

Help or Hindrance? A Narrative Exploration of the Familial Relationships of an
Indigenous Woman Living in Northern Ontario

by

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Thesis submitted in partial fulfillment
of the requirements for the degree of
Master of Social Work (MSW)

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Abstract

In Canada, Indigenous women and parents have been over-represented in the homeless population (Menzies, 2006). Relatively little is known about the experiences, perspectives and needs of this population (Shaikh, Kauppi, Pallard, & Gervais, 2013). This narrative study uncovers the family life experiences of an Indigenous woman given the pseudonym “Sam”; she was living in Northern Ontario and had experienced homelessness. Both the *Listening Guide*, a qualitative voice-centered relational method of inquiry based on the work of Carol Gilligan, and traditional Cree Medicine Wheel teachings were utilized to analyze data. Results indicate that family members played roles both supportive and unsupportive to Sam. Family members were instrumental in the genesis of homelessness for Sam and in facilitating transitions into housing. I-poems derived from interviews with Sam reveal aspects of life in stages from childhood through to elder, and illustrate her relationships with immediate family (mother, father, siblings, son), extended family members (grandmother, aunts, cousins, grandchildren), partners and friends. The findings support the view that changes in social work practice and policy are required to ensure that services are culturally safe and relevant for Indigenous peoples, and allow for the full inclusion of family members and varied relationships within the lives of women living with homelessness.

Keywords

homelessness, indigenous, aboriginal, native, parent, mother, family, family support, family life, narrative, Listening Guide, Medicine Wheel teachings

Acknowledgments

I would like to thank Dr. Carol Kauppi and Dr. Emily Faries for their support in the completion of this thesis. I'd also like to thank Harish Sundararaju for technical assistance, and my work supervisor Tamara Dougan for being flexible and offering support along my thesis-writing journey.

To my friends Sherry Price, Allison McLaughlin-Verch, August McRae, Shannon MacLaggan, Tricia Dennis, Kylah Dobson, and Kate Mooney; and my sister Leana Carfagnini; all amazing mothers, who continue to inspire me each and every day. Thanks for all of your unconditional support.

And finally I'd like to thank Gary Thompson who listened when I needed a sympathetic ear, encouraged me when I faltered, and picked me up when I fell down. I love you.

I dedicate this work to "Sam", an amazingly strong and brave woman, mother and grandmother. May your story impact others' lives as strongly as it has mine.

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Chapter 1 – Introduction

Problem and Significance

In communities across Canada, many families are negatively affected by homelessness (Watson, 2011; Murray, 2011). Family homelessness in this country is seen as a growing problem with a wide range of devastating negative effects including the disruption of family life, education, relationships, and parenting (Shaikh, Kauppi, Pallard, & Gervais, 2013). Family homelessness is a complex issue, and the development of effective services and supports is a challenge due to the multivariate needs of this population.

It has been estimated that 235,000 Canadians experience homelessness every year, including 180,000 persons who access emergency shelters (Gaetz, Gulliver, & Richter, 2014). Families with dependent children make up an increasing proportion of the homeless population in Canada (Gould & Williams, 2010). One example of this can be found in the northern city of Timmins, Ontario, where two thirds of the absolute homeless population was made up of women with dependent children under the age of 19 years (Kauppi, Pallard, Lemieux, & Matukala Nkosi, 2012). Also on the rise is the number of homeless children; in the U.S. between 2011 and 2012, the number of school age children experiencing homelessness increased from the previous school year by 10 percent (Endres & Cidade, 2015). An indicator of rising poverty and need among families in Canada is the proportion of families among those who access food banks; nearly half are families with children (Food Banks Canada, 2015).

Indigenous peoples, and women in particular, are over-represented in the urban homeless population (Kauppi et al., 2014; Menzies, 2006). On any given night in Canada, almost 7 percent

of the Indigenous population is homeless. This statistic reveals the substantially higher risk of homelessness for Indigenous people, especially when it is compared with the national average of 0.78 percent (Belanger, Awosoga, & Weasel Head, 2013). Belanger and his colleagues recommend a national enumeration due to the fact that reliable data on this phenomenon are lacking; most of the available information is based on conjecture alone, making the average number of Indigenous families experiencing homelessness at any given time an unknown. Indigenous persons face many risk factors, which persist at higher rates than in their non-Indigenous counterparts, such as lower incomes and rates of employment than non-Indigenous people, and an inability to afford housing (Shier, Graham, Fukada & Turner, 2015). Without significant changes, this over-representation of homeless Indigenous people is likely to continue, as long as the risk factors for homelessness remain.

Homeless women make up about 22% of homeless people in most major Canadian cities (Schiff & Schiff, 2010). The evidence shows that the service and support needs of homeless women, in particular those with children, are both different than men's and diverse (Diblasio & Belcher, 1995). For instance, research has clearly shown that domestic violence has been strongly linked to homelessness in women, as women tend to be the victims and often flee the family home after being assaulted (Murray, 2011). Domestic violence shelters and support services were developed resulting directly from research findings that highlight the need for specific and tailored services for women.

The gendered nature of homelessness creates challenges in planning and support for homeless women and families. As homeless women's family lives change, so do their needs; for instance, when a child is returned to a mother's custody, or a baby is born, a woman may be in need of different or additional supports (Schiff & Schiff, 2010). It follows that the specific needs

of Indigenous women experiencing homelessness will also be different than those of Indigenous men's, as they are likely to shift with changes in family circumstances.

One of the key focuses suggested by Gaetz, Gulliver & Richter (2014) in report on the *The State of Homelessness in Canada 2014* is that this country needs more robust solutions for remedying Indigenous homelessness. Researchers have learned much about how to manage the problem of homelessness, and Gaetz et al. (2014) believe that now is the time to begin to focus on homelessness prevention.

It is understood that in many Indigenous traditions, the concept of "family" often includes extended family, including Elders and other community members (Richard, 2014). Indigenous families have strong family values and there is a collective sense of responsibility for children living within a community. Indigenous children are often raised by "aunties", cousins, or siblings as well as by their natural mother. Additionally, Elders may "adopt" children or youth who do not have strong family ties (Swimomish Tribal Mental Health Project, 1991). In the words of James Carpenter, Mushkegowuk Cree Elder, "everybody helped with the child rearing, even the man helped to deliver the babies. Everybody had a role to help in child rearing (...) the people took extreme care in bringing up a child" (Carpenter, 1999, p. 229). This shared parenting promotes the raising of children who embody tribal knowledge, values and ways of behaving common to their community (Richard, 2014).

One step in understanding how to better prevent homelessness in Indigenous peoples is to learn more about their family relationships, especially from those who have experienced homelessness. Relatively little is known about the experiences, perspectives and needs of homeless Indigenous women and mothers (Shaikh, Kauppi, Pallard, & Gervais, 2013; Thurston

& Mason, 2010). The purpose of this study was to uncover the various roles that family played in the life of the participant, Sam¹, an Indigenous, two-spirited woman in her mid-fifties who lived in Sudbury at the time of data collection, and who had experienced homelessness in many forms. Using the Listening Guide method of psychological inquiry I analyzed five interviews with Sam, to address research questions: What were the participant's experiences and relationships with family? How did they change over the lifespan? How did they affect her experience as it related to being, or becoming, homeless or rehoused? Which relationships does the participant identify as protective or nurturing? This study is important because it builds on the body of knowledge on homelessness in women and mothers and can be used to inform policy makers. The results can be used to develop family supports and homelessness prevention programming that empowers and supports the Indigenous community as a whole.

Chapter 2 – Literature Review

A literature review is conducted in order to consider whether a particular topic can or ought to be researched, and to limit the scope of a research project to a desired area of study (Creswell, 2014). A search of the published literature was completed to retrieve and review pertinent publications on the thesis topic.

Search Strategy

Laurentian University's online library was used to complete a database search. The search began search by first using the PsycINFO database followed by the Social Sciences option

¹ Sam is a pseudonym.

on Proquest to further broaden the search. It may be noted that 19 databases are amalgamated on the Social Sciences option. The main search terms used were homeless and homelessness, in various combinations with the following terms: mother, motherhood, woman, parent, parenting, family, Indigenous, Aboriginal, Native, relationship and shelter. A variety of studies were included in this initial and preparatory review, including meta-analyses, qualitative and quantitative studies. The purpose was to become knowledgeable in the area of family homelessness.

Homelessness: Historical Background

Sociologists have studied homelessness since the era in which homeless people were referred to as “tramps” (late 19th and early 20th century), and the Great Depression (1930s) and skid row (1940 to 1970) periods in North America. The research resulted in a renewed social interest in those whose lives were affected such that they were without shelter (Lee, Tyler & Wright, 2010). Since those times homelessness, recognized as being a major social issue, has become a topic of popular study in the social sciences (Shaikh et al., 2013). Popular stereotypes, such as the view that homeless persons are mostly men, suffering from addictions and mental health, and living in impoverished urban areas have been discovered to be inaccurate and misleading (Averitt, 2003). Due to factors such as their “self-protective invisibility” and mobility, minimal studies had been published about homeless women prior to the 1990s, and the small number of existing studies had small sample sizes and limited recruitment locations (Anderson, Boe & Smith, 1988). However, we now know that females, youth and families make up an increased number of the homeless and precariously housed. In Canada 40% shelter of residents are mothers with children (Shaikh et al., 2013).

Literature Review Results

Although the current thesis focuses on an Indigenous mother who has experienced homelessness, there was not enough literature on this particular population for the literature review to be considered thorough and reach saturation using Indigenous mothers as the sole inclusion criteria. Research on non-Indigenous mothers—found to be much more abundant in the literature—was included.

Eight themes were revealed in the review of the literature on mothers who have experienced homelessness; they included (1) parenting and identity, (2) strengths and coping, (3) social and family support, (4) mental health and addictions, (5) trajectories to homelessness, (6) shelter and housing, (7) risk factors and characteristics, and (8) interventions, services and policy. Each of these themes emerged after an extensive search of the literature, and they are linked because each theme represents a different aspect of the lived experiences of homeless mothers. They are the umbrella topics that were uncovered, under which various other sub-themes exist and are explored in the relevant literature.

Figure 1 illustrates these themes. A “research map” is recommended by Creswell to visually depict the research that has been done to date in the subject area chosen (2013). The current research on homelessness amongst women who are mothers shows a focus primarily on the non-Indigenous population.

Striving for cultural competence in research about Indigenous people is vital. Because the research question asks specifically about Indigenous experiences with family, I use a framework that reflects the culture of the participant. In striving for an Indigenous approach to understanding relevant findings, the Medicine Wheel was used as a holistic framework and

conceptual model to organize my literature review. The Medicine Wheel is a sacred Indigenous framework, used in various ways in Indigenous social work as well as in countless other settings, to promote the healing of communities, families and individuals (Bell, 2014; Wenger-Nabigon, 2010). According to Bell (2014), the Medicine Wheel is thought to be linked to ancient stone constructions found on Medicine Mountain in Wyoming, USA. However, Chapman (1999) notes that as many as 150 medicine wheels have been found in various locations in the USA and in Saskatchewan and Alberta. Bell (2014, p. 2) emphasized a flexible approach to incorporating the Medicine Wheel into teaching and learning:

While there is some variation in its teachings and representations, the underlying web of meaning to Medicine Wheels remains the same: the importance of appreciating and respecting the ongoing interconnectedness and interrelatedness of all things. Therefore, there is no “right” or “wrong” way of representing or using Medicine Wheels: all forms hold particular meaning to the various Indigenous nations while all transmit a common understanding of the interconnectedness and interrelatedness of all things.

The Four Sacred Directions, Doors, or quadrants are depicted by the quadrants of the Medicine Wheel (Nabigon & Mawhiney, 1996). Traditionally, each Direction has been ascribed one of the Sacred Colours, which also represent the four races of mankind: Yellow for the East, Red for South, Black for West and White for North. Traditional Cree teachings speak of the four races originating and living peacefully on the same body of land before the land split up into what we now categorize as continents. The Doors locate the areas in an individual, family or community which need to be in harmony in order to promote health, growth and positive development.

By using this Indigenous model to categorize my literature review, I was able to identify the gaps that become apparent when using a holistic perspective (see Figure 1). Upon quick visual examination of the various themes and topics as depicted in Figure 1, the North Door quadrant appears somewhat bereft, encompassing only one theme, Interventions, Services and Policy. However, this particular theme uses and refers to the studies in the remaining seven themes, and can be seen as a culminating theme, synthesizing results from the others to develop effective interventions. It is also worth noting that most of the studies found in the process of reviewing the literature were conducted with participants living in homeless shelters. Each theme and the rationale for its placement in a chosen quadrant will be explored in detail in the paragraphs that follow.

Parenting and Identity.

The East quadrant of the Medicine Wheel represents the spiritual sphere. Unconditional love, guidance and leadership are some of the lessons governed by the East (Bopp, Bopp, Brown, & Lane, 1989). It is the sphere of relationships with family, community and oneself (Wenger-Nabigon, 2010). The theme of parenting and parenting identity are placed into this quadrant.

A mother's role as a parent and maintainer of family routines and rituals, so essential to ensuring predictability, stability and consistency for children experiencing homelessness, is reported to be very difficult to maintain in a shelter environment given the numerous rules and expectations (Satterwaite-Mayberry, Shinn, Benton, & Wise, 2014; Shultz-Krohn, 2004). Parents who participated in research often reported that their ability to maintain family routines and parent their children was greatly impeded by the various shelter rules about mealtimes and food, discipline, and scheduling (Satterwaite-Mayberry et al., 2014).

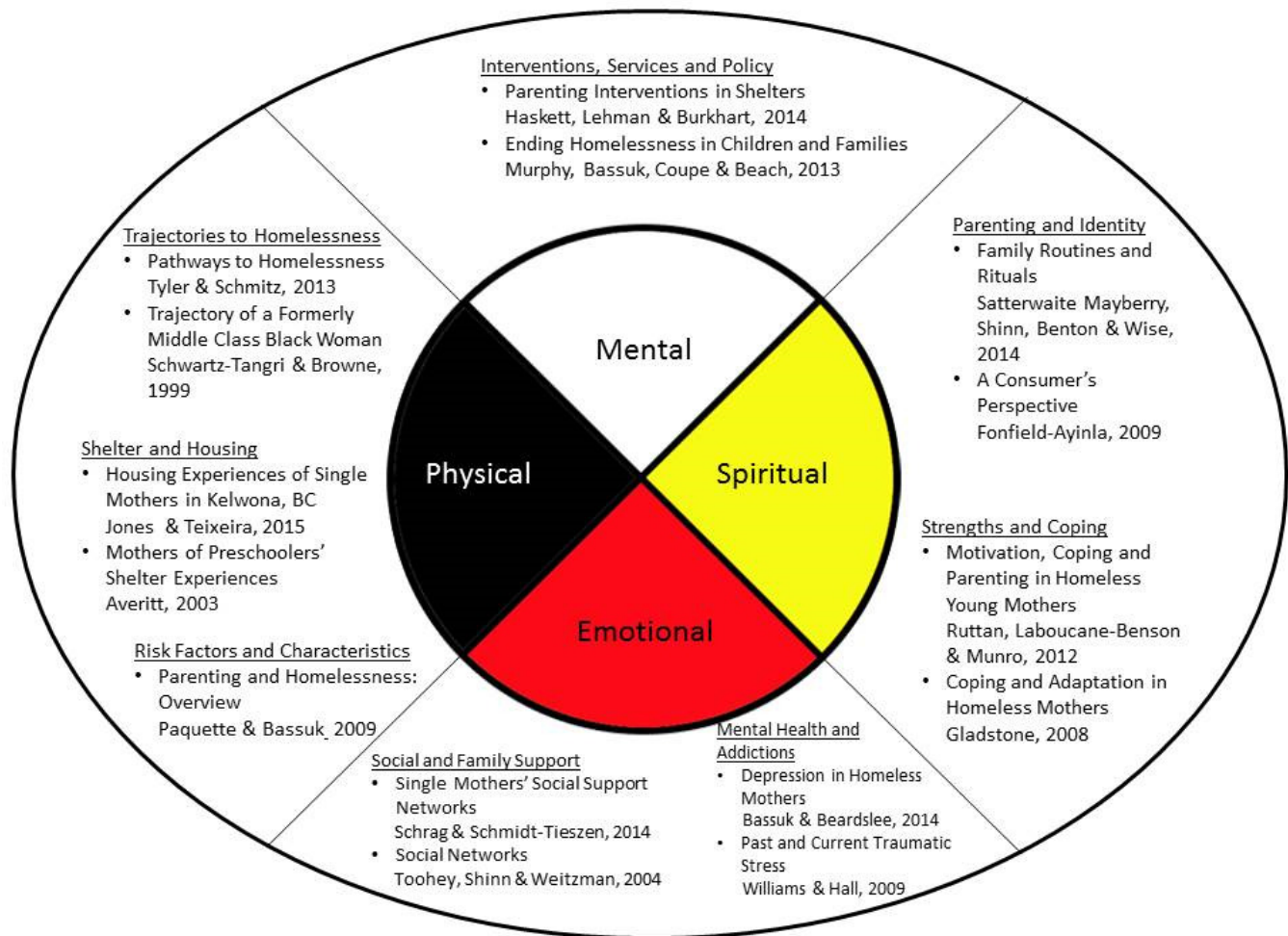


Figure 1. Literature map outlining the themes identified through the development of the literature review on mothers who have experienced homelessness, and examples of articles for each theme.

Parenting was often negatively impacted by a lack of family space and a general lack of privacy (Satterwaite-Mayberry et al., 2014). Boxhill and Beatty coined the term “public mothering” to describe the phenomenon whereby parents were unable to interact privately with their children (1990). Often, mothers have felt that they had to, in a sense, hand over parental

authority to shelter staff upon admission to the emergency shelter (Thrasher & Mobray, 1995; Choi & Snyder, 1999; Lindsey, 1997). Parental experiences of having been reprimanded for a breach of house rules in front of their children further diminished that sense of parental control with regard to their children, and such experiences were often perceived by parents as demeaning or disempowering (Banyard, 1995; Scherer, 1993).

Restrictions placed on homeless children's play and play space affect parents' ability to encourage positive development (Fonfield-Ayinla, 2009; Satterwaite-Mayberry et al., 2014). It is known that parent-child relationships are positively correlated with child self-regulation and adaptation, and that parents have a central role in shaping child development, making it crucial that shelters give them more autonomy and an increased sense of self-efficacy (Gewirtz, DeGarmo, Plowman, August, & Realmuto, 2009; Herbers, Cutuli, Supkoff, Narayan, & Masten, 2014).

In the meta-analysis by Meadows-Oliver (2003), protective mothering was found to be an important theme in the literature on parenting in shelters. Protective mothering is described as the various guarding behaviours employed by mothers to keep their children safe from harm. During a stay in a homeless shelter, protective mothering is a constant and necessary activity. Concern for the physical safety of the children was often seen as a shared responsibility between all the mothers in the shelter, and when this occurred it gave mothers a sense of security (Meadows-Oliver, 2003). Protective mothering also includes sheltering children from emotional harm (Fogel & Dunlap, 1998, as cited in Meadows-Oliver, 2003). Mothers often perceived themselves as unable to shield children from their own highly emotional reactions; at times this resulted in children being sent to stay with relatives (Meadows-Oliver, 2003).

There is a subset of research focusing on mothers who are homeless and adolescent. These women believed in putting their children's needs before their own, and in wanting to teach their children to respect rules and to behave. However many spoke about not wanting to use their own mothers as role models for their own parenting (Dworsky & Meeham, 2012; Levin & Helfrich, 2004). These young mothers, many of whom were making efforts to work towards positive goals, wanted a good future for their children (Levin et al., 2004; Styron, Janoff-Bulman, & Davidson, 2000).

Multiple risk factors have been identified which put homeless mothers at higher risk for poor quality parenting, including financial strain, chronic medical conditions (Weinreb, Buckner, Williams, & Nicholson, 2006), or conflict with their social supports (Marra, McCarthy, Lin, Ford, Rodis, & Frisman, 2009). Many homeless mothers describe having had limited positive role models, often due to childhood abuse (Bassuk, Weinreb, Buckner, Browne, Salomon, & Bassuk, 1996; Swick & Williams, 2010); this childhood abuse may also negatively affect a mother's ability to have emotionally open and supportive relationships with her own children (Gorzka, 1999; Swick et al., 2010).

Strengths and Coping.

The strengths and coping theme is located in the East Door, where themes of vision, purpose and direction dominate (Absolon, 2010; Wenger-Nabigon, 2010). Placing the theme here is in line with this quadrant's teachings that the ability to reduce stress, through laughter, sharing or other means of self-expression, is essential for the maintenance of mental health (Wenger-Nabigon, 2010). As Absolon describes it, the East Door "denotes recognition that

Indigenous people are in a state of resurgence and revitalization (...) recovering, re-emerging, and reclaiming our knowledge base” (2010, p. 78).

Numerous strategies and coping skills have been identified by sheltered mothers, such as reading, writing, being “strong” or “strong-minded”, and talking to others about their struggles (Cosgrove et al., 2005). It was shown that sheltered mothers with at least one child used coping skills such as doing something to confront the problem, getting social support, maintaining patient endurance, and using positive thinking (Banyard, 1995). In order to keep themselves positive, another group of homeless women identified a number of goals they had for themselves, such as going back to school, future employment, or obtaining specialized training (Cosgrove et al., 2005). It has been found that significant attempts were made by sheltered mothers to maintain connections with service providers and faith communities, leading to feelings of hope and perseverance (Schultz-Krohn, 2004). It seems clear that many of these mothers have the ability to use some skills and strengths in order to cope with the myriad stressors present in their lives.

A group of young mothers transitioning out of homelessness were found to hold the idea that becoming pregnant or having a baby was a significant motivator in attempts to find housing (Ruttan, Laboucane-Benson, & Munro, 2012). Having a baby or toddler to care for often led young mothers to seek what they considered to be healthier coping strategies, such as smoking marijuana instead of using hard drugs (Ruttan et al., 2012). Taking prescribed medication, participating in parenting skills training, and having access to helpful information were identified by young mothers as enhancing their ability to cope (Ruttan et al., 2012).

Social and Family Support.

The theme of social and family support was placed into the East quadrant of the Medicine Wheel, where teachings include companionship, trust and guidance (Bopp et al., 1989). The East Door teaching offers encouragement for reaching out and obtaining help from others in order to achieve and be successful in life.

Social support in the literature is either a focus of study, or an identified coping skill used by homeless mothers. Having social supports has been shown to generally improve the ability of homeless mothers to parent consistently; the maintenance of these social connections is often reported to be a survival strategy of choice (Meadows-Oliver, 2003). However interpersonal conflict, when combined with limited levels of social support has been found to undermine this positive effect (Marra et al., 2009).

The social support networks for homeless mothers living in a homeless shelter have been studied; generally mothers had negative perceptions of their support networks, because they generally felt that others did not care about them (Schrag & Schmidt-Tieszen, 2014). Many participants perceived themselves as victims, and there were significant issues around trusting others. In other studies, social support networks were found to be limited in homeless mothers living in shelters (Howard, Cartwright & Barajas, 2009; Vostanis, Tishler, Cumella, & Bellerby, 2001), thus increasing the risk of child maltreatment (MacKenzie, Kotch, & Lee, 2011).

The search for literature on the topic of positive family support or relationships in homeless women and mothers produced meagre results. Articles described women's experiences of alienation from family members while staying in women's shelters (e.g., Johnson, 1999), and how shelter life affects a mother's experience with her own children (e.g., Boxhill & Beatty,

1990). Schrag and Schmidt-Tiesen found a dichotomy indicating that participants tended to see family as either supportive or not (2014). It has been shown that family support is associated with better mental health in homeless mentally ill participants, and with positive housing outcomes with youth (Mayock, Corr, & O'Sullivan, 2011; Wood, Hurlburt, Hough, & Hofstetter, 1998).

Family caregiver satisfaction has been studied among those who care for a homeless relative. It has been linked to greater satisfaction and reported in those caregivers who are well supported socially and who have good access to care for themselves as well as their family members (Polgar, 2009). There is reportedly increased stress amongst those who spend a great deal of time and money in offering up this support (Polgar, North & Pollio, 2009).

The relationship between past and present family relationships has been explored, along with the interplay between these and a woman's sense of identity, and parenting perspectives (Williams, 2009). Negative past family experiences related to alcoholism or mental health problems in a parent have been highly reported in Indigenous caregivers who had experienced homelessness (Whitbeck, Crawford & Sittner Hartshorn, 2012). Much of the research on family relationships in homeless people's lives focuses on negative aspects. Family relationships can play a positive role in the lives of the homeless, but the extent to which this is possible requires further research to uncover, and a detailed analysis of the complexities of the family lives of homeless mothers has yet to be completed.

Mental Health and Addictions.

The South quadrant of the Medicine Wheel focuses on sensitivity, feelings, and the ability to use self-control (Bopp et al., 1989). Core teachings of this quadrant include the

overcoming of personal emotional challenges such as shame, anger and powerlessness, as well as the development of self-respect and self-esteem (Wenger-Nabigon, 2010). The theme pertaining to mental health and addictions is placed here because the teachings explain that, when the concerns of this quadrant are neglected in a person's life, problems with emotional regulation and behavior can result (Bopp et al., 1989).

Mothers who experience homelessness frequently also struggle with addictions or other mental health problems (Zlotnick, Tam, & Bradley, 2007). One fifth of the Indigenous mothers experiencing homelessness in a longitudinal study across the United States and Canada met the criteria for lifetime drug or alcohol abuse or depression (Whitbeck, Crawford, Sittner Hartshorn, 2012). More than half of the sheltered homeless mothers in another study had a life-long mental health problem, and regularly experienced depression, hallucinations, thoughts of suicide, memory problems, anxiety, or violent behavior (Zlotnick et al., 2007). In the same study, mothers who lived apart from their children were both more likely to use psychiatric medication and to experience alcohol abuse-related problems such as tremors (Zlotnick et al., 2007). Moreover, Williams and Hall (2009) found that post-traumatic stress disorder (PTSD) affected two thirds of homeless women at the time of their interview; most women had suffered multiple traumatic stressors in their lives (Williams & Hall, 2009).

There have been explorations on the link between homeless mother's mental health and their children's outcomes in a number of areas. A mother's mental health symptoms have largely been identified as affecting her children's adjustment and development negatively (Gewirtz et al., 2009). Higher rates of depression than in the general population have been found in homeless mothers, and children being cared for by a depressed parent experience poorer outcomes in areas such as mental health, physical health, and education (Bassuk & Beardslee, 2014). Family

processes, such as within-family support and parental monitoring, were lower for youth living in shelters, and those youth reported higher levels of use of substances, as well as the use of multiple substances (Bannon et al., 2012).

Trajectories to Homelessness.

In some teachings, the West quadrant of the Medicine Wheel represents perseverance when facing a challenge (Bopp et al., 1989). It is also the quadrant representing the stage of life of being an adult, having gone through the stages of childhood (East) and adolescence (South) (Wenger-Nabigon, 2010; Whiskeyjack, n.d.), making it a good fit for the theme pertaining to trajectories into homelessness.

In the current study, included in this theme is literature which focuses on the various pathways a mother may follow prior to becoming homeless. Mothers who are homeless often have pre-homelessness experiences of abandonment, transience, substance use, maltreatment, and witnessing domestic abuse (Finfgeld-Connett, 2010). These women often report that they opted to leave their childhood homes, at a young age, to search for alternative living arrangements (Tyler & Schmitz, 2013). Escape from intimate partner violence, barriers to housing (Burlingham, Andrasik, Larimer, Marlatt, & Spigner, 2010), foster care (Zlotnick, 2009), poverty, neglect, physical and sexual abuse (Styron, Janoff-Bulman, & Davidson, 2000), job loss, and eviction (Averitt, 2003) are additional preceding factors to homelessness for mothers found in the research. Trajectories marked by a number of different living arrangements including home, foster care, drug rehabilitation centers, and detention facilities are often reported by homeless young parents (Tyler et al., 2013).

Shelter and Housing.

The Western quadrant of the Medicine Wheel represents the physical domain, and a person's sense of community and of belonging (Bopp et al., 1989); it is an appropriate position for the theme of shelter and housing experiences. Important lessons of the West include the development of a sense of respect for the self and others, community relationships, and humility (Wenger-Nabigon, 2010).

A well-developed area of study pertains to mothers' experiences in emergency shelters. Women with children who live in women's or homeless shelters often disclose negative experiences while residing there. Many perceive the multiple rules and regulations of the shelter as separating the family by not allowing in males above a certain age (Zlotnick et al., 2007) and as a barrier to obtaining housing (Burlingham et al., 2010; Schultz-Krohn, 2004). The lack of privacy in these living arrangements is difficult for many women (Dashora et al., 2012), as is the loss of parental and personal freedoms (Finfgeld-Connett, 2010). Shelter staff were often perceived as rude, insensitive, or critical of these mothers' parenting (Banyard, 1995; Choi & Snyder, 1999). Mothers of preschool children often elaborated on their perceptions about a lack of caring by staff and society, the stigma they faced, and an overall, pervasive sense of powerlessness (Averitt, 2003). Jones and Teixeira describe the difficulties experienced by homeless mothers looking for affordable housing in Kelowna, British Columbia, where much of the housing options are small, costs are prohibitively high, and discrimination against potential tenants is rampant (2015).

The literature provides a narrative example from a mother who has experienced homelessness, making it unique because it was written from the perspective of the receiver of

services (Fonfield-Ayinla, 2009). Considerable personal detail is given as this woman describes the difficulties and challenges experienced while she and her daughter navigated through the maze of services for the homeless. Physical discomfort, a lack of options and resultant feelings of powerlessness, the imposition of “dehumanizing” rules and regulations at homeless shelters, and complex experiences involving the child welfare foster care system are described. Based on her first hand experiences, the author recommends a move towards individualized service plans, and a move away from depersonalizing labels such as “client” or “case manager” by all service providers who work with the homeless population (Fonfield-Ayinla, 2009).

In a study of homeless parents in northern Ontario, Kauppi, Pallard, Shaikh & Faries (2014) reported that, compared with mothers, fathers, more often identified challenges or barriers related to services but fathers also made more positive statements about the benefits of services due to the provisions for basic needs, helpful connections to social support networks and facilitation of financial supports and subsidies. A positive theme identified equally by homeless mothers and fathers pertained to gratefulness for the helpful attitudes and supportive behaviours of workers in the homelessness service sector.

Risk Factors and Characteristics.

This theme describes what characteristics homeless mothers have in common, and what puts a mother at risk for becoming homeless. Personal development, becoming an adult and developing community relationships are qualities associated with the Western quadrant while vision, purpose and direction are associated with the South (Wenger-Nabigon, 2010). Since some attributes of the two quadrants are similar, the theme of risks was located in the Western quadrant of the Medicine Wheel, but it may be situated closer to the Southern quadrant.

Single mothers in their mid-twenties with two dependent children make up the majority of families that are experiencing homelessness in the U.S. (Paquette & Bassuk, 2009). The overwhelming majority of mothers experiencing homelessness were victims of sexual or physical abuse during their lifetime (Paquette et al., 2009). Homeless mothers as a group also experience high rates of mental health problems (Arangua, Andersen, & Gelberg, 2005; Shinn, Weitzman, Stojanovic, & Knickman, 1998; Weinreb et al., 2006), are three times more likely to have PTSD (Weinreb et al., 2006), and up to 30 to 40 percent have a history of substance abuse (Bassuk et al. 1996; Weinreb et al., 2006). Mothers using homeless or women's shelters are more likely to be experiencing depression (Molnar, Rath, & Klein, 1990), often have at least one chronic health problem (Bassuk et al., 1996) and are also more likely to have experienced neighborhood and domestic violence (Buckner, Bassuk, & Zima, 1993).

Interventions, Services and Policy.

Themes relating to interventions, service needs and policy are located in the North quadrant of the Medicine Wheel. This quadrant encompasses the mental realm, including intellectual aspects and the gathering of information needed in order to create change (Bopp et al., 1989), as well as advocacy, teaching and knowledge exchange in general (Windego, 2015) and that there is healing in being, and doing (Absolon, 2010). Fittingly, many of the articles under this theme were written with the goal of making evidence-based recommendations for services and policy for homeless mothers and families.

Two comprehensive meta-analyses, by Finfgeld-Connett (2010) and Meadows-Oliver (2003), focused on the services offered to homeless women living in shelters. The services that were most highly valued by the homeless mothers in the studies included in the analyses were

those relating to physical and mental health care and child care assistance (Finfgeld-Connett, 2010). Based on their analyses of the relevant literature, these authors suggested strengths-based approaches that focus on the creation of new connections to available services at early stages, the empowerment of homeless mothers, and the reinforcement of parents' own problem-solving techniques when developing programs for this population (Finfgeld-Connett, 2010; Meadows-Oliver, 2003). Consistent with this, family focused, inclusive and trauma-informed approaches are recommended when working with this vulnerable population (Zlotnick, 2009), while victim-based or deficit-oriented intervention modalities are to be avoided (Cosgrove & Flynn, 2005). Including homeless women as part of the development of programming for themselves and their families is essential to ensure success (Cosgrove & Flynn, 2005).

When helping families transition out of homelessness, social workers have an important role to play along with other front-line service providers such as nurses (Lindsey, 1997). The research shows that many mothers accessing homeless shelters held negative views of service providers in general; they often felt that workers needed specialized training prior to working with the homeless population, in order to better meet their needs (Cosgrove et al., 2005; Dashora, Slesnick, & Erdem, 2012; Sznajder-Murray & Slesnick, 2011; Zlotnick, 2009). Service providers are urged to use a more holistic approach, taking into account homeless mothers' individual circumstances and cultures when developing interventions or services for them (Finfgeld-Connett, 2010). However, as noted above, homeless mothers in northern Ontario were appreciative of the efforts of workers to support them. The nature of service provision in northern Ontario—with its smaller urban centres and smaller service sectors—may account for differences between the findings of studies conducted in larger urban centres characterized by larger numbers of homeless women/families and larger service sectors.

One systematic review of the literature on family homelessness and housing interventions exists (Bassuk, DeCandia, Tsertvadze, & Richard 2014). The authors reveal that, overall, evidence-based practices are not being widely used with this population, and that housing interventions are not improving housing stability. Another finding was that employment and housing programs geared towards homeless families resulted in wage earnings that were largely insufficient to cover housing costs, although employment outcomes often did improve overall (Bassuk et al., 2014).

Statement of the Problem and Definitions

Statement of the Problem.

Based on the review of the literature, it appears that the topic of the family life experiences of Indigenous mothers who have experienced homelessness has not been captured in the form of a published, peer-reviewed study. The purpose of the proposed narrative study was to explore and describe the family relationships over the lifespan of an Indigenous woman and mother who has experienced homelessness. This was accomplished by analyzing a series of interviews through the application of the *Listening Guide* method (Doucet & Mauthner, 2008) in combination with the use of the Cree Medicine Wheel teachings as described by Nabigon and Mawhiney (1996) and others, as well as the Cree Medicine Wheel framework for understanding human development as developed by Wenger-Nabigon (2010). This study will contribute to filling this gap in the available data and contribute to the further development of a scholarly body of knowledge.

Definitions.

For researchers, operationalizing homelessness has been contentious work (Lee, Tyler & Wright, 2010). At the level of government and social services, the development and enforcement of such definitions has the potential to shape policy and practice in ways that can facilitate or hinder the provision of social services by creating approved recipients and/or excluding others (Schiff, 2003). Similarly, such definitions affect research by altering inclusion and exclusion criteria, which in turn will affect results.

The literature reveals many ways of classifying and defining homelessness. Believing that homelessness is a complex problem in need of a common language both useable and understandable, the Canadian Observatory on Homelessness created a “Canadian Definition of Homelessness”:

“Homelessness describes the situation of an individual or family without stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it. It is the result of systemic or societal barriers, a lack of affordable and appropriate housing, the individual/household’s financial, mental, cognitive, behavioural or physical challenges, and/or racism and discrimination. Most people do not choose to be homeless, and the experience is generally negative, unpleasant, stressful and distressing.” (Canadian Observatory on Homelessness, 2012, para. 1).

Researchers have developed typologies of homelessness. In “The State of Homelessness in Canada 2014” the authors describe four categories of persons experiencing homelessness descriptive of the length and severity of the experience (Gaetz et al., 2014). The first category described by Gaetz and colleagues is the “provisionally accommodated”; this category refers to

persons who stay with friends, relatives or others they know. This form of homelessness is also known as “doubling up”. Those who use emergency shelters are considered to be “transitionally homeless” by Gaetz et al. For this group, homelessness generally occurs as a one-time event. This accounts for the largest share of the homeless population in Canada, about 88 to 94 percent. Those who have moved in and out of homelessness for under one year or who may have had several episodes of homelessness over the past few years are considered to be “episodically homeless” by Gaetz and colleagues; 3 to 11 percent of the Canadian homeless population fall into this category. The final category is the “chronically homeless” and this category refers to those who have been homeless for years at a time, and accounting for 2 to 3 percent of the homeless population (Gaetz et al., 2014).

Other categories exist that describe the range of shelter and housing experiences. Those that are “unsheltered” typically sleep out of doors; this is also known as “sleeping rough” (Gaetz, Gulliver & Richter, 2014). Those that are “emergency sheltered” are sleeping in homeless shelters or violence against women shelters. Provisionally housed individuals or families, as described above, stay with friends or relatives. This category also includes those who live in institutional settings or in interim housing. The “precariously housed” are people whose housing situations, lack of support or other factors make them vulnerable to becoming homeless.

The above-mentioned definitions have been adopted by Dr. Kauppi and her team at the Poverty, Homelessness and Migration (PHM) project of the Center for Research in Social Justice and Policy, at Laurentian University, where I completed this study (Kauppi et al., 2014). This group of definitions includes those persons who are vulnerable to becoming homeless, or precariously housed, a group worthy of inclusion since they are more likely than others to move into other types of homelessness.

Kauppi et al. define a homeless family simply, comprehensively and inclusively as comprising at least one homeless person, whether adult or under the age of majority, with one or more dependent children (2014). For the purposes of my literature review and study, I employed this definition of a homeless parent of any age, modified slightly to include varied circumstances in which they may be a biological parent, guardian, foster parent or another full-time caregiver for a child. In Indigenous populations, parenting often involves multiple generations, extended family members and family friends (Kauppi et al., 2014), making this definition a good fit. Unfortunately, most of the studies reviewed in preparation for this proposal did not use this same broad definition, making it likely that some statistics and results may differ from those that might have been obtained had the more inclusive definition of the PHM team been used.

A family member in the current study includes blood relations such as mother, father, siblings, aunts, or cousins. However Indigenous people often include in their families those who are tied by clan, family friends, and even Elders (Richard, 2014); hence, all people that the participant identifies as a family member will be included as members in her family and included in the analysis.

Research Questions.

The following research question will guide the proposed study: What are the family experiences of an Indigenous mother who has experienced homelessness and who lives in the Sudbury, Ontario area? Other questions of interest include: How does the participant define family? How did family relationships affect her experience as it relates to being, or becoming, homeless or rehoused? How did various family relationships change over the participant's lifespan? Which family relationships does the participant identify as protective or nurturing?

Chapter 3 – Research Design and Procedures

Methodology

A qualitative research design was used in order to best answer the research question. A qualitative research approach is chosen when a researcher wants to discover the way that individuals or groups of people understand or ascribe meaning to various problems, and is particularly useful when the focus is on oppressed populations (Creswell, 2014). The researcher is given flexibility to be inductive in her attempts to describe the complexities of a problem. Themes can be developed as the data is collected, and built from the observations gathered. Qualitative research is grounded in natural settings (Creswell, 2014).

The narrative approach is one of a variety of qualitative approaches to inquiry, and will be used in the proposed study to uncover the family experiences of the participant. Described as the gathering of an individual's lived and self-told stories or experiences (Creswell, 2013), narrative research allows the researcher to focus in great depth on a single participant, or a small group of participants. The focus of study can be on the collaboration or co-creation of the story through the interaction with the researcher, participants' individual experiences, the chronology of a person's stories, the identity of the participant, or any combination thereof. Interviews are primarily used in narrative study, but observations, pictures or other documents can also be included (Creswell, 2013). This approach is strongly collaborative, in that the researcher pays close attention to her interactions with the participant(s) and the dialogue (Creswell, 2013).

The use of narrative in research is widely used due to its strengths as a method. It is a valuable means to uncovering the various layers of experience that are embedded within the context of a person's life story (Milligan & Jones, 2010). The ethical aspects are often revealed

through a participant's descriptions and explanations in the telling of the story. A thoroughly human way to collect information, narrative approaches allow for the discovery of private interpretations and beliefs, through structured or semi-structured conversation. It is particularly relevant to this study with an Indigenous participant, due to the strong tradition of storytelling and oral history in Indigenous cultures (Hart, 1999).

This project will be conducted from a culturally safe, sensitive and informed perspective. Indigenous peoples from around the world have had a long history of negative experiences with academic research; it continues to be associated with colonialism, imperialism and exploitation (Tuhiwai Smith, 1999). Research had largely been conducted without consideration for the impact it may have had on Indigenous populations, and the perspective taken by the researchers was largely Western. Cultural safety is a concept that arose through changes made by nurses working with the Maori population, aiming to recognize their cultural needs and orientation (Wilson & Neville, 2009). A culturally safe researcher reflects extensively on her own cultural orientation and how it may impact the research process from start to finish, and one who aims to empower and include the participants in the research agenda and process.

Following this approach, from the point of data collection up to and including the analysis and conclusion, I attempted to uncover my own personal biases and assumptions through the use of reflection. Detailed notes were taken throughout the data collection process, describing my assumptions and reactions to the material in the data.

In order to prevent an exacerbation of inequality, or a negating of the participant's socio-cultural reality, and to ensure that the results of the study are beneficial overall (Wilson & Neville, 2009), I employed various techniques to ensure cultural safety. I used a feminist

approach which relies heavily on reflexivity—the Listening Guide—to be described further below. In the development of my analysis, I endeavored to remain unbiased and culturally informed by drawing upon readings and information from a variety of sources about traditional and contemporary Indigenous family practices and parenting in Canada. I also used direct quotes frequently in order to avoid diluting the true meaning of what the participant was conveying.

Setting and Sample

In the current thesis, this researcher joined the research team and to analyze data collected within the Poverty, Homelessness and Migration (PHM) project. “Sam”, a two-spirited Indigenous woman and mother in her mid-50s, were living in a community within northern Ontario at the time of the interviews. Throughout her life, she was almost consistently precariously housed or provisionally accommodated. Sam participated in a series of five interviews with a graduate student as part of the PHM study. Sam was chosen because she has experienced homelessness, met the criteria required for my study (e.g., has experienced homelessness, describes family experiences, is in the late phase of life), and because of the great depth and breadth of the interviews she took part in.

Instruments and Measures

In the current study, five interview transcripts were analyzed. Sam was interviewed in various locations where she felt comfortable, such as a private space at a local Indigenous health center, in a local park, and in her home.

There are several advantages to using interviews for data collection, including giving the researcher some control over the questions asked, and allowing the participant to describe her

thoughts, feelings and experiences directly from her perspective (Creswell, 2014). There may be some drawbacks to using this type of data, such as limitations pertaining to a participant's level of reflection on experiences, willingness to share perspectives or degree to which ideas are verbally articulated. In particular, for this study where secondary data was used, the nuances of tone, body language and facial expression were lost when the interview was recorded and transcribed (Creswell, 2014). In this thesis project, I employed the Listening Guide (Doucet & Mauthner, 2008) to analyze the data. The guide for the analysis was the research questions themselves, as is explained below in the section entitled "Listening Guide".

Strategies for Validation of Findings

Various validation strategies were employed in the study. Firstly, to convey findings, rich and thick description was used. When a generous amount of detail is offered, it adds the element of a seemingly shared experience, and it allows the reader to become closer to the setting. Providing a variety of perspectives on a theme adds realism and texture to the discussion (Creswell, 2014). Negative or discrepant information was also used as a validation tool. Contradictory information to the main findings has been presented to increase credibility (Creswell, 2014).

In qualitative studies, personal bias must be extirpated as much as possible from the interpretation of the data. This gives the researcher an additional responsibility to employ methods of self-disclosure in order to ensure that pertinent issues of personal biography are revealed (Creswell, 2013). Reflexivity such as this is an integral characteristic of qualitative research.

Relevance of Personal Biography

I grew up in the West Island of Montreal, Quebec, in a lower middle class family. My cultural background is Italian, Irish, Welsh and English. At 17 years of age I moved out of my parents' home. This was followed by a brief period of couch-surfing in late adolescence. I lived in the Plateau Montreal area for over ten years, and in my neighborhood I got to know several "street people". I became interested in documenting their circumstances, and I often photographed local street people in the late 1990s. I have a CEGEP diploma in photography from Dawson College, as well as a Bachelor of Arts with Honours in Psychology from Concordia University.

Ethical Considerations

The study is part of the Poverty, Migration and Homelessness study. As a research team member, the analysis was based on data collected by another researcher from the interdisciplinary team. I was required to sign a confidentiality agreement as a member of this research team. It was expected that I would adhere to guidelines on the proper handling of the data provided to protect the participant's privacy and to maintain confidentiality. The participant's name has not been revealed; a pseudonym was used ("Sam") and any identifiable data, such as where the participant currently lives or where she was born, was also modified.

As the interviews make up part of an ongoing research project, ethical approval through the Laurentian University Research Ethics Board has already been received. In any research study involving humans, one must ensure that participants understand that participation is voluntary, that informed consent is given, and that overall no harm is done (Lemieux, 2015). The interviewer who conducted the interviews used in the study ensured that the participant

understood, in plain language, that she could end the interview at any point and that her stories would be kept confidential. A description of the purpose of the researcher's project was also provided to the interviewee, as well as the name of the lead researcher, Dr. Kauppi, so that the participant would be able to contact her for any reason.

Approach to the Analysis of Data

Having at its roots the ideas of Marx, Adorno, Marcuse, Habermas and Freire, as well as feminist theory (Neuman, 2009, as cited by Creswell, 2014), the transformative worldview, was used as the philosophical framework for the proposed study. Going beyond the constructivist worldview, which imposes structural laws and theories that do not fit well in the study of marginalized populations in our society, transformative researchers advocate for an action agenda, focus on the needs and inequities faced by the disenfranchised, and make attempts to link both social and political action in the development of change (Creswell, 2014).

Annie Wenger-Nabigon's development of the Cree Medicine Wheel as a framework for understanding human development served as another theoretical context that was used to guide my analysis (2010), with additional support of other writings on the topic of the Medicine Wheel (e.g., Absolon, 2010). Concepts of human development are explored by Wenger-Nabigon using the teachings relating to the Four Sacred Directions. This traditional spiritual and holistic framework has been used in Indigenous social work as a helping tool, and was used here as a means for organizing, understanding and analyzing the participant's experiences with her family.

The Listening Guide

I used the Listening Guide method to analyze the interview transcripts. The Listening Guide was first developed by Carol Gilligan and her colleagues in the 1980s (Gilligan, 2015). Its application involves a series of systematic readings (“listenings”) of the interview transcripts designed to uncover relationships, power dynamics and context, as well as the polyphonic voices of the participant (Gilligan, Spencer, Weinberg, & Bertsch, 2003). This approach attempts to isolate the voice of the participant from that of the researcher, while listening for both; it is unique in its seeming ability to get to the essence of the participant’s voice by stripping away the non-essential in an interview (Gilligan et al., 2003).

The main themes are uncovered during the first reading, according to the Listening Guide, including the context and the basic landscape of the interview content. The way that the participant perceives herself is uncovered during the second reading, by underlining all statements that begin with “I”. These “I statements” are analyzed after being extracted from the narrative and copied in sequence into a separate document; this is done to discover the participant’s natural cadences, rhythms, and to understand how the participant sees and speaks about herself without objectification. The Listening Guide refers to these extracts as “I poems” (Doucet and Mauthner, 2008; Gilligan et al., 2003).

The third step is designed to uncover the contrapuntal voices within the transcript. As reflected in the research question in the current study, the voice of interest is that of family experiences, although other related voices may be discovered as well. The interviews were read as many times as necessary to uncover the voices. The voices were tracked by a labeling process,

whereby I underlined all examples of each of the voices of interest using colours (Doucet et al., 2008).

The composition of an analysis of the various readings and voices is the final step. Uncovering the relationships between the various voices is the main focus of this step, with attention to the original research question. By pulling together all that has been learned about the participant's narrative, a synthesis is arrived at (Doucet et al., 2008; Gilligan et al., 2003).

Detailed notes are kept by the researcher throughout the process outlined above, including responses and summaries about the voices and themes that are uncovered, as well as thoughts on the research process itself garnered throughout the readings. In keeping this record, the relationship between the researcher and the analysis is made explicit. Any confusion about what is the researcher's experience, and what is the participant's, is made clear (Gilligan et al., 2003). A logbook was kept with a column for the actual transcript on one side, and the researcher's responses to it on the other (Doucet et al., 2008).

Chapter 4 – Results

When using narrative-based research methodologies it becomes possible to access layers of context and experience so essential to a more complete understanding of human beings (Milligan et al., 2010). However, Sam's story as I present it is a co-creation between she and I, and anyone else that appears in the narrative. The story was constructed partly in response to the interviewer's questions, about topics that Sam may or may not have thought about for some time (Koelsch, 2015). As such, her story is not a series of "pure" recollections; it is a patchwork of what she can remember, what she feels comfortable telling, and what has been changed to sound

acceptable. Some of what is told has likely been told many times before, the stories shaped through these various re-tellings, and in combination with Sam's own perspective and perception of both the event and her own role. In addition, as the researcher, I have helped to shape the story by highlighting what I consider to be important and providing an interpretation. This has resulted in a co-creation rather than a "true" or "correct" account of events. In the coming paragraphs I will describe the results of the analysis achieved through the use of the various listenings as prescribed by the Listening Guide.

The Plot

My first reading of the interview transcripts, as specified by the Listening Guide, "Listening for the Plot", revealed Sam's psychological landscape (Gilligan, 2015). The main characters in Sam's telling of her story are family members, and people who might be described as friends or room-mates; to a lesser degree Sam mentions service providers in the interviews. Her relationships are not described in detail; in fact we get to know Sam's relationships with others through her recounting stories about their shared experiences.

Sam spends a great deal of time speaking about her housing experiences and health challenges, a theme that is related to the researcher's primary research question. Sam's life story is a prominent topic which does not appear to be spoken about simply as part of the researcher's line of questioning, but as unfolding alongside it. For example, in response to a question about where she was living at a certain time in her life, Sam spontaneously tells the researcher "my brother almost drowned me in [the Northern part of a province]". Although the question was about location, there is meaning attached to it that Sam added on her own, as they seem to be linked in her memory. Sam has difficulty speaking about her past, saying "all I remember is the

bad things”, but despite this she seems compelled to engage in remembrance. An entire interview is spent describing her traumatic childhood and troubling family relationships, alongside more general information regarding housing and demographics.

As a child Sam was physically, emotionally and sexually abused. Although I couldn’t hear Sam’s tone or see her body language, I was struck by the lack of warmth and emotional description in Sam’s transcribed account, although it is known that a flattening of affect is common in those who have experienced repeated trauma (Canadian Mental Health Association [CMHA], 2014). The researcher comments “I understand the numbness because when you are talking you are not showing any emotions and it’s almost like you are talking about somebody else”.

Further to the emotional flatness, although Sam’s recollections of situations and events were somewhat detailed, seldom did she describe the quality of her relationships. I also noted that she spoke very sparingly about her son, and when she did speak of him, it sounded flat and without depth, as though she hardly knew him. She does not describe his personality, what he was like as a child, or any shared experiences. It is evident that she cared about him a great deal, as she stated “I didn’t really trust leaving him anyplace. I didn’t want anybody to do anything to him”. But the reader is left wondering about the quality of the relationship and attachment between them since no details are provided.

The most striking, repetitive theme in Sam’s story was that of Sam as the victim of either abuse or control by family and friends over the course of her life. Understandably, given the violence she experienced, an emotional hot-spot for Sam seems to be sexual abuse and assault, which she experienced repeatedly well into adulthood. When describing the three sexual assaults

that she recounted in the interviews, I noted that, in the immediate aftermath she contemplated or made an actual attempt on her life, or self-harmed through cutting. It is also noteworthy that Sam did not trust males as a result of her negative sexual experiences, as seen when she states (about two-spirited men) “ I didn’t trust the guys, I was scared they were going to bother my son”.

However, there is evidence of maturation in her response to traumatic events. In her early adulthood, Sam did not follow through on her plans to commit suicide after sexual assault due to passive reasons related to circumstances, such as an unplanned intervention by a police officer, or guilt over leaving her son to be cared for by someone other than her. But later in life there is evidence of growth, when Sam herself became motivated after a sexual assault to seek both revenge on the perpetrator and support for herself from friends, family members and professionals.

Another theme is that of transiency. Starting in early childhood, Sam moved from place to place with her family. Her father instigated the family moves in her early life, and Sam seems to have adapted to the best of her ability. However, a pattern of frequent housing change became the norm into adulthood; Sam spent time living on the streets, with friends, family members, in a hospital and in various shelters, in temporary housing and a short time in custody. Although it is difficult to be certain, based on information provided in the interviews, it seems safe to assume that, during most stages of her life, Sam fell into the category of “episodically homeless”; she has experienced homelessness in all of its various forms, from sleeping rough to being precariously housed.

Towards the end of the narrative, there is evidence of a newfound sense of permanency and a desire to remain in one place. Sam described a feeling of safety and comfort in the

apartment she was living in: “I like where I am living and... I like it out here in the lakes and trees and everything”. She was contemplating a move, and weighing both the positive and negative aspects of a move back to a prairie city to be closer to family: “I am tired, I never stayed in one place (...) my family is all back out, out there, I would feel so alone up here”. The habit of changing circumstances seems difficult for Sam to resist, and easy for her to rationalize.

I-Poems

The second “listening”, focused on isolating I-statements in the narrative and composing I-poems for analysis, is intended to allow the researcher an opportunity to “stand alongside” the participant, a stance that is quite distinct from other qualitative analytic methods (Koelsch, 2015). Rather than the researcher simply observing the data, she is able to align herself with the participant more intimately. In “standing alongside” Sam by composing and analyzing the I-poems as a whole, I was able to focus on what Sam believes about herself (both consciously and unconsciously), what she identifies as having personally experienced, and what she believes to be fact about her story.

The I-poems were constructed by identifying all of the I statements in the transcripts and cutting and pasting them in the exact sequence in which they appear in the text. They were then broken up into stanzas based on topic and context. The use of I-poems allows for some flexibility in terms of how much detail to include in the I statement. For the purposes of this research project I included the “I” and the associated verb, along with the smallest amount of information needed to understand what was being said.

The first observation I was able to make was that Sam's I-poems highlighted her lack of trust in her own memory for past events, specifically difficult or traumatic events, and a consistent sense of self-doubt, as illustrated below:

I got hurt
I remember him being drunk
I guess
I don't think he caught me
I don't remember

Sam makes use of the words "I think", "I guess", and "I don't know" or "I don't remember" often, signifying a general sense of self-doubt, and this is particularly obvious when she is speaking about family memories from childhood or from her youth. In contrast, when Sam is recounting a story about an incident from later in life, or describing circumstantial information she is more direct in her I-statements:

I finally found a place
I was just stuck in my room
I hardly ever went out
I just watched TV, sleep

In contrast to not remembering the actual traumatic event clearly, or reporting it passively, Sam was often able to describe the aftermath of an upsetting event in detail and using an active voice:

I drove around
I knew where the guy lived
I went to a few places
I thought if he was going to be there
I would shoot him

Other traumatic events seem to stand out vividly in her memory, particularly those that involve her witnessing of trauma inflicted upon others, or in this case, her pet:

I wanted this cat
I snuck it
I kept it anyway
I could hear its bones breaking

There is a sense of passivity and a lack of self-esteem that permeates some of the I-poems. Sam doesn't appear to see herself as an active agent in her own life, accepting events as they occur and rarely advocating for herself. Overall, the I-poems were descriptive of neutral or negative themes or experiences, and the lack of positivity or excitement is conspicuous. This negative sense of self and lack of agency results in an inability to defend herself when others put her down, as illustrated here:

I'd like to be able to stand up for myself
I have a hard time saying anything good about myself
I-I just
I never really felt that I was good

The discovery of Sam's low self-esteem led me to the discovery of contrapuntal voices in Sam's story.

Contrapuntal Voices

As described in earlier sections, the Listening Guide calls for specific listenings of the transcripts in order to uncover the various contrapuntal voices that are woven throughout the participant's narrative. In the course of exploring the family relationships that are described by

Sam, I became interested in two specific voices she used throughout her narrative. The first was what I have called Sam's fierce voice and its flip side, her disrupted voice.

Sam's fierce voice is active, energetic and assertive. The word fierce can be defined as "showing a heartfelt and powerful intensity, or displaying an intense or ferocious aggressiveness" (Oxford University Press, n.d.). The word fierce can be traced back to the French *fiers*, meaning brave or proud, and the Latin *ferus* meaning "untamed". When she is speaking in her fierce voice, Sam uses numerous active verbs and she is forthcoming. She uses externalizing, energetic language: "I told it to that lady cop, I went and seen her (...) I told her what happened and everything and I told her I wanted to press charges". This untamed bravery can be heard when Sam is speaking about defending herself or advocating for someone else. The fierce voice often carries anger and aggression towards others.

In contrast to the fierce voice is Sam's disrupted voice. The Oxford Dictionary defines the word "disrupt" as follows: "Interrupt (an event, activity, or process) by causing a disturbance or problem; drastically alter or destroy the structure of (something)" (Oxford University Press, n.d.). It is derived from the Latin verb *disrumpere*, meaning to "break apart". This label was chosen because I noted that when Sam used this voice in her interviews, she seemed to have difficulty processing or retrieving the associated memories, or finding the proper words to describe what she wants to say. The disrupted voice is a voice that describes traumatic, unpleasant experience, and it has been shown that in those who have experienced repeated trauma, cognitive processing and memory retrieval can be adversely affected (CMHA, 2014). Sam's disrupted voice is broken, hesitant, non-linear, and at times confused. This voice makes heavy use of words such as "uh", "I mean", and "I'm not sure", and sentences often either end abruptly or are unfinished, as illustrated in this excerpt from one of Sam's interviews: "I did tell

her one time, I don't, I'm not sure, I was, uh, probably in my twenties or so (...) and I guess my two younger sisters, they (slight pause) said something to her too and I, and I don't know what (slight pause) she said to them. And um..”.

Sam makes use of both the active fierce voice and the passive disrupted voice when describing family experiences and relationships, which was the focus of the main research question. The I-poems and contrapuntal voices provided the overall context for a more focused exploration of family relationships using an Indigenous framework.

Family Experiences

In my various readings of Sam's interviews as assisted by the Listening Guide, it became clear that her experiences with family were complex and varied. A system for organizing the myriad relationships throughout Sam's lifespan was needed. I chose to use the Cree Medicine Wheel as an organizing framework to categorize and structure the various relationships in Sam's life. Theoretically, the Cree Medicine wheel became a guide to understanding Sam's family relationships throughout her lifespan using an Indigenous lens.

In the forthcoming paragraphs I describe the various relationships that Sam discussed which were relevant during each phase of Sam's life, using the traditional teachings of the Cree Medicine Wheel. For each life stage I incorporate thoughts about how both the fierce and disrupted voices wind and weave throughout the narrative. This process provides a rich, descriptive analysis for understanding Sam's family relationships.

Annie Wenger-Nabigon described a system for the use of the Cree Medicine Wheel as an organizing paradigm for understanding human development. Academic works on Indigenous

healing speak of two important aspects of life—the external and the internal (Wenger-Nabigon, 2010). The external self is cultivated to serve the outside world, while the internal self is cared for through reflection; both need equal care if a person is to achieve balance. Similarly, in order for a life to be balanced, the concepts of all four of the Quadrants of the Medicine Wheel must be attended to, and in harmony with each other. The Directions offer guidance on how the external and internal aspects of life should be lived.

The inner circle of the Wheel represents the core of a person, and it contains both light and darkness. The core represents the spiritual fire which exists at the center of one's being. For the purposes of this analysis, I have placed the I-voice at the core of the Wheel. When Sam is speaking from her core, by using her first person voice, it reflects her unique way of being and acting in the world, how she regards herself and her experiences. This “fire of the soul” is the “place of healing, the positive side, and the place of jealousy, the negative side” (Wenger-Nabigon, 2010, p. 147). This area of the Wheel also represents Mother Earth, and has the color green.

As well as offering teachings on how to “walk the red road”, or live a healthy life in the traditional Indigenous way, the four Sacred Directions can also be used to depict and describe the various stages of life: childhood in the East, adolescence in the South, adulthood in the West and the elderly stage in the North (Wenger-Nabigon, 2010). I use this representation of the life stages, as well as the traditional teachings of the Cree Medicine Wheel throughout my analysis of Sam's family relationships over the span of her life; Figure 2 illustrates the various family relationships that were prominent during Sam's life and that are elaborated upon in the paragraphs below. Each life stage and relationship is preceded by an I-poem, serving to illustrate using Sam's thoughts and feelings prior to my analysis of them.

Childhood

I started running away from home
I don't know, 9, 10
I just
If I found an abandoned car
I used that until somebody found me there
I'd find another place
I slept in the bushes with all blankets and all things
I always thought somebody was going to come and hurt me.

Sam's childhood, as she describes it, was marked by physical, emotional and sexual abuse. Her family moved quite frequently, and she attended a school "for mentally retarded children" where other students took advantage of her. Sam was resourceful, and was able to protect herself in various ways. This is illustrated above in the I-poem, "Childhood", describing her earliest episodes of being homeless after running away from the violence she was experiencing and witnessing at home.

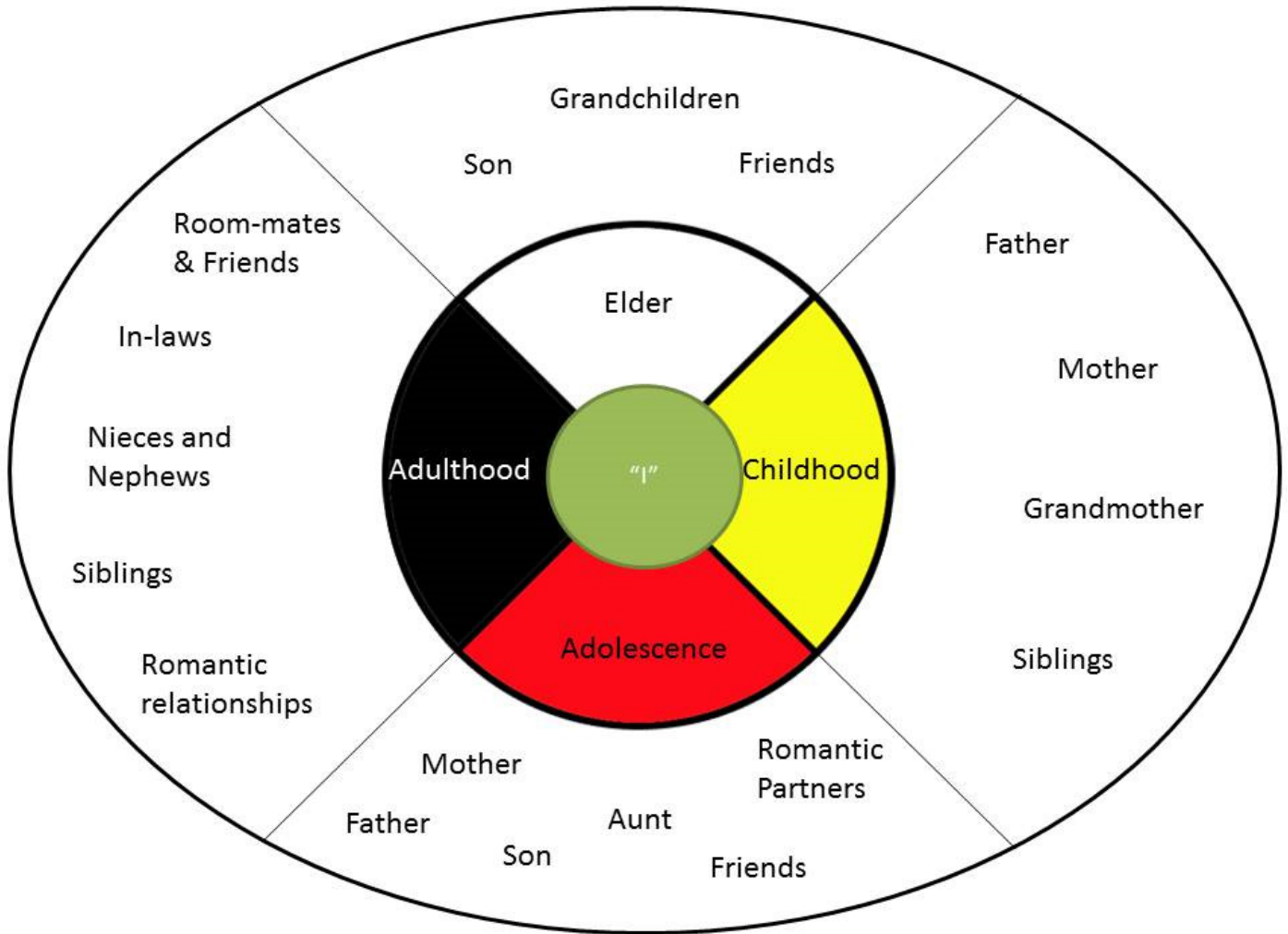


Figure 2. Organizing System for the family relationships analysis, depicting the various relationships that were prominent in Sam’s interviews during the four stages of human development.

The East Door encompasses concepts pertaining to childhood, such as language development and expression, and becoming aware of one’s emotions (Wenger-Nabigon, 2010). Good food, both spiritual and physical, is needed for the nurturance of biological, cognitive,

physical, spiritual and psychological development. Traditionally, many Indigenous children are taught from a young age the traditional roles that they will need as adults; Dakota Sioux Elder Eva McKay recounts: “ I learned everything that a woman should know (...) at an early age” (McKay, 1999). As Mushkegowuk Cree Elder, James Carpenter recounts, “children were taken care of and grew up from mother’s milk and later with wild food. The children were strong, and healthy, and big. The children were given gravy from fish and gravy from wild meat” (Carpenter, 1999, p. 229).

Maslow’s theory on the hierarchy of needs states that physiological needs such as food and shelter are basic needs, without which higher-level needs, such as safety or love and belonging, cannot be focused upon or attained (Maslow, 1943). It is similar when the needs located in the East Door are not met. Safety and nurturance, concepts located in the East quadrant, are essential for all children.

Sam’s needs in the East Door were not consistently met as a child: she often had to forage for food through other people’s gardens as a child after running away from home, or rely on others to provide for her because of the level of fear she had about the abuse she was suffering and witnessing at home. She could not rely on her family to provide safe shelter, consistent love and nurturance, or even food and water. At the age of 9 she began to use inhalants such as gas, plastic wood and nail polish “to try and forget” with her peers.

Sam knew that she was two-spirited as a young child, although it is unknown how this affected her childhood. Sam speaks about not having had long hair as a child, that she was muscular and that people mistook her for a boy. Homosexuality was accepted among many Indigenous cultures, as described by Dakota Sioux Elder Eva McKay: “yes, they had people who

were homosexuals (...) they were treated with respect (...) they were born that way”. The interviews did not reveal much information about Sam’s early experiences as a two-spirited person.

Father.

I remember
I was sleeping outside under the porch
I wasn’t able to get away
I run out there and hide and crawl underneath and stay there
I climbed into the neighbor’s yard
I sleep in between the fence and there
He didn’t know I was there

Sam’s father was Métis, with some German heritage, and although he spoke Cree he did not teach the language to his children. He moved the family frequently, taking them away from her mother’s First Nation community (reserve) when she was very young. He was an alcoholic, and Sam describes the housing situation as follows: “He worked and he worked and get paid and get drunk and leaves his job and then we move again (...) just wanted to go all the time”.

Sam’s relationship with her father was based on fear, and she spoke of her experiences with him from childhood frequently. She was afraid of her father’s violence and controlling behavior towards both she and other members of her family: “My father beat me all the time, he was physically and mentally abusive”. He also forced her mother to beat Sam and her elder sister, and if he felt that it was not done correctly she would have to do so again. She spoke of being forced to clean the house at a young age. When Sam expressed herself with drawings as a child, her father discarded her artwork. Her father frequently told Sam that she “wasn’t his kid”, although her mother reassured her that she was. Although the majority of attention Sam seems to

have received from her father was negative, she stated that he would become “excited” when she began to fight others physically.

Sam’s first episodes of homelessness stemmed from her fear of her father. She ran away to hide and sleep under the porch, or in between the family fence and the neighbor’s shed.

Mother.

I always wanted to be not that far from my mother
I don’t know why but I always
I wanted to make sure I wasn’t too far away
So I can be there when my mom needed me

Sam describes her mother as a “status Indian” with treaty rights, whose own mother was Sioux from the United States and whose father was African American. When Sam was 13, the family had to move away from her First Nation community (reserve), where her maternal grandmother lived. Sam’s mother parented five boys and four daughters including Sam. Sam states that her mother “was brought up (...) you marry somebody, you stick with them no matter what they do to you”, leading the reader to believe that she was not treated well by her husband. Sam communicates the view that her mother was certainly aware of the abuse being inflicted upon her children by her husband, and was often forced, by her husband, to beat Sam.

Sam’s relationship, as a child, with her mother is described in ways that suggest some role reversal. In the above I-poem, “Mother” Sam describes wanting to be near to her mother, in case she was needed. It is suggestive that Sam took on the role of a parent, and of wanting to protect her mother from harm. Her mother seems to have played a protective role at times with Sam, as well, when she would not reveal to her husband where Sam was hiding when her father

was angry or drunk and she had hidden somewhere. When her father told Sam that he was not her biological father, her mother reassured her that indeed he was.

Grandmother.

I don't know, she just took care of me
I guess she was the only person I let hug me when I was younger
She is the only person I let hug me

The one source of pleasure and safety described by Sam in all interviews was from her maternal grandmother. Her grandmother's home was a source of security and love, and she remembers her grandmother treating her specially compared to her siblings, allowing only Sam into her home and offering her treats, a place to nap, and meals. Many of her basic needs were met by her grandmother, according to her narratives. Although she knew she could have fled to her grandmother's home for shelter when the abuse was occurring in her own home, she did not do so because she did not want to be far from her mother.

Siblings.

I remember him chasing me
I got hurt
I remember him being drunk
I guess he was (...) just trying to have sex with me
I don't think he caught me
I don't remember

One of Sam's brothers was abusive towards her as a child, both sexually and physically. Her description of him is graphic, and she speaks about him often throughout the interviews. Sam told the interviewer within the first fifth of the first interview that she had a brother who sexually abused her and her sisters, starting at about age six or seven. The fact that she revealed this information so quickly speaks to its importance and prominence in her mind. He attempted

to drown her on one occasion, resulting in her lifelong avoidance of swimming. He killed her pet cat by punching it to death in front of her. “I have never been able to have a pet since. I am afraid it’s going to die, somebody is going to kill it (...) I don’t want to feel for something and it go away”. This brother had a negative impact on Sam’s ability to trust, and to love.

Sam’s older sister left home well before she did, and came back to visit after a period of being away. As a child she remembers this sister coming home to visit, and behaving very erratically. Other than this story, and the descriptions of her abusive brother, there are no other references to her siblings from her childhood.

The traditional Indigenous parenting role as described by Carpenter, where a caregiver “never saw a child to be mistreated or for a child to be unhappy” (1999, p. 229), and where the children listened and learned various traditional skills from their parents, was not possible for Sam’s parents. Perhaps, due to inter-generational trauma, residential school experiences, or some other reason they were not able to provide a loving, nurturing home for Sam and her siblings to grow up in. However, the reasons are not clearly explained in the interviews.

The “rascal” of the East Door, the negative side, is inferiority. Having a core sense of self-love, which develops when this Door’s needs are well-met, prevents feelings associated with this rascal—anger, shame, feelings of inequality and victimization (Wenger-Nabigon, 2010). Sam’s emotional and spiritual development were negatively affected by the lack of safety and nurturance; the developmental difficulties she underwent due to her East Door needs not being met affected her self-esteem and confidence, as well as her ability to form healthy lasting relationships.

Youth.

I did whatever I could
I stole or whatever
I live—where I live
I grew up there and it was very prejudiced
I remember that

The South Door governs adolescence, a time when core values and identity are developed, along with relationships with the community, family and the self (Verniest, 2006; Wenger-Nabigon, 2010). Nabigon and Mawhiney (2006) describe adolescence as a time when Indigenous youth suffer a crisis to define their “nativeness”, and that during this time this self-exploration takes precedence over other activities, including education. In traditional Indigenous parenting, guidance is provided well into a youth’s twenties: “there is always someone there like their parents, grandparents and other Elders to show them the way to live” (Carpenter, 1999). This time is also associated with continuing to learn the various traditional roles for males and females.

Sam continued to develop relationships with her family, romantic partners and her community throughout her youth. However, she continued to experience trauma: Sam was raped at a party and she became pregnant with a son, who was born when she was 22. Sam’s use of mind-altering substances to numb her pain expanded throughout her late childhood into her youth, with alcohol, marijuana and painkillers being her drugs of choice. She often drank and got high with family members: “I hung around with some of the relatives and we drank and got drugs”.

Mental health problems began to emerge during Sam’s youth, as evidenced by statements about beginning to self-harm by cutting herself (“I felt like I deserved it because I was stupid”)

and her attempted suicides. Sam spent much of her youth on the streets, finding shelter with prostitutes and pimps. She also lived with various family members and held down a job for a period of time while her son was young. Over all, Sam’s youth was spent surviving—and her physical, mental, emotional and spiritual development reflects the challenges she experienced.

In terms of learning gender roles, core values and a sense of identity, as well as developing a sense of her culture, there is not much information in her narratives to suggest that these were themes that stood out for Sam. Sam described Saksatchewan as “very prejudiced”; growing up, she experienced discrimination based on her sexual orientation and racism based on her background as an Indigenous person. Yet, she did not describe experiencing any traditional cultural or spiritual aspects of being Indigenous or Métis in the interviews.

Friends.

I hung around with the hookers
I hung around with the hookers
I would, like, protect them
I got to know a lot of the pimps
They thought I was crazy

Sam ran away from home frequently as a young person, and got to know the local sex workers and their pimps. They knew Sam as a woman who would fight without giving up: “even if I was full of blood I would keep on, I wouldn’t quit”. Sam protected the sex workers, and the pimps respected her; in return, she was given shelter, food and drugs.

Sam attended school occasionally, but also began working in a bar at 18 years of age. She attended a party on a local “reserve” with “some friends, couple of cousins (...), some guys, some girls”, at which she had two beers. She then woke up naked with a boy she knew from school. Sam felt betrayed: “I never had any problem with the guys and played football

together... as far as I knew they took me as one of the guys". In the morning she had been abandoned to return home from the reserve; she had to hitchhike home, alone. Sam was not able to rely on others in this situation, to come to her aid. "Everybody deserted me".

Son.

When I realized I was pregnant
I couldn't blame the baby
I couldn't put the blame on the baby
I just wanted to do the best I could for the baby
I held him
I don't remember being held though

Sam had her baby at 22 years of age by caesarian section, a single mother with a baby apparently conceived through rape, although she did not know for certain who the father of the child was. When speaking about her feelings about this time in her life, she described a feeling of numbness. She did not blame the baby, but also had a difficult time being affectionate with him, or anyone else. She also spoke of wanting to protect her baby: "I didn't really trust leaving him any place, I didn't want anyone to do anything to him".

Father.

I had my son
I just
I don't know
I am not—could be that
I don't know
I am not
I knew my son was safe with my dad
I don't know why

Sam's father moved the family to a northern city in a western province during her youth. Sam continued to run away from home and live on the streets during this time. When she became pregnant, she went to live with her parents once more, and her father expressed his shame of her:

“I was called a slut and everything (...) they didn’t want to listen to what happened to me, why I ended up pregnant”.

After the birth of her son, “they just went ahead and burnt my tubes. I don’t know what my dad had said to them”. The doctors felt that she wasn’t “built right there” to deliver another baby safely, and it seems that Sam’s understanding is that her father gave the doctors permission to sterilize her, a decision that would affect her for the rest of her life. Initially, her father refused to go meet his grandson at the hospital, but her mother forced him to visit. After he saw the baby Sam stated that she thought that her father accepted her son because he was so fair, with pink skin and dirty blonde hair; her father “treated him really good”. Sam didn’t feel safe with her father, physically or emotionally, but she did feel that her baby was safe with him.

Mother.

I did tell [my mother] my brother abused me
I was gonna charge him
If I did
I wouldn’t
I was going to wreck his life

Sam’s mother’s relationship with her own mother (i.e., Sam’s grandmother) seems to have been limited after childhood. Her parents appear to have taken her in when she was pregnant, but Sam did not stay with them for very long. Sometime in her twenties, Sam told her mother about the sexual abuse that she had suffered at the hands of her brother, as did some of her other sisters. Rather than offering support, however, her mother threatened to commit suicide if Sam pressed charges, maintaining that her son’s life and marriage would be ruined. Sam did not press charges, and, it seems, felt unsupported by her mother.

Aunts.

I went to an aunt of mine
I guess
I was just there
After I left my parents place
I don't know, she was very attached to my son

Sam lived for approximately one to two years with a maternal aunt (“she said she was related to me on my mom’s side”). Her aunt appears to have taken on the mothering role with her son: “my aunt she always had my son when he was younger after I left my parents place”. Sam worked in her aunt and uncle’s laundromat for up to 18 hours per day, lived in an apartment above the store, and went out drinking after work. Despite the unhealthy lifestyle that Sam was living at the time, her Aunt provided her with support. This aunt cared for her son and offered Sam a job and a place to live- during a difficult time.

Romantic Partners.

I was living on reserve
I was going out with this girl
I was living on reserve with her
She was the one that told me I was pregnant

Sam’s descriptions of her romantic relationships as a young person are cursory and sparse. The first partner with whom she cohabitated was the person who noticed that Sam was pregnant. Sam described that relationship as problematic, as she would continue to describe future romantic relationships into adulthood; it was problematic because her partner tried to convince Sam to have sex with men, and she was unfaithful.

Brother.

I was sleeping on my couch
I woke up to him

I was in my twenties
I woke up and he had my pants down

Sam moved to Saskatoon and stayed briefly with one of her brothers and his wife. It was the brother who had sexually abused her as a child. On one occasion, she overheard her brother and his wife at night: “I heard her crying and saying no; I think he was forcing her to have sex”. Soon afterwards, she moved into a home next door to her brother’s home. She woke up late one night to find that her brother had begun to remove her pants. This led Sam to take her son to a nearby bridge and to seriously contemplate suicide: “I didn’t do it (...) but I was so close”.

The South Door’s “rascal” is envy, which Wenger-Nabigon (2010) describes as wanting something without being willing to earn or work for it. Learning to take responsibility for one’s actions, as well as for oneself, are the primary tasks of this door. Perhaps because of the level of trauma and discrimination she faced, as well as the demonstrated lack of reliable family support, Sam learned that she needed to fend for herself. She had also begun to believe that others were generally not to be trusted. She learned how to survive on her own quite well: “I grew up living on the streets, stealing from gardens to eat, clothes from clothes lines (...) I did whatever I could, I stole or whatever”.

Traditional teachings offer the perspective that, in order to learn patience, adults and youth ought to interact often, in order to temper the natural impulsivity that comes with this stage (Wenger-Nabigon, 2010). Sam does not describe having had this opportunity in her youth.

Adulthood.

I’m very caring
I like to try and help people
I don’t like seeing people go hungry
I ummm

I hate anybody that hurts children
I went through it

In traditional Indigenous cultures, every member of a community is responsible for caring for the others, fostering a sense of collective responsibility. The West Door holds teachings relating to respect, reason, humility and caring, all important aspects of being able to feel responsible for self and others (Absolon, 2010; Wenger-Nabigon, 2010). In terms of human development, the stages of becoming a parent and/or a contributing member of society are located here and these same values are needed in order to be able to offer oneself from an empowered place. The “rascal” of this quadrant of the Medicine Wheel is resentment, which prevents one from showing respect for self and others, and can impede both community relationships and personal development. The act of caring, and being focused on one’s own actions rather than those of others, allows a person’s focus and actions to be clear (Nabigon et al., 1996).

Sam’s adulthood, as she describes it, was peppered with moves and change. Her housing situation was often precarious, and her health deteriorated. Sam continued to use drugs and alcohol as a means to escape the pain she felt. She eventually began to use drugs intravenously, although she had periods of sobriety as well, and attended detox on at least one occasion. Sam had some romantic relationships—at least one—which lasted several years, and she continued to interact sporadically with her family.

She and her son seem to have parted ways during his teenage years. There is little information offered by Sam in the transcripts about how she parented her son. Although there were times in her adult life when she was able to play the role of a parent or mentor, as the West Door teachings recommend, she acted more in the capacity of a friend. For example, when she

took in a gay man she met at the bar who was in his early twenties, they “drank and [did] drugs” together. While she was raising her son, she used drugs and drank regularly to cope: “he seen me do needles, he seen me smoke pot and pills and drink”. When he began to run away from home she felt powerless to stop him: “My son was... show up now and again and I just, I felt there was no use forcing him to stay home; he didn’t want to be there”. Other than her grandmother, nobody had been a role model for Sam when she was growing up; this gap in her experience—the absence of a working model to follow—may have given her limited knowledge about how to function effectively as a parent.

Siblings.

I was very quiet
I was very quiet at the services
I was
I wish she didn’t die like that
I was kind of happy for her too because there was no more pain
I was seeing her all through her life

One of Sam’s sisters was murdered in Toronto, after a life of living on the streets and being involved in gangs. Sam’s sister “ran away at about fourteen or fifteen, cause of the beatings. There were two of us, like her and me, for... always getting beaten up”; the fact that she and her sister experienced the same abuse seems to have aligned them with one another as children, although Sam reports that she was not close to her. The funeral was an opportunity for her to reconnect with one of her brothers, and to process some of the abuse they had both experienced from their brother as children: “we hadn’t seen each other in a lot of years (...) he told me a bit of how my brother was (...) he has kind of forgiven him, he has forgiven him”. When speaking about her feelings about her sister’s death, she states “I cried a little bit when I

saw her (...) I was also, like, numbed too”. Sam is characteristically flat when describing her feelings.

In-laws.

I phoned my sister-in-law
I phoned her
I told her what he did to me
I told her I was going to kill him
I told her I needed her to come there
I needed someone to be with me

Sam described an abusive relationship with her brother-in-law, an alcoholic, with whom she lived for a period. He sold marijuana and Sam was coerced to sell it for him, as well, when he learned that he was being watched by the local authorities. She was arrested and charged. While living with him and his family Sam was not treated respectfully: “I was tired of being told I was fat and stupid and lazy and he would tell people, friends of his, he put me down to people in the community”. While she lived there she did not have to pay for food, it was included in her rent, but she had to do all the cleaning. However, Sam was dissatisfied with this arrangement: “I didn’t agree with the way he look at things (...) you help people you don’t put them down or make them feel guilty that they owe you or stuff like that”. With the help of the sister of her brother-in-law, Sam was able to escape this unfair situation.

As an adult, Sam was once again sexually assaulted while she was asleep, by a friend of her brother-in-law. In the morning after a party, Sam’s brother in law walked into the room while the sexual assault was occurring. He interrupted the act itself, but did not behave protectively towards Sam by becoming angry or defending her in any way. After the incident, Sam became homicidal towards the perpetrator, then suicidal, and then she called the police and pressed

charges against the man. She called several people she knew, before finding someone willing to support her.

Although her circle of friends seemed to be narrow, Sam was able to get the help she needed by persisting in her search for support. This demonstration of self-advocacy is a good example of Sam's fierce voice: "I needed someone to be with me (...) I phoned a young girl (...) I told it to that lady cop. I went and seen her, she wasn't on duty and I told her what happened and everything and I told her I wanted to press charges".

Room-mates and friends.

I can't really remember
I think I said I was upset because she was harassing for money
I was telling her, you know
I don't even have
I don't even have a cent to my name
I am tired of it, I told
I felt like I was stuck again
I had to do whatever I could to make her sad or make her happy
I finally left

Sam's social relationships, as an adult, seemed to follow a pattern. Sam often met someone, and either moved in with them or they spent a great deal of time together, drinking and using drugs. Sam was then taken advantage of, controlled, or otherwise abused by the person, often financially. In the interviews, Sam often spoke about wanting to take care of someone at the beginning of a relationship: "He had no place to go, so of course, me—I took him home (...), I felt that he needed to eat and he needed somebody to talk to". Sam looked out for those who seemed to be suffering. Perhaps she recognized in others what she herself was feeling.

Violence

I finally got him out the door

I grabbed a knife and put a knife by his neck
I phoned the cops again
I told them if you guys don't come
I am going to stab him
I will fucking kill him

Sam often found herself in dangerous situations with those with whom she associated. Surrounded by people who were similarly hurting and traumatized, she and her friends were often involved, either directly or indirectly, with violence, either as victims, witnesses or perpetrators. Sam described herself in many situations where she needed to call the authorities or physically fight her way out of a situation. As a child Sam spoke about her father enjoying it when she fought physically, so it is possible that this reaction was reinforced from a young age.

Nephews and Nieces.

I felt I couldn't really talk to my nephew
I didn't
I found out he was sexually abused from his dad's second wife
When I was working in the store, laundromat
He was, I don't know, quite young
When I was working I let him steal
When I lifted his shirt he was all bruised
I asked if somebody hit you

Sam seems to have had relationships with four nephews and a niece: two nephews lived with her brother-in-law on an Ontario "reserve" while a niece and nephew lived in a large urban center in Ontario. The latter were the children of her deceased sister.

When Sam was living above the laundromat as an adolescent and new mother, she noticed that one of her nephews had been badly bruised on his torso. At that time, she did not act upon it in a manner protective towards him, and this seems to have affected her ability to relate

with him as an adult, perhaps stemming from guilt. She allowed her nephew to steal from the store; perhaps it was her way of helping him to survive.

Sam took on the roles of both friend and caretaker with her nephews, feeling both protective of them, and powerless at times to support them. When she stayed with another of her nephews, just prior to her sister's funeral, they "smoked marijuana every day" and talked, as friends might. While she lived with her brother-in-law and nephews on the First Nation "reserve", she describes a food-sharing situation in a manner reminiscent of a sibling relationship: "I'd ask my nephew if I could get out a couple of chips but he wouldn't give that to me, he end up eating the whole bag".

With those same nephews, however, she was frequently attentive to their needs. When it came time for her to leave their home due to the ongoing abuse she was experiencing with her brother-in-law, she wanted to provide her nephews with Christmas gifts. Since their father had been on a drinking binge and she knew they would not receive any gifts otherwise: "I gave them each \$100, I hired the neighbor, went and got groceries and stuff for the bathroom and that, and cigarettes so we could smoke. There was no marijuana so I took \$40 out of that to buy marijuana and I gave that to my nephew". Sam's nephews and nieces also took care of her at times. For instance, a niece paid for a hotel room for her to stay in while she was in town for her sister's funeral.

Romantic partners.

I pushed her, tried and sober up
I warn her, she can get her schooling
I hear she is doing really well

Sam's romantic relationships during her adulthood seem to have been long-term in nature. She cohabitated with one partner for 8 years and helped to raise her two children. Sam described herself as a supportive, encouraging partner, pushing her girlfriend to finish school and to sober up. When that relationship ended she moved to Saskatoon, and stayed with an ex-girlfriend, then a new partner. This new relationship in Saskatoon was not a healthy one—she described her partner as insincere and unfaithful. Upon leaving that relationship she left for Ontario.

Relationship failures were, at times, the impetus for Sam to move from one city or province to another. Romantic relationship experiences, such as infidelity, combined with childhood experiences, including the violent killing of her cat by her brother, led Sam to avoid romantic relationships altogether: "I just don't want to be dumped again, left alone, abandoned". The impermanence of her relationships, the pain she experienced with past losses and the fear of future losses prevented her from feeling confident that she will be able to love and be loved again. Her beliefs about relationships reflect experiences she had as a child, being witness to her parents' abusive relationship, as well as her own: "I don't think anybody should have to stay with someone that they don't love, or that abuses them or anything like that".

Elder

If I move again
I, that's it
I want to stay
I just want to stay there and that's it

Elders play a special and important role in Indigenous culture. They are the teachers, and the holders of wisdom who pass along teachings to the rest of the community about the spirit

world, the Earth, and relationships, both spiritual and interpersonal (Swinomish Tribal Mental Health Project, 1991; Wenger-Nabigon, 2010). Mushkegowuk Cree Elder James Carpenter states: “An Elder recognizes humility and they must be humble themselves (...) the Elder must step in to teach the young people” (p.233). Throughout their lives the Elders have accumulated knowledge and experience that is held and shared for the good of all.

The North Door holds the life stage of aging and becoming an Elder, and the corresponding teachings of understanding the processes of change and caring. “The wisdom and guidance of the Elderly are essential to the necessary caring function of the community”, writes Wenger-Nabigon (2010, p. 155); caring is not only an internal feeling but also an activity which must be undertaken responsibly. Healthy caring for others is not possible unless one cares for oneself, by being willing to change, taking healthy risks, and not being too focused on the actions of others (Nabigon & Mawhiney, 1996). Sam illustrates this concept nicely in the fourth interview: “I am happy, so I got to quit trying to make everybody else happy. Start thinking of myself and it’s a hard thing to do and I am still working on it”. As a woman entering into the elderly phase of life, the theme of caring, being cared for and caring for others is strong in Sam’s telling of her current life situation and relationships.

At the time of the interviews, Sam was 55 and, in part, she felt ready to be cared for by her family; however she felt conflicted because she was also quite content with her current circumstances. In the last two interviews, she speaks about wanting to be cared for by her son, but also wanting to care for others. Sam experiences a multitude of health problems, some of which are serious and life-threatening, such as heart disease. At this stage in her life, she is both tired and becoming ready to allow others to care for her, and motivated to sustain the positive gains she has made in her life.

When asked by the interviewer what she sees as her purpose in life, she answered: “I haven’t really considered it because I never thought I’d live as long as I have”, due to her attempts at taking her own life as well as the abuse she has suffered throughout her life. Sam expressed an interest in learning more about her cultural and spiritual heritage, because she has connected with a local Métis society: “I am just going to start finding”.

Son

Just make sure that I am OK
I don’t need to go to the hospital
I am still breathing
Just make sure that I am OK
I feel really good that he is worried and that he wants to look after me

At this stage in her life Sam has reconnected with her son through family members who have access to social media. Her son has expressed an interest in taking care of her now that her health is failing and she has more difficulty with mobility. However, in order to live with him, she would have to move out west to Saskatchewan: “he is the one who is really pushing for me to come home”. Sam speaks a great deal about wanting this to happen, but also about her hesitation to leave Ontario. She is finally at a place in her life where she feels the happiest that she has ever been. She is at a point where, instead of feeling desperate or making fear-based decisions, she is “just trying to see what’s better” for herself. She states : “I have control of everything”. She also feels safe and settled in her new apartment, and she is connected to many services including probation, Indigenous services, and a nurse practitioner.

It seems that the relationship that she has with her son may not be compelling enough for her to move once again. In the 13 years preceding the interviews Sam had seen her son once while she was staying on the First Nation “reserve” with her brother-in-law. Unfortunately that

visit had been cut short because her brother in law forced her to ask her son and his girlfriend to leave. Sam and her son had been estranged for many years prior to that visit, but her son was now advocating for the development of a new type of relationship based on him caring for her. He had dealt with his addictions, was employed full-time, and he had two children. However Sam was conflicted about this, partly because she was hesitant to return to a place that held many difficult memories for her, and partly because she was comfortably settled in northern Ontario. If she did move, however, Sam stated : “once I move again that’s it, I want to stay, I just want to stay there and that’s it”.

Grandchildren.

It was very strong
I really wanted to be around my grand-daughters and my son
If they weren’t there I wouldn’t go back

Sam does not yet have a relationship with her grandchildren. In fact, it is unclear whether she has met them at all. However she feels a strong pull to move to where they live with her son, and wants to develop a relationship with them.

Friends.

I will see them tomorrow
I will see her tomorrow
Sometimes I go with her mother
I help her

In the last interview, Sam was serving as caregiving for her friend’s children, a baby and a little boy, while the friend’s mother was working. Sam has “adopted” the children’s mother and the children as members of her own family, growing attached to them as a mother or grandmother would. In the above I-poem, entitled “Friends”, she repeats that she will be seeing

them the following day. This connection implies that these friends have grounded her and have given her a sense of purpose. They seem to bring her some joy, a positive feeling that is only rarely seen in Sam's narrative:" I am really happy that I got a chance to look after a little one and I get to look after her little brother too (...). I tease them and I play with them". Sam presents herself as feeling honoured to have been given this privilege, and perhaps she sees it as a second chance at parenting.

The North quadrant encompasses sacred Indigenous teachings which are in line with the last stage of life. Sam finds herself learning about what it is like to offer caring to others, and speaks about approaching readiness to explore some Indigenous spiritual teachings, having been disconnected from them since she was a child. Although the number of types of relationships depicted in Figure 2 is sparse in this quadrant, the apparent higher level of relationship quality more than makes up for it. Sam appears to have settled down, and she is at a place in her life where contemplation for her next step is possible. She is able to offer what, in traditional Indigenous culture, is essential—her own time, wisdom and patience—as well as being open to the potential for receiving caring from her family. This is the essence of caring, the most importance concept taught by the North Door.

Chapter 5 – Discussion

Colonialism, historical trauma, oppression, and systemic racism in North America have negatively impacted Indigenous people for centuries (Homeless Hub, n.d.). Many of the social and economic problems that occur at higher rates amongst Indigenous people, such as poorer health, alcohol and drug addiction, unemployment and lower levels of education, can be traced

back to colonialism and historical trauma. As a result, among other things, Indigenous people in Canada are 8 times more likely to experience homelessness in Canada (Homeless Hub, n.d.).

Indigenous peoples have their own worldviews, and ways of relating to the world, which are being re-developed and reclaimed as part of the de-colonization process (Verniest, 2006). Indigenous cultures in North America are diverse, and as such, the process of decolonization differs from one Indigenous group to another. As promoters of social change, social workers have an important role to play in advocating for the development of culturally safe and relevant services and supports for Indigenous people.

Sam's story can serve to lend a more detailed understanding of the lifespan experiences of an Indigenous woman who has experienced homelessness in Northern Ontario. During her lifetime, Sam has been one of the 22% of the homeless that are women in Canada (Schiff & Schiff, 2010), and one of the 7% of Indigenous Canadians that are homeless on any given night (Belanger, Awosaga, & Weasel Head, 2013). Sam experienced homelessness episodically, being provisionally or precariously housed for much of her life, although she did experience times when she was unsheltered, such as during her childhood.

The Indigenous worldview and approach to helping encompasses the principle that all things are interconnected (Nabigon & Mawhiney, 1996), and unlike Western approaches the realm of spirituality is highlighted as an essential element. This is seen in the increasing use of the medicine wheel in Indigenous communities, a tool that is recognized in many Indigenous communities; the purpose of applying it is to help individuals or groups of people to achieve balance mentally, spiritually, physically and spiritually (Verniest, 2006). Sam's life experiences and routines reflect a dearth of spiritual elements, which would indicate disharmony or

imbalance. Members of Sam's family may well have attended a residential school or may have been affected by effects of the residential school system and structural racism. They may have received misinformation in a variety of forms conveying the belief that their culture was inferior. These experiences can lead to an internalized racism, as defined by Cavender Wilson as accepting uncritically the dominant culture's ideologies (Cavender Wilson, 2004, as cited by Absolon, 2010). The loss of culture associated with this experience may have been passed on to Sam in the form of intergenerational trauma. The recovery of Indigenous ways—becoming reconnected with one's spirituality and culture—must be considered in the healing of Indigenous people.

It is common in Indigenous families for extended family and friends to live together and offer shelter to each other; this is in keeping with the inherent Indigenous worldview that each person is accountable for the welfare of others (Loiselle & McKenzie, 2006). Family also often includes friends, elders and extended family (Richard, 2014). Sam's experiences with her in-laws and extended family are consistent with this; they provided shelter for her on a number of occasions, but interpersonal problems, abuse and addictions often countered the potential for safety and health that can stem from such social supports.

Family support is associated with positive outcomes for homeless youth experiencing homelessness (e.g. Maycock, Corr, & Sullivan, 2011), and in many ways Sam was fortunate to be able to rely on her aunt, as a young mother, for shelter and employment. Sam's narrative did not focus a great deal on her parenting experiences with her son, but she acknowledged that her aunt stepped in to care for her young son. Shared parenting such as this reflects a cultural sense of collective responsibility towards children in many Indigenous communities and families (Richard, 2014).

Sam yearned for a positive future for her son, wanting him to have a better childhood than she had. This desire for a good future for the next generation has been noted in the literature about young mothers who have experienced homelessness (e.g. Levin et al., 2004). However, Sam's narrative and seeming flatness of affect led me to become curious about whether she was able to be loving and form a healthy attachment with her son after birth; research has shown that experiences of childhood abuse or limited positive role models growing up, negatively affected homeless mothers' abilities to have emotionally supportive and open relationships with their own children (Bassuk et al., 1996; Gorzka, 1999; Swick & Williams, 2010).

Like many women and mothers who have experienced homelessness (Finfgeld-Connett, 2010; Tyler & Schmitz, 2013), Sam experienced negative family events which led her to flee her family, starting in childhood. As a child she was the victim of neglect, and abuse in its physical, emotional and sexual forms, all of which are commonly reported preceding factors associated with experiencing homelessness (Styron, Janoff-Bulmann, & Davidson, 2000). As an adult, Sam experienced mental health problems such as PTSD and depression. This is consistent with published research which shows rates of PTSD that are three times higher in homeless women than the average (Weinreb et al., 2006), and that there is a higher likelihood of experiencing depression (Molnar, Rath, & Klein, 1990). Sam also suffers from a number of chronic health conditions, another phenomenon often reported by homeless mothers (Bassuk et al., 1996).

Sam's narrative focuses a great deal on descriptions of her living conditions. In many instances throughout her life, her housing could be described as substandard. For example, on one occasion a landlord did not fix her windows after they had been smashed, which allowed the rain to enter the apartment, and Sam did not feel safe due to the potential for break-ins. The published literature indicates that substandard housing conditions are common for people of

Indigenous ancestry; in 2006, the National Aboriginal Health Organization estimated that approximately one third of the national Indigenous population lived in unsuitable, inadequate, substandard housing, as compared to 18% of the non-Indigenous population (Belanger, Weasel Head, & Awosaga, 2012). The state of Indigenous housing has led some researchers and experts in the field to call for the inclusion of on-reserve housing as part of homelessness (Homeless Hub, n.d.).

Sam was in receipt of a variety of services at the time of the interview, including probation services, medical care and counseling through a local Métis center. The physical and medical care services that Sam received seemed to have been highly valued by her, as they were for homeless mothers in a study by Finfeld-Connett (2010). The literature recommends that services be inclusive, trauma-informed and family focused for members of the homeless population, a particularly vulnerable sector of society (Zlotnick, 2009). However, it is essential for Indigenous people who have often experienced life-long systemic barriers stemming from colonization to also have culturally safe and relevant services, with treatments and healing practices that are sensitive to Indigenous ways of being, knowing and doing (Absolon, 2010). Sam spoke very highly of her counselor at the local Indigenous services center, lending credence to the fact that the culturally relevant services she was receiving were helpful for her. It is unclear whether Sam's outcomes would have been different had these types of services been available throughout her lifespan.

Chapter 6 – Conclusion

The results of this study are a valuable addition to the limited body of knowledge about the family relationships of homeless persons, uncovering intricacies and complexity and putting

them into the context of an Indigenous mother's lifespan. I was not able to reach a full understanding of the emotional and psychological quality of the relationships, due some gaps in the narratives. However I was able to uncover information suggestive of which relationships were generally positive and helpful in Sam's life, and which caused harm or contributed to her homelessness. As has been seen in prior studies of homeless mothers (e.g. Marra et al., 2009), Sam's social and family support networks were perceived by her as being largely negative, inconsistent and dotted with interpersonal conflict and abuse. However, some stood out as overwhelmingly positive, such as her childhood relationship with her grandmother, or that with the children for whom she provides care in her present life.

The results of the current study support findings that a number of risk factors in early life increase the likelihood of experiencing homelessness in its many forms. For instance it is well accepted that childhood trauma contributes to the risk of becoming homeless (Paquette et al., 2009). The experience of trauma, if unresolved, can lead to psychological or physiological problems, which could result in becoming homeless; the experience of homelessness could then lead to further re-victimization and trauma. Sam experienced emotional, physical and sexual abuse as a child and in her youth; she was also sexually assaulted a number of times as an adult and she experienced addictions starting in childhood. This study not only supports the literature on risk but also adds context and richness, providing information about the quality and quantity of the trauma and other risk factors, as well as within which relationships they were experienced.

In Sam's story, the risk often originates in the context of her family relationships. Throughout her lifespan, these relationships can also be seen as contributing to her homelessness in a number of ways. Sam moved frequently as a child with her family, but she also ran away for safety, sleeping in abandoned cars or hiding near her home. Sam's first experiences of

homelessness were a direct result of both her father's and brother's abusive behaviours towards her. In Sam's youth, she maintained some ties to her family but adopted street workers and pimps into her family, providing them with protection while they provided food and shelter to her. Her aunt provided much assistance in raising Sam's son, and provided shelter and employment as well.

As an adult, Sam's complex family relationships and friendships were both harmful and helpful. After her last romantic relationship ended while she was in her forties, she gave up on romantic relationships altogether, and became closed to the possibility of starting a new one. Friendships often revolved around the use of drugs and alcohol, and were largely conflictual and unsupportive; however they often came with opportunities for cohabitating or moving to a new location. Sam was often stolen from or otherwise taken advantage of financially, by friends and family, and the relationships often ended in conflict or with police intervention. At the end of the narrative, Sam had found at least one friendship with a mother who involved Sam in her life as a caregiver for her children. This relationship appeared to be healthy and met her needs, and did not have a negative impact on her life or housing status.

As a two-spirited Indigenous woman who has experienced homelessness in its many forms, and who has experienced poverty, mental health problems, addictions and abuse, Sam is certainly part of a number of marginalized groups that experience social exclusion and oppression. Homelessness in the youth lesbian, gay, bisexual, transgender, transsexual, queer, questioning and 2-spirited (LGBTQ2) community occurs at a higher rate than average (Gaetz, Gulliver & Richter, 2014). There is a significant dearth of knowledge on this population but particularly in adults who identify as LGBTQ2, making this study valuable in its contribution to this extremely limited body of knowledge.

There is a strong need for culturally competent services for Indigenous women and mothers, and more specifically for those who are at risk of, or currently experiencing, homelessness. Sam identified herself as a Métis person with Cree and Sioux lineage, but reported that throughout her life she neither lived traditionally nor was she connected with her community. Like many Indigenous people, too many of whom experienced various forms of cultural oppression such as residential school and institutional racism, her parents and other family members did not teach her their native languages. Moreover, based on the narratives, they did not participate in Indigenous cultural practices. At the time of the interviews Sam was in receipt of Indigenous services through a local Métis organization, but it remains unclear whether she had the option of receiving Indigenous services at other times in her life. It remains unknown whether Sam's experience of homelessness would have been different if she had been able to gain access to Indigenous services and supports, or if she had been introduced to Indigenous cultural practices in an effort to reconnect her with her culture.

This study's findings support and enhance those of other studies on homeless women and mothers. The importance of continuing to make this group a focus of study cannot be understated, in order to both prevent homelessness and better support those who are experiencing it in any of its forms. In particular, the development and implementation of specialized and culturally competent services for Indigenous people is key.

Chapter 7 – Limitations and Strengths of the Study

This study made use of data from research conducted by the Poverty, Homelessness and Migration project. One of the drawbacks of using existing data is that the interviews were conducted for research questions differing from those of the present study. The interviewer asked

a number of questions whose answers led to much discussion of familial relationships but overall, the questions were not specifically related to family relationships. As a result, the level of detail would likely have been greater if I had formulated them myself. However it is believed that, although family relationships were not the focus of the line of questioning, enough was revealed to allow for a good analysis.

Since I did not conduct the interviews with Sam, I was not able to read her body language or hear the various tones of voice Sam used. Relying solely on transcripts likely resulted in a loss of nuanced meaning, which could have led to a richer understanding of Sam's story.

Despite the reliance on transcripts alone, I was able to gather a great deal of descriptive content relating to familial relationships. Over five interviews, Sam had the opportunity to describe her life story in detail, and from this I was able to procure rich and thick descriptions about various relationships as they evolved over her lifespan.

Sam is a member the LGBTQ2 community and an Indigenous woman and mother who experienced homelessness. These are two groups that have not been heavily studied, making this study an important addition to the literature.

The use of the Listening Guide in combination with the Medicine Wheel and its associated Indigenous teachings in this study is a unique analytic lens. The identification of Sam's I-voice, as well as the discovery of both the disrupted and fierce voices, illustrate how multifaceted voice can be in narrative, and offer alternative perspectives on Sam's familial relationships which may have remained hidden through the use of other analytic tools. The incorporation of Wenger-Nabigon's Medicine Wheel framework for understanding human development allowed for a holistic understanding of her familial relationships over the lifespan,

and a culturally competent and congruous context to Sam's story. However, I myself do not have Indigenous ancestry, and although I used reflexivity and relied heavily on Indigenous sources of knowledge, it is possible (likely, even) that some of the meaning and intricacies of the concepts I made use of may have been missed. The intention in using an Indigenous lens was not to appropriate elements of the culture, but to enrich the analysis, maintain cultural relevance, and honour Sam's ancestry.

Chapter 8 – Implications for Social Work Practice

The dearth of research on Indigenous women has long been argued as problematic (Stout, Kipling, & Stout, 2001). Doubly marginalized as both female and Indigenous, they have rarely benefitted from targeted research or the potential policy change resulting from it. The needs of Indigenous women and mothers who have experienced homelessness are distinct from those of other populations. Factors such as traditional multi-family living arrangements and the need for supports to be culturally appropriate, sensitive to the effects of colonialism and the legacy of the residential school systems have to be taken into careful consideration when planning for this population (Schiff & Schiff, 2010).

One of the goals of qualitative research, especially studies stemming from a feminist and transformative viewpoint such as this, is to effect change, including in the participant. It is hoped that the results from this analysis of Sam's experiences will broaden the overall understanding of the lived experiences of this marginalized population in order to inform policy development and improve programs and services. Members of highly marginalized populations, such as Sam, are given a voice when they have the opportunity to participate in research. Simply talking and

sharing about important life experiences, knowing that they are being collected partly in order to help others, can be extremely empowering for participants.

The results from this narrative study, rich as they are in detail, can be used to better understand the needs of this highly marginalized population. It is hoped that this study will give social workers and other practitioners in social fields a richer understanding of some of the experiences that homeless Indigenous mothers have had. Clinicians, agencies and therapists working with this population will have a better idea after reading this thesis of the perceptions and experiences of a homeless, Indigenous mother, as well as some of the intricacies of her family life and relationships. Armed with a better understanding of the experiences of homeless Indigenous mothers, social workers may become more effective service providers and advocates for a population that has a difficult time advocating for themselves.

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