Gengler, A. M. (2011). Mothering under others' gaze: Policing motherhood in a battered women's shelter. *International Journal of Sociology of the Family*, 37(1), 131-152.
<https://www.jstor.org/stable/23029790>

- Georges, J. M. (2003). An emerging discourse: Toward epistemic diversity in nursing. *Advances in nursing science*, 26(1), 44-52. <https://doi.org/10.1097/00012272-200301000-00007>
- Gewirtz, A. H., DeGarmo, D. S., Plowman, E. J., August, G., & Realmuto, G. (2009). Parenting, parental mental health, and child functioning in families residing in supportive housing. *American Journal of Orthopsychiatry*, 79(3), 336-347. <https://doi.org/10.1037/a0016732>
- Glenn, C., & Goodman, L. (2015). Living with and within the rules of domestic violence shelters: A qualitative exploration of residents' experiences. *Violence Against Women*, 21(12), 1481-1506. <https://doi.org/10.1177/1077801215596242>
- Goffman, E. (1963) *Stigma: Notes on the management of spoiled identity*. Prentice-Hall.
- Goodhand, M. (2017). *Runaway wives and rogue feminists: The origins of the women's shelter movement in Canada*. Fernwood Publishing.
- Goodman, L. A., Smyth, K. F., Borges, A. M., & Singer, R. (2009). When crises collide: How intimate partner violence and poverty intersect to shape women's mental health and coping? *Trauma, Violence, & Abuse*, 10(4), 306-329. <https://doi.org/10.1177/1524838009339754>
- Grant, R., Gracy, D., Goldsmith, G., Shapiro, A., & Redlener, I. E. (2013). Twenty-five years of child and family homelessness: Where are we now? *American Journal of Public Health*, 103(S2), e1-e10. <https://doi.org/10.2105%2FAJPH.2013.301618>
- Grant, R., Shapiro, A., Joseph, S., Goldsmith, S., Rigual-Lynch, L., & Redlener, I. (2007). The health of homeless children revisited. *Advances in Pediatrics*, 54(1), 173-187. <https://doi.org/10.1016/j.yapd.2007.03.010>

- Gregory, K., Nnawulezi, N., & Sullivan, C. M. (2021). Understanding how domestic violence shelter rules may influence survivor empowerment. *Journal of interpersonal violence*, 36(1-2), NP402-NP423. <https://doi.org/10.1177/0886260517730561>
- Grieder, M. A., & Chanmugam, A. (2013). Applying environmental psychology in the design of domestic violence shelters. *Journal of Aggression, Maltreatment & Trauma*, 22(4), 365-378. <https://doi.org/10.1080/10926771.2013.775984>
- Guarino, K., & Bassuk, E. (2010). Working with families experiencing homelessness: Understanding trauma and its impact. *The Signal*, 1, 14-23. <https://perspectives.waimh.org/wp-content/uploads/sites/9/2017/05/5-Working-with-Families-Experiencing-Homelessness.-Understanding-Trauma-and-its-Impact.pdf>
- Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 105-117). Sage Publications.
- Gulliver-Garcia, T. (2016). Putting an end to child & family homelessness in Canada. Raising the Roof/Chez Toit. <https://www.homelesshub.ca/sites/default/files/attachments/C%26F%20Report%20Summary.pdf>
- Gültekin, L., Brush, B. L., Baiardi, J. M., Kirk, K., & VanMaldeghem, K. (2014). Voices from the street: Exploring the realities of family homelessness. *Journal of family nursing*, 20(4), 390-414. <https://doi.org/10.1177%2F1074840714548943>
- Gunther, M., & Alligood, M. R. (2002). A discipline-specific determination of high-quality nursing care. *Journal of Advanced Nursing*, 38(4), 353-359. <http://doi.org/10.1046/j.1365-2648.2002.02201.x>

- Guo, X., Slesnick, N., & Feng, X. (2016). Housing and support services with homeless mothers: Benefits to the mother and her children. *Community mental health journal*, 52(1), 73-83.
<https://doi.org/10.1007/s10597-015-9830-3>
- Haaken, J., & Yragui, N. (2003). Going underground: Conflicting perspectives on domestic violence shelter practices. *Feminism & Psychology*, 13(1), 49-71.
<https://doi.org/10.1177/0959353503013001008>
- Haj-Yahia, M. M., & Cohen, H. C. (2009). On the lived experience of battered women residing in shelters. *Journal of family violence*, 24(2), 95-109. <https://doi.org/10.1007/s10896-008-9214-3>
- Hall, J. M., Stevens, P. E., & Meleis, A. I. (1994). Marginalization: A guiding concept for valuing diversity in nursing knowledge development. *Advances in Nursing Sciences*, 16(4), 23-41. <https://doi.org/10.1097/00012272-199406000-00005>
- Hardesty, J. L. (2002). Separation assault in the context of post-divorce parenting: An integrative review of the literature. *Violence Against Women*, 8(5), 597-625.
<https://doi.org/10.1177/107780120200800505>
- Harpaz-Rotem, I., Rosenheck, R. A., & Desai, R. (2006). The mental health of children exposed to maternal mental illness and homelessness. *Community Mental Health Journal*, 42(5), 437-448. <https://doi.org/10.1007/s10597-005-9013-8>
- Hartnett, H. P., & Postmus, J. L. (2010). The function of shelters for women: Assistance or social control? *Journal of Human Behavior in the Social Environment*, 20(2), 289-302.
<https://doi.org/10.1080/10911350903269948>

- Haskett, M. E., Armstrong, J. M., & Tisdale, J. (2016). Developmental status and social-emotional functioning of young children experiencing homelessness. *Early Childhood Education Journal*, 44(2), 119-125. <https://doi.org/10.1007/s10643-015-0691-8>
- Hausman, B., & Hammen, C. (1993). Parenting in homeless families: The double crisis. *American Journal of Orthopsychiatry*, 63(3), 358-369. <https://doi.org/10.1037/h0079448>
- Hays, S. (1996). *The cultural contradictions of motherhood*. Yale University Press.
- Heidegger, M. (1996). *Being and Time* (J. Stambaugh, Trans.). State University of New York Press. (Original work published 1953)
- Heidinger, L. (2021). Intimate partner violence: Experiences of First Nations, Métis and Inuit women in Canada, 2018. *Juristat: Canadian Centre for Justice Statistics*, 1-21.
- Henderson, S. (2003). Power imbalance between nurses and patients: A potential inhibitor of partnership in care. *Journal of clinical nursing*, 12(4), 501-508. <https://doi.org/10.5172/conu.20.1.57>
- Herbers, J. E., Cutuli, J. J., Monn, A. R., Narayan, A. J., & Masten, A. S. (2014). Trauma, adversity, and parent-child relationships among young children experiencing homelessness. *Journal of abnormal child psychology*, 42(7), 1167-1174. <https://doi.org/10.1007/s10802-014-9868-7>
- Hinton, S., & Cassel, D. (2013). Exploring the lived experiences of homeless families with young children. *Early Childhood Education Journal*, 41(6), 457-463. <http://dx.doi.org/10.1007/s10643-012-0562-5>
- Hodnicki, D. R., & Horner, S. D. (1993). Homeless mothers' caring for children in a shelter. *Issues in Mental Health Nursing*, 14(4), 349-356. <https://doi.org/10.3109/01612849309006898>

- Hopper, E. K., Bassuk, L. E., & Olivet, J. (2010). Shelter from the storm: Trauma-informed care in homelessness services settings. *The open health services and policy journal*, 3, 80-100.
<https://www.homelesshub.ca/sites/default/files/cenfdthy.pdf>
- Horwitz, E., & Long, B. C. (2005). Mothering and stress discourses: A deconstruction of the interrelationship of discourses on mothering and stress. In A. O'Reilly, M. Porter, & P. Short, P. (Eds.). *Motherhood: Power and oppression* (pp. 97-110). Canadian Scholars' Press.
- Houston, A. M., & Cowley, S. (2002). An empowerment approach to needs assessment in health visiting practice. *Journal of Clinical Nursing*, 11(5), 640-650.
<https://doi.org/10.1046/j.1365-2702.2002.00637.x>
- Howard, K. S., Cartwright, S., & Barajas, R. G. (2009). Examining the impact of parental risk on family functioning among homeless and housed families. *American Journal of Orthopsychiatry*, 79(3), 236-335. <https://doi.org/10.1037/a0016599>
- Hulchanski, J. D. (2009). *Homelessness in Canada: Past, present, future*. Growing Home, Housing and Homelessness in Canada.
http://www.tdrc.net/uploads/file/2009_hulchanski.pdf
- Humphreys, C. (2007). A health inequalities perspective on violence against women. *Health and Social Care in the Community*, 15(2), 120-127. <https://doi.org/10.1111/j.1365-2524.2006.00685.x>
- Humphreys, C., & Thiara, R. K. (2003). Neither justice nor protection: Women's experiences of post-separation violence. *Journal of Social Welfare and Family Law*, 25(3), 195-214.
<https://doi.org/10.1080/0964906032000145948>

- Jack, S. M., DiCenso, A., & Lohfeld, L. (2005). A theory of maternal engagement with public health nurses and family visitors. *Journal of advanced nursing*, 49(2), 182-190. <https://doi.org/10.1111/j.1365-2648.2004.03278.x>
- Jackson, H. (2014). Mothering in poverty. In A. O'Reilly (Ed.), *Mothers, mothering and motherhood across cultural differences: A reader* (pp. 323-346). Demeter Press.
- Jahn Moses, D., Kresky-Wolff, M., Bassuk, E. L., & Brounstein, P. (2007). Guest editorial: The promise of homelessness prevention. *The Journal of Primary Prevention*, 28(3-4), 191-197. <https://doi.org/10.1007/s10935-007-0101-0>
- Jarvis, K. L., Gordon, E. E., & Novaco, R. W. (2005). Psychological distress of children and mothers in domestic violence emergency shelters. *Journal of family violence*, 20(6), 389-402. <https://doi.org/10.1007/s10896-005-7800-1>
- Johnson, J. L., Bottorff, J. L., Browne, A. J., Grewal, S., Hilton, B. A., & Clarke, H. (2004). Othering and being othered in the context of health care services. *Health Communication*, 16(2), 253-271. https://doi.org/10.1207/s15327027hc1602_7
- Jordan, C. E., Campbell, R., & Follingstad, D. (2010). Violence and women's mental health: The impact of physical, sexual, and psychological aggression. *Annual Review of Clinical Psychology*, 6, 607-628. <https://doi.org/10.1146/annurev-clinpsy-090209-151437>
- Jouriles, E. N., McDonald, R., Spiller, L., Norwood, W. D., Swank, P. R., Stephens, N., Ware, H., & Buzy, W. M. (2001). Reducing conduct problems among children of battered women. *Journal of Consulting and Clinical psychology*, 69(5), 774. <https://doi.org/10.1037/0022-006X.69.5.774>

- Jouriles, E. N., Rosenfield, D., McDonald, R., & Mueller, V. (2014). Child involvement in interparental conflict and child adjustment problems: A longitudinal study of violent families. *Journal of abnormal child psychology*, 42(5), 693-704.
<https://doi.org/10.1007/s10802-013-9821-1>
- Karim, K., Tischler, V., Gregory, P., & Vostanis, P. (2006). Homeless children and parents: Short-term mental health outcome. *International Journal of Social Psychiatry*, 52(5), 447-458. <https://doi.org/10.1177/0020764006066830>
- Kavanaugh, K., Moro, T. T., Savage, T., & Mehendale, R. (2006). Enacting a theory of caring to recruit and retain vulnerable participants for sensitive research. *Research in Nursing & Health*, 29(3), 244-252. <https://doi.org/10.1002/nur.20134>
- Kelly, U. A. (2009). "I'm a mother first": The influence of mothering in the decision-making processes of battered immigrant Latino women. *Research in Nursing & Health*, 32(3), 286-297. <https://doi.org/10.1002/nur.20327>
- Kilmer, R. P., Cook, J. R., Crusto, C., Strater, K. P., & Haber, M. G. (2012). Understanding the ecology and development of children and families experiencing homelessness: Implications for practice, supportive services, and policy. *American Journal of Orthopsychiatry*, 82(3), 389-401. <https://doi.org/10.1111/j.1939-0025.2012.01160.x>
- Kirkman, M., Keys, D., Bodzak, D., & Turner, A. (2010). "Are we moving again this week?" Children's experiences of homelessness in Victoria, Australia. *Social Science & Medicine*, 70(7), 994-1001. <https://doi.org/10.1016/j.socscimed.2009.12.004>
- Kirkman, M., Keys, D., Bodzak, D., & Turner, A. (2015). 'I just wanted somewhere safe': Women who are homeless with their children. *Journal of Sociology*, 51(3), 722-736.
<https://doi.org/10.1177%2F1440783314528595>

Kissman, K. (1999). Respite from stress and other service needs of homelessness families.

Community Mental Health Journal, 35(3), 241-249.

<https://doi.org/10.1023/A:1018793319520>

Kitzmann, K. M., Gaylord, N. K., Holt, A. R., & Kenny, E. D. (2003). Child witnesses to

domestic violence: A meta-analytic review. *Journal of Consulting and Clinical*

Psychology, 71(2), 339-352. <https://doi.org/10.1037/0022-006X.71.2.339>

Klassen, J., & Spring, L. (2015). Counting women in: A gender-based analysis of homelessness.

Canadian Centre for Policy Alternatives - Manitoba.

https://www.policyalternatives.ca/sites/default/files/uploads/publications/Manitoba%20Office/2015/03/Counting_women_in.pdf

Knaack, P. (1984). Phenomenological research. *Western Journal of Nursing Research*, 6(1), 107-

114. <https://doi.org/10.1177/019394598400600108>

Koch, T. (1996). Implementation of a hermeneutic inquiry in nursing: Philosophy, rigour and

representation. *Journal of Advanced Nursing*, 24(1), 174-184.

<https://doi.org/10.1046/j.1365-2648.1996.17224.x>

Kozol, J. (2011). *Rachel and her children: Homeless families in America*. Crown.

Krane, J., & Davies, L. (2002). Sisterhood is not enough: The invisibility of mothering in shelter

practice with battered women. *Affilia*, 17(2), 167-190.

<https://doi.org/10.1177/088610990201700203>

Krane, J., & Davies, L. (2007). Mothering under difficult circumstances. *Affilia*, 22(1), 23-38.

<https://doi.org/10.1177/0886109906295758>

- Krumer-Nevo, M., & Benjamin, O. (2010). Critical poverty knowledge: Contesting othering and social distancing. *Current Sociology*, 58(5), 693-714.
<https://doi.org/10.1177/0011392110372729>
- Kushner, K. E., & Morrow, R. (2003). Grounded theory, feminist theory, critical theory: Toward theoretical triangulation. *Advances in Nursing Science*, 26(1), 30-43.
<https://doi.org/10.1097/00012272-200301000-00006>
- Lee, R. M., & Renzetti, C. M. (1990). The problems of researching sensitive topics: An overview and introduction. *American Behavioral Scientist*, 33(5), 510-528.
<http://doi.org/10.1177/0002764290033005002>
- Lee, S. S., August, G. J., Gewirtz, A. H., Klimes-Dougan, B., Bloomquist, M. L., & Realmuto, G. M. (2010). Identifying unmet mental health needs in children of formerly homeless mothers living in a supportive housing community sector of care. *Journal of abnormal child psychology*, 38(3), 421-432. <https://doi.org/10.1007/s10802-009-9378-1>
- Leonard, V. (1999). A Heideggerian phenomenologic perspective on the concept of the person. In E. C. Polifroni & M. Welch (Eds.), *Perspectives on philosophy of science in nursing: An historical and contemporary anthology* (pp. 315-327). Lippincott.
- Levesque-Lopman, L. (2000). Listen, and you will-hear: Reflections on interviewing from a feminist phenomenological perspective. In L. Fisher & L. Embree (Eds.) *Feminist phenomenology: Contributions to phenomenology* (pp. 103-132). Springer, Dordrecht
- Lindsey, E. W. (1998). Service providers perception of factors that help or hinder homeless families. *Families in Society*, 79(2), 160-172. <https://doi.org/10.1606/1044-3894.1815>

- Londerville, J., & Steele, M. (2014). Housing policy targeting homelessness. Canadian Alliance to End Homelessness. <https://homelesshub.ca/sites/default/files/attachments/SOHC2014-Backgrounder.pdf>
- Lopez, K. A., & Willis, D. G. (2004). Descriptive versus interpretive phenomenology: Their contributions to nursing knowledge. *Qualitative Health Research*, 14(5), 726-735. <https://doi.org/10.1177/1049732304263638>
- Lowenberg, J. S. (1993). Interpretive research methodology: Broadening the dialogue. *Advances in nursing science*, 16(2), 57-69. <https://doi.org/10.1097/00012272-199312000-00006>
- Lowes, L., & Prowse, M. A., (2001). Standing outside the interview process? The illusion of objectivity in phenomenological data generation. *International Journal of Nursing Studies*, 38(4), 471-480. [https://doi.org/10.1016/s0020-7489\(00\)00080-8](https://doi.org/10.1016/s0020-7489(00)00080-8)
- Lupton, D. (1999). *Risk and sociocultural theory: New directions and perspectives*. Cambridge University Press.
- Lyon-Callo, V. (2004). *Inequality, poverty, and neoliberal governance: Activist ethnography in the homeless sheltering industry*. University of Toronto Press.
- MacKey, S. (2004). Phenomenological nursing research: Methodological insights derived from Heidegger's interpretive phenomenology. *International Journal of Nursing Studies*, 42(2), 179-186. <https://doi.org/10.1016/j.ijnurstu.2004.06.011>
- Macnee, C. L., & McCabe, S. (2008). *Understanding nursing research: Using research in evidence-based practice* (2nd ed.). Lippincott Williams & Wilkins.
- Maki, K. (2017). *Housing, homelessness and violence against women: A discussion paper*. Women's shelters Canada. <http://endvaw.ca/wp-content/uploads/2017/09/Housing-Homelessness-and-VAW-Discussion-Paper-Aug-2017.pdf>

- Maki, K. (2019). *More than a bed: A national profile of VAW shelters and transition houses*. Women's shelters Canada. <https://endvaw.ca/wp-content/uploads/2019/04/More-Than-a-Bed-Final-Report.pdf>
- Maki, K. (2020). *Breaking the cycle of abuse and closing the housing gap: Second stage shelters in Canada*. Women's Shelters Canada. <https://endvaw.ca/wp-content/uploads/2020/09/Second-Stage-Shelters-Full-Report.pdf>
- Manias, E., & Street, A. (2000). Possibilities for critical social theory and Foucault's work: A toolbox approach. *Nursing inquiry*, 7(1), 50-60. <https://doi.org/10.1046/j.1440-1800.2000.00048.x>
- Mann, A., Hoke, M. M., & Williams, J. C. (2005). Lessons learned: Research with rural Mexican-American women. *Nursing Outlook*, 53(3), 141-146. <https://doi.org/10.1016/j.outlook.2005.03.007>
- Marcellus, L. (2005). The ethics of relations: Public health nurses and child protection clients. *Journal of Advance Nursing*, 51(4), 414-420. <https://doi.org/10.1111/j.1365-2648.2005.03512.x>
- Marra, J., McCarthy, E., Lin, H-J., Ford, J., Rodis, E., & Frisman, L. K. (2009). Effects of social support and conflict on parenting among homeless mothers. *American Journal of Orthopsychiatry*, 79(3), 348-356. <https://doi.org/10.1037/a0017241>
- Masten, A. S., Cutuli, J. J., Herbers, J. E., Hinz, E., Obradović, J., & Wenzel, A. J. (2014). Academic risk and resilience in the context of homelessness. *Child development perspectives*, 8(4), 201-206. <https://doi.org/10.1111/cdep.12088>
- Mateo, M. A., & Foreman, M. D. (Eds.). (2013). *Research for advanced practice nurses: From evidence to practice*. Springer.

- Mayberry, L., Shinn, M., Benton, J., & Wise, J. (2014). Families experiencing housing instability: The effects of housing programs on family routines and rituals. *American Journal of Orthopsychiatry*, 84(1), 95-109. <https://doi.org/10.1037/h0098946>
- Mayock, P., Sheridan, S., & Parker, S. (2015). 'It's just like we're going around in circles and going back to the same thing...': The Dynamics of Women's Unresolved Homelessness. *Housing Studies*, 30(6), 877-900. <https://doi.org/10.1080/02673037.2014.991378>
- McCarthy, L. (2013). Homelessness and identity: A critical review of the literature and theory. *People, place and policy online*, 7(1), 46-58. <https://doi.org/10.3351/ppp.0007.0001.0004>
- McDonald-Harker, C. (2016). *Mothering in marginalized contents: Narratives of women who mother in the domestic violence*. Demeter Press.
- McHoul, A., & Grace, W. (1993). *A Foucault primer: Discourse, power and the subject*. Melbourne University Press.
- McMahon, M. (1995). *Engendering motherhood: Identity and self-transformation in women's lives*. Guilford Press.
- Meadows-Oliver, M. (2003). Mothering in public: A meta-synthesis of homeless women with children living in shelters. *Journal for Specialists in Pediatric Nursing*, 8(4), 130-136. <https://psycnet.apa.org/doi/10.1111/j.1088-145X.2003.00130.x>
- Meleis, A. I. (2012). *Theoretical Nursing: Development and progress* (5th ed.). Philadelphia: Wolters Kluwer/Lippincott Williams & Wilkins.

- Ménard, K. S., & Cox, A. K. (2016). Stalking victimization, labeling, and reporting: Findings from the NCVS stalking victimization supplement. *Violence against women*, 22(6), 671-691. <https://doi.org/10.1177/1077801215610862>
- Menke, E. M., & Wagner, J. D. (1997). The experience of homeless female-headed families. *Issues in Mental Health Nursing*, 18(4), 315-330. <https://doi.org/10.3109/01612849709010334>
- Mercer, R. T. (2006). Nursing support of the process of becoming a mother. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 35(5), 649-651. <https://doi.org/10.1111/j.1552-6909.2006.00086.x>
- Meyer, S. (2010). Seeking help to protect the children? The influence of children on women's decisions to seek help when experiencing intimate partner violence. *Journal of Family Violence*, 25(8), 713-725. <https://doi.org/10.1007/s10896-010-9329-1>
- Milaney, K., Ramage, K., Yang Fang, X., & Louis, M. (2017). *Understanding mothers experiencing homelessness: A gendered approach to finding solutions for family homelessness*. Canadian Observatory on Homelessness. https://www.homelesshub.ca/sites/default/files/attachments/Family_Homelessness_Report.pdf
- Milburn, N., & D'Ercole, A. (1991). Homeless women: Moving toward a comprehensive model. *American Psychologist*, 46(11), 1161-1169. <https://doi.org/10.1037/0003-066X.46.11.1161>
- Miller, A. B., & Keys, C. B. (2001). Understanding dignity in the lives of homeless persons. *American journal of community psychology*, 29(2), 331-354. <https://doi.org/10.1023/A:1010399218126>

- Mitcheson, J., & Cowley, S. (2003). Empowerment or control? An analysis of the extent to which client participation is enabled during health visitor/client interactions using a structured health needs assessment tool. *International journal of nursing studies*, 40(4), 413-426. [https://doi.org/10.1016/s0020-7489\(02\)00107-4](https://doi.org/10.1016/s0020-7489(02)00107-4)
- Moe, A. M. (2007). Silenced voices and structured survival: Battered women's help seeking. *Violence Against Women*, 13(7), 676-699. <https://doi.org/10.1177/1077801207302041>
- Montesanti, S. R., & Thurston, W. E. (2015). Mapping the role of structural and interpersonal violence in the lives of women: implications for public health interventions and policy. *BMC women's health*, 15(1), 1-13. <https://doi.org/10.1186/s12905-015-0256-4>
- Moreau, G. (2019). Canadian residential facilities for victims of abuse, 2017/2018. *Juristat*, 39(1). <https://www150.statcan.gc.ca/n1/en/pub/85-002-x/2019001/article/00007-eng.pdf?st=7WvCfDMW>
- Morris, R. I., & Butt, R. A. (2003). Parents' perspectives on homelessness and its effects on the educational development of their children. *The Journal of School Nursing*, 19(1), 43-50. <https://doi.org/10.1177/10598405030190010701>
- Mulcahy, H., & McCarthy, G. (2008). Participatory nurse/client relationships: Perceptions of public health nurses and mothers of vulnerable families. *Applied Nursing Research*, 21(3), 169-172. <https://doi.org/10.1016/j.apnr.2006.06.004>
- Munhall, P. L. (2012). A phenomenological method. In P. Munhall (Ed.), *Nursing research: A qualitative perspective* (pp. 113-176). Jones & Bartlett Learning.
- Murphy, J. (2011). Homeless children and youth at risk: The educational impact of displacement. *Journal of Education for Students Placed at Risk*, 16(1), 38-55. <https://doi.org/10.1080/10824669.2011.554143>

- National Inquiry into Missing and Murdered Indigenous Women and Girls. (2019). *Reclaiming power and place: the final report of the National Inquiry into Missing and Murdered Indigenous Women and Girls*. <https://www.mmiwg-ffada.ca/final-report/>
- Neal, R. (2004). *Voices: Women, poverty and homelessness in Canada*. The National Anti-Poverty Organization. <https://cwp-csp.ca/wp-content/uploads/2010/11/WomenPovertyAndHomelessnessInCanada-2004.pdf>
- Noble, A. (2014). *Child and family homelessness: Building a comprehensive framework to address child and family homelessness in Canada, Phase I, an environmental scan*. Raising the Roof/Chez Toit. https://raisingtheroof.org/wp-content/uploads/2020/12/RtR_EnvScan_March2014-FINAL.pdf
- Novac, S. (2006). *Family violence and homelessness: A review of the literature*. National Clearinghouse on Family Violence, Public Health Agency of Canada. <https://publications.gc.ca/collections/Collection/HP20-4-2007E.pdf>
- Novac, S., Luba, S., Eberle, M., & Brown, J. (2002). *On her own: Young women and homelessness in Canada*. Canadian Housing and Renewal Association.
- O'Reilly, A. & Porter, M. (2005). Introduction. In O'Reilly, A., Porter, M., & Short, P. (Eds.). (2005). *Motherhood: Power and oppression (pp1-2)*. Canadian Scholars' Press.
- O'Reilly, A. (2006). *Rocking the cradle: Thoughts on feminism, motherhood and the possibility of empowered mothering*. Demeter Press.
- Osofsky, J. D. (2004). Community outreach for children exposed to violence. *Infant Mental Health Journal*, 25(5), 478-487. <https://doi.org/10.1002/imhj.20020>
- Oudshoorn, A. (2005). Power and empowerment: Critical concepts in the nurse-client relationship. *Contemporary nurse*, 20(1), 57-66. <https://doi.org/10.5172/conu.20.1.57>

- Palmer, J. E., Renner, L. M., Goodman, L. A., & Dutton, M. A. (2016). Does type of child risk affect whether mothers seek assistance for intimate partner violence from civil or criminal court? *Violence Against Women*, 22(4), 474-495.
<https://doi.org/10.1177/1077801215604745>
- Paquette, K., & Bassuk, E. L. (2009). Parenting and homelessness: Overview and introduction to special section. *American Journal of Orthopsychiatry*, 79(3), 292-298.
<https://doi.org/10.1037/a0017245>
- Paradis, E, Bardy, S., Cummings Diaz, P., Athumani, F., & Pereira, I. (2011). We're not asking, we're telling: An inventory of practices promoting the dignity, autonomy, and self-determination of women and families facing homelessness. The Canadian homelessness Research Network.
https://www.homelesshub.ca/sites/default/files/attachments/goodpractice_report.pdf
- Paradis, E., Novac, S., Sarty, M., & Hulchanski, J. D. (2008). Better off in a shelter? A year of homelessness & housing among status immigrant, non-status migrants, & Canadian-born families. Centre for Urban and Community Studies – Cities Centre, University of Toronto. <https://tspace.library.utoronto.ca/bitstream/1807/94434/1/RP213BetterOff.pdf>
- Park, J. M., Fertig, A. R., & Allison, P. D. (2011). Physical and mental health, cognitive development, and health care use by housing status of low-income young children in 20 American cities: A prospective cohort study. *American journal of public health*, 101(S1), S255-S261. <https://doi.org/10.2105/AJPH.2010.300098>
- Parks, R. W., Stevens, R. J., & Spence, S. A. (2007). A systematic review of cognition in homeless children and adolescents. *Journal of the Royal Society of Medicine*, 100(1), 46-50. <https://dx.doi.org/10.1258%2Fjrsm.100.1.46>

- Peckover, S. (2003). 'I could have just done with a little more help': An analysis of women's help-seeking from health visitors in the context of domestic violence. *Health & social care in the community*, 11(3), 275-282. <https://doi.org/10.1046/j.1365-2524.2003.00423.x>
- Peckover, S. (2014). Domestic abuse, safeguarding children and public health: Towards an analysis of discursive forms and surveillant techniques in contemporary UK policy and practice. *British Journal of Social Work*, 44(7), 1770-1787. <https://doi.org/10.1093/bjsw/bct042>
- Peled, E., & Barak Gil, I. (2011). The mothering perceptions of women abused by their partner. *Violence Against Women*, 17(4), 457-479. <https://doi.org/10.1177/1077801211404676>
- Peled, E., & Dekel, R. (2010). Excusable deficiency: Staff perceptions of mothering at shelters for abused women. *Violence against women*, 16(11), 1224-1241. <http://doi.org/10.1177/1077801210386775>
- Perlman, S., Cowan, B., Gewirtz, A. H., Haskett, M., & Stokes, L. (2012). Promoting positive parenting in the context of homelessness. *American Journal of Orthopsychiatry*, 82(3), 402-412. <http://dx.doi.org/10.1111/j.1939-0025.2012.01158.x>
- Perron, A., Fluet, C., & Holmes, D. (2005). Agents of care and agents of the state: Bio-power and nursing practice. *Journal of Advanced Nursing*, 50(5), 536-544. <https://doi.org/10.1111/j.1365-2648.2005.03432.x>
- Peters, C. J. (2009). "Do the workers think we don't have a brain in our heads?": Qualitative study about mothers' and their social workers' perspectives about social services. *Journal of the Motherhood Initiative for Research and Community Involvement*, 11(2). <https://jarm.journals.yorku.ca/index.php/jarm/article/view/23776>

- Pleace, N. (2017). The action plan for preventing homelessness in Finland 2016-2019: The culmination of an integrated strategy to end homelessness? *European Journal of Homelessness* 11(2), 95-115. <https://www.feantsaresearch.org/download/strategy-review-19029039682682325644.pdf>
- Poland, B. D. (1995). Transcription quality as an aspect of rigor in qualitative research. *Qualitative Inquiry*, 1(3), 290-310. <https://doi.org/10.1177/107780049500100302>
- Polifroni, E. C. (2010). Power, right, and truth: Foucault's triangle as a model for clinical power. *Nursing Science Quarterly*, 23(1), 8-12. <https://doi.org/10.1177/0894318409353811>
- Ponic, P., Varcoe, C., Davies, L., Ford-Gilboe, M., Wuest, J., & Hammerton, J. (2011). Leaving ≠ moving: Housing patterns of women who have left an abusive partner. *Violence Against Women*, 17(12), 1576-1600. <https://doi.org/10.1177/1077801211436163>
- Porter, S. E., & Robinson, J. C. (2011). *Hermeneutics: An introduction to interpretive theory*. Wm. B. Eerdmans Publishing.
- Public Health Agency of Canada. (2016). *The chief of public health officer's report on the state of public health in Canada 2016: A focus on family violence in Canada*. Government of Canada. <https://www.healthycanadians.gc.ca/publications/departement-ministere/state-public-health-family-violence-2016-etat-sante-publique-violence-familiale/alt/pdf-eng.pdf>
- Racher, F. E., & Robinson, S. (2002). Are phenomenology and postpositivism strange bedfellows? *Western Journal of Nursing*, 25(5), 464-481. <https://doi.org/10.1177/0193945903253909>

- Radford, L., & Hester, M. (2006). *Mothering through domestic violence*. Jessica Kingsley Publishers.
- Rahder, B. (2006). The crisis of women's homelessness in Canada. *Women & Environments International Magazine*, 70/71, 38-39.
<https://ighhub.org/sites/default/files/The%20Crisis%20of%20Womens%20Homelessness%20in%20Canada.pdf>
- Ray, M. A. (1992). Critical theory as a framework to enhance nursing science. *Nursing Science Quarterly*, 5(3), 98-101. <https://doi.org/10.1177/089431849200500302>
- Reif, K., Jaffe, P., Dawson, M., & Straatman, A. L. (2020). Provision of specialized services for children exposed to domestic violence: Barriers encountered in Violence Against Women (VAW) services. *Children and Youth Services Review*, 109, e104684.
<https://doi.org/10.1016/j.childyouth.2019.104684>
- Reppond, H. A., & Bullock, H. E. (2020). Reclaiming "good motherhood": US mothers' critical resistance in family homeless shelters. *Feminism & Psychology*, 30(1), 100-120.
<https://doi.org/10.1177/0959353519870220>
- Rich, A. (1986). *Of woman born: Motherhood as experience and institution*. W. W. Norton & Company.
- Rivlin, L. G. (1990). Home and homelessness in the lives of children. *Child & Youth Services*, 14(1), 5-17. https://doi.org/10.1300/J024v14n01_02
- Roberts, M. L. A., & Schiavenato, M. (2017). Othering in the nursing context: A concept analysis. *Nursing Open*, 4(3), 174-181. <https://dx.doi.org/10.1002%2Fnop2.82>
- Rodrigue, S. (2016). *Hidden homelessness in Canada*. Statistics Canada.
<https://www150.statcan.gc.ca/n1/pub/75-006-x/2016001/article/14678-eng.htm>

- Rog, D. J., & Buckner, J. C. (2007, September). *Homeless families and children*. Toward Understanding Homelessness: The 2007 National Symposium on homelessness research. <https://aspe.hhs.gov/reports/toward-understanding-homelessness-2007-national-symposium-homelessness-research-homeless-families-0>
- Roschelle, A. R. (2008). Welfare indignities: Homeless women, domestic violence, and welfare reform in San Francisco. *Gender Issues*, 25, 193-209. <https://doi.org/10.1007/s12147-008-9061-9>
- Roy, J., & Marcellus, S. (2019). Homicide in Canada, 2018. *Juristat*, 39(1). <https://www150.statcan.gc.ca/n1/en/pub/85-002-x/2019001/article/00016-eng.pdf?st=mt2KC4Ko>
- Ruddick, S. (1995). *Maternal thinking: Toward a politics of peace*. Beacon Press.
- Sandel, M., Sheward, R., Ettinger de Cuba, S., Coleman, S., Heeren, T., Black, M. M., Casey, P. H., Chilton, M., Cook, J., Becker Cutts, D., Rose-Jacobs, R., & Frank, D. A. (2018). Timing and duration of pre-and postnatal homelessness and the health of young children. *Pediatrics*, 142(4), e20174254. <https://doi.org/10.1542/peds.2017-4254>
- Sandelowski, M. (1986). The call to experts in qualitative research. *Research in Nursing & Health*, 21(5), 467-471. [https://doi.org/10.1002/\(SICI\)1098-240X\(199810\)21:5<467::AID-NUR9>3.0.CO;2-L](https://doi.org/10.1002/(SICI)1098-240X(199810)21:5<467::AID-NUR9>3.0.CO;2-L)
- Sanders, C. K. (2015). Economic abuse in the lives of women abused by an intimate partner: A qualitative study. *Violence Against Women*, 21(1), 3-29. <https://doi.org/10.1177/1077801214564167>

- Savage, L. (2021). Intimate partner violence: Experiences of women with disabilities in Canada, 2018. *Juristat*, 41(1). <https://www150.statcan.gc.ca/n1/pub/85-002-x/2021001/article/00006-eng.pdf>
- Savage, M. (2016). Gendering women's homelessness. *Irish Journal of Applied Social Studies*, 16(2), 43-64. <https://arrow.tudublin.ie/cgi/viewcontent.cgi?article=1263&context=ijass>
- Schultz-Krohn, W. (2004). The meaning of family routines in a homeless shelter. *The American Journal of Occupational Therapy*, 58(5), 531-542. <https://doi.org/10.5014/ajot.58.5.531>
- Schulz, B. (2009). Commentary: A provider perspective on supporting parents who are homeless. *American Journal of Orthopsychiatry*, 79(3), 301-304. <https://doi.org/10.1037/a0017238>
- Schwan, K., Versteegh, A., Perri, M., Caplan, R., Baig, K., Dej, E., Jenkinson, J., Brais, H., Eiboff, F., & Chaleshtari, T. P. (2020). The state of women's housing needs and homelessness in Canada: A Literature review. <https://womenshomelessness.ca/wp-content/uploads/State-of-Womens-Homelessness-Literature-Review.pdf>
- Secretariat on Responsible Conduct of Research. (2019). *Tri-council policy statement: Ethical conduct for research involving humans*. Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, Social Sciences and Humanities Research Council, Government of Canada. <https://ethics.gc.ca/eng/documents/tcps2-2018-en-interactive-final.pdf>

Segaert, A. (2012). *The national shelter study: Emergency shelters in Canada (2005-2009)*.

Homelessness Partnering Secretariat, Human and Resources Skills Development Canada.

https://homelesshub.ca/sites/default/files/Homelessness%20Partnering%20Secretariat%202013%20Segaert_0.pdf

Segaert, A. (2017). *The national shelter study 2005-2014: Emergency shelter use in Canada*.

Employment and Social Development Canada.

https://publications.gc.ca/collections/collection_2017/edsc-esdc/Em12-17-2017-eng.pdf

Semaan, I., Jasinski, J. L., & Bubriski-McKenzie, A. (2013). Subjection, subjectivity, and

agency: The power, meaning, and practice of mothering among women experiencing intimate partner abuse. *Violence Against Women*, 19(1), 69-88.

<https://doi.org/10.1177/1077801212475335>

Seth, C. (2001). Security matters: Domestic violence and public social services. *Violence Against Women*, 7(7), 799-820.

<https://doi.org/10.1177/10778010122182749>

Sev'er, A. (1997). Recent or imminent separation and intimate violence against women: A

conceptual overview and some Canadian examples. *Violence against women*, 3(6), 566-

589. <https://doi.org/10.1177/1077801297003006002>

Sev'er, A. (2002). A feminist analysis of flight of abused women, plight of Canadian shelters:

Another road to homelessness. *Journal of Social Distress and Homelessness*, 11(4), 307-

324. <https://doi.org/10.1023/A:1016858705481>

Shinn, M., Schteingart, J. S., Williams, N. C., Carlin-Mathis, J., Bialo-Karagis, N., Becker-Klein,

R., & Weitzman, B. C. (2008). Long-term associations of homelessness with children's

well-being. *American Behavioral Scientist*, 51(6), 789-809.

<https://doi.org/10.1177/0002764207311988>

- Sieber, J. E., & Stanley, B. (1988). Ethical and professional dimensions of socially sensitive research. *American Psychologist*, 43(1), 49-55. <http://doi.org/10.1037//0003-066x.43.1.49>
- Slote, K. Y., Cuthbert, C., Mesh, C. J., Driggers, M. G., Bancroft, L., & Silverman, J. G. (2005). Battered mothers speak out: Participatory human rights documentation as a model for research and activism in the United States. *Violence Against Women*, 11(11), 1367-1395. <https://doi.org/10.1177/1077801205280270>
- Smart, B. (2002). *Michel Foucault: Revised edition*. Routledge.
- Smyth, K. F., Goodman, L., & Glenn, C. (2006). The full-frame approach: A new response to marginalized women left behind by specialized services. *American Journal of Orthopsychiatry*, 76(4), 489-502. <https://psycnet.apa.org/doi/10.1037/0002-9432.76.4.489>
- Smythe, E. A., Ironside, P. M., Sims, S. L., Swenson, M. M., & Spence, D. G. (2008). Doing Heideggerian hermeneutic research: A discussion paper. *International Journal of Nursing Studies*, 45(9), 1389-1397. <https://doi.org/10.1016/j.ijnurstu.2007.09.005>
- Sorrell, J. M., & Redmond, G. M. (1995). Interviews in qualitative nursing research: Differing approaches for ethnographic and phenomenological studies. *Journal of Advanced Nursing*, 21(6), 1117-1122. <https://doi.org/10.1046/j.1365-2648.1995.21061117.x>
- Speziale, H. S., & Carpenter, D. R. (2006). *Qualitative research in nursing: Advancing the humanistic imperative*. Lippincott Williams & Wilkins.
- Stainbrook, K. A., & Hornik, J. (2006). Similarities in the characteristics and needs of women with children in homeless family and domestic violence shelters. *Families in Society: The Journal of Contemporary Social Services*, 87(1), 53-62. <https://doi.org/10.1606/1044-3894.3484>

- Stevens, F., Nurse, J. R., & Arief, B. (2021). Cyber stalking, cyber harassment, and adult mental health: A systematic review. *Cyberpsychology, Behavior, and Social Networking*, 24(6), 367-376. <https://doi.org/10.1089/cyber.2020.0253>
- Swick, K. (2005a). Promoting caring in children and families as prevention of violence strategy. *Early Childhood Education Journal*, 32(5), 341-346. <https://doi.org/10.1007/s10643-004-1082-8>
- Swick, K. J. (2005b). Helping homeless families overcome barriers to successful functioning. *Early Childhood Education Journal*, 33(3), 195-200. <https://doi.org/10.1007/s10643-005-0044-0>
- Swick, K. J. (2009). Strengthening homeless parents with young children through meaningful parent education and support. *Early Childhood Education Journal*, 36(4), 327-332. <http://dx.doi.org/10.1007/s10643-008-0274-z>
- Swick, K. J., & Williams, R. D. (2010). The voices of single mothers who are homeless: Implications for early childhood professionals. *Early Childhood Education journal*, 38, 49-55. <http://dx.doi.org/10.1007/s10643-010-0378-0>
- Swick, K. J., & Williams, R. D. (2006). An analysis of Bronfenbrenner's bio-ecological perspective for early childhood educators: Implications for working with families experiencing stress. *Early childhood education journal*, 33(5), 371-378. <https://doi.org/10.1007/s10643-006-0078-y>
- Sylvestre, J., Kerman, N., Polillo, A., Lee, C. M., Aubry, T., & Czechowski, K. (2018). A qualitative study of the pathways into and impacts of family homelessness. *Journal of Family Issues*, 39(8), 2265-2285. <https://doi.org/10.1177/0192513X17746709>

- Sznajder-Murray, B., & Slesnick, N. (2011). "Don't leave me hanging": Homeless mothers' perception of service providers. *Journal of Social Service Research*, 37(5), 457-468.
<https://doi.org/10.1080/01488376.2011.585326>
- Taylor, B. (1993). Phenomenology: One way to understand nursing practice. *International Journal of Nursing Studies*, 30(2), 171-179. [https://doi.org/10.1016/0020-7489\(93\)90066-4](https://doi.org/10.1016/0020-7489(93)90066-4)
- Thomas, K. A., Goodman, L., & Putnins, S. (2015). "I have lost everything": Trade-offs of seeking safety from intimate partner violence. *American Journal of Orthopsychiatry*, 85(2), 170-180. <https://doi.org/10.1037/ort0000044>
- Thomas, K. A., & So, M. (2016). Lost in limbo: An exploratory study of homeless mothers' experiences and needs at Emergency Assistance Hotels. *Families in Society*, 97(2), 120-131. <https://doi.org/10.1606/2F1044-3894.2016.97.15>
- Thomas, S. P., & Pollio, H. R. (2002). Listening to patients. A phenomenological approach to nursing research and practice. Springer Publishing Company.
- Thrasher, S. P., & Mowbray, C. T. (1995). A strengths perspective: An ethnographic study of homeless women with children. *Health & Social Work*, 20(2), 93-101.
<https://doi.org/10.1093/hsw/20.2.93>
- Thurston, W. E., Roy, A., Clow, B., Este, D., Gordey, T., Haworth-Brockman, M. McCoy, L., Rapaport Beck, R., Saulnier, C., & Carruthers, L. (2013). Pathways into and out of homelessness: Domestic violence and housing security for immigrant women. *Journal of Immigrant & Refugee Studies*, 11(3), 278-298.
<https://doi.org/10.1080/15562948.2013.801734>

- Tischler, V. (2009). "I'm not coping, I'm surviving": Understanding coping in a marginalised population. *Qualitative Research in Psychology*, 6(3), 191-202.
<https://doi.org/10.1080/14780880701826176>
- Tischler, V., & Vostanis, P. (2007). Homeless mothers: Is there a relationship between coping strategies, mental health, and goal achievement? *Journal of Community and Applied Social Psychology*, 17(2), 85-102. <http://dx.doi.org/10.1002/casp.879>
- Tischler, V., Rademeyer, A., & Vostanis, P. (2007). Mothers experiencing homelessness: Mental health, support, and social care needs. *Health and Social Care in the Community*, 15(3), 246-253. <https://doi.org/10.1111/j.1365-2524.2006.00678.x>
- Todres, L., & Wheeler, S. (2001). The complementarity of phenomenology, hermeneutics, and existentialism as a philosophical perspective for nursing research. *International Journal of Nursing Studies*, 38(1), 1-8. [https://doi.org/10.1016/s0020-7489\(00\)00047-x](https://doi.org/10.1016/s0020-7489(00)00047-x)
- Tutty, L. M. (2009). The enigma of domestic and sexual violence: Introduction to current's special edition. *Currents: New Scholarship in the Human Services*, 8(1), 1-13.
https://www.researchgate.net/publication/228335454_The_enigma_of_domestic_and_sexual_violence_Introduction_to_Current's_Special_Edition
- Tutty, L. M. (2015). Addressing the safety and trauma issues of abused women: A cross-Canada study of YWCA shelters. *Journal of International Women's Studies*, 16(3), 101-116.
<https://vc.bridgew.edu/cgi/viewcontent.cgi?article=1817&context=jiws>
- Tutty, L. M., Ogden, C., Giurgiu, B., & Weaver-Dunlop, G. (2013). I built my house of hope: Abused women and pathways into homelessness. *Violence Against Women*, 19(12), 1-20.
<https://doi.org/10.1177/1077801213517514>

- Ulloa, E. C., & Hammett, J. F. (2016). The effect of gender and perpetrator-victim role on mental health outcomes and risk behaviors associated with intimate partner violence. *Journal of Interpersonal Violence*, 31(7), 1184-1207. <https://doi.org/10.1177/0886260514564163>
- United Nations declaration on the elimination of violence against women, 1993.
<http://www.un.org/documents/ga/res/48/a48r104.htm>
- Van Berkum, A., & Oudshoorn, A. (2015). *Best practice guideline for ending women's and girl's homelessness*. Women's Community House. <http://londonhomeless.ca/wp-content/uploads/2012/12/Best-Practice-Guideline-for-Ending-Womens-and-Girls-Homelessness.pdf>
- van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy*. Suny Press.
- van Manen, M. (1997). *Researching lived experiences: Human science for an action sensitive pedagogy* (2nd ed.). Althouse press.
- Van Manen, M. (2014). *Phenomenology of practice: Meaning-giving methods in phenomenological research and writing*. Routledge.
- Van Manen, M., & Levering, B. (1996). *Childhood's secrets: Intimacy, privacy, and the self reconsidered*. Teachers College Press.
- Vandenbeld Giles, M. (2011). Living in isolation: Motel families in Ontario and the neoliberal social/built/physical environment. *Journal of the Motherhood Initiative*, 2(1), 194-212.
<https://jarm.journals.yorku.ca/index.php/jarm/issue/view/1844>
- Walsh, C. A., Beamer, K., Alexander, C., Shier, M. L., Loates, M., & Graham, J. R. (2010). Listening to the silenced: Informing homeless shelter design for women through investigation of site, situation, and service. *Social development issues*, 32(3), 35-49.

- Warburton, W., Whittaker, E., & Papic, M. (2018). Homelessness pathways for Australian single mothers and their children: An exploratory study. *Societies*, 8(1), 16.
<https://doi.org/10.3390/soc8010016>
- Weaver, K., & Olson, J. K. (2006). Understanding paradigms used for nursing research. *Journal of advanced nursing*, 53(4), 459-469. <https://doi.org/10.1111/j.1365-2648.2006.03740.x>
- Weedon, C. (1997). *Feminist practice and poststructuralist theory* (2nd ed.). Wiley-Blackwell Publishing.
- Weinreb, L. F., Buckner, J. C., Williams, V., & Nicholson, J. (2006). A comparison of the health and mental health status of homeless mothers in Worcester, Mass: 1993 and 2003. *American Journal of public Health*, 96(8), 1444-1448.
<https://dx.doi.org/10.2105%2FAJPH.2005.069310>
- Welch, M. (1999). Phenomenology and hermeneutics. In E. C. Polifroni & M Welch (Eds.), *Perspectives on philosophy of science in nursing: An historical and contemporary anthology* (pp. 235-246). Lippincott.
- Wertz F. J., Charmaz, K., McMullen, L. M., Anderson, R., Josselson, R., & McSpadden, E. (2011). *Five ways of doing qualitative analysis*. Guilford Press.
- Westlund, A. C. (1999). Pre-modern and modern power: Foucault and the case of domestic violence. *Institutions, Regulation, and Social Control*, 24(4), 1045-1066.
<https://doi.org/10.1086/495402>
- Williams, J. C. (1996). Geography of the homeless shelter: Staff surveillance and resident resistance. *Urban Anthropology and Studies of Cultural Systems and World Economic Development*, 25(1), 75-113. <http://www.jstor.org/stable/40553294>

- Williams, K., & Kurina, L. M. (2002). The social structure, stress, and women's health. *Clinical Obstetrics and Gynecology*, 45(4), 1099-1118. <https://doi.org/10.1097/00003081-200212000-00018>
- Women's Shelters Canada. (2020). *Shelter voices*. <http://endvaw.ca/wp-content/uploads/2020/11/Shelter-Voices-2020-2.pdf>
- Woodlock, D. (2017). The abuse of technology in domestic violence and stalking. *Violence against women*, 23(5), 584-602. <https://doi.org/10.1177/1077801216646277>
- Woollett, N., Bandeira, M., & Hatcher, A. (2020). Trauma-informed art and play therapy: Pilot study outcomes for children and mothers in domestic violence shelters in the United States and South Africa. *Child Abuse & Neglect*, 107, 104564. <https://doi.org/10.1016/j.chiabu.2020.104564>
- World Health Organization. (2013). *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence*. <https://www.who.int/publications/i/item/9789241564625>
- World Health Organization. (2021). *Violence against women prevalence estimates, 2018: Global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women*. <https://www.who.int/publications/i/item/9789240022256>
- Wright, J. D. (1990). Homelessness is not healthy for children and other living things. *Child & Youth Services*, 14(1), 65-88. https://doi.org/10.1300/J024v14n01_06
- Yousey, Y., Leake, J., Wdowik, M., & Janke, J. K. (2007). Education in a homeless shelter to improve the nutrition of young children. *Public Health Nursing*, 24(3), 249-255. <https://doi.org/10.1111/j.1525-1446.2007.00631.x>

Zlotnick, C. (2009). What research tells us about the intersecting streams of homelessness and foster care. *American Journal of Orthopsychiatry*, 79(3), 319-325.

<https://doi.org/10.1037/a0017218>

Appendix A: University of Ottawa Research Ethics Board Approval

File Number: H02-15-08

Date (mm/dd/yyyy): 03/31/2015

**Université d'Ottawa**
Bureau d'éthique et d'intégrité de la recherche**University of Ottawa**
Office of Research Ethics and Integrity

This is to confirm that the University of Ottawa Research Ethics Board identified above, which operates in accordance with the Tri-Council Policy Statement and other applicable laws and regulations in Ontario, has examined and approved the application for ethical approval for the above named research project as of the Ethics Approval Date indicated for the period above and subject to the conditions listed the section above entitled "Special Conditions / Comments".

During the course of the study the protocol may not be modified without prior written approval from the REB except when necessary to remove subjects from immediate endangerment or when the modification(s) pertain to only administrative or logistical components of the study (e.g. change of telephone number). Investigators must also promptly alert the REB of any changes which increase the risk to participant(s), any changes which considerably affect the conduct of the project, all unanticipated and harmful events that occur, and new information that may negatively affect the conduct of the project and safety of the participant(s). Modifications to the project, information/consent documentation, and/or recruitment documentation, should be submitted to this office for approval using the "Modification to research project" form available at:

<http://research.uottawa.ca/ethics/submissions-and-reviews>.

Please submit an annual status report to the Protocol Officer 4 weeks before the above-referenced expiry date to either close the file or request a renewal of ethics approval. This document can be found at:

<http://research.uottawa.ca/ethics/submissions-and-reviews>.

If you have any questions, please do not hesitate to contact the Ethics Office at extension 5387 or by e-mail at: ethics@uOttawa.ca.


Germain Zongo
Protocol Officer for Ethics in Research
For Daniel Lagarec, Chair of the Health Sciences and Sciences REB

2
550, rue Cumberland, pièce 154 550 Cumberland Street, room 154
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Appendix B: Ethics Approval Renewal

File Number: H02-15-08

Date (mm/dd/yyyy): 03/22/2016



Université d'Ottawa
Bureau d'éthique et d'intégrité de la recherche

University of Ottawa
Office of Research Ethics and Integrity

Ethics Approval Notice

Health Sciences and Science REB

Principal Investigator / Supervisor / Co-investigator(s) / Student(s)

<u>First Name</u>	<u>Last Name</u>	<u>Affiliation</u>	<u>Role</u>
Denise	Moreau	Health Sciences / Nursing	Supervisor
Wendy	Peterson	Health Sciences / Nursing	Co-Supervisor
Stephanie	Tomicic	Health Sciences / Nursing	Student Researcher

File Number: H02-15-08

Type of Project: PhD Thesis

Title: A Perspective on Motherhood and Homelessness

Renewal Date (mm/dd/yyyy)

Expiry Date (mm/dd/yyyy)

Approval Type

03/31/2016

03/30/2017

Ia

(Ia: Approval, Ib: Approval for initial stage only)

Special Conditions / Comments:

N/A

Appendix C: Letter of Approval (Site 3)

Stephanie Tomicic (Ph.D. Candidate)
Supervisor: Denise Moreau R.N. Ph.D.
September 30, 2014

[REDACTED]
[REDACTED]
[REDACTED]

RE: Consent re: Research Study on a Perspective on Motherhood and Homelessness

Dear [REDACTED]

I am pleased to send you this letter requesting your consent and collaboration in connection with a research study I am currently conducting as a Ph.D. candidate with the University of Ottawa, which is aimed at studying and documenting the perspective of single female heads of household with children, living in shelters for the homeless, namely the [REDACTED]

The purpose of the Study is to observe, document and explore the lived experience of these mothers and to better understand their perspective, gain critical insight into how they parent and the barriers and supports available to them, by using a qualitative method with an interpretative phenomenological approach.

The Study, once completed, aims to contribute to a better understanding of homeless mothers' experience and enable nurses to develop appropriate interventions and provide resources and supports for homeless mothers and their children.

Subject to your consent, the Study is intended to commence early 2015, is intended to be completed by June 30, 2015, and will consist of the following specifically designed and tailored activities:

- Prior to recruitment of participants, meet and establish relationships with each Shelter's lead.
- Determine an appropriate and sensitive approach to the recruitment of participants, on a voluntary basis, with each Shelter's lead (i.e. agreed upon recruitment strategies).
- Periodic visitations at the Shelters, at the undersigned's own risk, by the undersigned in order to conduct semi-structured interviews with the voluntary participants (approximately 10 to 12 mothers living in the Shelters).

The undersigned shall obtain and provide to the City of Ottawa a Criminal Record check. This consent is subject to the [REDACTED] being satisfied with these checks.

The Study and all related interviews, documentation and activities will be conducted in accordance with the University of Ottawa's Institutional Review Board's ("IRB") confidentiality and ethics guiding principles and each participant's consent will be obtained prior to their participation in the Study. The consent form is to be pre-approved by the [REDACTED] and must clearly indicate that the Study is an independent study being conducted by the undersigned for the purpose set out above and that the [REDACTED] is not involved in

the Study. Participants will be free at any time to withdraw from the Study. Prior to each interview each participants' consent will be obtained.

The undersigned assumes all the risks associated with the Study and agrees that the [REDACTED] shall not be liable to the undersigned or any other person in relation to the Study.

The undersigned agrees to abide by the Shelter rules and instructions from Shelter staff. In the event of a conflict that cannot be resolved between the undersigned and the Shelter staff, the undersigned shall contact [REDACTED] and the Study shall be held in abeyance pending resolution.

The Study and its subject matter is subject to privacy laws, including the *Municipal Freedom of Information and Privacy Act*, R.S.O. 1990, CHAPTER M.56, as amended, and confidentiality guidelines that apply to all [REDACTED] partnering organizations and individuals.

Your consent and the collaboration of the Shelters will greatly contribute to the body of knowledge related to the topic discussed above and the betterment of care to homeless mothers. To indicate your consent, please sign and return a copy of this letter to the undersigned. Upon receipt of your consent, my research proposal will be submitted to the IRB for approval. After receipt of such approval from the IRB, the Study will commence shortly thereafter and as discussed above.

This consent may be withdrawn by the [REDACTED] at any time, without cause, upon notice to the undersigned. Where this consent is withdrawn, the [REDACTED] shall not be liable to the undersigned for damages resulting from the withdrawal, including any damages suffered as a result of the Study being incomplete.

Should you have any questions, please do not hesitate to contact me by phone at [REDACTED] or by email: [REDACTED]

I greatly look forward on collaborating with you, your team and the Shelters' participants over the course of the Study.

Sincerely

[REDACTED]
Stephanie Tomicic (Ph.D. Candidate)
University of Ottawa School of Nursing

CONSENTED TO ON December 15, 2014.

CITY OF OTTAWA

Name: [REDACTED]
Title: [REDACTED]

Appendix D: Letter of Approval (Site 2, VAW Shelter)

Stephanie Tomicic (Ph.D. Candidate)
Supervisor: Denise Moreau R.N. Ph.D.
September 30, 2014

[REDACTED]
[REDACTED]
[REDACTED]

RE: Consent re: Research Study on a Perspective on Motherhood and Homelessness

Dear [REDACTED]

I am pleased to send you this letter requesting your consent and collaboration in connection with a research study I am currently conducting as a Ph.D. candidate (with the University of Ottawa), which is aimed at studying and documenting the perspective of single female heads of household with children, living in shelters, namely VAW shelters..I would like to include [REDACTED] in the proposed study.

The purpose of the Study is to observe, document and explore the lived experience of mothers living in shelters, including VAW shelters. To better under their perspective, gain critical insight into how they parent while living in the shelter and the barriers and supports available to them, by using a qualitative method with an interpretative phenomenological approach.

The Study, once completed, will hopefully contribute to a better understanding of mothers' experiences and enable nurses to develop appropriate interventions and provide resources and supports for mothers and their children living in VAW shelters.

Subject to your consent, the Study is intended to commence early 2015 and would consist specifically designed and tailored activities, which would include the following:

- Prior to recruitment of participants, meet and establish relationships with the Shelters' lead.
- Determine an appropriate and sensitive approach to the recruitment of participants, on a voluntary basis (i.e. potential recruitment may include recruitment by onsite researcher and other agreed upon recruitment strategies).
- Periodic visitations of the Shelters by the researcher in order to conduct semi-structured interviews with approximately 4 to 6 mothers living in the Shelter.

The Study and all related interviews, documentation and activities will be conducted in accordance with the University of Ottawa's Institutional Review Board's ("IRB") confidentiality and ethics guiding principles and each participant's consent will be obtained prior to their participation in the Study. Participants will be free at any time to withdraw from the Study. Prior to each interview each participants' consent will be obtained.

Your consent and the collaboration of the VAW Shelter staff will greatly contribute to the body of knowledge related to the topic discussed above and the betterment of care to mothers living in VAW shelters. To indicate your consent, please sign and return a copy of this letter to the undersigned. Upon receipt of your

consent, my research proposal will be submitted to the IRB for approval. After receipt of such approval, from the IRB, the Study will commence shortly thereafter and as discussed above.

Should you have any questions, please do not hesitate to contact me by phone at [REDACTED] or by email: [REDACTED]

I greatly look forward on collaborating with you, your team and [REDACTED] participants over the course of the Study.

Sincerely

Stephanie Tomicic (Ph.D. Candidate)
University of Ottawa School of Nursing

AGREED AND ACCEPTED ON Oct. 27, 2014.

[REDACTED]
Name: [REDACTED]

Title: [REDACTED]

Appendix E: Letter of Approval (Site 1, VAW Shelter)

Stephanie Tomicic (PhD Candidate)
Supervisors: Denise Moreau RN, PhD and Wendy Peterson RN, PhD
December 18, 2014

[REDACTED]
[REDACTED]

Consent re: Research Study on a Perspective on Motherhood and Homelessness

Dear [REDACTED]

I am pleased to send you this letter requesting your consent and collaboration in connection with a research study I am currently conducting as a PhD candidate with the School of Nursing, at the University of Ottawa. The proposed study is aimed at studying and documenting the perspective of single female heads of household with children, living in shelters, namely the Violence Against Women (VAW) shelters. I would like to include [REDACTED] in the proposed study.

The purpose of the proposed Study is to observe, document and explore the lived experience of mothers living in shelters, including VAW shelters, to better understand women's perspectives, gain critical insight into how women parent while living in the shelter, and to determine the barriers and supports available to them by using a qualitative method with an interpretive phenomenological approach.

The Study, once completed, will hopefully contribute to a better understanding of mothers' experiences and enable nurses to develop appropriate interventions and provide resources and supports for mothers and their children living in VAW shelters.

Subject to your approval, this Study is intended to commence early 2015 and would include the following:

- Prior to recruitment of participants, meet and establish relationships with the Shelter's lead.
- Determine an appropriate and sensitive approach to the recruitment of participants, on a voluntary basis (i.e. potential recruitment may include recruitment by onsite researcher and other agreed upon recruitment strategies).
- Periodic visitations of the Shelter by the researcher in order to conduct semi-structured interviews with the voluntary participants, approximately with 6 to 8 mothers living in the [REDACTED] Shelter.

The Study and all related interviews, documentation and activities will be conducted in accordance with the University of Ottawa's Institutional Review Board's ("IRB") confidentiality and ethics guiding principles. Each participant's consent will be obtained prior to their participation in the Study. Participants will be free at any time to withdraw from the Study without any consequences.

Your consent and the collaboration of the VAW Shelter staff will greatly contribute to the body of knowledge related to the topic discussed above and the betterment of care to mothers living in VAW shelters. To indicate your approval, please sign and return a copy of this letter to the undersigned. Upon receipt of your

consent, my research proposal will be submitted to the IRB for approval. After receipt of such approval, from the IRB, the Study will commence shortly thereafter and as discussed above.

Should you have any questions, please do not hesitate to contact me by phone at [REDACTED] or by email:

[REDACTED]

I greatly look forward on collaborating with you, your team and [REDACTED] participants over the course of the Study.

Sincerely,

Stephanie Tomicic (PhD Candidate)
University of Ottawa School of Nursing

Consented to on Dec 18, 2014.

Nelson House

[REDACTED]

Name:

Title:

[REDACTED]

Appendix F: Letter of Approval (Site 4)

Stephanie Tomicic (Ph.D. Candidate)

Supervisor: Denise Moreau R.N. Ph.D.

March 21, 2016

RE: Consent for Research Study on a Perspective on Motherhood and Homelessness

Dear [REDACTED]

I am pleased to send you this letter requesting your consent and collaboration in connection with a research study (the "Study") I am currently conducting as a Ph.D. candidate with the University of Ottawa, which is aimed at studying and documenting the perspective of single female heads of household with children, living in shelters for the homeless, namely the [REDACTED]

The purpose of the Study is to observe, document and explore the lived experience of these mothers and to better understand their perspective, gain critical insight into how they parent and the barriers and supports available to them, by using a qualitative method with an interpretative phenomenological approach.

The Study, once completed, aims to contribute to a better understanding of homeless mothers' experience and enable nurses to develop appropriate interventions and provide resources and supports for homeless mothers and their children.

Subject to your consent, the research which is ongoing as of 2015, is intended to be completed by December 31st 2016, will consist of the following specifically designed and tailored activities:

- Prior to recruitment of participants, meet and establish relationships with each Shelter's lead.
- Determine an appropriate and sensitive approach to the recruitment of participants, on a voluntary basis, with each Shelter's lead (i.e. agreed upon recruitment strategies).
- Periodic visitations at the Shelters, at the undersigned's own risk, by the undersigned in order to conduct semi-structured interviews with the voluntary participants (approximately 10 to 12 mothers living in the Shelters).

The Study and all related interviews, documentation and activities will be conducted in accordance with the University of Ottawa's Research Ethics Board's ("REB") confidentiality and ethics guiding principle. Each participant's consent will be obtained prior to their participation in the Study. The

consent form is to be pre-approved by the [REDACTED] and must clearly indicate that the Study is an independent study being conducted by the undersigned for the purpose set out above and that the [REDACTED] is not involved in the Study. Participants will be free at any time to withdraw from the Study. Prior to each interview each participants' consent will be obtained.

The undersigned assumes all the risks associated with the Study and agrees that the [REDACTED] shall not be liable to the undersigned or any other person in relation to the Study.

The undersigned agrees to abide by the Shelter rules and instructions from Shelter staff. In the event of a conflict that cannot be resolved between the undersigned and the Shelter staff, the undersigned shall contact [REDACTED] and the Study shall be held in abeyance pending resolution.

The Study and its subject matter is subject to privacy laws, including the *Municipal Freedom of Information and Privacy Act*, R.S.O. 1990, CHAPTER M.56, as amended, and confidentiality guidelines that apply to all City of Ottawa partnering organizations and individuals, including the [REDACTED]

Your consent and the collaboration of the Shelters will greatly contribute to the body of knowledge related to the topic discussed above and the betterment of care to homeless mothers. To indicate your consent, please sign and return a copy of this letter to the undersigned.

This consent may be withdrawn by the [REDACTED] at any time, without cause, upon notice to the undersigned. Where this consent is withdrawn, the [REDACTED] shall not be liable to the undersigned for damages resulting from the withdrawal, including any damages suffered as a result of the Study being incomplete.

Should you have any questions, please do not hesitate to contact me by phone at [REDACTED] or by email: [REDACTED]

I greatly look forward on collaborating with you, your team and the Shelters' participants over the course of the Study.

Sincerely

[REDACTED]
Stephanie Tomicic (Ph.D. Candidate)
University of Ottawa School of Nursing

CONSENTED TO ON March 21, 2016

[REDACTED]

Name: [REDACTED]

Title: [REDACTED]

[REDACTED]

Appendix G: Participant Consent Form (Sites 1 and 2, English Version)



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University of Ottawa
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Sciences
School of Nursing

Title of the Study: A perspective on Motherhood and Homelessness

Principal Investigator: Stephanie Tomicic, RN
PhD Candidate
School of Nursing
Faculty of Health Sciences
University of Ottawa
[REDACTED]
Private cellphone: TBD at time of research

Supervisor: Denise Moreau RN, PhD
Associate Professor
School of Nursing
Faculty of Health Sciences
University of Ottawa
[REDACTED]

Co-Supervisor: Wendy Peterson RN, PhD
Associate Professor
School of Nursing
Faculty of Health Sciences
University of Ottawa
[REDACTED]

Invitation to Participate: I am invited to participate in the above mentioned research study conducted by Stephanie Tomicic for the purposes of her doctoral thesis. Stephanie Tomicic is under the supervision of Dr. Denise Moreau and Dr. Wendy Peterson from the School of Nursing at the University of Ottawa. My participation in this study is entirely voluntary and I may withdraw from the study at any time.

Purpose of the study: The purpose of this study is to improve nurses understanding of what it is like for women to parent their child or children while living in a shelter. This study focuses on women who are living in a shelter with their child or children and without a husband or partner. The information and input that I provide by participating in this study will contribute to a better understanding of mothers' experiences, and enable nurses to develop appropriate interventions, resources and strategies that will support mothers who are living under similar circumstances.

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Participation: My participation will consist of attending one audiotaped interview session with Stephanie Tomicic for approximately 90 minutes. To ensure confidentiality the interview will take place in a private room at the shelter where I live or at another location of my choice. The date and time of the interview will be agreed upon by Stephanie and me. During the interview I will be asked to describe my personal experience as a mother caring for my child (children) while living in the shelter and I will be asked questions related to this experience.

Voluntary Participation: I am under no obligation to participate and if I choose to participate, I can withdraw from the study at any time, or refuse to answer any questions without any negative consequences. This study is independent of the shelter where I live, and whether I choose to participate or refuse to participate will not affect any services I receive at the shelter. If I wish to withdraw from the study all information gathered at that time will be deleted and/or shredded.

Possible Risks: During the interview, I may experience some psychological or emotional discomfort when remembering or while speaking about my experiences. Should this happen, the researcher will give me time alone if I want, or will stop the interview. I understand that I can ask Stephanie to provide me with information about counselling and other supportive resources that are available to me.

Possible Benefits: I understand there are no direct benefits for me if I participate in this study, however my participation will provide me with the opportunity to contribute information that can help other mothers living in similar situations.

Confidentiality and Anonymity: I understand that the information I share will be used solely for the purpose of this study and will be kept strictly confidential. However, I understand that Stephanie Tomicic is required by law to report any concerns that she may have about a child's/children's welfare and safety. Anonymity is guaranteed in the following way: any quotes from me and all documents and transcribed recordings will not contain my name or any other identifying information. The number of residents and participants living in the



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shelter may make it difficult to fully protect the anonymity of participants. The original documents, recordings and transcripts will be stored in Denise Moreau's locked office at the School of Nursing, University of Ottawa. Only the principal researcher and her supervisors will have access to these documents. Information will be kept for a period of seven years and then all electronic records will be deleted and printed information will be shredded. If a cultural interpreter is present at the interview, the interpreter will sign a confidentiality agreement.

Compensation: A \$25.00 gift certificate to Walmart will be given to me as thanks for my participation in this study. If I choose to withdraw from this study, I will still receive the gift certificate.

Contact: If I have any questions about this study, I may contact the researcher or her supervisors. If I have any questions regarding the ethical conduct of this study, I may contact the Protocol Officer for Ethics in Research, University of Ottawa, Tabaret Hall, 550 Cumberland Street, Room 154, Ottawa, ON. K1N 6N5;

Telephone: (613) 562-5387; **Email:** ethics@uottawa.ca

There are two copies of the consent form, one of which is mine to keep, and the other is conserved by the researcher.

Acceptance: I, _____ ("Participant"), agree to participate in the above research study conducted by Stephanie Tomicic from the School of Nursing, at the University of Ottawa. The nature of the study and the risks and benefits have been explained to me. I have read the consent form, and had the opportunity to consider the content and implications of this consent and to ask any questions related to this consent, and hereby sign voluntarily. I understand my right to withdraw from the study at any time.

Participant's Signature: _____

Date: _____

Researcher's Signature: _____

Date: _____

Appendix H: Participant Consent Form (Sites 1 and 2, French Version)



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Titre du projet : Une perspective sur la maternité et l'itinérance

Chercheuse principale: Stephanie Tomicic, Inf.
Candidate au Doctorat en Sciences infirmières
École des sciences infirmières
Faculté des sciences de la santé
Université d'Ottawa

██████████
Téléphone: numéro sera acquis et ajouté pour les fins de recherche

Supervisor: Denise Moreau, Inf., PhD
Professeure adjointe
École des sciences infirmières
Faculté des sciences de la santé
Université d'Ottawa

████████████████████

Co-Supervisor: Wendy Peterson, Inf., PhD
Professeure adjointe
École des sciences infirmières
Faculté des sciences de la santé
Université d'Ottawa

████████████████████

Invitation à participer : Je suis invitée à participer à la recherche ci-haut mentionnée. Cette recherche est conduite par Stephanie Tomicic pour sa thèse de doctorat en sciences infirmières. Stephanie Tomicic est sous la supervision de Denise Moreau et Wendy Peterson, toutes deux professeures agrégées à l'École des sciences infirmières de l'Université d'Ottawa. Ma participation dans cette étude est entièrement volontaire et je peux me retirer de l'étude à tout moment.

But de l'étude : Cette étude vise à comprendre les perspectives et les expériences vécues par les femmes vivant avec leur(s) enfant(s) dans un refuge pour sans-abri. Le principal objectif de l'étude est de connaître comment les mères font pour prendre soin de leurs enfants dans un tel environnement. Cette étude cible les femmes qui prennent soin de leurs enfants sans époux ni partenaire dans un refuge pour sans-abri. L'information et les commentaires que je fournirai durant ma participation contribueront à une meilleure compréhension de mon expérience et permettront aux infirmières de développer des interventions, des stratégies et des ressources adaptées à des mères qui vivent dans des conditions semblables.

Participation : Ma participation consistera essentiellement à prendre part à une entrevue enregistrée (audio seulement) d'une durée d'environ 90 minutes avec la chercheuse principale. Pour assurer la confidentialité, l'entrevue aura lieu dans une pièce privée située à l'endroit où j'habite ou dans un endroit que j'aurai choisi. La date et l'heure de l'entrevue seront déterminées par Stéphanie et moi. Pendant l'entrevue, on me demandera de décrire mes expériences personnelles en tant que mère qui prend soin de son/ses enfant(s) tout en vivant dans un refuge pour sans-abri.

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Participation volontaire : Je ne suis pas obligée de participer à cette étude, et si je décide de participer, je peux me retirer n'importe quand ou refuser de répondre à certaines questions, tout ça sans subir de conséquences négatives. Cette étude indépendante n'est pas sous la direction du refuge où j'habite et mon choix de participer ou non à l'étude n'aura aucun effet sur les services que je reçois présentement. Si je décide de me retirer, toute information recueillie lors de mon entrevue sera détruite.

Risques : Je comprends qu'en participant à cette recherche, il se peut que durant l'entrevue je puisse ressentir un malaise psychologique ou émotionnel en me rappelant ou en parlant d'expériences douloureuses. Si cela arrive pendant l'entrevue, je comprends que je peux demander à Stephanie d'arrêter l'entrevue ou de faire une pause pour me donner le temps de me ressaisir. Je comprends aussi que je peux demander à Stephanie de me fournir de l'information et/ou des ressources de soutien.

Bienfaits : Je réalise qu'il n'y a pas d'avantages directs à ma participation à cette étude. Toutefois, ma participation me permettra de contribuer à l'amélioration des services offerts aux mères vivant des expériences similaires aux miennes.

Confidentialité et anonymat : Je comprends que l'information que je partagerai avec la chercheuse restera strictement confidentielle. Je comprends également que le contenu n'est utilisé qu'aux fins de la présente recherche qui vise à mieux comprendre la situation des mères itinérantes. Je reconnais que Stephanie a une obligation légale de rapporter des informations que je lui partage s'il y a des inquiétudes au sujet du bien-être ou de la sécurité d'un enfant. L'anonymat est assuré de la façon suivante : ni mon nom, ni les informations pouvant permettre de m'identifier ne figureront dans des citations, documents ou enregistrements transcrits. L'anonymat des participantes pourrait être plus difficile à protéger en raison du nombre de participantes habitant au refuge. Les documents originaux et les enregistrements transcrits seront conservés de façon sécuritaire dans un classeur verrouillé au bureau de la superviseure situé à l'Université d'Ottawa. Seules la chercheuse principale et ses superviseures auront accès à ces documents. L'information sera conservée pendant une période de 7 ans et sera ensuite détruite. Les informations en format papier seront déchetées et les données électroniques seront effacées. Si un interprète culturel est présent lors de l'entrevue, ce dernier signera une entente de confidentialité.



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Compensation : Un certificat cadeau de Walmart d'une valeur de \$25.00 me sera offert pour ma participation à cette étude. Si je me retire de l'étude, je recevrai tout de même le certificat cadeau.

Contact : Si j'ai des questions au sujet de l'étude, je peux contacter la chercheuse ou sa superviseure. Si j'ai des questions au sujet du code d'éthique relié à l'étude, je peux les demander au Bureau d'éthique et d'intégrité de la recherche :

Pavillon Tabaret, 550, rue Cumberland, Pièce 154, Ottawa, ON, Canada, K1N 6N5 ; **Téléphone :** 613-562-5387 ; **Courriel :** ethique@uOttawa.ca

Une copie du formulaire de consentement me sera remise et une autre copie sera conservée par la chercheuse aux fins de sa recherche

Acceptation : Je, _____ (nom de la participante), accepte de participer à cette recherche menée par Stephanie Tomicic de l'École des sciences infirmières, Faculté des sciences de la santé de l'Université d'Ottawa. L'objet de cette étude, les risques et les bienfaits m'ont été expliqués. J'ai lu le formulaire de consentement, j'ai eu l'opportunité de considérer le contenu et les implications de ma participation et j'ai eu l'occasion de poser toutes questions reliées à ce consentement. Par la présente, je signe volontairement. Je comprends mon droit de me retirer de l'étude à tout moment.

Signature de la participante : _____

Date : _____

Signature de la chercheuse: _____

Date: _____

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Appendix I: Participant Consent Form (Site 3, English Version)



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University of Ottawa
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School of Nursing

Title of the Study: A perspective on Motherhood and Homelessness

Principal Investigator: Stephanie Tomicic, RN

PhD Candidate

School of Nursing

Faculty of Health Sciences

University of Ottawa

Private cellphone: TBD at time of research

Supervisor: Denise Moreau RN, PhD

Associate Professor

School of Nursing

Faculty of Health Sciences

University of Ottawa

Co-Supervisor: Wendy Peterson RN, PhD

Associate Professor

School of Nursing

Faculty of Health Sciences

University of Ottawa

Invitation to Participate: I am invited to participate in the above mentioned research study conducted by Stephanie Tomicic for the purposes of her doctoral thesis. Stephanie Tomicic is under the supervision of Dr. Denise Moreau and Dr. Wendy Peterson from the School of Nursing at the University of Ottawa. My participation in this study is entirely voluntary and I may withdraw from the study at any time.

Purpose of the study: The purpose of this study is to improve nurses understanding of what it is like for women to parent their child or children while living in a shelter. This study focuses on women who are living in a shelter with their child or children and without a husband or partner. The information and input that I provide by participating in this study will contribute to a better understanding of mothers' experiences, and enable nurses to develop appropriate interventions, resources and strategies that will support mothers who are living under similar circumstances.

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Participation: My participation will consist of attending one audiotaped interview session with Stephanie Tomicic for approximately 90 minutes. To ensure confidentiality the interview will take place in a private room at the shelter where I live or at another location of my choice. The date and time of the interview will be agreed upon by Stephanie and me. During the interview I will be asked to describe my personal experience as a mother caring for my child (children) while living in the shelter and I will be asked questions related to this experience.

Voluntary Participation: I am under no obligation to participate and if I choose to participate, I can withdraw from the study at any time, or refuse to answer any questions without any negative consequences. This study is independent of the shelter where I live, and whether I choose to participate or refuse to participate will not affect any services I receive at the shelter. If I wish to withdraw from the study all information gathered at that time will be deleted and/or shredded.

Possible Risks: During the interview, I may experience some psychological or emotional discomfort when remembering or while speaking about my experiences. Should this happen, the researcher will give me time alone if I want, or will stop the interview. I understand that I can ask Stephanie to provide me with information about counselling and other supportive resources that are available to me.

Possible Benefits: I understand there are no direct benefits for me if I participate in this study, however my participation will provide me with the opportunity to contribute information that can help other mothers living in similar situations.

Confidentiality and Anonymity: I understand that the information I share will be used solely for the purpose of this study and will be kept strictly confidential. However, I understand that Stephanie Tomicic is required by law to report any concerns that she may have about a child's/children's welfare and safety. Anonymity is guaranteed in the following way: any quotes from me and all documents and transcribed recordings will not contain my name or any other identifying information. The number of residents and participants living in the shelter may make it difficult to fully protect the anonymity of participants. The original documents, recordings and transcripts will be stored in Denise Moreau's



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locked office at the School of Nursing, University of Ottawa. Only the principal researcher and her supervisors will have access to these documents. Information will be kept for a period of seven years and then all electronic records will be deleted and printed information will be shredded. If a cultural interpreter is present at the interview, the interpreter will sign a confidentiality agreement.

Compensation: A \$25.00 gift certificate to Walmart will be given to me as thanks for my participation in this study. If I choose to withdraw from this study, I will still receive the gift certificate.

██████████ I understand that this is an independent study being conducted by Stephanie Tomicic PhD (candidate) with the University of Ottawa, and that ██████████, although granting the researcher access to the shelter for the purpose of conducting interviews, is not associated with the study.

Contact: If I have any questions about this study, I may contact the researcher or her supervisors. If I have any questions regarding the ethical conduct of this study, I may contact the Protocol Officer for Ethics in Research, University of Ottawa, Tabaret Hall, 550 Cumberland Street, Room 154, Ottawa, ON. K1N 6N5;

Telephone: (613) 562-5387; **Email:** ethics@uottawa.ca

There are two copies of the consent form, one of which is mine to keep, and the other is conserved by the researcher.

Acceptance: I, _____ ("Participant"), agree to participate in the above research study conducted by Stephanie Tomicic from the School of Nursing, at the University of Ottawa. The nature of the study and the risks and benefits have been explained to me. I have read the consent form, and had the opportunity to consider the content and implications of this consent and to ask any questions related to this consent, and hereby sign voluntarily. I understand my right to withdraw from the study at any time.

Participant's Signature: _____

Date: _____

Researcher's Signature: _____

Date: _____

Appendix J: Participant Consent Form (Site 3, French Version)



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Titre du projet : Une perspective sur la maternité et l'itinérance

Chercheuse principale: Stephanie Tomicic, Inf.

Candidate au Doctorat en Sciences infirmières

École des sciences infirmières

Faculté des sciences de la santé

Université d'Ottawa

Téléphone: numéro sera acquis et ajouté pour les fins de recherche

Supervisor: Denise Moreau, Inf., PhD

Professeure adjointe

École des sciences infirmières

Faculté des sciences de la santé

Université d'Ottawa

Co-Supervisor: Wendy Peterson, Inf., PhD

Professeure adjointe

École des sciences infirmières

Faculté des sciences de la santé

Université d'Ottawa

Invitation à participer : Je suis invitée à participer à la recherche ci-haut mentionnée. Cette recherche est conduite par Stephanie Tomicic pour sa thèse de doctorat en sciences infirmières. Stephanie Tomicic est sous la supervision de Denise Moreau et Wendy Peterson, toutes deux professeures agrégées à l'École des sciences infirmières de l'Université d'Ottawa. Ma participation dans cette étude est entièrement volontaire et je peux me retirer de l'étude à tout moment.

But de l'étude : Cette étude vise à comprendre les perspectives et les expériences vécues par les femmes vivant avec leur(s) enfant(s) dans un refuge pour sans-abri. Le principal objectif de l'étude est de connaître comment les mères font pour prendre soin de leurs enfants dans un tel environnement. Cette étude cible les femmes qui prennent soin de leurs enfants sans époux ni partenaire dans un refuge pour sans-abri. L'information et les commentaires que je fournirai durant ma participation contribueront à une meilleure compréhension de mon expérience et permettront aux infirmières de développer des interventions, des stratégies et des ressources adaptées à des mères qui vivent dans des conditions semblables.

Participation : Ma participation consistera essentiellement à prendre part à une entrevue enregistrée (audio seulement) d'une durée d'environ 90 minutes avec la chercheuse principale. Pour assurer la confidentialité, l'entrevue aura lieu dans une pièce privée située à l'endroit où j'habite ou dans un endroit que j'aurai choisi. La date et l'heure de l'entrevue seront déterminées par Stéphanie et moi. Pendant l'entrevue, on me demandera de décrire mes expériences personnelles en tant que mère qui prend soin de son /ses enfant(s) tout en vivant dans un refuge pour sans-abri.

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mère qui prend soin de son /ses enfant(s) tout en vivant dans un refuge pour sans-abri.

Participation volontaire : Je ne suis pas obligée de participer à cette étude, et si je décide de participer, je peux me retirer n'importe quand ou refuser de répondre à certaines questions, tout ça sans subir de conséquences négatives. Cette étude indépendante n'est pas sous la direction du refuge où j'habite et mon choix de participer ou non à l'étude n'aura aucun effet sur les services que je reçois présentement. Si je décide de me retirer, toute information recueillie lors de mon entrevue sera détruite.

Risques : Je comprends qu'en participant à cette recherche, il se peut que durant l'entrevue je puisse ressentir un malaise psychologique ou émotionnel en me rappelant ou en parlant d'expériences douloureuses. Si cela arrive pendant l'entrevue, je comprends que je peux demander à Stephanie d'arrêter l'entrevue ou de faire une pause pour me donner le temps de me ressaisir. Je comprends aussi que je peux demander à Stephanie de me fournir de l'information et/ou des ressources de soutien.

Bienfaits : Je réalise qu'il n'y a pas d'avantages directs à ma participation à cette étude. Toutefois, ma participation me permettra de contribuer à l'amélioration des services offerts aux mères vivant des expériences similaires aux miennes.

Confidentialité et anonymat : Je comprends que l'information que je partagerai avec la chercheuse restera strictement confidentielle. Je comprends également que le contenu n'est utilisé qu'aux fins de la présente recherche qui vise à mieux comprendre la situation des mères itinérantes. Je reconnais que Stephanie a une obligation légale de rapporter des informations que je lui partage s'il y a des inquiétudes au sujet du bien-être ou de la sécurité d'un enfant. L'anonymat est assuré de la façon suivante : ni mon nom, ni les informations pouvant permettre de m'identifier ne figureront dans des citations, documents ou enregistrements transcrits. L'anonymat des participantes pourrait être plus difficile à protéger en raison du nombre de participantes habitant au refuge. Les documents originaux et les enregistrements transcrits seront conservés de façon sécuritaire dans un classeur verrouillé au bureau de la superviseure situé à l'Université d'Ottawa. Seules la chercheuse principale et ses superviseures auront accès à ces documents. L'information sera conservée pendant une période de 7 ans et sera ensuite détruite. Les informations en format papier seront déchiquetées et les données électroniques seront effacées. Si un interprète culturel est présent lors de l'entrevue, ce dernier signera une entente de confidentialité.

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Compensation : Un certificat cadeau de Walmart d'une valeur de \$25.00 me sera offert pour ma participation à cette étude. Si je me retire de l'étude, je recevrai tout de même le certificat cadeau.

Je comprends que cette étude est une étude indépendante menée par Stephanie Tomicic, candidate au doctorat de l'Université d'Ottawa, et que, même si elle autorise l'accès au refuge à la chercheuse aux fins de la tenue d'entrevues, n'est aucunement associée à cette étude.

Contact : Si j'ai des questions au sujet de l'étude, je peux contacter la chercheuse ou sa superviseuse. Si j'ai des questions au sujet du code d'éthique relié à l'étude, je peux les demander au Bureau d'éthique et d'intégrité de la recherche :

Pavillon Tabaret, 550, rue Cumberland, Pièce 154, Ottawa, ON, Canada, K1N 6N5 ; **Téléphone.** : 613-562-5387 ; **Courriel** : ethique@uOttawa.ca

Une copie du formulaire de consentement me sera remise et une autre copie sera conservée par la chercheuse aux fins de sa recherche

Acceptation : Je, _____ (nom de la participante), accepte de participer à cette recherche menée par Stephanie Tomicic de l'École des sciences infirmières, Faculté des sciences de la santé de l'Université d'Ottawa. L'objet de cette étude, les risques et les bienfaits m'ont été expliqués. J'ai lu le formulaire de consentement, j'ai eu l'opportunité de considérer le contenu et les implications de ma participation et j'ai eu l'occasion de poser toutes questions reliées à ce consentement. Par la présente, je signe volontairement. Je comprends mon droit de me retirer de l'étude à tout moment.

Signature de la participante : _____
Date : _____

Signature de la chercheuse: _____
Date: _____

Appendix K: Participant Consent Form (Site 4, English Version)



Title of the Study: A perspective on Motherhood and Homelessness

Principal Investigator: Stephanie Tomicic, RN
PhD Candidate
School of Nursing
Faculty of Health Sciences
University of Ottawa
[Redacted]
Private cellphone: TBD at time of research

Supervisor: Denise Moreau RN, PhD
Associate Professor
School of Nursing
Faculty of Health Sciences
University of Ottawa
[Redacted]

Co-Supervisor: Wendy Peterson RN, PhD
Associate Professor
School of Nursing
Faculty of Health Sciences
University of Ottawa
[Redacted]

Invitation to Participate: I am invited to participate in the above mentioned research study conducted by Stephanie Tomicic for the purposes of her doctoral thesis. Stephanie Tomicic is under the supervision of Dr. Denise Moreau and Dr. Wendy Peterson from the School of Nursing at the University of Ottawa. My participation in this study is entirely voluntary and I may withdraw from the study at any time.

Purpose of the study: The purpose of this study is to improve nurses understanding of what it is like for women to parent their child or children while living in a shelter. This study focuses on women who are living in a shelter with their child or children and without a husband or partner. The information and input that I provide by participating in this study will contribute to a better understanding of mothers' experiences, and enable nurses to develop appropriate interventions, resources and strategies that will support mothers who are living under similar circumstances.



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Participation: My participation will consist of attending one audiotaped interview session with Stephanie Tomicic for approximately 90 minutes. To ensure confidentiality the interview will take place in a private room at the shelter where I live or at another location of my choice. The date and time of the interview will be agreed upon by Stephanie and me. During the interview I will be asked to describe my personal experience as a mother caring for my child (children) while living in the shelter and I will be asked questions related to this experience.

Voluntary Participation: I am under no obligation to participate and if I choose to participate, I can withdraw from the study at any time, or refuse to answer any questions without any negative consequences. This study is independent of the shelter where I live, and whether I choose to participate or refuse to participate will not affect any services I receive at the shelter. If I wish to withdraw from the study all information gathered at that time will be deleted and/or shredded.

Possible Risks: During the interview, I may experience some psychological or emotional discomfort when remembering or while speaking about my experiences. Should this happen, the researcher will give me time alone if I want, or will stop the interview. I understand that I can ask Stephanie to provide me with information about counselling and other supportive resources that are available to me.

Possible Benefits: I understand there are no direct benefits for me if I participate in this study, however my participation will provide me with the opportunity to contribute information that can help other mothers living in similar situations.

Confidentiality and Anonymity: I understand that the information I share will be used solely for the purpose of this study and will be kept strictly confidential. However, I understand that Stephanie Tomicic is required by law to report any concerns that she may have about a child's/children's welfare and safety. Anonymity is guaranteed in the following way: any quotes from me and all documents and transcribed recordings will not contain my name or any other identifying information. The number of residents and participants living in the shelter may make it difficult to fully protect the anonymity of participants. The



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original documents, recordings and transcripts will be stored in Denise Moreau's locked office at the School of Nursing, University of Ottawa. Only the principal researcher and her supervisors will have access to these documents. Information will be kept for a period of seven years and then all electronic records will be deleted and printed information will be shredded. If a cultural interpreter is present at the interview, the interpreter will sign a confidentiality agreement.

Compensation: A \$25.00 gift certificate to Walmart will be given to me as thanks for my participation in this study. If I choose to withdraw from this study, I will still receive the gift certificate.

██████████: I understand that this is an independent study being conducted by Stephanie Tomicic PhD (candidate) with the University of Ottawa, and that ██████████, although granting the researcher access to the shelter for the purpose of conducting interviews, is not associated with the study.

Contact: If I have any questions about this study, I may contact the researcher or her supervisors. If I have any questions regarding the ethical conduct of this study, I may contact the Protocol Officer for Ethics in Research, University of Ottawa, Tabaret Hall, 550 Cumberland Street, Room 154, Ottawa, ON. K1N 6N5;

Telephone: (613) 562-5387; **Email:** ethics@uottawa.ca

There are two copies of the consent form, one of which is mine to keep, and the other is conserved by the researcher.

Acceptance: I, _____ ("Participant"), agree to participate in the above research study conducted by Stephanie Tomicic from the School of Nursing, at the University of Ottawa. The nature of the study and the risks and benefits have been explained to me. I have read the consent form, and had the opportunity to consider the content and implications of this consent and to ask any questions related to this consent, and hereby sign voluntarily. I understand my right to withdraw from the study at any time.

Participant's Signature: _____

Date: _____

Researcher's Signature: _____

Date: _____

Appendix L: Participant Consent Form (Site 4, French Version)



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Titre du projet : Une perspective sur la maternité et l'itinérance

Chercheuse principale: Stephanie Tomicic, Inf.

Candidate au Doctorat en Sciences infirmières

École des sciences infirmières

Faculté des sciences de la santé

Université d'Ottawa

Téléphone: numéro sera acquis et ajouté pour les fins de recherche

Supervisor: Denise Moreau, Inf., PhD

Professeure adjointe

École des sciences infirmières

Faculté des sciences de la santé

Université d'Ottawa

Co-Supervisor: Wendy Peterson, Inf., PhD

Professeure adjointe

École des sciences infirmières

Faculté des sciences de la santé

Université d'Ottawa

Invitation à participer : Je suis invitée à participer à la recherche ci-haut mentionnée. Cette recherche est conduite par Stephanie Tomicic pour sa thèse de doctorat en sciences infirmières. Stephanie Tomicic est sous la supervision de Denise Moreau et Wendy Peterson, toutes deux professeures agrégées à l'École des sciences infirmières de l'Université d'Ottawa. Ma participation dans cette étude est entièrement volontaire et je peux me retirer de l'étude à tout moment.

But de l'étude : Cette étude vise à comprendre les perspectives et les expériences vécues par les femmes vivant avec leur(s) enfant(s) dans un refuge pour sans-abri. Le principal objectif de l'étude est de connaître comment les mères font pour prendre soin de leurs enfants dans un tel environnement. Cette étude cible les femmes qui prennent soin de leurs enfants sans époux ni partenaire dans un refuge pour sans-abri. L'information et les commentaires que je fournirai durant ma participation contribueront à une meilleure compréhension de mon expérience et permettront aux infirmières de développer des interventions, des stratégies et des ressources adaptées à des mères qui vivent dans des conditions semblables.

Participation : Ma participation consistera essentiellement à prendre part à une entrevue enregistrée (audio seulement) d'une durée d'environ 90 minutes avec la chercheuse principale. Pour assurer la confidentialité, l'entrevue aura lieu dans une pièce privée située à l'endroit où j'habite ou dans un endroit que j'aurai choisi. La date et l'heure de l'entrevue seront déterminées par Stéphanie et moi. Pendant l'entrevue, on me demandera de je décrire mes expériences personnelles en tant que mère qui prend soin de son /ses enfant(s) tout en vivant dans un refuge pour sans-abri.

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Participation volontaire : Je ne suis pas obligée de participer à cette étude, et si je décide de participer, je peux me retirer n'importe quand ou refuser de répondre à certaines questions, tout ça sans subir de conséquences négatives. Cette étude indépendante n'est pas sous la direction du refuge où j'habite et mon choix de participer ou non à l'étude n'aura aucun effet sur les services que je reçois présentement. Si je décide de me retirer, toute information recueillie lors de mon entrevue sera détruite.

Risques : Je comprends qu'en participant à cette recherche, il se peut que durant l'entrevue je puisse ressentir un malaise psychologique ou émotionnel en me rappelant ou en parlant d'expériences douloureuses. Si cela arrive pendant l'entrevue, je comprends que je peux demander à Stephanie d'arrêter l'entrevue ou de faire une pause pour me donner le temps de me ressaisir. Je comprends aussi que je peux demander à Stephanie de me fournir de l'information et/ou des ressources de soutien.

Bienfaits : Je réalise qu'il n'y a pas d'avantages directs à ma participation à cette étude. Toutefois, ma participation me permettra de contribuer à l'amélioration des services offerts aux mères vivant des expériences similaires aux miennes.

Confidentialité et anonymat : Je comprends que l'information que je partagerai avec la chercheuse restera strictement confidentielle. Je comprends également que le contenu n'est utilisé qu'aux fins de la présente recherche qui vise à mieux comprendre la situation des mères itinérantes. Je reconnais que Stephanie a une obligation légale de rapporter des informations que je lui partage s'il y a des inquiétudes au sujet du bien-être ou de la sécurité d'un enfant. L'anonymat est assuré de la façon suivante : ni mon nom, ni les informations pouvant permettre de m'identifier ne figureront dans des citations, documents ou enregistrements transcrits. L'anonymat des participantes pourrait être plus difficile à protéger en raison du nombre de participantes habitant au refuge. Les documents originaux et les enregistrements transcrits seront conservés de façon sécuritaire dans un classeur verrouillé au bureau de la superviseuse situé à l'Université d'Ottawa. Seules la chercheuse principale et ses superviseuses auront accès à ces documents. L'information sera conservée pendant une période de 7 ans et sera ensuite détruite. Les informations en format papier seront déchiquetées et les données électroniques seront effacées. Si un interprète culturel est présent lors de l'entrevue, ce dernier signera une entente de confidentialité.



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Compensation : Un certificat cadeau de Walmart d'une valeur de \$25.00 me sera offert pour ma participation à cette étude. Si je me retire de l'étude, je recevrai tout de même le certificat cadeau.

Je comprends que cette étude est une étude indépendante menée par Stephanie Tomicic, candidate au doctorat de l'Université d'Ottawa, et que , même si elle autorise l'accès au refuge à la chercheuse aux fins de la tenue d'entrevues, n'est aucunement associée à cette étude.

Contact : Si j'ai des questions au sujet de l'étude, je peux contacter la chercheuse ou sa superviseure. Si j'ai des questions au sujet du code d'éthique relié à l'étude, je peux les demander au Bureau d'éthique et d'intégrité de la recherche :

Pavillon Tabaret, 550, rue Cumberland, Pièce 154, Ottawa, ON, Canada, K1N 6N5 ; **Téléphone :** 613-562-5387 ; **Courriel :** ethique@uOttawa.ca

Une copie du formulaire de consentement me sera remise et une autre copie sera conservée par la chercheuse aux fins de sa recherche

Acceptation : Je, _____ (nom de la participante), accepte de participer à cette recherche menée par Stephanie Tomicic de l'École des sciences infirmières, Faculté des sciences de la santé de l'Université d'Ottawa. L'objet de cette étude, les risques et les bienfaits m'ont été expliqués. J'ai lu le formulaire de consentement, j'ai eu l'opportunité de considérer le contenu et les implications de ma participation et j'ai eu l'occasion de poser toutes questions reliées à ce consentement. Par la présente, je signe volontairement. Je comprends mon droit de me retirer de l'étude à tout moment.

Signature de la participante : _____
Date : _____

Signature de la chercheuse: _____
Date: _____

Appendix M: Invitation to participate in a study (Version 1, English)

Are you a single **MOTHER**
with **CHILDREN**
living in a **SHELTER**?



You are invited to take part in a study being conducted by University of Ottawa graduate nursing student Stephanie Tomicic to understand what it is like to be a mother caring for children while living in a shelter.

If you choose to participate in the study, you be interviewed once by Stephanie Tomicic about your experiences as a mother living in a shelter.

This interview will last up to 90 minutes. We will decide together the time and date of the interview. Child care will be provided. Recruitment will be on a first come first served basis.

**If you are interested in participating or would like more information,
please contact:**

Stephanie Tomicic, PhD (candidate)

email: [REDACTED]

Telephone: [REDACTED]



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**If you prefer, you may ask one of the shelter staff to contact me on
your behalf.**

Appendix N: Invitation to participate in a study (Version 1, French)

Aux MÈRES
vivant avec leurs ENFANTS
dans un REFUGE



Vous êtes invité à participer à une étude qui sera conduite par Stephanie Tomicic candidate au doctorat en sciences infirmières à l'Université d'Ottawa. Cette étude vise à comprendre votre expérience de mère qui vit et prend soin de ses enfants dans un refuge

Si vous acceptez de participer, je vous invite à une entrevue durant laquelle vous pourrez partager avec moi votre expérience de mère vivant avec ses enfants dans un refuge

L'entrevue pourrait prendre jusqu'à 90 minutes. Nous déciderons ensemble du jour et de l'heure de l'entrevue. Un service de garde pour vos enfants vous sera offert pour la durée de l'entrevue.

Si vous désirez participer ou souhaitez plus d'informations veuillez contacter :

Stephanie Tomicic , Infirmière
Candidate au doctorat
Courriel : [REDACTED]
Téléphone : (à déterminer)

Si vous préférez, vous pouvez demander au personnel du refuge de me contacter de votre part pour arranger une rencontre.



Appendix O: Invitation to participate in a study (Version 2, English)

Are you a single **MOTHER**
with **CHILDREN**
living in a **SHELTER**?



You are invited to take part in a study being conducted by University of Ottawa graduate nursing student Stephanie Tomicic to understand what it is like to be a mother caring for children while living in a shelter.

If you choose to participate in the study, you be interviewed once by Stephanie Tomicic about your experiences as a mother living in a shelter.

This interview will last up to 90 minutes. We will decide together the time and date of the interview. Recruitment will be on a first come first served basis.

**If you are interested in participating or would like more information,
please contact:**

Stephanie Tomicic, PhD (candidate)

email: [REDACTED]

Telephone: [REDACTED]



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If you prefer, you may ask one of the shelter staff to contact me on your behalf.

Appendix P: Invitation to participate in a study (Version 2, French)

Aux MÈRES
vivant avec leurs ENFANTS
dans un REFUGE



Vous êtes invité à participer à une étude qui sera conduite par Stephanie Tomicic candidate au doctorat en sciences infirmières à l'Université d'Ottawa. Cette étude vise à comprendre votre expérience de mère qui vit et prend soin de ses enfants dans un refuge

Si vous acceptez de participer, je vous invite à une entrevue durant laquelle vous pourrez partager avec moi votre expérience de mère vivant avec ses enfants dans un refuge.

L'entrevue pourrait prendre jusqu'à 90 minutes. Nous déciderons ensemble du jour et de l'heure de l'entrevue.

Si vous désirez participer ou souhaitez plus d'informations veuillez contacter :

Stephanie Tomicic , Infirmière
Candidate au doctorat
Courriel : [REDACTED]
Téléphone : (à déterminer)

Si vous préférez, vous pouvez demander au personnel du refuge de me contacter de votre part pour arranger une rencontre.



Appendix Q: Interview Guide (English)

Demographics:

- Mother' age
- Number of children
- Child(children) age(s) and gender
- Marital status
- Who are they seeking shelter from: Husband/Boyfriend/Father/Other
- Education status: Not finished high school/High school diploma/Post- secondary/Other
- Employment status: Employed/Unemployed
- If so, part-time, or full-time
- Funding sources: Ontario Works/housing subsidy/ other

Primary question: "What is your experience living and caring for your children in a shelter?"

- What were the reasons for coming to this shelter?
- How long have you resided at this shelter?
- Have you lived in this shelter or any other shelter in the past?
- How many times have you moved in the past year/two years/three years?
- Tell me about your experience of caring for your children while living in a shelter?
- What services are available to you here? Do you use all of the shelter services? Which ones do you use or need most?
- What do you feel are the supports in place to help you care for your children in the shelter?
- What are the barriers to caring for your children while living in the shelter?
- How do you relate to the staff and the health professional in the shelter?
- Do you believe that your needs/your children's needs are met? If so, how? If not how so?

Appendix R: Interview Guide (French)

Données démographiques :

- Âge de la mère
- Nombre d'enfant(s)
- Sexe et âge de l'enfant/des enfants
- État civil
- De quelle personne cherchez-vous à vous réfugier : Conjoint/Ami de cœur/Père/Autre
- Éducation : Secondaire non terminé/diplôme d'études secondaires/études postsecondaires/autre
- Langue maternelle
- Autres langues parlées
- Nouvellement arrivée au Canada : Réfugiée/immigrante/autre
- Combien de temps demeurez-vous à Ottawa (ou au Canada en général)
- Statut d'employé : travailleur/sans emploi
- Si employée, temps partiel ou temps plein
- Sources de revenus : *Ontario au travail*/subvention au logement/autre

Question principale : Quelle est votre expérience de vie en tant que mère qui élève ses enfants dans un refuge?

- Quelles étaient les raisons pour lesquelles vous vous êtes réfugiée ici?
- Depuis combien de temps logez-vous dans ce refuge?
- Avez-vous déjà vécu dans ce refuge ou dans un autre refuge dans le passé?
- Combien de fois avez-vous déménagé dans la dernière année/les deux dernières années/les trois dernières années?
- Parlez-moi de votre expérience d'être maman pour vos enfants en vivant dans un refuge.
- Que signifie pour vous être maman? Croyez-vous que la notion d'être mère est différente pour une personne vivant dans un refuge avec ses enfants?
- Comment votre expérience de mère vivant dans un refuge est-elle pareille à celle de mère vivant à la maison? Comment est-elle différente?
- Quels services sont mis à votre disposition ici? Utilisez-vous tous les services du refuge? Quels sont les services que vous utilisez le plus et avez le plus besoin?
- Quels services de soutien vous sont offerts au refuge pour vous aider à prendre soin de vos enfants?
- Quelles sont les difficultés que vous rencontrez pour élever vos enfants en vivant dans un refuge?
- Croyez-vous que vos besoins et les besoins de vos enfants sont comblés? Si oui, comment? Si non, de quelle façon?
- Comment sont vos rapports avec le personnel et les professionnels de la santé qui travaillent au refuge?

Appendix S: Interview Protocol

1. Unstructured questions asked to guide the interview
2. One face to face unstructured interview with each participant
3. Listen without critique or censure
4. All interviews held in a private mutually agreed upon place
5. Interviews conducted at mutually agreed upon time
6. Duration of interview: 90 minutes
7. Consistent use of neutral and non-directive probes
8. Consistent use of tape recordings and field notes
9. Follow audit trail documentation and collection processes
10. Follow ethics and professional behavior
11. Consistent approach and manner
12. Confidentiality protocol

Appendix T: Examples of Neutral Nondirective Probes

- Please go on
- Are there any other reasons?
- How do you mean?
- Could you tell me more about that?
- Would you tell me what you have in mind?
- There are no right or wrong answers; I would just like to get your thinking/your point of view?
- Could you please explain further?
- Could you give me an example?