NARRATIVES OF FRONT LINE SHELTER WORK

THE LIFE OF STORIES:

NARRATIVES OF FRONT LINE SHELTER WORK

By

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ABSTRACT

This research examines the role of narrative within two Women's Shelters in Hamilton, Ontario. Utilizing a critical interpretive framework and drawing on anthropological approaches to narrative theory, I examine how front line shelter workers engage with the women they serve through, *listening, interpreting* and *representing* their clients stories and how they use these stories to provide direct service. Front line workers interpret clients' stories through various lenses, including, cultural and personal. Dominant discourses of homelessness, abuse, addictions, sex trade and mental health issues can be stereotypical and can limit human potential. Cultural narratives influence how we think about issues like homelessness and abuse and workers' own embodied subjectivities will influence how they understand each individual story. Shelter work can be very challenging, but the reality is that shelters are often the first place that women go when they need help and front line shelter workers have an opportunity to provide workers with much more than just basic needs. Throughout this thesis, I argue that *listening* to clients stories is one of the most important things that shelter workers do and that by taking advantage of narrative moments front line shelter workers provide important opportunities for women to heal from the abuse and trauma that they have been through.

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Chapter One

Introduction

1.1 Where the story begins...

When I explain to people what my research is about, I tell them I am looking at how front line shelter workers listen to women's stories and how they interpret those stories in order to provide service. Sometimes I give an example: "If a shelter worker thinks of a woman as a 'hooker' or a 'drug addict' when she comes into the shelter, does that affect the way she responds to the woman's story and, in turn, the services that she provides to her? What if, instead, she thinks of her as a 'victim' of violence?" I can see that this resonates with people because their immediate response is, "Of course it does." Or they respond in a way that implies that it is "common sense" that people are treated differently based on 'who' they are perceived to be. A 'prostitute', an 'addict', an 'abused woman': these are all "known" and expected categories for many people.

I explore these constructed categories of 'addicted', 'abused' and 'homeless' women's experiences in my research at two women's shelters in Hamilton, Ontario: Martha House and Mary's Place. I ask how we come to believe that certain cultural ideas about people are 'common sense' or, more precisely, how dominant cultural narratives create our ideas about what 'common sense' means. How are individual identities, particularly those of women who have been abused, have no housing or struggle with addictions, created through specific cultural meanings and perceptions? How do these cultural

constructions of identity help shape individual ways of 'being' and 'experiencing' in the world? More to the point, how are individual and collective experiences shaped by the stories or fragments of stories that we tell others about our lives? What does it mean for a woman to be 'homeless' or 'abused' or to be living in poverty or working in the sex trade? What does it mean to be 'addicted to drugs' or to have mental health issues that prevent you from maintaining housing or shelter? Lastly, when these women go to a shelter, how do front line shelter workers understand and contest different categories of experience in order to provide service to women?

My intention in this research is to ask questions about how front line shelter workers understand the work that they do, specifically by looking at how they engage with clients[1] through the act of storytelling, which I believe is at the heart of shelter work. This research does not focus directly on the women who access the shelter services, though their stories are central. Instead, I focus on the workers who provide the service, women to whom I will refer as 'front line workers'. A front line worker, for the purposes of this thesis, is a shelter employee who provides direct service[2] to clients, both women

[1] I have chosen to use the word 'client' to describe women who use shelter services. The word can be problematic and has been criticized by social activists (particularly in the mental health field) because it is emblematic of the power dynamics that are inherent in systems. I have chosen to use it, partly, because it is a less 'clumsy' phrase than something like 'service user' which, it was pointed out to me, sounds like the women are going through a 'drive thru'! I have also chosen it over a word like 'consumer', (which is often used instead of client in the mental health field) because I think client more accurately represents the position that women are in when they access service. There *are* power dynamics and while a consumer driven system might be the 'ideal', I do not think it represents the shelter system at this point in time.

[2] Direct service is used to define face to face interactions between a front line worker and a client. The term is used in contrast to "indirect service" which includes front line workers doing such things as advocating on a client's behalf with another service provider, or engaging in paperwork that relates to a client. Management positions, cooking/housekeeping and other supports such as maintenance are not considered frontline positions.

and children, either through case management, counselling or outreach.[3] They are the workers who have first contact with women when they enter shelter and who work closely with them during their stay. Front line workers have many opportunities to engage with women and listen to their stories. They do this within a broader culturally constructed discourse which I will show is both influential and contested. In chapters two and three, I provide examples of dominant cultural narratives that stereotype women's experiences and that, as part of the dominant discourses, can influence shelter workers' interpretations of women's lives in negative ways. Chapter two focuses on five women who died in Hamilton over the past ten years and the way that media stories about their death highlight dominant narratives about the 'type' of experiences they might have had while they were alive. In chapter three I look critically at two categories of experience that influence direct service, namely 'homelessness' and 'abuse'. The aim of these discussions is to highlight the role that narratives play in our understandings of human experience and how shelter workers' interpretations of these narratives influence direct service.

1.2 A Note on Theory

My theoretical approach to these questions is interpretive anthropology, the "study of symbols, meanings, and mentality" (Marcus and Fischer 1986: 33) and more specifically, it is the role that narrative or 'storytelling' plays in constructing people's experiences of being in the world. The powerful connection(s) that stories can create has

[3] Case managers are primarily residential workers. They provide services to women and children who are staying in the shelter. Outreach workers work primarily with women and children who are not staying in the shelter but who require assistance and support either through group or individual counselling or practical housing support.

been well documented (Mattingly 1998; Garro and Mattingly 2000; Frank 1998). Bruner (1986: 145) defines the key elements in narrative as: the abstract sequence of events (the story itself), the text in which the story is manifested (the discourse), and the act of communicating (the telling of) the story. Clients tell their stories to a specific worker at a specific point of time. Each telling is unique and "depends on the context, the audience, and the conventions of the medium" (1986: 146). In chapters four and five, I explore the narratives themselves and draw on the work of such theorists as Cheryl Mattingly, Linda Garro and Arthur Frank, among others, to discuss how narrative functions within women's shelters. Every woman who accesses shelter services has stories to tell about her life and it is the particular stories or parts of stories that she chooses to share with shelter workers which create the basis for case management at the shelter. Against a backdrop of cultural discourses that predominantly stereotype and oppress homeless individuals, shelter workers engage as 'embodied subjects' with the women they serve and during this engagement, they help to construct these women's narratives in particular ways.

I draw on critical feminist and anthropological theories regarding reflexivity and voice as they relate to the representation of the experiences of 'others' and the complex relations or blurring of 'subject' and 'object' (Hertz 1997: viii). I also adopt a feminist analysis of power relations and an applied anthropological approach. In chapter five, I write reflexively about my experiences as a front line worker at Mary's Place, listening to and interpreting clients' stories. My hope is that this research will highlight the importance of storytelling within the confines of women's shelters and I envision that my work will have implications for service delivery and staff development.

1.3 My Own Journey

> *"No ethnographer is truly innocent - we all begin with a narrative in our heads which structures our initial observations in the field."*
> *(Bruner, 1986: 143)*

My aim in writing this thesis is to tell my own ethnographic story (Bruner, 1986: 143) about how one group of shelter workers at a particular point in time spoke with me about their experiences. The front line workers I interviewed work at one of two shelters within Hamilton's Good Shepherd Centres: Mary's Place, a homeless shelter for women and Martha House, a shelter for women and children who have experienced violence and/or abuse. Mine is also a "vulnerable" (Behar, 1996) and reflexive story about my own journey through front line work at Mary's Place where my anthropological interest in shelter work began. The story I tell is partial (Clifford, 1986) and situated (Haraway, 1988) in my own experiences of front line work and in my role as anthropologist, observing the work of my colleagues and research subjects.

Like many anthropologists doing research 'at home', I experienced a certain comfort in my role as 'insider'. Gaining entry to the field was not a challenge, as I was already familiar with the field sites and research subjects and was privileged to have access to whatever materials and information that I needed. What did prove challenging was negotiating my role as 'outsider' in terms of being an anthropologist conducting fieldwork despite the familiarity of the setting or because of the familiarity of the setting. It was difficult to be at the place that I work and not *do work*. It was also difficult to maintain my demeanor as a researcher in an environment where clients knew me and requested things of me *as a worker*. It has also been challenging in my current role as a manager of both shelters to maintain clear boundaries between my role as researcher and

administrator. I have had to be consistently self aware and reflexive, particularly with regard to my own use of my administrative authority. I have great respect for the women who work on the front line and who shared their stories with me about both the difficulties and the rewards of their work. Inherent in their words are narratives of resistance and narratives of compassion, as well as a deep understanding and commitment to the work and to the women who use shelter services. By *listening to, interpreting and representing* women's stories, shelter workers often bear witness to atrocious human suffering that can dampen even the most resilient spirit. Paired with the lack of resources, time constraints, pressure on individual workers, low wages and the extreme reactivity of the environment, the challenge of front line shelter work becomes apparent. My intention in this thesis is to illustrate the power of human relationships within shelter work that are based on both the 'universal' and the 'particular', specifically the individual subjectivity of shelter workers and the meaning they attribute to their work.

1.4 Anthropology and Vulnerability

> *"Anthropology...is the most fascinating, bizarre, disturbing, and necessary form of witnessing left to us at the end of the twentieth century. As a mode of knowing that depends on the particular relationship formed by a particular anthropologist with a particular set of people in a particular time and place, anthropology has always been vexed about the question of vulnerability." (Behar 1996: 5)*

In her work on anthropology, ethnographic voice and personal vulnerability, Ruth Behar points out that the "autobiographic voice is so highly commodified" and she suggests that critics might ask, "Shouldn't scholars write against the grain of this personalizing of culture rather than reproduce it?" (1996: 25) In her effort to do just this, Behar writes about personalizing ethnographic work, about becoming vulnerable, and writing

about the emotion we feel and the connections we have to our subjects. I also believe in this kind of "ethnographic vulnerability". In my work, I seek to explore and contest the cultural ideas that surround us - the *impact* that cultural discourse has on us as anthropologists when we are interpreting the experiences of 'others'. Culture is very personal. It does not exist *out there*, but is embodied within thinking, feeling, and acting subjects. Regardless of professional discourse, policy and practice, shelter workers are engaging with clients on a personal level, *listening* to and *interpreting* clients' stories in order to provide direct service. They then have the opportunity to *represent* clients' stories both within the shelter and the community - the latter with the potential to contribute to popular understandings of homelessness. Many shelter workers begin their career in the shelter as young, inexperienced workers and they are quickly charged with the responsibility of engaging with clients and running the shelter. The connection between the personal and the political, or what Jackson (1999) calls the "universal" and the "particular", makes itself apparent. Shelter workers form relationships with women based on storytelling as they negotiate meaning against a backdrop of dominant cultural discourses and their own personal subjective positions in the world, in order to understand women's stories and provide service.

1.5 The Setting: Hamilton, Ontario

This research is based in Hamilton Ontario, a city with a population of 504,559 according to the most recent census data (Statistics Canada, 2006).[4] Many people in

[4] Located in Southern Ontario, Hamilton is approximately a one hour drive from Toronto and a five hour drive from Ottawa, the capital of Canada. Hamilton is an ethnically and culturally diverse city, one of Canada's most popular locations for newcomers. Known as the 'Steeltown', historically Hamilton is an industry - driven city, home to two of the largest steel manufacturers.

Hamilton live in poverty. In fact, the city is currently tied with Toronto, a city with a population of 2.5 million, for the highest poverty rate in Ontario. In Hamilton almost 20% of residents (18.8%) living below the low income cut off rate (Statistics Canada, 2002) set at 16,979[5] annually for a single person (Fraser, 2004: 2). People living below this figure are commonly called 'the working poor'. Social assistance recipients, either Ontario Works (OW) or Ontario Disability and Support Program (ODSP) are not making anything close to the low income cut off. A single recipient of OW gets $548.00 per month, or $6576.00 annually and a single ODSP recipient gets $979.00 or 11,748.00 annually. These numbers are crucial to understanding the experiences of both clients, and the shelter workers who are trying to help them.

1.6 Women and Poverty

Poverty does not impact everyone equally. It is well documented that a person's social location impacts his or her well-being in the world, including access to financial resources. People are affected by poverty differentially based on their relative social privilege including gender, racial and ethnic identity, perceived ability and disability, sexual orientation, physical and mental health status and age. Women are far more likely to be poor than their male counterparts (Shaw, 2006). In Ontario, women constituted 59% of the Ontario Works cases in December 2003 as well as 94% of the single parents on Ontario Works and 85% of the single parents on Ontario Disability and Support Program (Mosher et al, 2004: 4). A more local report on poverty found that 81% of sole par-

However, education and health currently employ the most people (Colebatch, Foye and Pike, 2006).

[5] Although this figure has been set and is commonly used as an indicator of poverty, social justice advocates remind us that this is well below a realistic indicator of poverty.

ents who are women and have children under the age of six are living in poverty in Hamilton (Fraser, 2004). Depending on their social location, some women are more likely to be poor than others. The Social Planning and Research Council of Hamilton released "***Women and Poverty in Hamilton***" in 2006 which outlines the contextual and gendered nature of poverty in Hamilton. The following are highlights from the report (Shaw, 2006):

- Women in Hamilton have a poverty rate of 22% and men have a poverty rate of 18%
- Age impacts poverty with poverty rates for women over 75 years double that of men over 75 years old. As well, young female workers earn $7.00 to every $10.00 that young men earn.
- Only 7% of all women earn over $60,000 compared to 20% of all men.
- The Wage Gap in Hamilton persists, with women earning an average 62 cents for every dollar that men make generally (including low waged, temporary and contract positions) and 71 cents for every dollar earned by their full time male counterparts.
- The racialization of poverty is evident in Hamilton with more than half of women among recent immigrant groups living in poverty.
- Children are poor because their mothers are poor - 25,000 children in Hamilton live in poverty and women remain the primary caregivers to most of these children.
- In Hamilton, 30% of women spend more than half of their gross income on housing each month, putting them at increased risk of homelessness.

(Shaw, 2006)

This report brings a much needed gender analysis to the issues of poverty in Hamilton and highlights the role that poverty plays in making women more vulnerable to violence in relationships, abuse, homelessness, and poor mental and physical health. These are all factors that impact a woman's ability to parent children effectively and peacefully. Women often make choices to stay in abusive homes because living on social assistance

(OW) does not feel like a viable option for survival. In April of 2004, a report entitled, *"Walking on Eggshells: Abused Women's Experience of Ontario's Welfare System"* explored the experiences of women who have been in abusive relationships and are recipients of Ontario Works. The title of the report reflects the researchers' findings that women who had experienced abuse by an intimate partner likened this experience to being on Ontario Works, particularly in terms of the lack of control they were given over their lives when they required government financial assistance (Mosher et al, 2004). The authors of *"Walking on Eggshells"* made 34 recommendations to the government of Ontario, including the recommendation that benefit levels be increased to levels that would reflect the actual cost of living and allow for equitable participation in society (Mosher et al., 2004: x). Very few of these recommendations have been implemented to date.

1.7 Homelessness

> *"Homelessness can be defined as the lack of safe, affordable, adequate and secure housing." (City of Hamilton, 2006 5)*

There is an extensive array of research on homelessness within anthropology (Bridgman 1999, 2003, 2006 ; Desjarlais 1994, 1995, 1997; Lovell 1997; Lovell and Cohn 1998; Lyon-Callo 2000; Williams 1999) and within broader social science disciplines (Capponi 2000; Liebow 1993; Russell 1991; Layton 2000). The Social Planning and Research Council of Hamilton has been active in local research on homelessness in Hamilton (1998, 2000, 2002, 2003) and poverty (2004, 2006) and so has the City of Hamilton (2006, 2007). I am drawing on all of these sources to provide theoretical and

contextual information on homelessness, with a specific focus on homelessness in Hamilton.

A home is more than just a shelter or physical structure. To have a home means to have somewhere to live that is safe, adequate and affordable. Homelessness can be further categorized as: 'absolute', 'relative' or 'at risk'. Absolute homelessness refers to the complete absence of shelter, while relative homelessness refers to precarious housing situations, including inadequate or unsafe housing or staying temporarily with various friends or family[6] (Gallimore, 2006: 5). People living in relative homelessness include a broad category of those who are at risk of losing their housing, those who spend more than 50% of their total income on housing costs, those who are struggling with physical or mental health issues which make it difficult to sustain independent housing, as well as people who are dealing with family conflict or domestic violence (Gallimore, 2006: 5).

Homelessness has been well documented and explored in various contexts. However, effective responses or interventions in order to alleviate homelessness are not well represented in the literature (Bridgman, 2003: 8). The City of Hamilton is trying though, and its most recent Strategic Plan to Address Homelessness, called "Everyone has a Home" (City of Hamilton, 2007), identifies the need to address homelessness as a community by providing a continuum of service needs, including Income Maintenance Programs (OW, ODSP, CPP), Emergency Shelters, Social Housing Programs, Healthcare and Employment Programs and Supportive Housing Strategies (City of Hamilton, 2007: 4-5). Emergency shelter programs such as Mary's Place and Martha House provide tem-

[6] This has also been referred to as 'hidden homelessness'.

porary accommodations to people who are experiencing homelessness but they do not alleviate the problem, in large part because they do not address the issue of poverty, which structurally is the "root of homelessness" (City of Hamilton, 2007: 2). Emergency shelter programs do occupy a pivotal role in service delivery by offering a safe place where people can be connected to the larger continuum of services. Front line workers facilitate this connection. There is a lack of research on the experience of front line workers as compared to the experiences of individuals who are actually experiencing homelessness and related issues (Bridgman, 2003). Studying the experiences of front line workers can help to raise understanding of what constitutes an 'effective intervention' into homelessness. It can also help us to understand the interrelations between women's narratives of homelessness and their experiences of service delivery. This can be accomplished by exploring the meaning that front line workers attribute to their work and the understandings they gain about homelessness and the intimately related issues of abuse, addiction and mental health issues from the women they serve at the shelters.

1.8 Shelter Services in Hamilton

Hamilton has five shelters exclusively serving women in the community. Four of the five are 'Violence Against Women' (VAW) shelters and one is a shelter for homeless women. The two shelters I researched and work at, Martha House and Mary's Place, are part of Good Shepherd Centres in Hamilton. Good Shepherd provides a continuum of supports for people in the community. As the largest provider of Social Services in the City of Hamilton it serves thousands of people every year in its various programs including, emergency shelter services for men, women, youth and families, a food bank, mental health programs, supportive housing and palliative care programs. Both Martha House

and Mary's Place are well established programs in Hamilton. Martha House is a part of the collective of VAW services in Hamilton whereas Mary's Place stands on its own as the single shelter for homeless women. In chapter three, I describe the shelter services in greater detail and examine more closely the difference between the shelters and their separate mandates.

Martha House

Martha House is a twenty-eight bed emergency shelter for women and children who have experienced violence and/or abuse. Martha House opened in 1983. At that time it was opened to provide shelter to women who were homeless in the community for a variety of reasons. It became apparent at that time that the predominant need for women who required shelter was to seek safety from domestic violence. These women were homeless because they had to flee their homes to protect themselves and their children from their abusive partners. Martha House transitioned into a predominantly VAW shelter, although it always continued to service women who were identified as homeless for reasons other than woman abuse. Martha House's mission statement reads:

> "We endeavour to provide a safe, respectful environment in which all women and their children who have been victims of abuse can make informed choices toward dignified, violence free lifestyles. We further endeavour to educate our community on the issues of woman abuse and children who witness violence in their homes and to challenge systems that continue to victimize those we serve."

Mary's Place

Mary's Place opened its doors in 1995 out of a recognition that not all women were homeless because of domestic violence or abuse. Good Shepherd recognized that

there was a group of women who were not being adequately serviced by the VAW shelters in Hamilton and were living very dangerous and precarious lives on the streets. The stereotype of the elder alcoholic homeless man no longer fit the profile of people who were homeless in our communities. Women, children and men who were living in poverty and unable to sustain housing for a variety of reasons required (and still require) shelter services. Women who are suffering from mental health issues, specifically, can have difficulty in VAW shelters. Rae Bridgman, who has done an ethnographic study of a similar shelter in Toronto (2003), describes a particular group of women who are experiencing severe mental health problems or substance use issues as well as those who have a history of 'chronic homelessness'. Large shelters can feel overwhelming to women who are struggling with mental health problems and the curfews at many shelters are not appropriate for women who are involved in sex work and require an ability to come and go as they need to. Some women do not feel comfortable with children around, many because they have lost their own. Mary's Place mission statement reads:

> "Mary's Place will provide a safe, hospitable environment for all women unable to access traditional shelters and services in our community. Respectful of issues of mental illness, addictions and lifestyle choices, Mary's Place will provide an alternative to street life and will endeavour to open doors through education and acceptance."

The issues that women who access Martha House and Mary's Place deal with often include substance use, mental health problems, woman abuse, physical and sexual violence and poverty. Discourses surrounding these issues often taxonomize women's experiences and totalize women's identities (Brown 1995). A woman who has experienced abuse becomes an 'abused woman' and a woman who is dealing with addictions becomes an 'addict'. The language we use to define women's experiences influences the

way we think about and relate to women. My research seeks to disassemble and examine these categories, the process of categorization and the effects these categories have on the women said to inhabit them and the workers providing service.

1.9 The Characters

During the course of my fieldwork, I spent approximately twenty-four hours a week, for four months at Martha House and then at Mary's Place. I also conducted ten semistructured interviews[7] with front line shelter workers. Their voices are essential to this text and I have protected their identities through the use of pseudonyms[8]. I took specific care during the transcription of the interviews to preserve the context of the conversations and to avoid any distortion or misrepresentation of the speaker's meaning (Willms and Johnson, 1996: 88). The final analysis is my own and I take full responsibility for any errors or omissions.

Throughout the text I have also represented clients' stories, either through the voices of shelter workers, my own voice, or media representations of parts of their stories. Any references to clients that either I or my colleagues have worked with have been

[7] The interviews ranged from one to two hours in length and one was stopped at the participant's request and continued at a later date due to time restrictions. They took place in locations of the participant's choice, many in the workplace, some in public places such as restaurants and one in a participant's home. There was no financial renumeration for participants and all interviews took place outside of work time. All of the interviews were taped with the participant's consent. All participants were given the option of turning off the tape, skipping over any questions they did not feel comfortable answering or revoking their consent at any point during the interview process before the completion of the written thesis. One worker did revoke her consent after the interview and there were a few instances in which I was asked to strike specific comments from a written record. None of this data appears in any form within the thesis.

[8] I chose the names by looking at a list of baby names for girls on the Internet and randomly assigning the interviewees' names randomly.

disguised throughout the text in order to protect the individual woman's identity. The women's identities in the media stories in Chapter Two are real.

1.10 The Stories

The stories that are told within the shelter are embedded within particular political and social climates, and further encased in power imbalances between front line workers and residents of the shelter. Throughout this research I explore the mechanics of these connections within the context of Martha House and Mary's Place. What happens when a woman shares her story of homelessness with a shelter worker? How do workers make decisions about service delivery? These decisions are filtered through the workers embodied subjective experiences of the world and the dominant discourses of the shelter. Broader cultural narratives also intersect with specific clients experiences of homelessness and add more layers of interpretation. Although governed by professional discourse, the interpersonal relationships between front line shelter workers and the women who access the shelter is pivotal in the provision of service. As I will show, it is a relationship that is negotiated largely through the communication of personal narratives or storytelling. This thesis is a culmination of shelter workers' renditions of client's narratives as well as shelter workers accounts of their own narratives and the ethnographical account that emerges from *my* interpretations of the stories.

Chapter 2

The Big Picture: Dominant Cultural Discourses and Women's Homelessness

I am always moved when I read the first page of Robert Dejarlais' ethnographic account of a homeless shelter in Boston, Massachusetts[9]. He begins by quoting a journalist who is writing an article for the Boston Phoenix on "compassion fatigue." The journalist is writing about a café in what we imagine is a trendy area of downtown Boston, a café frequented by "regulars" in their business suits and "Gap clothing," who start their days there with "cream cheese bagels" and "hot coffee." He goes on to describe an event that disrupts the "peaceful civility" of the café one morning:

> *"But one frigid morning late in January, the peaceful civility here was rudely - and horribly - interrupted. A homeless man limped in, bleeding heavily from the nose. He wailed with pain, and screamed something about having been beaten up. His shrieks filled the café, and a thick mixture of blood, mucus, and tears dripped down his face. Finally, the man's "family" - other homeless people from the neighbourhood who gather, usually more inconspicuously, at one side of the cafe - calmed him down. When the crying stopped, a collective sigh of relief rose up in the room. The storm had passed." (Desjarlais, 1997: 1)*

What stirs me in this passage is the way the journalist so clearly depicts the man who is perceived to be homeless as "other;" the distinction is clearly made between "homeless" and "normal" people, and how this "other'" is portrayed as "horribly interrupting" the ebb and flow of ordinary life. I can imagine a scene like this in Hamilton, my own city. Images of King Street on any morning of the week are called to mind. People on their way to work (school, daycare centres...), rushing toward buses that congregate along the edges of the street - all the while passing "others" who stand under store-

[9] The title of his ethnography is *"Shelter Blues: Sanity and Selfhood Among the Homeless"* and was published in 1997.

fronts, cups held out for spare change. There is a clear divide between those who have become inconspicuous in their poverty, and the rest of us going about our normal routines. Although it is not immediately apparent who has a home to go to and who does not (people do not wear signs indicating their homelessness), and most times ordinary (or "housed") people do not ask.

Cultural narratives, however, provide "common sense" indicators of who may fit the stereotype of a homeless person. As Desjarlais states, "One knows the homeless not by talking with them but by seeing them." (1997: 2) A homeless person is defined by their often soiled appearance, and their very public behaviour, which generally consists of unusual or typically private acts (i.e. begging, sleeping, voiding etc). They are further defined by their perceived separation from "society;" by their status as an "other" to more mainstream or "conventional communities" (Widdowfield 2001: 52). The man in the café's "family" is not a family in the traditional sense, but a group of perceived-to-be "homeless" individuals. In his pain, the man crosses invisible lines between the realities of the people in the café and the suffering of the "other." He is disturbing the "peaceful civility" of "normal" people, who are starting their days in "normal" ways. The reader is jarred by this reality as we imagine the scene. It is only through the presence of his blood, mucus and tears that we are reminded of the common humanity of the café dwellers and the "homeless" man.

In this chapter, I aim to create a sense of where our[10] ideas and images of homelessness come from, and how they influence the ways in which we think about people.

[10] In doing this research, I found myself crossing lines of belonging. I am indeed part of the broader cultural "we" and yet I simultaneously am aware of the contradictory and challenging

We create categories of presumed experience; we assume that we know what it means to be homeless, to be abused, to be addicted to drugs, or to be dealing with a mental health issue, based on our personal understandings of these categories. These perceptions create dominant narrative constructions of others' lives, and they influence not only the ways in which we think about people and issues, but how we treat one another.

2.1 Culture:

Anthropologists have long been studying the concept of the "other" through their interest in culture(s). Traditionally, they travelled to distant or exotic places to discover, observe and write about people and cultures that were "different" from the persona or culture of the anthropologist her/himself, therefore viewed as "other." Through these observations, anthropologists have constructed ideas and perceptions about entire societies or cultures, and then represented those societies to the rest of the world (or at least to their own readership). The research of anthropologists, called "ethnography," highlights the dynamic role of culture in the everyday lives of people all over the world - culture, as it is constructed by humans and as it shapes human experience. There are many different definitions of culture. The one I have chosen to use is the following:

> "Cultures are public systems of symbols and meanings, texts and practices, that both represent a world and shape subjects in ways that fit the world as represented." (Ortner, 2005: 37)

This definition highlights the dynamic relationship between the symbolic orders that we depend on for interpretation and meaning, and the human subjectivity that we seek to understand. Not only do we comprehend ourselves and others through our representations

knowledge that emerges from my experiences as both an anthropologist and an employee at Good Shepherd Women's Services.

of the world, but we shape our understandings of people to fit that representation. Within a "specifically cultural and historical consciousness" (Ortner, 2005: 34) these symbolic orders and meanings are created by a collective of acting subjects. Within this collective there are power dynamics that influence dominant understandings of the world and that impact all of us, sometimes unequally depending on our particular social location[11]. Cultural anthropologists seek to understand the creation and functioning of the symbolism and meanings that we use to recognize the world around us as well as how this world helps to shape individual experience.

One important vehicle of culture, and the one that I focus on within this thesis, is narrative or "stories" - stories that we tell one another and narrative frameworks[12] that we draw on to explain particular stories or experiences, even ones we have not personally lived through. Cheryl Mattingly and Linda Garro, in their important work on the application of narrative theory to health care, echo Ortner's definition of culture as they demonstrate how narrative creates cultural meaning just as cultural meaning is created through narrative (2004). This dynamic relationship has significant impact on the perception of individual experience, particularly when we look at how dominant narratives or meanings are created and how they function, often to maintain the status quo. In a very real way anthropologists investigate the mechanisms underlying the famous feminist phrase, "The personal is political"[13], by highlighting the fact that individual experiences cannot be un-

[11] Social location is a term used often in feminist theory. It refers to the position that an individual occupies in society, including his or her gender, race, ethnicity, religion, sexuality etc.

[12] Anthropologist Unni Wikkan suggests that stories are all around us, told by ordinary people, and it is only academics that find "narratives" (Wikkan 2000: 217).

[13] There is a great deal of discussion around the origins of this quote, but many say that it originated during the second wave of feminism with Carol Hanisch's 1969 essay, entitled "The

derstood outside of their cultural and political contexts, and that these same cultural and political contexts help to shape personal experience. For example, when looking at how dominant understandings of particular experiences, such as women's homelessness, public and political narratives significantly contribute to how a society understands what it might mean to be homeless. Furthermore, these narratives often stigmatize and stereotype people who are experiencing homelessness and in so doing influence the way they are treated. It becomes important, then, to understand the subtle yet powerful ways that cultural meanings influence both our comprehension and interpretations, both of people's lives and our own actions towards others. I am particularly interested in the way that women's personal lives, stories and experiences of homelessness are constructed. Women who experience homelessness are not a homogenous group; they are diverse individuals with distinct social identities, whose histories of homelessness are differentially shaped by public systems, policies and narratives.

2.2 Anthropology at Home...

More anthropologists are now focusing attention on issues "at home" in our own communities and societies. It is not only through an understanding of disparate cultures that people are defined as "others." This classification occurs *within* societies and communities, and influences how we see the world around us. This is where my study fits; it takes place in the city where I have lived my entire life. It also takes place in the shelters I have worked in for almost ten years. Anthropology is especially useful when studying at home, because of the sometimes unconscious ways in which culture can permeate our

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Personal is Political" (www.userpages.umbc.edu/~korenman/wmst/pisp.htm, http://scholar.alexanderstreet.com/pages/viewpage.action?pageId=1501)

perceptions, knowledge and actions. Central to anthropology is the concept of cultural relativism: the practices of a culture and its people can only be understood through an appreciation of the particular cultural context in which they occur. This is particularly useful when studying homelessness, and in shelter work, because people (whether or not they work in a shelter) understand homelessness differently based on a number of factors, including their geographical location or setting as well as their own social identity, or subjectivity. Homelessness in Canada differs significantly from homelessness in Japan or Bermuda, and women's experience of homelessness differs significantly from men's. In order to understand women's homelessness in Hamilton, Ontario, Canada, we have to understand the setting and context, including the cultural perceptions and ideas (discourses) that shape our understanding of what it means to be homeless. We also have to understand how human subjectivity helps to shape women's experiences of homelessness, and the role that shelters play in these same experiences.

2.3 Discourses of Power

The framework I have adopted for this research is a feminist, anti-racist, anti-oppressive framework and before any further discussion, it is important to look at how power functions in societies and how one's social location influences the ways in which we experience the world and our own agency and oppression within it. Toward this end, I will engage briefly with Michel Foucault's various works on power, discourse and subjectivity (Foucault 1977) in order to underline how systems of knowledge or "truth" within particular societies help to shape behaviours and practices. Foucault's work centres on the idea that power is relational and exists only within functioning discourses, or "systematic way(s) of carving out reality" (Chambon, 1999: 57). A discourse is a system

of knowledge that functions within a particular society at a particular historical moment (Chambon, 1999: 272) and that influences behaviours, actions, or practices. Discourses provide rationale for "normalizing" and ranking particular aspects of social identity over others. In Foucault's words:

> *Discursive practices are characterized by the delimitation of a field of objects, the definition of a legitimate perspective for the agent of knowledge, and the fixing of norms for the elaboration of concepts and theories. Thus, each discursive practice implies a play of prescriptions that designate its exclusions and choices" (1977: 199)*

Discourses, once established, allow for categories of experience to be formed and knowledge to be attained. They provide the tools of understanding that create our "common sense" ideas of the world and supply a rationale for assigning power to what is deemed "normal" and "right" over what is "abnormal" or "wrong." For example, when discourses of sexuality dictate that heterosexuality is the "norm," individuals who identify as "other" than heterosexual are automatically excluded from this "norm." Similarly, when race and gender discourses privilege white male experience over black or female experience, or set the tone that white male experience is universal, women and people from various racial communities are excluded from this norm, or at times, from the entire realm of human experience. These discourses set the stage for the discrimination and oppression of people who identify with the many categories of experience that are excluded from the norm.

The narratives or "stories" that I discuss throughout this research are told within particular discursive frameworks, and as such rely on these frameworks for their understanding. They are constructed from various levels of social experience and reflect the

different planes of oppression that women who are homeless in our community endure. Oppression can be defined as "the systematic and pervasive mistreatment of human beings on the basis of their membership in various groups" (www.unlearningracism.org/writings/lib_theory.htm). One very powerful component of oppression that is reflected throughout the narratives is that of stereotyping, or associating negative images or ideas with particular categories of experience. Stereotypes often do not reflect the realities of people's lives, but they hold a great deal of influence over our *perceptions* of those people's lives, and provide a "subtle and effective way of *limiting lives*" (Pharr, 1988 emphasis mine). Stereotypes deny people their individual characteristics and behaviours and in effect they dehumanize (Pharr, 1988) those they seek to represent. The narratives below will provide examples of the impact of this dehumanizing process.

2.4 'Common Sense' Discourses: *"Picture a drug dealer and that's what he looked like"*

Stereotypes and images are powerful. They breathe life into our views of the world and our place within it. How do we know who is homeless? Or what makes us think that someone *is* homeless? Or abused? Or addicted to drugs? Or working in the sex trade? These are all categories of experience that are shaped by a backdrop of cultural images and stereotypes that influence people's perceptions and involvement. Stockwell Day, Public Safety Minister of Canada, illustrated the power of images and perceptions recently when he described himself running along a pathway in Hamilton and coming across a person he presumed to be a drug dealer. In order to identify this person as a drug dealer he stated, "Well picture a drug dealer and that is what he looked like."

(www.thespec.com/article/307841, January 11, 2008) Day appeared so certain that he would be understood, that he did not feel the need for any other descriptors of the individual. He appealed to a "common sense" understanding of what a "drug dealer" might look like. In order for a "common sense" understanding to exist, a discursive framework that reflects cultural ideas and perceptions about the appearance and behaviours of a "drug dealer" must first exist. Stockwell Day, a prominent government official, is drawing on this discourse for his presumption that people will understand his point of reference.

2.5 "Limiting Lives"[14]: Media Constructions and 'Othering' of Women's Experience

Media representations of people's lives impact not only the way those people are perceived, they have a direct impact on the way that people are treated. Popular associations or discursive frameworks of "sex trade work," "drug abuse," "homelessness" and "woman abuse" all influence individuals' perceptions and societies' responses to these issues. The following discussion focuses on media reports of the deaths of five women in our communities and will illustrate one way that women are corralled into "types" or "others" and some of the images associated with each. The women's names are Cazia Menczky, Maggie Karer, Angela Taylor, Jackie McLean and Fallon Mason, and have all died since 1999 in Hamilton and the surrounding area. The references I am using to discuss their stories are newsprint and multi-media reports published in the *Hamilton Spectator*, both print and on-line editions. The media accounts report on the "facts" surround-

[14] Suzanne Pharr (1988) in her article, *"The Common Elements of Oppression"* appears to have coined this phrase. By "limiting lives", she means that stereotypes limit people's human potential.

ing the deaths of these five women, and they make reference to attitudes of how the women might have lived based on their perceived social identities. These particular stories have become public and have been interpreted and represented by reporters, writers and readers. Reporters are telling the story within their own social context and making assumptions about the women's social contexts and lives. The individual women's personal identities are essentialized through the accounts; the women are represented by references to categories such as 'drug users,' 'sex trade workers,' 'abused women' and it is through these manifestations that broad narratives of experience, or discourses, are created and maintained.

2.6 "Sprawled in a barren park, she lay dying" : Public Narratives of Women's Lives

This a headline of an article in the Hamilton Spectator (September 27, 2003: A:01, 19) about Cazia Menczky. She was found dead in Beasley Park in Hamilton, a park well known to those who work with homeless people both because of its notoriety as a haven for drug use and criminal activity, and for its use as a place to sleep. Beasley Park is also well known to police, but the park's inhabitants are generally left alone, possibly because they pose a greater degree of harm to themselves than to the general public, or possibly because of their social identities. Cazia was forty-five years old when she died. The heart of the article, penned by Susan Clairmont, is that Cazia lay sprawled on the grass in the park for an entire day before anyone expressed concern. In the piece, Clairmont interviews residents of and neighbours to the area, and highlights the fact that people saw Menczky lying in the park at 7:30 am but that no one actually checked on her until 3:30 that afternoon, when they found that she was "unconscious, unresponsive and barely alive" (2003: 01). Neighbours commented that the area is "crack-head city" and

that it is normal to see people passed out, sometimes for entire days, (A01, 19) possibly as justification for the fact that no one intervened. Cazia's story, as represented in the article, is about a 'disposable person,' an 'other,' someone who exists on the margins of mainstream society, someone whose social location means that she occupies a position of little power. I am not suggesting that it is the neighbours' responsibility that Cazia died, but I do present this as an example of a 'common sense' outcome based on narrative constructs of people's lives. If Cazia had been in a different park, or if she did not fit the 'drug user' stereotype, someone might have gone to check on her sooner, she might have received medical attention in time and she might have lived. I wish Cazia could tell her own story here, that the complexities of her life could radiate throughout the article and emerge as the heart, instead of the passivity of her lying there and dying as a particular 'type' of person. To end her article, Clairmont writes that people are not surprised that Cazia died. In fact, she states, "perhaps they would have been more surprised if she'd lived. (A 19)" One interpretation of this last line is that it is sensational journalism. Another is that it reflects a society in which a particular 'type' of woman can die in a public place, unnoticed.

"Another possibility was that she was a murdered prostitute"

I first heard about Maggie Karer in the winter of 2006, when a *Hamilton Spectator* reporter contacted Martha House to request an interview with a service provider, specifically to talk about violence against women who work in the sex trade. I was working as Assistant Director at the time and agreed to do an interview. The purpose of the conversation was to provide multimedia/video dialogues to accompany a 'true crime' story being written by reporter Jon Wells, with photographs by Gary Yokoyama that would be

accessible to readers/viewers on the internet. The focus of the true crime story was the murder of Maggie Karer, a white woman who grew up in Hamilton and was murdered in 1999 when she was thirty-four years old. Because Maggie had been a sex worker at the time of her death, I was asked questions about sex work and why women who work in the sex trade might be more vulnerable to violence. I gave my opinion that women who work in the sex trade are vulnerable to violence because they work on the margins of society and because in many ways, people do not care about sex workers' experiences of violence - in fact, most people aren't even aware of them. Sex trade workers are constructed as an 'other' with little power, and are often judged as making their own choices. And while a sex worker may in fact, *choose* to work on the street, there is always a context within which this choice is made.[15] As a society we often do not respond with outrage to the violence that sex trade workers experience.[16] A powerful example of this lack of outrage is playing in the background as I write this: the first trial of Robert Pickton is quietly coming to an end. Pickton, a pig farmer from Port Coquitlam British Columbia, has been convicted of killing six women and awaits a second trial where he will face charges of the murders of twenty more. The women who were killed by Pickton were all sex trade workers in Vancouver and many of them were Aboriginal women. Vancouver police face criticism that the cases were "neglected" because of the focus on the women's

[15] Patricia Spittal (1995), who conducted her doctoral research with women sex workers on a truck route in Africa coined the phrase "choiceless choices" to describe the choices that women were making to exchange sex for money because of the context in which their choices were made. Sometimes sex work was the only option that these women had for their own survival and the survival of their children.

[16] There are many organizations and individuals within the community who do respond with outrage. Community service agencies, such as Elizabeth Fry and the VAN Needle Exchange program, Sexual Assault Centre and women's shelters who work directly with women who are engaged in sex work. Good Shepherd Women's Services is a member of the Sex Trade Task Force which is an active committee in Hamilton with part of its mission to "work to reduce violence against sex workers" (www.sextradehelp.ca).

identities as "prostitutes" and "drug addicts" (www.cbc.ca/news/background/pickton/history.html). In some ways the victims' experiences are accepted as 'normal' or expected as an 'occupational hazard.' For a woman who is working in the sex trade, the social and political discourses that help shape her experiences include an acceptance or 'normalizing' discourse of violence. It is not uncommon for a police officer to question "how exactly" it is that you "rape a whore" (Doe, 2003: 158), or to dismiss her encounters with violence as something that "comes with the trade" (Alexander, 1998: 169). Maggie Karer's experiences of violence included being picked up one night, murdered, dismembered and her body hidden in the fruit cellar of a Hamilton Mountain home. One of the focuses of Jon Wells' description of Maggie's narrative in the true crime story is the lifestyle that she was leading at the time of her death. She had been struggling with addictions and intermittent homelessness and had been working in the sex trade, I presume because she needed to have access to drugs. Her body and her own perception of her immediate survival would have been dependent on this access, as is the nature of an addiction. According to the story, which focuses in large part on police investigators and detectives, before Maggie's body had been identified, detectives had hypothesized about the identity of the remains. The first guess was from Detective Mike Thomas of the Hamilton Police Services: "There could be a nervous boyfriend out there somewhere" he suggested (http://www.thespec.com/article/262085: p4) and the second possibility was that "she was a murdered prostitute" (http://www.thespec.com/article/262085: p4). Both guesses are "common sense" conclusions: the first because of the high incidence of woman abuse by intimate partners in our

community, and the second because of a particular political and cultural context in which a woman who is working in the sex trade can be murdered very easily.

"House often the scene of drinking parties...."

The next media account is that of the murder of Angela Taylor. At the age of thirty two, Angela was stabbed by her twenty-three year old sister. Although media accounts of her death were brief, certain facts were included. Journalists stated that Angela was an aboriginal woman, that she and her sister had often gotten into "drunken arguments," and that the house they lived in was regularly the "scene of drinking parties" (Hamilton Spectator, August 30, 2005). Details of Angela's life were provided, such as statements that "the family was not a stranger to hardship," and that Angela had three sons, one who lives north of Sault Ste. Marie and two who live in Quebec with their father (Hamilton Spectator, August 30, 2005). The reason for her death was reported to be the result of a "drunken argument" (Hamilton Spectator: August 30, 2005). This article suggests that Angela and her sister were involved in a particular 'type' of lifestyle, one that included "drinking," "drugs" and "violence." Her identity as an aboriginal woman already puts her in a category of 'other,' and we can assume that her ethnicity was cited in order to create in the reader's mind an idea of what Angela's experiences might have been. Violence against aboriginal women occurs at a much higher rate than that of other Canadian Women[17] and Aboriginal Women in Hamilton have a poverty rate that is double that of all women (SPRC, 2006).

[17] One statistic suggests that aboriginal women between the ages of twenty-five and forty-four are *five times* more likely than other Canadian women in the same age groups to die of violence (Native Women's Association of Canada 2007: 5, original source, Amnesty International, 2004). Another alarming statistic is that "more than five hundred Aboriginal women and girls have gone missing or been murdered over the last thirty years" (Native Women's Association of Canada, 2007:5).

These descriptors distance the reader from the woman who is being represented. The narrative being told is of an aboriginal woman who is presumably living in poverty, estranged from her three sons and struggling with addictions. In addition, the description of the house calls to mind images of a dwelling that likely lacked amenities that the majority of us take for granted in our own homes, because we do not know the level of Angela's poverty. Because of the high rate of violence against aboriginal women, Angela Taylor's story is representative of another 'common sense' understanding of a woman's death in our community and the lack of outrage that surrounds it.

Listening to "crackheads" and "eggheads" in the "sordid side of the Steel City"

I was deeply disturbed and saddened by media accounts in the Hamilton Spectator (February 20, 2006) reporting Jackie McLean's murder. They provide a powerful example of the narratives that are constructed about people's lives through the reported accounts of their deaths. The media narrative construction of Jackie McLean's life and death clearly defined her as an 'other;' as a woman who lacked power because of her perceived 'lifestyle,' and the situation surrounding the 'facts' of her death. Jackie was beaten to death when she was thirty-six years old in a rundown building which used to house the Sandbar Tavern. The building has since been closed by police because of its connections to drugs and violence (Hamilton Spectator: March 29, 2006; March 31, 2006). After Jackie McLean's severely brutalized and violated body was found , Carl Hall was subsequently charged with her murder. Newspaper accounts of the circumstances surrounding McLean's death focus again on the perceived life that she led, as evidenced by how and where she died. The focus is not on Carl Hall, except in reference to

his involvement in a similar lifestyle. [18] All of the news stories I have read about Jackie's death cite the fact that when she was found, her "tank top was pulled above her breasts and most of her clothing had been removed, including her bloodstained jeans and torn panties" (February 20, 2006). Hall was apparently connected to the murder through traces of his semen found on Jackie's clothing. He admitted to having sex with Jackie at some point during the evening, but stated that it was 'consensual." No one will ever know, unless they bore witness that night, whether or not Jackie consented to sex with Hall before he beat her to death with a "piece of construction steel in a seedy downtown apartment on August 20, 2001" (February 20, 2006)[19]. We do know, however, that reports of how her body was found are sexualized and brutal. We also know that Jackie was a part of what the reporter described as the "sordid side of the Steel City," that her body was found in an "unfurnished apartment" with "walls…dirty and stained with old blood from previous violent incidents" and "where addicts dropped in to smoke crack and prostitutes turned tricks to raise money for drugs…" (Hamilton Spectator, February 20, 2006).

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[18]Carl Hall beat Jackie McLean brutally. Rumours in the community suggest that all details were not reported because of their intense brutality. And yet there was no public outrage. Reports of the incident were printed quietly with disclaimers that the general public is not at risk. The focus of the reports was not on the actions of Carl Hall. In 2007 the Hamilton Spectator reported that Carl Hall had been convicted of the double murder of Charlisa Clark, 24, and Pasquale Del Sordo, 25, on June 18, 2000, after he confessed the murders to another man in September of 2001. Hall's confession came shortly after he had beaten Jackie McLean to death. Hall climbed into the apartment of Charlisa Clark and Pasquale Del Sordo through the rear fire escape and beat the sleeping women to death with a metal bat (Hamilton Spectator, May 23 2007: A10). There is no evidence that the couple were known to Hall, clearly indicating that the public was in fact, very much at risk from this man.

[19] Carl Hall was not charged with sexual assault. An online lawyer's blog suggests that blood spatter expert Craig More of the Niagara Police determined that Jackie was still wearing her underwear when she died and that they had been removed after her murder, suggesting that Hall did not have consensual sex with McLean. (www.clothingblogg.com/node/13716?PHPSESSID=77b43c32d4ed07c3c0b3cf28fa3ecfb7)

The newspaper accounts are sensational and clearly represent an interpretation and stereotype of the 'sort' of woman Jackie was. The narrative choices in Assistant Crown Attorney Edgar Slater's closing argument are highlighted as he warns the jury that "most of the witnesses who testified during the six-week trial were street people, crack cocaine addicts and career criminals." He assures jurors that (despite this) by listening to the "crack heads" and "eggheads" (Hamilton Spectator, February 20, 2006), they could understand and begin to piece together details of the events the night Jackie was murdered. The images evoked by this writing are brutal, violent and specific to a particular 'type' of experience - one that is presumed only to happen to someone with a particular lifestyle or story; one associated with 'crackheads' and 'eggheads.' These suppositions distract from the fact that a woman was brutally murdered in our community, and suggest that the world Jackie was a part of is a world on the "sordid side of Steel City," one that we (readers, jurors…) cannot relate to unless we are a part of it. The suggestion is that there is a clear distinction between those who are part of the world and those who are not. The effect of this is that Jackie is constructed as a particular 'type' of person, based on her perceived lifestyle and experiences. She is constructed as an 'other,' as a woman who falls outside the 'norm' of society, who is one part of a dichotomy of those who live on the 'sordid side of the Steel City' and those who do not. Her murder is constructed in a way that is not meant to evoke feelings of vulnerability amongst the general public, who presumably do not and will not enter this world. And, once again it occurs against a backdrop of little outrage or shock.

2.7 A Subject of True Feeling: Woman Abuse and the Media

I introduce this last media construction of a woman's story to demonstrate another 'type' of woman or category of experience, that of the 'abused' woman. Discourses that surround woman abuse[20] are multi-layered and elicit various perceptions and responses from people. Advocates, including myself, believe that woman abuse is clouded by specific mythologies and that women experience barriers to living abuse-free and violence-free lives based on their particular social identities. For example, some people believe that if the abuse is bad enough, women will leave the relationship.[21] This judgment is damaging, particularly when you explore the myriad of reasons that women are not able to leave abusive relationships. Women who are living with abusive partners are often isolated and have internalized the oppression they experience. This can limit their partici-

[20] The term Woman Abuse has gone through many transformations. At one point called Family Violence, feminist advocates challenged the notion that Woman Abuse is not about 'family' violence, as it is normally perpetrated by one person: the male partner towards his female partner, in an effort to maintain power and control over her. Domestic Violence became a more acceptable term, although Woman Abuse is the preferred term for most advocates because it is a term that recognizes the varied realities of abuse that women experience, not all by intimate partners and not all physical in nature. Woman Abuse encompasses many forms of abuse including emotional, psychological, economic, spiritual, sexual and physical. Woman Abuse is also unique from other forms of abuse because it refers to a specific set of tactics embedded in patriarchy. These tactics allow men particular types of privileges that support the maintenance of power and control over their female partners, such as relative economic power. Woman Abuse also occurs in lesbian relationships, dynamics shift slightly to include heterosexual privilege rather than male privilege (see Kaschak, Ellyn Ed. 2001 for a more extensive discussion of abuse in lesbian relationships). Other forms of abuse, such as Child Abuse, have their own particular sets of dynamics.

For resources and a more comprehensive discussions of woman abuse and violence against women, please see Canadian Panel on Violence against Women, 1993; Singer, 2001; Evans, 1996; Jones, 1994; Penfold, 2005; Morrow and Wakeling, 2000; Valee, 1989, 2007.

[21] There are many reasons women do not or cannot leave relationships that are abusive. Some of the reasons include finances, lifestyle, believing that the abuse will stop, wanting children to be with both parents, love for the abusive partner, immigration status, lack of options (whether perceived or real) and the personal safety of themselves or their children. Women are more at risk of being murdered when they leave their partners. The threat of poverty keeps many women in abusive relationships, especially if there are children involved. For an analysis of women's poverty in Hamilton see *"Women and Poverty in Hamilton" (SPRC, 2006).*

pation in life beyond basic survival. There is also a perception that woman abuse is against the law and that the justice system will protect women. This is not generally women's experience. First of all, many forms of woman abuse (ie. emotional, financial) are not against the law; and secondly, the justice system's response to woman abuse - from police, to courts, to sentencing - often fails to hold the perpetrator accountable and to protect women from further violence. Generally, violence against women is not reported in the media, except in the most sensational of cases, such as when a woman is killed by her partner. Fallon Mason was killed in her home by her ex-partner in Brantford in 2006. Her story was reported by the press in Brantford and surrounding areas, including Hamilton. It brought domestic violence into the media, as murders do, *for a moment.*

I use the example of a woman murdered by her abusive partner to exemplify what theorist Lauren Berlant calls a "subject of true feeling" (Berlant, 1999). In her essay *The Subject of True Feeling: Pain, Privacy and Politics (1999),* Berlant discusses 'types' of experiences that become the subjects of 'national sentimentality,' garnering the empathy of a nation. Examples that Berlant identifies are children working in sweatshops (1999: 52) or fetuses in pro-life discourses (1999: 55-56). These subjects, she states, emerge to elicit feelings and desires to 'protect, repair and rescue,' rendering the subjects themselves incapable of their own agency and requiring the paternal and universal response of the state's citizens (1999: 58). Berlant describes a nation that is seduced by narratives of trauma and rescue, but identifies these narratives as 'reductive' and 'totalizing' of the subjectivity of the individuals involved (1999: 56-57). I suggest that Berlant's framework is appropriate to a discussion of Domestic Violence or Woman Abuse. Fallon Ma-

son died in Brantford when she was twenty-three years old. She was beaten to death by her former partner. Her death became the impetus for a public outcry and subsequently a spotlight on domestic violence. Newspaper reports (Hamilton Spectator, March 16, 2006; March 18, 2006;) highlighted the fact that Fallon was the mother of a young child and that her ex-partner had been released on bail three days after being accused of breaking into her home and harassing her (March 18, 2006). This arrest came not even a month before Fallon's death. Fallon was constructed as a 'victim' rather than a participant in her death and many references were made to her role as a mother. Domestic violence became a 'hot' topic in the weeks after Fallon's murder, and newspaper reports suggested that advocates were outraged and "wanted answers" (March 18, 2006) as to why the justice system had failed Fallon. Women's advocates were called for comment and sentiment was clearly expressed that Fallon should not have died. Although Fallon was constructed as an 'other,' an 'abused woman,' unlike Cazia, Maggie, Angela and Jackie, Fallon was not implicated in the circumstances surrounding her death. As in Cazia, Maggie, Angela and Jackie's cases, the public was lead to believe that they were not at risk because Fallon's murder was an event isolated within her life. Dangerous myths still prevail that domestic violence is isolated within the confines of a relationship or family. Fallon Mason was clearly portrayed as a young mother, a 'victim' who was brutally murdered and who the justice system 'failed to protect.'

These are all women who lived within our communities and who died as particular 'types' of women, their stories becoming part of the public discourse only after they died. Through media coverage we gain accessibility to pieces of their stories and the events of their deaths. The narrative descriptions of the lives that came before are brief

and one-dimensional. Maggie was described as a 'prostitute' and 'drug addict.' Cazia, Jackie and Angela lived with violence and addiction, and Fallon was a victim of domestic violence. This is all that we know about these women. The media accounts serve to distance the reader from the events surrounding these women's deaths by constructing the dead as 'other;' as particular types of women who were all at risk of death, because of their particular social identities, lifestyles or circumstances.

2.8 "My story started before I was born": Implications for Practice

Narrative constructions and discursive frameworks shape experience and have a direct impact on living actors. Many years ago, when was a front line worker at Mary's Place, I was sitting in a counselling room with a woman. She was telling me about her life: the background or 'themes' of her life story. During her childhood, her father had spent most of his time as an inmate of a federal penitentiary. She remembered visiting him with her mother, a woman who had struggled for years with an addiction to crack cocaine. When her mother died from her addiction, the daughter was only twelve years old. Her childhood had been marked with abuse, foster care and later, her own addictions and life on the street. As she recounted some of these details to me, she said "my story started before I was born. I was doomed into this life". Jerome Bruner, in his article *Life as Narrative*, discusses autobiography, or 'life story' as being inseparable from a person's life (Bruner, 1987). He states that life narratives are constructed based on the "narrative models (a culture) makes available for describing the course of a life" (1987: 15) and that based on these narrative models, we are able to choose "possible lives" (1987: 15). In the end, Bruner states, we *become* the autobiographical stories that we tell about our lives (1987: 15). This idea is important to my work, because it suggests that we draw on the

narrative discourses that are available to us in order to tell others about our lives. This is the way we make sense of, or create meaning from, the series of events that make up the trajectory of our own particular lives. It also means that the stories we tell about our lives impact the way those lives are lived: "we *become* the autobiographical narratives by which we "tell about our lives" (Bruner, 1987: 15). Narrative discourses provide the 'possibilities,' but they also *limit* the possibilities. If the possibilities are created by stereotypes and negative constructions, our life stories will be impacted by these, "we also become variants of the culture's canonical forms" (Bruner, 1987: 15). The woman quoted above, in the telling of her story, believes that the possibilities available to her were created before she was born and that they 'doomed' her own life story. She did not see room for 'other possibilities.' This speaks to the power of narrative constructions and has significant implications for not only the way in which this woman perceived her own life, but also for the way in which shelter workers endeavour to help her.

Narrative discourses impact the way that we, as individuals, understand our own experiences as well as how we perceive the experiences of others. As such, narrative discourses can translate directly to front-line service delivery in women's shelters. In Chapter three, I will look at some of the specific implications that narrative discourses, especially dominant or mainstream narratives, have on clients' experiences at a shelter. As I have shown, there are many categories of narrative discourses that are relevant to this discussion - all of which can be associated with women's experiences of homelessness. I have chosen to focus on two specific categories that are influential in our cultural understanding of what it means to be homeless. One of the categories is simply that of the 'homeless' woman and the second is that of the 'abused' woman. These two categories

of experience have widespread implications for shelter work, from funding to direct service.

Chapter 3

"Are you Homeless or Abused?" Implications of Cultural Categories for Direct Service

> *"Culturally, battered women are congratulated for turning to a shelter because leaving their relationships is seen as the defining first act in helping themselves, whereas those in homeless shelters are perceived to be lazy, turning to shelters as a way to live off the system." (Williams, 2003: 168)*

The cultural narrative constructions that constitute what it means to be 'homeless' and/or 'abused' influence how women experience homelessness as well as how services are delivered. There is a distinction made with regard to these categories in shelter services - from funding bodies to front line services - between women who are seeking service because they have experienced abuse or violence in their relationships, and women who are seeking service because they are experiencing temporary homelessness and attribute this to factors other than abuse by an intimate partner. This distinction is made at the governmental or funding level that defines service and is applied throughout various front line programs.[22] Discursive frameworks exist for both categories and as illustrated by the quote above, they are unique in their construction of ideas of homelessness and of abuse. Often, the general perception is that women who experience abuse are deserving of shelter services, whereas homeless women's experiences are pathologized or

[22] Although I will be discussing service distinctions as they occur locally, funding structures are determined from federal, provincial and municipal levels. I believe that these categories of service can be understood as a North American phenomenon, as the literature I am drawing on is based in the United States.

interpreted as the women's own fault. Widdowfield writes about representations of homelessness in this way:

> *"Representations of homeless people...(are) rooted in personal failings or misfortunes - most commonly, an addiction to drink or drugs, family break up, sexual abuse or mental health problems - rather than a product of structural disadvantages such as poverty, unemployment or a lack of affordable housing (2001: 53)*

Of course, people's lives as well as their individual reasons for seeking shelter are complex and cannot be categorized in any simple way.

Jean Calterone Williams (2003) writes about the categorization of women's experiences of 'homelessness' or 'abuse' in her book, "*A Roof Over My Head: Homeless Women and the Shelter Industry.*" Although her research was conducted in Phoenix, Arizona similar trends are apparent in the shelter system in Hamilton.[23] In her chapter, *Homeless and Battered Women: Parallel Stories, Opposing Identities* (2003: 151-173), she discusses how women are classified as "*either* battered or homeless"[24] (2003: 152) and how this translates into program development and delivery, including the sometimes excessive time spent by shelter staff in discerning whether or not a woman is appropriate for their particular shelter (2003: 152). Williams does not feel that this rating system is an appropriate way to categorize women's experiences and states that "striking similarities exist in women's reasons for seeking emergency housing, regardless of the type of shelter they are in" (2003: 151). This last point resonates strongly with me when I reflect on the two shelters that are the focus of this research. They each have unique identities as either a homeless shelter (Mary's Place) or a shelter for women who have experienced

[23] I have not found Canadian literature that looks at this service distinction.

[24] In Canada, for the most part, the term battered woman is no longer in use.

abuse (Martha House). Although staff at both facilities work within these parameters, there is a significant overlap in the clientele who use their services. The shelters are located a few blocks apart, and many women have stayed at both shelters at different times.

On a practical level, this segregation takes place when a woman tells her story to a front line worker. A woman may define herself either as 'homeless' or 'abused,' or a front line worker might interpret a woman's story as being one of homelessness or abuse. On a larger scale, however, this division takes place long before a woman tells her story. It happens as a result of a narrative discourse within culture that *requires* the categorization of women's experiences; one that values experiences differentially.

3.1 A Local Context:

There are one hundred and nine shelter beds for women and their children in Hamilton. One hundred of these beds are funded for services to women who are fleeing abuse or violence in an intimate partner relationship. That leaves only nine beds dedicated to women who do not have children and who are homeless. These beds are at Mary's Place. Some of the Violence Against Women (VAW) shelters, including Good Shepherd-Martha House, provide services beyond their mandate to women who are experiencing homelessness. This occurs because the need is so great. The unequal allocation of resources reflects narrative discourses that suggest that women are *either* homeless *or* abused and that abused women need more shelter services than homeless women do. A recent piece in The Hamilton Spectator, based on the city's homelessness report (Hamilton Spectator, December 3, 2007), highlights the inequities in the shelter system in

Hamilton. Denise Davy writes that a distinguishing feature of the report is to learn "just how diverse a group homeless people are"! (Hamilton Spectator: December 3, 2007)

As an anthropologist, during my fieldwork, I observed many phone calls and meetings during which workers have determined whether a woman's story makes her 'homeless' or 'abused'. I have also conducted many of these assessments as a front line worker. Also salient to this discussion are the experiences I have had as a manager, when I have been consulted about women who were staying in the shelter. Almost always the first bit of information shared for the purposes of case management, particularly at Martha House is whether or not the woman has been identified (either by herself or the front line worker) as being 'homeless' or 'abused'. Sometimes it is the only descriptor in the entire file about the woman's situation. This one word identifies an entire category or group of people, and it helps to inform the worker what kinds of services the woman requires. Some of the direct service considerations the shelter worker takes into account are: the woman's immediate safety, her counselling needs, and her housing options - all of which can be perceived as different for each 'type' of woman.[25]

At both Mary's Place and Martha House, in general, a telephone conversation will occur before the woman comes into the shelter. During this dialogue, the worker's first question to the woman is, "Are you safe right now?" This determines how quickly the woman should be brought into the shelter. If she replies that she is safe, the worker will

[25] There are specific housing options in Hamilton for women who are fleeing abusive partners and for women who are homeless. Special status is given on housing wait lists for affordable housing to both abused women and homeless women. Homeless women are given what is called 'homeless status' and abused women are given 'priority status'. This significantly decreases wait lists for housing, especially for women who require housing because of abuse, as they receive priority over homeless women.

then ask her some further questions to assess her service needs. If she replies that she is unsafe, a cab or the police[26] are sent directly to her location. Or, if the worker can hear that the woman is being assaulted, or otherwise in immediate danger, police are called. The focus for Mary's Place staff is whether or not the woman has safety concerns, and consequently workers strive to obtain as much information as they can over the phone. Safety concerns, according to the worker, mean whether or not someone (an abusive partner or other perpetrator) will try to find the woman. If a woman states that she is unsafe, or believes someone will be looking for her, Mary's Place staff will immediately refer her to Martha House, or one of the other Violence Against Women (VAW) shelters in Hamilton. The reason for this is that Mary's Place does not have the additional safety features that VAW shelters have, such as bullet-proof glass, security cameras that record the perimeter of the house, double locking doors and an alarm system[27]. Structurally, Mary's Place is not equipped to serve women who are at physical risk. If an abusive partner or someone else wanted to gain access to Mary's Place to find a particular woman, it would be much easier to do so.[28]

[26] It is up to the woman whether she wants police involvement. Shelter staff will ask her if she would like the police called and if she responds that she does not and there is no indication that she is at imminent risk (ie. being assaulted at that moment), front line workers will respect her choice and not contact police.

[27] These are the specific security features of Martha House. Other VAW shelters might vary in their specific security features.

[28] At Martha House, safety is also assessed by front line staff. In general, if a woman has safety issues or believes someone might be looking for her, Martha House can accommodate her - theoretically. In practice, however, her immediate safety has to be assessed further to ensure that Martha House is the best VAW shelter for her at this time. Questions focus mainly on whether or not her abuser lives in the area or might know where she is.

If front line staff determines that a woman has been abused or is in danger of abuse[29] there are several ways that she receives priority over women who are homeless. For example, she will not be turned away for shelter (a homeless woman can be) based on the knowledge that if she is turned away and her abusive partner or ex-partner is looking for her, her life could be in immediate danger.[30] Her stay is funded for six weeks.[31] An 'abused' woman will not be referred to hotels in the event that the shelters are full. Instead a 'homeless' woman might be referred elsewhere in order to accommodate the 'abused' woman. This is based on the mandate of the shelter and the fact that a woman is most at risk when she leaves an abusive relationship. The VAW shelters in Hamilton have a Missing Person's Protocol with the Hamilton Police that helps to outline when shelters will file Missing Person Reports for women who do not return to the shelter by the specific shelter curfew time. For a woman who is in shelter because of abuse, a Missing Person's Report is always filed. A report is not automatically filed for a homeless woman who does not return to the shelter[32]. It *is* important to take the safety of

[29] At Martha House, women are broken into these categories upon intake and this description follows them throughout their stay at the shelter. A Case Management Plan that is updated daily is circulated to the Case Managers that are working that day and delegates specific tasks or plans for each of the women in the shelter. The first line indicates what category she falls into. On that line it will either say "homeless" or "abused." There are other programming considerations, including specific programming for children in the shelter. Counselling services and safety planning are geared more towards woman abuse than other general issues and women have access to legal aid services within the shelter.

[30] A woman is most at risk of being killed when she leaves an abusive partner.

[31] A woman who is homeless is generally given a four week stay, although individual circumstances differ and both Martha House and Mary's Place operate with the assumption that each woman's need for shelter, including her length of stay is individual.

[32] Not all women want a Missing Person's Report filed on their behalf. In essence, it breaches a woman's confidentiality and discloses to the police that she is staying at the shelter. Women are fully informed of this practice when they enter the shelter and are asked if they want a Missing Person's Report in the event that they do not return. They are also encouraged to call the shelter if they will not be coming back. However, if staff are concerned for a woman's safety, and that woman does not want a Report filed, it may still be filed despite the woman's wishes.

women who are leaving abusive relationships very seriously. Women are at increased risk of injury or death when they leave their abusive partners. However, a woman who is homeless could be dealing with very similar issues, she just might not identify them. She is also at increased risk of physical and sexual violence because she does not have a safe place to be and she might have safety issues that she is not comfortable disclosing to shelter workers. For example, instead of fearing a partner or ex-partner, she might be afraid of a drug dealer or a friend that she has been staying with who has been demanding sex in exchange for shelter.[33]

3.2 Reflections from Shelter Workers

> *"I am not sure, sometimes I think they are the same women, because women who are abused need safe housing, but why do women who are homeless not need safe housing? They are homeless!" (Sophie, front line shelter worker)*

It becomes obvious when discussing women's experiences of homelessness that separating women into categories can be both artificial and ambiguous. The construction of women's experiences are inadequate in their representations of individual women's lives and can be very dangerous when they become dominant understandings or stereotypes of women's homelessness. Williams believes that it is inadequate to assume that a woman is *either* 'homeless' or 'abused' when she seeks service (2003: 152). When I asked front line workers about their understanding of the importance of these categories to service delivery, they acknowledged both the ambiguity and the role the categories play in case management.

[33] This is often referred to as 'survival sex' but is more reflective of sexual exploitation.

> *I do think it's important to know whether a woman is homeless or abused because it helps to determine what her needs might be. She might not be able to go into regular housing if she is abused. Maybe she needs something with security. Maybe she cannot afford to leave and there needs to be some incentive, like a subsidy, but I guess a homeless woman needs a subsidy to afford rent, too. (Linda, front line shelter worker)*

> *It is really weird because lots of times women come in with bruises who do not identify as abused. So, maybe they were assaulted on the street, but does it really matter? She is still unsafe in my opinion and I would rather have her at Martha House, than at the Wesley or something.* [34] *(Grace, front line shelter worker)*

As mentioned, division of women into these categories has direct implications for service delivery. The majority of the shelter beds for women in Hamilton are for women who are fleeing violence and abuse whereas there is an inadequate number of shelter beds for women who are experiencing homelessness outside of the parameters of abuse by an intimate partner. This often includes women who are dealing with poverty, who might be struggling with mental health issues, addictions or who are involved in sex work. It also includes women who have experienced historical or childhood abuse. The majority of women who access Mary's Place have experienced abuse and violence and shelter workers often struggle to understand the complexities of their situations. Many women who access service minimize their own safety risks because of the trauma they have already experienced. For example, women who are working in the sex trade are among the most vulnerable women in our community and have often experienced repeated sexual and physical assaults but commonly minimize their risk, possibly because they want to stay at Mary's Place. Shelter workers must determine whether or not a woman will be safe to

[34] The Wesley Drop-In is a drop-in centre for men and women who are homeless. They do not have beds, just mats on the floor and men and women sleep in two large rooms that are separated by a partition. A lot of drug activity and violence happens in and around the Wesley Centre, making it a less than desirable option for women.

stay at Mary's Place regardless of what she might be saying, or if she is minimizing her risk. This can be difficult and arbitrary and can put workers in a position of questioning women's stories.

3.3 'Abused Women'[35]

Although there are still several myths and dangerous stereotypes about women who have experienced abuse in their lives and there are still inadequate resources, this 'type' of experience can sometimes garner national sympathy. As discussed previously, these women can become 'subject(s) of true feeling' for a nation (Berlant, 1999)[36]. Their stories can be represented in such a way that we are compelled to help them. As a society we are compelled to provide shelter beds and services. We feel that they are deserving, that they are 'victims' with identifiable perpetrators in situations that they cannot control. Their homelessness is not perceived as being their fault. It is not blamed on alcohol, drugs or mental health issues. This is reflected in the types of services they receive; the security features of the shelter, the concern for safety and belief in their need for support. Women who have experienced abuse are in need of protection and safety as well as basic necessities and shelter. Their stay is funded[37] for six weeks and if the shelters are full,

[35] The very term 'abused woman' or 'homeless woman' essentializes women's experiences by categorizing her as a 'type' of person and suggesting that the fact that she has experienced abuse or homelessness is now her identity. A more appropriate descriptor is a woman who has experienced abuse or homelessness.

[36] It is important to note that, according to Berlant's analysis, a subject of true feeling is only so for as long as it is highlighted (generally in the press). Generally having a subject (or object) to focus on is about placating the viewer, rather than transformative politics or aiding the subject. For example, if the viewer makes a donation or attempts to assist, they feel better for it.

[37] Martha House and Mary's Place are funded separately. Martha House, along with the three other VAW shelters in Hamilton receives provincial funding from the Ministry of Community and Social Services and Mary's Place receives regional funding from the City of Hamilton. Both services are subsidized by private donations to Good Shepherd Centres.

they will still be brought into the shelter and women who are homeless might be referred to hotels. For women who have been abused, their experiences are validated and they are viewed as needing protection for themselves and their children if they have them. Culturally, we choose to support women and children who are victims of abuse and violence more often than we do women who are homeless and who could be dealing with addictions or mental health issues. Fundraisers will tell you that planning an event to raise money for women and children who have experienced abuse is more appealing to the public, and will attract more attendance than an event for homeless women. At Good Shepherd Women's Services, when we see the influx of donations to Martha House and lack thereof at Mary's Place, we joke that Mary's Place is the 'poor cousin'. [38]

The different ways in which women who have experienced abuse and those who have experienced homelessness are ranked sometimes reflected in human resources. When a person is interviewed for a position at Good Shepherd Women's Services, she is asked where they would like to be placed. Often, women will identify the desire to work at Martha House; sometimes because it is the service that they are most familiar with because of its profile in the community, or it can be because they want to work with women and children who are survivors of abuse.

[38] This is not to suggest that services for women and children who have experienced abuse are not needed and valued. The women's movement has been instrumental in raising awareness and demanding resources for woman abuse and they are still in demand. I raise this contrast *only* to make a point about how we value different categories of experience.

Kareema identifies this very clearly:

> *I enjoy working mostly with abused women...I've always worked very well...was always being given the abused clients because everyone knew that I enjoyed working with them and did a particularly good job working with them. (Kareema, front line shelter worker)*

Chloe discusses the reasons that she likes to work with women who have experienced abuse. She identifies a sense of satisfaction or feeling of success that she can quantify:

> *If the women are feeling safe, secure and comfortable at Martha House that's rewarding. When you see people start to feel even more comfortable and be able to maybe move on towards achieving some of their goals, when they understand that abuse is not their fault and understand abuse and some of the issues involved, they (start) feeling a bit stronger. It's still always rewarding, even if somebody isn't (feeling comfortable), but they've come here...they may still have other, maybe numerous problems to deal with, whatever small steps you're making, whatever counselling advice, support we can offer, that's always rewarding. (Chloe, front line shelter worker)*

Kareema expresses the respect she has for a woman who has made the difficult choice to leave an abusive relationship:

> *Just the fact that she's come here...that's she's made that difficult choice of leaving her home and her family and risked a failed marriage to protect her children and herself is amazing. We need to really respect that. (Kareema, front line shelter worker)*

It *is* a difficult choice to make and it is appropriate for workers to be respectful and motivated to provide the best possible service to women who access the shelter. It is problematic, however, that there is a distinction made between women who access service because they have experienced abuse and those who access service without presenting abuse as their primary reason for seeking assistance. The reality is that both 'types' of women are without adequate and safe shelter and are therefore *unsafe*. Woman abuse is

an intricate issue that includes many different types of situations and relationships. The perception of violence against women or woman abuse is often limited to domestic violence in heterosexual relationships, but it is more far-reaching. Violence against women impacts women who are working in the sex trade, violence in lesbian relationships, sexual assault and harassment,[39] violence in youth relationships, violence against transgendered people and any other violence that is directed specifically at women.

3.4 'Homeless' Women

There are many factors that are implicated in women becoming homeless, including abuse, violence and poverty. Shelter workers acknowledge how difficult it can be to decide whether or not a woman is 'abused' or 'homeless' and acknowledge that it is often an artificial distinction, albeit one that is embedded and required within our dominant narratives of service provision. Dominant cultural discourses and stereotypes influence shelter workers' ideas and choices to work with women who are experiencing homelessness and who do not attribute it directly to violence or abuse. Workers' perceptions of homelessness can reflect the dominant pathologizing discourses that surround and pathologize homelessness, particularly before they start to work at Mary's Place. Kaitlyn told me that she wanted to work at Mary's Place, but that her motivation came from a perception that the women who accessed service at Mary's Place would be a "challenge:"

> *Well, I wanted the challenge. I knew from the reputation that it was women that had mental health (issues) and that there were*

[39] Sexual assault and rape crisis centres exist in their own right and are funded independently of shelters. For example, the Sexual Assault Centre in Hamilton receives provincial funding from the Ministry of the Attorney General. Advocates stress that sexual violence *is* woman abuse and that the separation between sexual violence and woman abuse is culturally constructed. Sexual violence is embedded in women's experiences of violence and abuse.

> *more difficult women, multi-problematic women there and just the rumours you hear about you know it could be a little bit more difficult women to deal with....(Kaitlyn, front line shelter worker)*

When Kareema identifies her reasons for wanting to work at Mary's Place, she reflects back to her early days there and what she learned about the women who stayed in the shelter:

> *When I first started, I don't think I realized that I was being challenged at the time, but homeless women look a variety of different ways (and have) a variety of reasons, substance use issues, or mental health or abuse...lots of variety, not just living on the street with mental health issues coming in all ragged. You can't tell who lives in a shelter by how they look but I think when I first started I probably thought that you could...that the woman would appear more haggard. But, that's not true. (Kareema, front line shelter worker)*

Asha was expecting to encounter things like mental health issues but was also surprised to learn that the realities of women's experience of homelessness were broader than that, including social factors such as poverty and abuse:

> *I was surprised that it wasn't always mental health issues, that there were other factors like abuse, lack of resources, lack of financial assistance, those kinds of things. (Asha, front line shelter worker).*

The dominant narratives that exist about women who are temporarily homeless hold the women themselves accountable for their own situations, which is why workers' comments reflect their surprise when they are not able to attribute individual causes to explain a woman's homelessness. Women's homelessness is often pathologized and individualized, particularly when it involves addictions, the sex trade and/or mental health issues. Structural issues like poverty and abuse are not often on the forefront of people's understanding of homelessness. Poverty, ineffective community response to mental ill-

ness and addictions, and the lack of options and resources for women are very important avenues of exploration. Williams suggests that homelessness "...symbolizes, in a very visceral way, all the things we as a society attribute to poor people - it represents the lack of personal responsibility, the loss of a work ethic, and a general disassociation from the norms and trappings of middle-class society" (2003: 2). These perceptions are why women who are experiencing homelessness are viewed as less deserving of resources, or "problematic," as Kaitlyn identified. This idea is loosely reflected in some of the different structures of shelter services, including the length of stay, focus of stay and interpretation of client's experiences, including attributing pathology. Because there is a very small allocation of resources in the Hamilton community specifically to provide services to homeless women, such women are turned away every day from Mary's Place. Last year, women were refused shelter a total of eight hundred and forty-eight times. Of this number, five hundred and sixty-six incidents were as a direct result of the shelter being at or over capacity.[40] According to the dominant cultural narratives that influence perception and service delivery, homeless women's stories are not as compelling.

This phenomenon has a direct impact on service provision. During my fieldwork at Mary's Place, I witnessed on many occasions discussions about women who were staying in the shelter. The following is an excerpt from my field notes (July 12, 2005):

[40] Of the five hundred and sixty-six times a woman was turned away, some women may have called more than once for service. These numbers, unfortunately, are not tracked. The other two hundred and eighty times a woman was turned away could have be for a variety of reasons that prevented Mary's Place from accommodating particular women. They might have been suspended from the program for aggressive or violent behaviour or Mary's Place might not have been able to meet their particular needs either because of safety issues or physically accessibility.

> *It's interesting, as an observer, that a lot of decisions regarding deadlines reflect a lack of bed space rather than any other tangible reason to move a woman along. Today I listened as workers decided arbitrarily that so and so needed to go because she was not looking for housing and did not appear to want any assistance. The term "misusing services" was thrown out there. It is a term that really has no meaning, except when shelter workers decide to use it and it becomes an easy way to justify asking someone to leave. The dilemma always becomes a desire to qualify shelter services. How do you know, as a shelter worker, who you are helping and who you are not helping? Sometimes the most helpful thing that homeless women need is shelter and food. But, it becomes "about freeing a bed", so that someone else can come in who might need it more and who might access our supports more.*

A combination of cultural narratives that attribute pathology to women who experience homelessness and the emergent nature of shelter work, including the lack of resources and pressure to provide service, can lead to frustration for front line workers. They can start to feel frustrated about turning women away (especially at the rate that it happens at Mary's Place), which can lead to a determination of 'appropriate' and 'inappropriate' use of services. This is an attempt to gain some control over the environment. This phenomenon deflects from the structural problems inherent in a system that allows a shelter to provide service to only nine women who are homeless. Instead, it focuses attention on the women themselves and their narratives. For example, when a woman accesses shelter several times throughout a given year, the language sometimes used to describe her is that she has a "high recidivism rate". This can be very disappointing to front line workers because it seems that the women's stays have not been helpful. Instead of considering the structural issues that contribute to a woman remaining homeless - such as poverty and a lack of affordable housing, or access to appropriate treatment - workers often look at the woman's situation and blame her for her inability to obtain housing. Workers can become frustrated with women who do not appear to engage with them, or who are not able

to access housing, because it feels to the worker as though they are failing at their job.[41] Cora identifies the impetus she feels as a worker to 'do something' with women and the frustration she feels when she is not able to help women as she thinks that she should:

> *Maybe I shouldn't use the term "not wanting to help herself". I think she's facing so many obstacles that she just feels she cannot get over it even though you might have talked with her about it a lot and even...skirting an issue, like okay you've been here fifteen times in the last six months, like what's really going on? What can we do? It's the same old story. So to me that would say that the woman doesn't necessarily want the help even though she is here. I think a lot of times there is a stronger pull...abuser, addictions, mental illness, depression. I wouldn't necessarily say that they don't want to help themselves but they're at the point where they can't...so, that can be a challenge....what do you do with them? (Cora, front line shelter worker)*

Intricacies in women's lives complicate workers ideas about appropriate outcomes in service provision. While it might appear, in Cora's opinion for example, that a woman is 'hard to work with', it may be that as a community we lack the basic supports that she requires in order to maintain appropriate and safe housing. Workers internalize this frustration and project it onto the women who are accessing service. In Cora's words:

> *I am thinking of one client in particular. I don't know if I found her hard to work with. She had addictions issues. She still does. She might be involved in the sex trade. She's been here a lot since I started working here eighteen months ago. She's been a regular client and every time she comes in she's all about getting focused but at this point, she only lasts here a couple of hours and then doesn't come back. That can be kind of hard because, well, for one reason, we are holding the bed. But, I guess she's not really giving me the opportunity to work with her. (Cora, front line shelter worker)*

[41] Rae Bridgman's (2003) research on Savard's Shelter in Toronto looks at the experiences of setting up a shelter in which the 'ideal' is that there are no traditional structures or barriers for women. Women can stay as long as they need to. Some decide to live at the shelter, and they do not have to engage with Case Managers unless they choose to do so.

Cora's comments reflect the difficulties that workers experience when they feel they are not able to help a particular woman - according to their own idea of what help means. A couple of hours at a shelter is not perceived as being 'enough' help by this worker. She does not feel like she is able to do anything for the client in this short amount of time. She states that the woman comes to the shelter, stays for a couple of hours and leaves again, presumably still not housed, struggling with addictions and possibly working in the sex trade. Reflected in Cora's comments is an impulse to blame the shelter, or herself, for not providing the woman with what Cora thinks she needs. It can be difficult for the worker - who does not know the whole story - to put into perspective the elaborate realities of a woman's life. The worker knows that the woman is dealing with addictions, possibly working in the sex trade and that she's been at the shelter a number of times previously, but the worker might not know the details of the woman's life, for example, the abuse she has experienced or the impact that the trauma has had on her life. It is not easy to determine whether she is an 'abused' or 'homeless' woman because she probably has experienced both states. Women who seek shelter services are diverse: they occupy various social locations and individual experiences. Many women who seek shelter services have long struggled with violence, abuse, mental health issues, addictions and poverty. None of these are factors stand alone: they are all supported by, and rooted very deeply in complex systems such as the legal system and the media. These systems do not respond well to women's experiences of trauma. Some women have experienced childhood sexual, physical and emotional abuse and have not had the external or internal resources to heal. Many have had their children taken away from them leaving devastating and open wounds. The following is a quote from Ami Mckay's

book *The Birth House.* This excerpt symbolizes for me the impact of the complicated traumas that many of the women who access shelters have experienced throughout their lives, and it also speaks of the wounded souls, and hopelessness, they often possess. The narrator is a midwife in rural Nova Scotia and she is describing another character, a young woman who is pregnant with her abusive stepfather's child. This woman dies during delivery:

> *Iris Rose had given up long ago...before her baby's first breath, before she was forced to my door, before the pain of birth had made her weep. She'd been hurting since the first time she was bruised by her father's angry hand, since the day she learned to pretend at being innocent. Iris Rose had started her life with a soul that wanted to die. (McKay, 2006: 257)*

This is a powerful quote for me because it represents the cumulative impact that layers of violence and abuse have on women's souls. It also symbolizes the depth of the hurt that women experience when they are born into a life that is already fraught with a history of pain and abuse. Women's stories deserve reverence and respect. Workers should critically interpret narratives through an anti-oppressive lens: one that takes into account the influence of dominant narratives, including patriarchy, sexism and other forms of oppression. These commonly-held beliefs influence the ways in which we respond to women's experiences of homelessness. When the context of women's poverty is taken into account along with the prevalence of woman abuse and violence against women, and when women's experiences are interpreted against this backdrop, rather than attributed to the individual, shelter workers can respond effectively to women's experiences of homelessness. To do this they need to be aware of the various structures that impact women's experiences as well as to be aware of our own cultural and personal bi-

ases and how those impact our ability to provide effective front line service. As Desjarlais states:

> *"We need to know more about what people from a range of different worlds go through in their everyday lives before we can develop integrative accounts of what those lives are about and thus try to avoid some of the assumptions that quietly but powerfully shape our understandings of human subjectivity." (Desjarlais, 2007: 9)*

Shelter workers are continuously on a learning curve, as social climates and people change. I close this chapter with the following exchange between two shelter workers because it not only typifies the intricacies of the work, but it also illustrates the impact of dominant narratives on workers' interpretations of women's experiences. Both of these workers are very reflexive in their approach to service delivery and they were already experienced workers at the time of the interview:

> *Helen: "But J. was different, absolutely different. There was this pressure (to help her) I think because she stood out from the rest. She wasn't part of the rest of the homeless. She was new, completely new. She was outside. She was pretty, young, outrageous. Some of her behaviours, watching her walk, the places she would go..."*
>
> *Sophie: "I'm thinking right now about what she looked like, that people could not imagine her being part of 'mainstream' society. She stood out. The image of her compared to some of the other women, it doesn't really differ a lot. I don't know...."*
>
> *Helen: "But, she was different. She wasn't doing drugs. She wasn't 'the addict'. She wasn't 'the prostitute'. We end up talking and looking at people and you're talking about people that are 'prostitutes' and 'addicts'. They don't look the same to people as she did. They don't look anything like her.*
>
> *Sophie: "That's true. She looked more like the girl next door."*
>
> *Helen: "I don't even know that she was the girl next door, but she was the crazy one next door. She seemed more vulnerable, less*

> *worn out. She didn't look high. She never looked high and she never looked like she was in the sex trade."*
>
> *Sophie: "It's blame. You can't blame her, whereas you can blame the victim in a lot of cases. You can blame the person who is using drugs. Well, they are using drugs. Maybe it's something they can control. They can get out of it. They can stop using drugs. With her, how could you blame? She was psychotic..."*

Both shelter workers identified this particular woman as different from a 'regular' homeless woman. She did not fall easily into any category of service. She did not appear to be a drug user or to be involved in the sex trade. The community response toward her was significant. Many services mobilized to help her. She was a young, attractive, white woman who appeared lost and unwell, instead of an 'addict' or a 'hooker' who might be blamed for her choices and whose story might be less compelling. She was perceived as someone who was vulnerable and who needed help, through no fault of her own. This is the key if this concept is compared with Lauren Berlant's '*Subject of True Feeling*' and the construction of narrative and sympathy (Berlant, 1999). Cultural narratives sometimes pre-determine who is in need or 'deserving' of help. Ironically, this woman *was* engaging in the sex trade and possibly using drugs or alcohol, though we did not know for sure. The following observation from Helen highlights the sympathy that workers had towards this particular woman:

> *"She would go outside. There was a number of women who had done this, who would go outside in front of Mary's Place, get in a car and do whatever for the guy and then get...just to get a cigarette. And, we were sure she couldn't possibly be capable of knowing what she was doing and making that decision and that's a terrible thingsand look at the risk that she was at. The guy who comes and picks her up has got to be sick because he couldn't not see how vulnerable and how ill she was just by looking at her." (Helen, Good Shepherd Women's Services)*

Although Helen indicates that many women have engaged in the sex trade in front of the shelter, she interprets this woman's experiences as different. Helen thinks the woman was clearly unwell and engaging in sex for cigarettes, instead of choosing to be a 'prostitute'. Although I agree that this woman was unwell and vulnerable, women who engage in street-based sex work are some of the most vulnerable and marginalized members of our communities. Many of them do look unwell and some are heavily addicted to drugs and/or alcohol[42]. This woman's story was constructed and interpreted by the front line service workers who were involved with her at the time, and not by the woman herself.

It is not only the cultural or dominant narratives that impact workers' interpretations of women's stories, but also their own subjective experiences of life. Different workers might have different reactions to the same woman's story. Whether an individual woman's story compels or challenges depends on more than the dominant narratives: it also depends on the workers' resistance to the dominant narrative as well as their own personal stories. Shelter workers can help to influence women's narrative choices, through both an understanding of the role of narrative and through the particular reverence they pay to women's stories. In the next chapter, I will explore the narrative moments that are created between shelter workers and women who access service in greater depth. These moments are guided by the narrative discourses discussed throughout this chapter. Shelter workers listen to and interpret women's stories through their own lenses

[42] This exchange stands out to me because I worked front-line at Mary's Place at the time the woman was staying there. I remember her well. I have also volunteered in a needle exchange program for many years and it has always struck me how vulnerable and unwell the women appear to me who are working on the street. But, they were not received in the way that this woman was. My response is situated in my own subjectivity that includes my experiences of working with women who engage in street-based sex trade work.

of understanding, through the 'individual' and the 'particular' (Jackson 1999) that create the inter-subjective dialogue between a front line shelter worker and women who access service.

Chapter Four

Stories at Work: Individual Narratives and Intersubjectivities

There is a beautiful scene in a short story called *Opera* by Stuart McLean in which an eighty-three year old woman from Cape Breton gets into a cab in New York City for the first time in her life. She sees the photo identification of the cab driver and decides that the man driving the cab looks nothing like the identification picture posted on the back of the seat in front of her. Coupled with his erratic New York City driving, she takes this as evidence that the man is a sinister character and imagines him driving her to an abandoned warehouse and disposing of her body, instead of taking her to her hotel. She pulls out a knitting needle and, pointing it at him, repeatedly shouts the name of the hotel, demanding that he drive her there. The cab driver becomes frightened and relives in his mind conversations wherein his wife has begged him to find a job that is safer, fearing that one day he would run into trouble such as this. The scene takes us to the front of the hotel where both the woman and the cab driver jump out of the car and start screaming for help. (McLean, 2006: 13-14) The beauty in this scene is in its pure humanity. Neither the cab driver nor the woman have any idea what it is like to be the other person and this creates fear of the other. The fear can be traced to cultural stereotypes that each draws on about the other. Had they taken the time to talk or to share parts of their personal stories, the fear likely would have subsided as they gained some understanding of each other. As Garro and Mattingly state, "(s)tories can provide a powerful medium for learning and gaining understanding about others by affording a context for insights into what one has not personally experienced" (2000: 1). Narratives are co-constructed events between the teller and the listener of a story with both people inter-

preting through their own lenses of experience and creating meaning from the story. Narrative breaks down barriers between people, bridging "universes of discourse" (Murphy 1990: 57-58) and creating shared moments and understandings between particular embodied subjects. Cahill (2001: 102) provides a definition of an embodied subject:

> *"The embodied subject is necessarily specific, situated, and particular, precisely because it is a literally incarnated being. While embodiment is a trait that all known subjects share, it is by no means shared identically by all subjects. To be embodied is already to be radically different from others in a variety of ways. These ways of differing are neither strictly biological (as if they were necessarily determined by an apolitical nature) nor strictly social (as if they were imposed on a passive, blank slate); ways of embodiment in their dynamic workings confound such distinctions. Because political and social power works directly on bodies, literally shaping them in often pernicious ways and for particular purposes, the political specificity of a given culture can give rise to certain kinds of subjects."*

In this chapter I aim to provide insight into the dynamics of narratives and narrative events within women's shelters. My focus is on the intersubjective nature of storytelling, the relationship of the "particular to the universal" (Jackson 1999: 2), or the individual narrative to the dominant narratives. Jackson defines intersubjectivity as "the ways in which selfhood emerges and is negotiated in a field of interpersonal relations, as a mode of being in the world." (1998: 28). My focus is on the intersubjectivity of shelter workers and clients - the relationships *between* people involved in the storytelling and the impact of this relationship on the stories. As eloquently described in the above quote by Cahill, every one of us has a uniquely embodied identity marked by our own particular experiences and social locations. Each of our identities are "radically different" from those of others, regardless of a shared culture. A situated subject is shaped by unique po-

litical and social discourses. Every person's social location or 'situatedness'[43] (Haraway, 1991) helps to shape their individual embodied experiences. To properly 'situate' ourselves, we acknowledge being a part of a particular social context and constructed space of meaning and understanding, albeit a fluid one. (Cahill, 201: 102) Our social location helps to shape our experiences of the world and define the relative positions of power and privilege that we occupy. For example, I identify myself as a white, heterosexual woman. I occupy a position of considerable privilege over a black woman or a woman who identifies as a lesbian because of the dominant narratives that privilege white and heterosexual experience. Similarly, every shelter worker has her own embodied subjectivity that impacts upon how she will interpret a woman's story.

There are layers of meaning for each story that is told and individual subjectivity provides a layer of interpretation above and beyond the professional discourse, both the discourse of the social service agency or the dominant cultural narratives surrounding a particular issue. Simply stated, in each narrative encounter there is the initial understanding or interpretation of events that the client shares[44] and then there is the interpretation of the shelter worker herself. Each interpretation influences the other, creating the intersubjective dialogue. One important layer of understanding is that shelter workers are operating from a considerable position of power over service users. Shelter workers have

[43] Donna Haraway distinguishes 'situatedness' from standpoint theory. She states that standpoint theory locates its subject by place, whereas to be 'situated' is to be "(in multiple modes of embedding that are about both place and space" (1998: 71)

[44] Because I did not interview service users I am relying on my own construction of their narratives through both dominant narratives and shelter workers' interpretations and accounts. Interesting research could evolve from this project to include service users' perspectives but is beyond the scope of this thesis.

the ability to terminate a woman's stay at the shelter, potentially leaving her without safe shelter. This knowledge can influence the narrative choices that women make.

Another important layer, for the purposes of this thesis, is that of the anthropologist engaging in 'thick description.' (Geertz, 1973) I am writing through my own lenses of understanding, shaped by my particular subjectivity and therefore creating only a *'partial'* portrayal based on my own narrative interpretations. (Clifford, 1986) Subjectivity influences narrative and narrative events on several levels.

4.1 Shelter work and Subjectivity

Shelter work is filled with ambiguous moments. Workers need to make decisions quickly and multi-task efficiently. While professional discourse, including formal policies and procedures, provide guidelines for how to respond in particular situations, workers must also exercise their own initiative when making everyday decisions. For example, workers implement individual agency when making basic case management decisions, including who to admit to the shelter. As discussed in previous chapters, both Martha House and Mary's Place have specific mandates. Based on the story that the potential service user shares, the worker decides whether or not the shelter can accommodate her. One worker's decision can differ from another's because of their own professional judgement *and* the embodied subjectivity of each worker. Sherry Ortner discusses the relationship between personal agency and subjectivity:

> *"I see subjectivity as the basis of 'agency', a necessary part of understanding how people (try to) act on the world even as they are acted upon. Agency is not some natural or originary will; it takes shape as specific desires and intentions within a matrix of subjectivity - of (culturally constituted) feelings, thoughts, and meanings." (Ortner, 2005, 34)*

Shelter workers' subjective positioning is influenced by personal experiences and a "specifically cultural and historical consciousness" (Ortner, 2005: 34) that impacts the decisions they make. In effect, influences case management in a shelter. It is important for shelter workers to be aware of these often subconscious motives and to reflect critically on their own actions and choices as they relate to their work. Shelter staff are often working alone without the benefit of other colleagues[45] and there are times when the nature of the job requires them to make decisions or problem-solve in the grey areas that exist between formal policies.[46] For example, if a woman comes back to the shelter under the influence of substances, formal procedure is that if she appears to be at any risk of harm to herself or someone else, she should not be admitted to the shelter. It is up to the worker to decide what constitutes risk in this situation (e.g. is she acting aggressively? Is she so intoxicated that she might fall and hit her head?) and it is often a subjective decision based on the worker's assessment of the situation. Factors that might influence workers' decisions are their own level of experience in the shelter, their individual comfort level with people who are intoxicated, consideration for their own personal safety and the safety of all of the women in the house, the particular climate of the house at the time and their knowledge of the woman who is intoxicated. Part of their knowledge of the particular woman is through the stories that she has shared with them - the narrative that she has related to them of her need for shelter services.

[45] In both shelters, front line workers are single staffed for all night shifts and for most afternoon shifts. At Mary's Place weekend shifts are generally single staffed as well.

[46] Policies at Martha House are currently under revision. There is a section in the introduction on "Problem Solving in the Absence of Policy (Martha House Policies and Procedures, Draft 7: 13).

4.2 Narrative and Subjectivity

Donald Polkinghorne, an early theorist on narrative, describes three types of narrative presentation. The first is the original story and the presentation of the original experience or narrative to the self or actor to which it occurs, the second, the telling of this story or communication of it to others and the third is the reception, the "interpretation and understanding of a story by hearing or reading it". (Polkinghorne, 1988: 21-22) The narratives that service users tell to front line shelter workers are told within their own understanding of their experiences, both cultural and personal, and their stories are listened to and interpreted by workers who also have particular understandings. They are an "intertwining of the personal and the cultural" (Garro and Mattingly, 2000: 24) that service users sometimes do not have control over. For example, when shelter workers hear that a service user is a 'sex worker' or 'drug user' or is 'abused', they can form ideas and perceptions about what that means beyond any meanings that the service user, herself, would attribute to her life[47]. Parts of these ideas are based on the dominant cultural narratives and media representations. Other parts of these ideas can be based on a worker's reaction to and interpretation of these dominant cultural narratives. Front line workers' reaction to a woman's story are a combination of training, experience in the field and their own personal lives and narratives. Cumulatively, workers' interpretations help to inform the culture of the workplace and can either support or resist oppressive dominant narratives.

[47] I use this language for emphasis, but it is important to deconstruct the labels themselves. When we start talking about 'abused women' instead of women who have experienced abuse we are in effect essentializing their identity.

Ideas and perceptions of shelter workers, whether dominant or alternative, are important because the culture of the workplace influences service delivery, either positively or negatively. When a woman tells her story to a shelter worker, she is telling it to another woman within a shared context, at minimum the context of the shelter. The story will become a part of the collective history of the shelter as it is shared between workers. The client is also telling her story to a woman who has a history and personal story of her own. How her story is interpreted by a particular worker depends on both the cultural narratives and the subjectivity of the worker. The relationship between subjectivity and the construction of cultural narratives is a fluid process, as workers are influenced by cultural narratives, their own experiences can help to influence these broader narratives. As Williams (2003) points out, front line shelter workers can also help to influence broader cultural narratives about homelessness because their interpretations can have an impact on social understanding and policy. Workers at Martha House and Mary's Place do this all the time in their professional lives by advocating with other systems and through dialogue women who use the shelter's services.[48]

4.3 Shelter Work and Narrative

> *"Narrative becomes a vehicle for the problematic issue of representing experiences and events as seen from the perspective of particular actors and as elements of a cultural account that can tell us something about a social world, however local that world."*
> *(Garro and Mattingly, 2000: 24)*

As Garro and Mattingly suggest, narrative influences representations of experience through the intersubjective dialogue between shelter users and shelter workers. It is a dia-

[48] Often, negative cultural narratives and categorizations are internalized by the women who use the services. It is important that shelter workers can help them to deconstruct the negative messages and help them to find their inner strength and resilience. I believe this helps to influence social change.

logue that can appear to be isolated within the shelter, but is one that can have a further reaching effect. It can help influence perception both in the shelters and in the community. Shelter workers can be advocates both at work and in their personal lives. Most of the shelter workers interviewed talked about how much they had learned about the women who access shelters only after they started working in the shelter. For various reasons, including the relatively low wages and shift work, shelter work can be an entry level position and one that they move into right after graduating from college or university. Many workers acknowledge that what they learned in school about women, or homelessness or violence is different from what they found when they started working. They also acknowledged some of the stereotypes that had played a role in their understanding of things like sex trade work, addictions or woman abuse. Kareema talks about her initial apprehension about meeting someone who worked in the sex trade and her realization that she really was not any different from any other woman:

> *I was a little nervous about meeting someone who worked in the sex trade. I only knew the stereotypical street walker idea or the 'call girl'. But, you know what,? Women working are like any woman, except that they are probably more abused, and you can tell that they are abused. (Kareema, front line shelter worker)*

Grace talked about how she had previously thought about woman abuse and violence before she worked at the shelter and what she now understands:

> *I really did not understand how hard it is to leave someone abusive to you. I was like everyone else in thinking that if someone hit me, I would leave them in a second. But, it's not that easy and probably never will be. Lots of women cannot leave for lots of very good reasons. (Grace, front line shelter worker)*

There are many myths about women who experience abuse or violence, including one that many people believe, which is that if the abuse was "that bad" women would just

leave. I have heard many women in my life, both professional and personal, say quite confidently that if their partner hit them they would leave. For someone who has not been exposed to woman abuse or violence it can be very hard to imagine why women stay in abusive relationships, yet there are various reasons, including the fact that if they leave, they are at a much higher risk of being killed, or of living in poverty. Chloe talks about her shock at some of the realities she was faced with when she started working at one of the shelters:

> *It's scary to think about the violence that women endure. I still can't imagine it, but it is so common. It seems to be accepted in society, entertainment, the police, the courts. Why is someone getting much more time for assaulting, threatening or shooting, harassing a man? Why would they get more time for that than for assaulting their wife? That is something I think that shocked me when I started here. (Chloe, front line shelter worker).*

Grace was not a new worker at the time of the interview but still identified a challenge in trying to understand or to relate to some of the experiences that service users share:

> *I think the stories still challenge. You know as much as I try to be politically correct and I try to educate myself, ultimately I just can't imagine. I can't imagine being so addicted to a substance that I don't want to talk to friends, that I'm going to sell my body, that I'm going to live under a street bench, just so I can be getting some crack, some cocaine. I just can't imagine that. I'm always challenged. I'm always challenged by abuse and other stories I hear as well. I truly believe that unless you are living that there is no way you'll understand it. You'll always be challenged to understand it. (Grace, front line shelter worker)*

Interpreting women's stories does not mean understanding them in any absolute way. All workers will bring their own subjective understanding to the story that a service user tells. And many front line workers cannot relate in any absolute way to the women

whose stories they hear. Most have not had addictions or been in positions where they have had to sell their body to survive. Sherry Ortner calls the subject "existentially complex, a being who feels and thinks and reflects, who makes and seeks meaning". (Ortner, 2005: 33) Our thoughts and reflections are bound in our own identities and experiences of the world. It is through intersubjective dialogue between service users and shelter workers that learning can and does take place. The stories that service users share can impact a worker in terms of her own identity and experience of the world. The meaning that she takes from her work can manifest itself in her identity in various ways as it helps to shape the meanings she makes of her own life and purpose or motivation. It is not a job that is easily kept 'at work'. Mayleen and Cora share how shelter work has helped to shape their own identities:

> *There is an intense humanity to shelter work and, I have to be honest when I say that I think it takes a particular 'type' of individual to want to be and to succeed as a shelter worker. It is tied up and bound to the identity of the individual. (Mayleen, Front line shelter worker)*
>
> *I don't feel like it's my identity. If people were to say what do you do, I don't see it as my destiny but, seeing people on the streets, I tend to identify as a shelter worker. If someone's asking for money, needing a place to stay I know the resources I guess so it does spill over. (Cora, Front line shelter worker).*

If shelter workers change their perspective when they start working in a shelter, it is easy to see how this can impact broader cultural narratives. When Cora talks about being out and seeing people on the street who are in need of assistance, instead of walking by, she offers them resources. This one act can impact the person requiring assistance as well as anyone who might be with her or notice her demonstration of kindness and support.

Individuals who work in this field talk about feeling like they are in a 'bubble' sometimes, a space separate from the 'outside' world, a space that is intended to be safe

and inclusive of all women, regardless of what they are dealing with . Whether shelter workers come into the field with a feminist anti-oppressive perspective or whether they gain this perspective by doing the work, it can and does influence how they live their lives both at and outside of work. Just as front line workers help to define service delivery, the stories that service users share help to define their own meanings and understandings about their own local worlds, family and social connections. Shelter work can exist in an intensely grey area between the personal and cultural. Narrative helps to mediate these worlds.

Front line workers share their thoughts and ideas with their family and friends who they have some influence over. There can be some stress or difficulty, however, when shelter workers have ideas and perspectives that clash with those of their families or friends. Cora talked about the difficulties she sometimes experienced with her own family:

> *With my family and stuff I can get really upset, just their perspective. I don't know if it's old fashioned, but (they are) very ignorant of people on welfare. People on welfare are 'bums' and that kind of thing. That really makes me angry because I just don't think they really realize. There's a lot of racism, too. Jokes about women really make me angry too because it's total ignorance. Like on occasion my brother might make a joke and I'm like, "you think it's funny but you just don't really understand. There are people facing this everyday." So now he knows, "don't say anything around me because I'm very vocal about that." Even in my own personal life I've definitely become more vocal about things like that. I just think that people should know the truth. I don't really know where people get all their ideas from and stuff. Obviously a lot of it's not from experience. So I would say I'm a lot more vocal about things like that. (Cora, front line shelter worker)*

Cora identifies herself as a "lot more vocal" when she is faced with oppressive comments that sometimes take place at her family gatherings. She believes some of the comments

come from an ignorance of the realities that people who receive social assistance live with.[49] People's ignorance of these realities makes sense when interpreted within the context of dominant narratives that stereotype people's experience and help to create categories of 'others' that mainstream people do not identify with. Cora's 'truth' was different in these situations than that of her family and came from an exposure to and understanding of 'other' people's experiences.

4.4 Shelter Workers' Personal Stories

Front line shelter workers each have their own motivation for choosing a career in this field. Many, although certainly not all, who work in social services come to this field because of their own personal experiences of violence or abuse. Something in their own lives provided the motivation to pursue a career in social services. Qualifications to work at shelters generally include a related post-secondary education (either a degree or diploma) and experience in the field (either employment, volunteer or school placement). Many front line workers are freshly out of school or a volunteer placement when they begin their work in a shelter. To pursue an education is a privilege and an expense in itself, available to individuals with resources and support, and therefore many of the workers do not have personal experience with homelessness or extreme poverty. However, some do have personal experiences of abuse, violence or sexual assault, and some have grown up in abusive homes and have witnessed the abuse of their mothers. Both Kareema and Emily tell me that their decision to pursue a career in social services was a very conscious one, based on their own experiences with abuse and violence:

[49] When you are working in a shelter, or larger social services field, you do forget that mainstream society or 'ordinary people' do not know that a single person who is receiving Ontario Works only gets five hundred and sixty dollars per month to live on and that if they are living in a shelter, they receive four dollars per day, for an average monthly total of one hundred and twenty dollars.

> *If I had to be personal I would say that my mom was violent with me. So I think that could be a factor. Maybe that made me extra sensitive and aware or feeling a connection (to the women). (Kareema, front line shelter worker)*

> *I am a survivor of childhood abuse as well as an abusive marriage. I have been a client and now provide service. So I feel it gives me a particular viewpoint or maybe just a special sensitivity to some of the issues. (Emily, front line shelter worker)*

For some workers the decision to enter into social services might not be such a conscious one, or might not be about their own histories of trauma. For some it might connect to their experiences of growing up - first as a little girl, and later as a woman - in a patriarchal society. Kareema identified having "feminist feelings" and being told that as a woman she could not do something. This motivated her to work for and with women. Her frustration is evident:

> *I've always had very feminist feelings about being told I couldn't do something. I remember my dad saying a woman could never be president because they were too emotional. He denies it now, but at the time I distinctly remember that conversation and being like, "What the hell are you talking about?" It's such bullshit, basically. (Kareema, front line shelter worker).*

Asha also discusses her feelings about growing up in a patriarchal society. She, however, identifies this as more of an unconscious motivator:

> *I can remember my own experiences growing up in terms of male privilege and stuff and didn't know it then but definitely know that that affected me now and affected my choices. (Asha, front line shelter worker)*

Cora identifies her own privilege as motivation for her career choices:

> *Growing up, I've always felt like I have been really privileged and I've had opportunities and stuff and I just really want to give back to people. (Cora, front line shelter worker)*

Regardless of why shelter workers made the choice to work in a shelter, the narratives that they hear can resonate in different ways with different parts of their psyches and identities. The work can change them. It can motivate them and it can sadden them. It is hard work and it is emotional work. In the next section, I discuss vicarious trauma and the impact that it can have on shelter workers' lives.

4.5 Vicarious Trauma

> *"The effects of vicarious trauma are cumulative and build upon memories obtained through listening to the stories of one inhumane act of cruelty after another." (Richardson 2001: 3)*

Vicarious trauma can be defined as "the cumulative transformative effect on the helper working with the survivors of traumatic life events." (Saakvitne and Pearlman, 1996 as quoted in Richardson, 2001) Vicarious trauma can have both positive and negative impacts on workers. Positive impacts can include a heightened sensitivity and awareness (including self-awareness) of social issues and what Cora describes as an increased passion for social justice:

> *I wasn't necessarily like that before. I think I've always had clashing views with my family and stuff like that but I couldn't necessarily say anything. Now, family reunions, not always a good thing (laughs). I think working with it just made me feel more passionate about it, about injustice and stuff. (Cora, front line shelter worker).*

Grace believes that working at the shelter can be a transformative experience:

> *I think working at the shelter changes you. It exposes you to things that you might not otherwise know about. And it makes you more sensitive to things, even subtle things like everyday sexism and inequality and racism. Wow, myself as a white woman, I'm sure I don't even notice it as much as I should, but I notice the sexism constantly, even within my own family. (Grace, front line shelter worker)*

The transformation and increased sensitivity can also lead to negative impacts of vicarious trauma because of the consistent exposure to stories about violence and abuse. The narratives that front line shelter workers hear can be overwhelming. Whether they connect with a worker's own personal experiences or general sense of social justice, once heard they cannot be erased from a worker's psyche. Individual subjectivity influences what stories or parts of women's stories will have an impact on individual workers. The following is a narrative event that Grace says she will "never forget." It took place during a client intake meeting:

> *...this is the only time that I actually had to go into another room because I felt myself being so emotional..the woman who came in...(no) affect whatsoever on her face, 'Jane Doe'*
>
> *"I was born on this date..."*
> *"Okay, what's your situation, Jane? What brought you to the shelter?"*
>
> *She looks very blankly and says,*
>
> *"Well, first he...smacked me in the head and then he threw me to the ground and then he pulled out this chunk of hair."*
>
> *(pulled up her ponytail and showed me a bald spot)*
>
> *"Then he took an extension cord and wrapped it around my neck and dragged me across the floor and then he started to kick me in the cheek and it's really bruised but I'm not sure if it's broken..."*
>
> *I look at her black eye...*
>
> *"Then he took a cigarette and started burning them on my arms"*
>
> *Once again she continues with no affect whatsoever...just sitting there looking at me...all these horrific tortures that she experienced and then she's like,*
>
> *"Well, then he left because he wanted to go drink with his friends so I decided to call and I'm here." (Grace, front line shelter worker).*

In this example, Grace identifies that she was compelled almost immediately by the story the woman had shared with her. The woman's apparent lack of emotion while telling her story triggered the worker's own emotional response as she listened to the woman's story and noticed the bruises on her face. She identifies what the woman has been through as 'horrific tortures', while the woman describes them in what the worker interprets as an unemotional way that surprises her. This story was not only 'about something' but it 'did something'. (Mattingly and Garro, 2004: 11) It motivated the worker to help the woman telling the story - to give her a shelter bed and to provide support and intervention. It also resonated with the worker and became a part of her memory and consciousness. By recalling this story and suggesting to me that she will "never forget" it, Grace has identified this woman's story as one that could influence her choices regarding service delivery. It could also be a story that will be with her at different times in her life.

The work can sometimes feel defeating. Shelter workers can get drawn into stories of helplessness and violation and feel helpless and violated themselves. The cumulative effects of listening to sometimes horrific stories, one after the other, can have a negative impact on various aspects of workers' lives, including a hopeless and cynical view of the world, a constant sense of fear for their own safety and the safety of their families, difficulty sleeping, invasive imagery or nightmares and difficulty with intimacy. (Richardson, 2001) Workers can begin to over-identify with clients, become too involved, or experience difficulties with boundaries, which may blur the lines between their personal and professional lives. They can also experience what is commonly referred to as professional 'burn out,' which has a negative impact on both their professional and personal lives.

Personal histories and workers' own experiences of trauma help to shape their embodied subjectivities and responses to vicarious trauma. Individual experiences of trauma can also impact workers' professional and private lives. Depending on the nature of the trauma, whether it relates back to childhood or whether they suffered or are suffering trauma as an adult, whether they have experienced violence directly, or witnessed the abuse of their mothers, or suffered devastating losses of family through acts of war, the impact of these experiences manifests itself in their bodies, minds and spirits. This impact influences how workers relate to those around them, including clients. This is important because the choice to go into social services is often one predicated by particular experiences, either cultural or personal:

> *I think most people in general come to this field because they've experienced something, whatever it is. They've experienced something that, maybe not even consciously, but, (they) want to help this person deal with this. There's something that's happened that made them more, maybe, more sensitive, more astute, more perceptive. There's a lot of danger in that though and I think it comes down to dealing with your shit, very very important, doesn't even have to be counselling, examined, looked at, written about, read about enough so that you have dealt with your issues because otherwise, it gets very dangerous. (Kareema, front line shelter worker)*

Kareema echoes professional opinion regarding vicarious trauma: that awareness and self-care are key factors to mitigating its impact. (Richardson, 2001) It is very important that workers are able to identify and deal with their own issues or experiences when they are providing service to women who are in crisis. Embodied subjectivities influence how workers interpret women's stories, how they relate to individual women and consequently the decisions that they make regarding direct service. If workers are not able to be reflexive and to understand where a particular reaction might come from, they can be

harmful to the women they are working with. Professionally, both the individual and the organization can help front line workers build on the positive and mitigate the negative impacts of vicarious trauma. According to Richardson (2001: 55), all staff will at one time or another experience "some symptoms or effects of vicarious trauma." Jan Richardson's *"Guidebook on Vicarious Trauma: Recommended Solutions for Anti-Violence Workers" (2001)* is an important resource for organizations to help maintain healthy practices and support staff members in the area of vicarious trauma. I have included in Appendix II some of the suggestions in the guidebook about self care and responses to vicarious trauma.

4.6 Challenges

Shelter work can be very demanding and difficult, both emotionally and physically. Both Martha House and Mary's Place are staffed twenty-four hours a day. During some shifts, including most afternoon and night shifts, staff are working alone. Many workers find shift work difficult, particularly working overnight. Some workers who are hired as relief staff to fill in for vacant shifts caused by illness, vacation or low staffing levels hold several jobs at the same time. Cora's comments reflect the pressure of working alone on an intensely busy weekend shift:

> *If you have no one else to talk to or if you've been working an absolutely insane shift, like when I work here alone on weekends. I'd be here alone a lot with 30 people. I remember one time, I think I called (the manager) crying because I was like 'I can't take this.' A couple of weeks ago I called her crying again because it was too much. (Cora, front line shelter worker)*

Most of the workers I spoke to identified challenges such as: working alone, sometimes working too much, and not having time for self-care, which is very important for everyone, especially for workers who spend a lot of their time listening to stories of violence

and abuse. For relief staff it can be very difficult to turn down a shift for many reasons, including their own financial need. Cora's experience reflects the intensity of taking women's stories with you and the significance of having enough time off work:

> *I've been working 60 hours a week between the two because we are so short-staffed and I get calls every day. I think it's really important for me not to work that much because I think in a little tiny way, I think every story affects me. I might take just a little, small part of that burden on myself. So I think just having that balance of off time and just doing your own thing is really important. (Cora, front line shelter worker)*

Many situations can be frustrating and emotionally draining for shelter staff when they are working within a system that has many barriers for women. Some of these come from broader systemic issues such as the lack of affordable housing options for women when they leave shelter. If a single woman is on social assistance, meaning she has $349.00[50] to spend on shelter costs, it can be a daunting task for a shelter worker to help her find something safe and affordable at market rent. The average rent for a one-bedroom apartment in Hamilton is $550.00 (CMHC, 2007). The average wait for subsidized housing can be up to seven years (SPRC, 2003). Chloe talks about how hard it can be to help a woman find housing on the limited resources available:

> *Lack of funding and resources can be difficult. I'd like to be able to give bus tickets to everybody to go and look at apartments. You get all these people in the same area. I think people should be able to go and look at apartments on the mountain. A lot of people feel trapped having to live in the downtown area. I wish we had more resources for stuff like that, supportive housing, we definitely need more of that. Nice low income housing. Some of the women come back after looking at apartments and they're like "it was just a dive, I could never live there." Even if they could rent it, there's no*

[50] This figure is derived by Ontario Works as the maximum shelter allowance.

> *one there to help them clean it. I find that frustrating. (Chloe, front line shelter worker).*

Front line workers also stressed the lack of funding and resources and how it impacts both the work that they are able to do with women, and the women themselves. Chloe talks about the effect this can have on service delivery by describing a situation when a woman can decide to walk away and not engage with workers because the workers do not appear to have time to talk to the woman:

> *When it's extremely busy, in which case you really are stretched in fifteen different directions and you really feel like you're skimming and doing the bare essentials, the basics of what you have to get done. I sometimes find you don't have the adequate time to spend with people. It's a limiting thing and for example if it's excessively busy, Saturday night it was absolutely constant and you kind of go, "I'll get back to you, I'll get back to you later, you know?" Although perhaps they do understand, you know that you are probably losing somebody. They just walk away and think, "Okay, well whatever!" (Chloe, front line shelter worker)*

These issues are very frustrating to workers who are invested in the work and trying to provide effective case management to women in the shelter. Unfortunately sometimes these frustrations are not dealt with effectively and instead are directed towards the clients rather than the larger structures that inform the work such as the funding bodies and patriarchal values that influence funding decisions.

Dominant narratives about women's homelessness and woman abuse impact service delivery significantly in many different areas. The shelter workers I interviewed talked about their irritation in working with other agencies or services that did not share the same perspective of women's needs or approach to service delivery. Kaitlyn discusses the difficulties that arise when other services - in this case a lawyer working on behalf of a woman -do not share her feminist analysis of woman abuse or understand the

issues of violence and homelessness. This situation has the serious consequence of re-victimizing the woman she is working with:

> *...dealing with other agencies who do not have (a) full understanding of woman abuse or homelessness...(they are) re-victimizing the women when we're trying to work to empower the women. For example, getting a woman to believe (the abuse) is not her fault and having a lawyer smash that. They don't have the same feminist analysis or gender analysis of violence or homelessness. That is so frustrating. (Kaitlyn, front line shelter worker)*

Asha identifies the structural impact of agencies with different mandates and service philosophies not working together to help women. She also identifies a feeling of alliance with the women she is working with when she states that the woman herself is not believed and by association shelter workers are not believed:

> *...when agencies work against each other instead of together to help the woman...the judicial system, the police, Children's Aid Society, Ontario Works, Housing. Women have to jump through so many hoops, prove so much about their situation and then she's not believed. We're not believed either. (Asha, front line shelter worker)*

Sometimes the work can seem insurmountable when workers feel as if they are constantly in a position of being challenged and they are not being heard. Sophie's comment illustrates this:

> *It's like you are always fighting, so obviously sometimes that gets to you. (Sophie, front line shelter worker)*

Another more subtle theme emerges consistently throughout the interviews: that of staff not being invested in the work. Some workers think that the work is not highly valued by the community, which makes sense considering that shelter work is marginal work. Shelter work, in itself, provides an alternative to homelessness, violence and abuse

and is often the work of resistance. Staff see this reflected in the high turnover rate of staff who are actively looking for other jobs. Kareema discusses feeling overwhelmed:

> *Not having staff as invested in or committed to the work is very difficult and then the actual amount of money you get working in this position. Staff (are) not as invested in the work because a lot of times they are looking for other jobs. I know we're overwhelmed (but) one or two people can't do it all and you're expected to do it all. (Kareema, front line shelter worker)*

Shelters are chronically under-funded with homeless shelters receiving even less funding on average than violence against women shelters.[51] This can have several effects on staff and service delivery, including low wages, high staff turnover and a relatively inexperienced workforce. When I interviewed workers, they identified these difficulties in the work. The following comments were made by more seasoned or long-term workers:

> *(It) takes so long to learn the job and to gel a team. As human beings, understanding each other's strengths and weaknesses. We just get a team gelled and then it's changed again, just the full time even, not even counting relief and support. (Kaitlyn, front line shelter worker)*

As Kaitlyn states, many people who start to work in the shelters gain some experience there and then move on to higher-paying, less stressful employment. Some shelter workers believe that their work is not highly valued, as Asha suggests:

> *It's almost like shelter work is viewed as an entry level job to our field and that this is a stepping stone for a lot of staff. "Okay, I've got my education, I'm going to get my experience and then I'm moving on to something bigger and better", which is so sad be-*

[51] Homeless shelters are typically funded on a 'per diem' rate, which means that they are only funded for the beds that are used each night. This funding model has been criticized in that it only funds the bare minimum and forces programs to struggle in areas beyond bed use, especially when they are not operating at full capacity every night. Most VAW shelters in Ontario also do not receive adequate funds from the ministry for the programs that they operate; however, there has been a lot of advocacy in recent years to increase funding. (OAITH, personal communication)

> *cause of the value of our work and the multi-complex job we do and it's still viewed as an entry level position. (Asha, front line shelter worker)*

Shelter work is anti-violence work at the most grassroots level. Whether women are dealing with issues directly related to leaving an abusive partner or whether they are dealing with issues of historical abuse or violence, shelter is one of the most basic of human needs. It is disheartening to hear front line workers discuss the work they do as being of little value. It is also a reflection of the dominant narratives that influence institutions, systems and funding structures.

Sometimes the difficulties and challenges of shelter work can have an impact on service delivery. Workers can inadvertently act out their frustrations on the women who access service. In the next section I will discuss this phenomenon in relation to workers' subjective responses and reactions to various situations and women in the shelters.

4.7 Service Delivery: When Stories are Harmful

One day, during my fieldwork at one of the shelters a worker said, "I'm just itching to kick somebody out and she's a good candidate." (fieldnotes, September 12, 2005) I asked her about the comment and she did not have an answer, but I sensed that she felt uncomfortable with the question. She brushed it off by telling me she was "only joking." The comment itself was antithetical to the very concept of a shelter and it was made by a worker who seemed at most times to genuinely care about the women who stay in the shelter. This worker would often go the extra mile to assist a woman. So, what could be the motivation behind such a comment?

I believe that it is a reflection of the difficulties of the work. Shelter workers can internalize some of the challenges and pressures and project these on the women they are

providing service to. Most of the workers that I questioned about such comments expressed that they felt it was purely "venting" or "letting out frustration". Kaitlyn highlights the sometimes isolating nature of the work and the importance of having a space to "vent":

> *I think it's venting. You hear comments (such as) "She's lazy" or even, "She's back!" (laughter) Some of it's coping. We can't talk about it to our spouses or friends. It is safe to do here. It isn't positive, that's for sure, but it is a way of venting. (Kaitlyn, front line shelter worker)*

Chloe, who has worked in other social service settings, comments on her belief that negative comments are not appropriate. She labels them a "from of abuse" but not one unique to shelters:

> *You try not to make negative comments, part of the policy that we have from resident to resident. It can be a form of abuse. You really try not to do it. It's not unique to (the shelter), I can certainly tell you that. I've worked in other areas in the social service field and I've seen and heard it there too, different levels of government, particularly. (Chloe, front line shelter worker)*

The question that remains for me is: do these comments have a negative impact on the service that clients receive? Many of the workers that I spoke to said that they did not feel that workers venting their frustrations had any negative impact on service delivery. Kareema separates "venting" from service delivery:

> *How does that affect your service? Those are personal feelings, nothing to do with a client really, right? I think in the very beginning when I first started and this goes for my prior job experience as well, that I was shocked but then after being there, realized that it was just venting (Kareema, front line shelter worker).*

Cora also feels strongly that negative comments do not impact the service that is provided, but she also states that a particular woman "was not helping herself" and therefore Cora inadvertently lays some of the blame on the woman for her own situation:

> *I think that we are professional enough to know that what we say in the office is not going to impact on case management. We do the best we can with women, but sometimes you really can't help someone if she is not doing what she can do to help herself and negative comments are just about venting your own frustrations. (Cora, front line shelter worker)*

Other workers feel that negative comments could have an impact on service delivery. Grace discusses a negative impact on the culture of the workplace which translates directly into service delivery:

> *Yes, I think it does (have a negative impact). I've seen it. You see a worker, a work culture and a work environment and that work culture or work environment is only created because of the people who are working there. I have this great quote I just read about the best knowledge coming from the service providers within that service and you should really try to capture the knowledge that they have. So if the knowledge that they have in debriefing after a really heavy session or busy day is to vent and to insult the client then that's causing that culture to be poisoned. I really feel it affects the culture. We really need to try to challenge that and to maintain this level of respect for clients at all times. That is going to change the culture, the level of professionalism. It has a huge impact on how you deliver service. Clients pick up on that stuff too. They live here twenty-four-seven. (Grace, front line shelter worker)*

Grace's comments highlight the relationship between the front line workers and the women who access service. She states that what she feels is a "lack of respect" for clients could "poison" the work environment and impact workers' professional interactions with clients. Chloe identifies an impact that is felt on a more individual level: one that functions to create categories of 'deserving' and 'undeserving'. She states that this can directly influence the effort that a worker puts into helping women:

> *If they truly do have a preconceived idea that somebody might be lazy or not trying, I think it certainly can impact. I've seen it in other job situations where people I work with have this idea about the particular individual that they're speaking to and the idea can become the 'deserving,' 'not deserving' for the amount of effort*

> *you are going to put into something. (Chloe, front line shelter worker)*

Kaitlyn also speaks of the influence negative comments can have on the culture of the workplace and the individual services provided. Her comment is interesting because she highlights the very real impact of putting a label on someone. Although some workers might never have met the woman, they can create a pre-conceived idea that will impact the kind of service they provide.

> *Yeah (negative impact on service delivery) probably shapes all staff, you know what I mean? There are already pre-conceived judgments made before you meet that person say for the first time because everybody else well, I mean you know that if another staff says "oh no, (client's name)," it's like right away you've already got a preconceived idea that she's going to be difficult. You know? (Kaitlyn, front line shelter worker)*

None of the workers denied the practice of making negative comments when I asked them to reflect on it, and some of the workers I interviewed were very thoughtful and introspective in their responses. Kareema's comment reflects the ambiguity that workers can feel when talking about a practice that many would objectively say is wrong, but that within the context of the work, can serve a purpose:

> *I guess I struggle because, I have mixed feelings, because the one part of me feels that it's not appropriate and it shouldn't be said at all, whether it's venting or not venting, maybe it can happen after work. Maybe it's 'wrong' to feel that way or to say those things. I mean, I do have a part of me that feels that way. It's really harsh and totally inappropriate. At the same time again, having done some of the same things myself and knowing where it's coming from, it's hard for me to say that and yes, I think the personal is political but I also think feelings are real and there's nothing wrong with them and there's a reason why it's happening. (Kareema, front line shelter worker)*

Negative comments about the women who access shelter services help to reinforce the power of the personal pathology model of homelessness and absolve the worker of responsibility. It can be an unconscious way of not recognizing the complexities of the work and to distract from the fact that shelter workers themselves have a limited impact on people's situations. This can feel frustrating to women who choose to be in a 'helping profession' and who can sometimes feel helpless. Sometimes, as Grace points out, it can be about general frustration in the work, or about releasing particularly difficult stories:

> *Sometimes I think that it's almost like a relief for staff who are dealing with such difficult situations and stories, even though we've probably heard them so often. Some of them are very difficult, or very horrendous or just horrific and sometimes it's almost a way of handling something or maybe a release to make an off-hand comment or something - tension. I've heard some people say that kind of thing. Some people have preconceived ideas. Maybe they're not lazy. Maybe they have way too much to deal with in their lives, you know - homelessness, financial issues, family issues, or substance use or health problems. Maybe they just can't function as we think they should. Some of it I think is frustration at extreme understaffing, whereas maybe the more we could work with that person the more we could offer, in terms of abuse counselling, advice, discussion, legal referrals and time with people. (Grace, front line shelter worker)*

I believe that negative comments can directly impact the quality of service that is provided. Each worker responds differently to every woman's narrative. And, for some workers individual women who do not fit the "good client" profile (Williams, 2003: 160) and who might be viewed as 'more difficult to serve' can receive less than adequate service whether it is conscious on the part of workers or not. One worker's actions can impact the culture of the workplace and especially if she is an experienced worker, she can influence direct service. Williams describes what it means to be a "good member of the

shelter community," someone who follows rules and engages with staff and willingly shares her story:

> Being a "good member of the shelter community" entails above all sharing one's personal history with caseworkers and other clients without complaint or reservation, including revealing intimate details about past relationships. Disclosure is expected to take place in mandatory group therapy and through approaching caseworkers to request individual counseling. This notion of community is predicated on the assumption that women need and appreciate the shelter's focus on psychological well-being and on the idea that community will be shared in and sometimes overseen by the staff. The "good client" perceives the staff as working for her best interests and is willing to accept their counsel as correct even if it conflicts with her own ideas about how to conduct her life (2003: 160).

Being a 'good client' can mean doing chores without complaint, following up on housing leads daily and looking busy in general. One of the most common reasons given by front line workers for giving a woman a deadline to leave, or move out date is "She has been doing nothing since she got here", or "She's not looking for housing anyway". Sometimes the structure of the services themselves can set a woman up to fail. The lack of affordable housing and poverty impacts a woman's choices. Workers recognize this and advocate very strongly for women, but it can be hard not to get discouraged by the oftentimes seemingly hopeless situations.

In this chapter, I have discussed narratives and subjectivity. Against the backdrop of dominant cultural narratives and within the context of the challenges inherent in shelter work, shelter workers interpret service users' narratives in order to provide direct service. It is important to note that individual embodied subjectivity influences every interpretation and decision a front line worker makes. The significance of this is that it is important to be aware of it on both an agency level and an individual level. Individual

workers will respond differently to each woman's story and these responses have real world consequences for the client during her time at a shelter. As well, each worker takes away a part of each client's story which can profoundly effect the worker throughout her life. Embodied subjectivity impacts shelter staff's work on many levels, including their own vicarious trauma responses and their service delivery. Cumulatively, shelter workers' experiences also help to inform the culture of the workplace.

In the next chapter, I will continue to discuss the interplay between subjectivity and narrative by focusing on the dynamics of listening to individual women's stories. I will highlight narrative events within the shelters and discuss the *most important* work that shelter workers do through the act of listening to the stories that clients tell.

Chapter Five

Listening to Women's Stories: 'Entering into Aloneness'

The most important act that shelter workers do is to listen to the clients stories. When they do this with compassion and empathy and a commitment to creating alternative narratives and promoting healing, shelter workers enter into a space between themselves and the client (Frank, 2004). An act that Uehara et al call "entering into aloneness":

> *"The only mode for receiving testimony...is being with. This requires a ready willingness on our part to experience the secondary trauma that comes from the willingness to imagine ourselves in the unimaginable scenes they describe. This, in turn, requires an intimate involvement that is, in many respects, at odds with the professional distance we have been taught to maintain as clinicians and researchers. But as Shay suggests, without emotion in the listener there is no communalization of the trauma. The deep damage done to the trauma survivor can be understood as a reflection of her "radical aloneness and of the continued presence of the perpetrator in the survivor's inner life." (Shay 1994: 191) For survivors, the task is to remember and witness - rather than relive and re-enact - and to grieve. For listeners, the task is to become trustworthy audiences and to enter into aloneness with the survivor. (Shay 1994: 192-193) Though we cannot hope to "cure" survivor grief, we can respect and perhaps ease survivor suffering somewhat by conveying that they are not alone in their memory of atrocity; that there are listeners in the world who entreat, "let me be with you." (Uehara Et Al, 2001: 54)*

The majority of the women who access service at both Martha House and Mary's Place have experienced traumatic events. The "unimaginable scenes" referred to by Uehara et al. have been very real parts of their lives. In Chapter two, I presented the stories of five women who had violent and tragic deaths: Jackie McLean, sexually assaulted and beaten to death with a crowbar; Angela Taylor, stabbed to death; Fallon Mason beaten to death; Maggie Karer, beaten to death and dismembered; and Cazia Menczky who died

alone of an overdose in a city park. These five women are among those who did not survive the traumas of their lives. Many more women live through violence and tragedy and are left to pick up the pieces. Trauma is isolating and shatters people's sense of self - sometimes affecting every part of their lives, including their ability to function "normally." Not having a home or safe shelter to go to, *in itself*, is traumatic. Susan Brison, in her own narrative of trauma and survival entitled, *Aftermath: Violence and the Re-Making of a Self* states that trauma "disrupts memory, severs past from present, and incapacitates the ability to envision a future". (2003: 17) Trauma can shatter an individual's identity. It also affects the ability to create coherent narratives if we consider narratives to have a past, present and future.

In this chapter, I focus on the mechanics and structure of individual narratives and the significance of listening to women's stories of trauma. The role of narrative as a relational act (Frank 1995, 1998, Garro and Mattingly, 2001) between service users and shelter workers is twofold: it brings meaning, purpose and motivation to the work itself and it helps to facilitate the healing process for the women who access service. The performative aspects of narrative have been studied extensively within anthropology and related disciplines. Narrative opens up individual experience and invites the listener or listeners to participate in the ongoing construction of the story. By "following a compelling story," workers are entering an "imaginative journey into a story world." (Garro and Mattingly 2000: 11) The picture this imaginative journey creates for me is a romantic one: it evokes beauty, possibility and human potential. Being compelled by a story is powerful. For workers, it is the viscera of their work. For service users, it is a way to

create and sustain meaning in the ongoing journey of their lives. Emily, a front line shelter worker and long time advocate, comments on the performative aspects of narrative:

> *When I talk about something without a story, it is just plain language. When I hear a story I get the whole atmosphere, it's alive...like I am right there with the person...like I am part of a play...like I am part of that person...really involved...there is a special feeling with stories. (Emily, front line shelter worker)*

Stories are interpretive processes that occur at specific points in time between individuals within a particular historical and cultural context. They are co-constructive processes by which the narrator and the audience participate mutually in the construction of meaning. Emily's comments echo this when she states that she feels "really involved" in the process of storytelling. Generally, stories are intentional with the narrator wanting the listener to see things a certain way, to feel what the storyteller feels and to "identify with what is at stake for the teller." (Garro and Mattingly, 2000: 31) Shelter workers bring their own interpretation to each narrative. Both shelter worker and service user are engaged in a process of "making sense of events" (Wikan, 2004: 218) that will translate directly into service delivery. Emily describes a situation in which she listened to a woman tell a story of having difficulty getting her monthly social assistance cheque replaced after it had been stolen. The obstacle arose because the workers at Ontario Works did not believe her reasons for leaving the city. The woman finally went to the office and demanded her money. In Emily's own words:

> *She described her whole experience, the theft, her leaving the house and trying to find somewhere safe to be, her trying to convince the OW workers that her cheque was actually stolen and that she had left the city because she was afraid. So she went back to the other city and she screamed at them, right? She said she just screamed that she needed her money right now...you know and you can relate (to that)...Of course she needs money...and she said they came "running with the money" and it was okay. But, for me that*

> *story gave me more understanding for (the) desperate needs that make these things happen. I need(ed) the whole atmosphere. I wanted to help her. (Emily, front line shelter worker)*

By listening, the worker was able to interpret the client's story through an "experience-near" (Wikan 2000, Pollock 2000: 108) account of her story. She was able to imagine the atmosphere of the government office and the desperation the woman was feeling at the time. The story that was shared helped to create a sense of empathy in the worker and a desire to "want to help" the storyteller. Garro and Mattingly have suggested that stories themselves do "social work" (2000: 19), in that they help to shape decisions and actions in relation to the story being told. By listening to women's stories, shelter workers are motivated to provide assistance.

There are many storytelling moments in shelter work. At her first contact with the shelter, or during intake, a woman is asked to tell her story. Whether she calls to access service or shows up in person, she is asked questions about her situation and about her reasons for needing shelter. During her response, shelter workers are assessing whether she is 'appropriate' for their shelter and what her service needs might be. The relationships that are created are mitigated by "social power" as "professionals draw upon their claims to knowledge in efforts to construct persuasive narrative scenarios for those who seek their assistance." (Garro and Mattingly 2000: 30) At Martha House, workers determine a woman's safety needs and whether or not there are other extenuating factors (such as mental health issues or addictions - in which case they might choose to refer her to Mary's Place) before bringing her into the shelter. At Mary's Place, workers determine whether or not her safety needs are more than the shelter can handle and whether or not they should refer her to a safe shelter.

When front-line workers listen to and interpret a woman's story in order to ascertain her service needs, they mediate worlds of 'thought' and 'action'. (Garro and Mattingly 2000). Many layers of interpretation take place. The worker uses her professional assessment skills to determine service needs and she is subconsciously motivated by her own embodied subjectivity. In many, if not most situations, shelter workers cannot directly relate to the woman's experiences and the information they gather is from the woman's narrative. Grace discussed the personal nature for her of listening to women's stories:

> *It's an experience that's happening to you, like individually to you and you process it. So letting someone come into that experience with you, that's what I mean about it being so personal. Myself as a worker, they're letting me into that process that's going on, whatever they're thinking about, what happened or what stage they're at. They're opening the door for me to come in, not a public, but a personal experience that they're going through and they're going to experience it differently than every other woman. (Grace, front line shelter worker)*

Grace also interprets women's narratives as "gifts" to shelter workers:

> *They really are giving you a gift, the women. It is hard to share things, I know for myself I feel I am a very private person and thankfully, I can choose when to share my story and when not to. It's like, for them they don't have the same choice. But, in some ways they do and I think when they choose to share their life stories with us - that is the gift. (Grace, front line shelter worker).*

Grace's comments demonstrates insight into the "reciprocal increase in gratitude" that Arthur Frank (2004: 1) calls for a renewal of in his most recent book, <u>*The Renewal of Generosity: Illness, Medicine and How to Live.*</u> In it he discusses the interactions between people who are ill and those who are providing care for them and the need for recognition of the reciprocity of the interactions. His work, which focuses on healthcare, resonates strongly for me in its similarity to the work that front line shelter workers do. Frank

states in the introduction that "(M)edical care both sets and reflects standards for caring relationships between individuals in a society." (2004:4) Social service and particularly shelter work also reflects these caring relationships as they represent care for some of the most vulnerable and marginalized members of the community.

I saw Dr. Frank at a recent speaking engagement at McMaster University Medical Centre and he told a story about when he was in the hospital being treated for cancer. Dr. Frank is an avid runner and before his operation he decided to run up and down the foyer stairs of the hospital. Before he had done too many laps, a nurse approached him and without asking any questions told him he needed to go back to his room. He went back to his room, also without asking any questions. Dr. Frank, upon reflection, realized that he had been asked to return to the role of 'patient' - his only role in the hospital. He went on to reflect that if the nurse had asked him what he was doing and why, she would have opened a door for communication, an opportunity for narrative and a chance for him (the patient) to participate in a co-construction of meaning about his actions. Dr. Frank went on to say that "stories are all around us, waiting to be noticed." (November 15, 2007) This is significant for shelter work because it reminds workers that they have a choice when providing direct service. They can choose to take advantage of the opportunity to engage with women, to listen and ask questions and help the women to construct meaning from their experiences, or they can leave those experiences "unstoried". (Frank, November 15, 2007) Sometimes it is as simple as greeting a woman while rushing from one part of the shelter to another or taking the time to ask someone how they are when making a meal. It is easy to lose sight of these small gestures in a very busy environment. The work takes place in a largely reactive (as opposed to proactive) atmosphere. It is im-

possible for workers to plan what their day will look like, even hour-to-hour or moment-to-moment. Multi-tasking is an essential skill in this field. Because of the hectic pace and volume of the work, it can become easy to underestimate the importance of "just listening" (Frank, 1998) to a woman's story. It can feel like a luxury. Despite the nature of the work and the challenges, listening is central to providing direct service. The ability to "enter into aloneness" (Uehara 2001) with the service user cannot be understated. As Frank (1998) describes, without a listener, a story cannot exist. A story needs to exist for healing to begin to take place. Even though shelter workers are busy, (as are nurses in the health care field) Dr Frank's story reminds us that for him, as the patient, it would have been as simple as the nurse asking him a question, rather than ignoring his apparently odd behaviour and telling him to return to his room. The lesson in this is that, regardless of how busy the caregiver (nurse, shelter workers...) can feel, opportunities do exist for listening and for engaging women in conversation. This awareness is at the heart of the work.

5.1 Listening in perspective...

I provided service to a woman many years ago, who shared a memory with me. She told me that she had witnessed a friend sexually harming one of her sister's babies. The baby, she said, was six months old. The woman told me that she had gone to her sister and other members of her family and said that she had seen this and she had wanted so much to help her niece. She said that her sister told her that it was impossible, that the friend would not have done this, that he was not that kind of man. She said that her family members did not believe her. Almost twenty years had passed and she was sitting in an office, sharing this information with me. I remember her saying "all I want to know is

if it really happened." I said the first thing that came to my mind after a long pause in conversation. I said, "You saw it happen, so you know it happened". She started crying and told me that no one had said that to her.[52]

This experience for me marked a significant moment in my professional and personal development. I do not share this story here because I think it had anything to do with professional skill. I share it because it was an intimate moment in which a woman told me something very important and all that she needed was someone to validate that her experience was real. It seemed like a very 'common sense' answer at the time and it became clear afterwards that she needed someone to help her interpret her story, to construct it with her by listening to her and helping her create meaning. She needed someone to "enter into aloneness" with her and accept that what she was telling was what she knew to be true. Front line shelter workers do this work with women all the time. They are invited into personal narratives and they have the opportunity to participate in a co-construction of meaning. They also participate with women in creating alternative narratives of experience. Against the backdrop of dominant cultural narratives that oppress women and stereotype their experiences, front line workers have the opportunity to participate in resistance to these narratives and in the construction of alternative narratives that destabilize. (Rodman 2004: 141)

The choices that front line shelters workers make when they are working with women are above and beyond anything that can be clearly interpreted on the basis of professional policy and procedure. Often the work requires a 'common sense' response, or a genuine ability to empathize with what the woman is saying - to listen to her story and to

[52] Details of this vignette are significantly altered to not appropriate a specific woman's story.

make choices based on that story. It can be helpful to understand some of the 'types' of stories that women who access service might call upon in order to relate their own personal stories. Narrative 'types' are structures that can be commonly identified in the stories that people tell. An example of a narrative type that is familiar in North American culture is that of the little girl who dreams about growing up, getting married and having children. This narrative type has evolved over time, but is still reinforced by institutions and cultural norms. To fall outside of this narrative structure is to enter into an 'alternative narrative' with which people can identify. In the next section, I rely heavily on Arthur Frank's descriptions of three narrative types that he has identified: the restitution narrative, the quest narrative and the chaos narrative. I find that his work is useful in understanding some of the key narratives that clients tell.

5.2 Narrative 'Types': *"The oh so unusual happily ever after story"*

Frank (1998) identifies three recognizable narrative structures inherent in individuals' narratives of deep illness. The first one is the "restitution story," which he states is the culturally preferred narrative structure in North America. In this story, the ill person is treated through biomedical means and is restored to health. The medical system has worked the way it is supposed to in responding to and 'curing' the individual. This story could be analogous with a story about a woman who leaves an abusive partner and flees to shelter with her children. Once there, she receives legal help, her ex-partner is held accountable for his actions, and she and her children are able to move on with their lives. It is the type of story that validates and sustains that systems are doing the work that they should be doing. Ada describes a restitution story about a woman who was so mentally ill when she came to shelter that she could not even enter the house. The staff

worked with her and got her some help -in this case medical intervention, the biomedical "cure":

> *We couldn't actually have her in the house. We had to have her in the backyard which is awful, so demeaning and so horrible but we couldn't have her in the house because she was so upsetting to the people who were in the house and then the neighbours started to complain. Eventually, I don't know what happened but she got on medication and she was like, perfect. We tell those stories a lot too, I think, how for lack of a better expression, how crazy some people-sometimes clients are and something happens - and they either get on medication or they get connected back up with their family and you know, it's like the oh so unusual everybody lived happily ever after type story. (Ada, front line shelter worker)*

The fact that the woman received biomedical assistance and was able to live a 'normal' life again is what makes this narrative different from a narrative type in which the client and the staff members lose control of the situation. This woman was able to live 'happily ever after' because there was the ability to access medication and potentially 'heal' her. This is not the most common narrative type that women tell at the shelters, but it is one of the more preferred representations. It is a story that shelter workers like to tell. It suggests that their work and intervention into people's lives is doing what it is meant to do, helping women to heal and to move on with their lives after trauma. The reality, sadly, is that many times women with mental health issues do not access medications and live 'happily ever after'.

The second narrative structure Frank identifies is the "quest story." wherein an individual is no longer imagining that restitution will occur, but instead living with the illness as a "condition from which something can be learned and this learning can be passed on to others" (203), a state of calm though not necessarily acceptance. This narrative structure could be analogous to Carolyn Thomas' story, a young woman who was shot in the face by her abusive partner in Waco, Texas in 2003. Carolyn's mother was

also killed in the same incident. Carolyn has decided to talk about her experience in order to help educate women about abuse and some of the warning signs. She engages in several speaking engagements throughout the year and states that she will "tell her story to anyone who will listen" to prevent woman abuse and violence (www.carolyn-thomas.org). Carolyn has achieved a sense of calm in regards to her experience, but I do not imagine she would say that she (or any one of us) could accept what was done to her.

The third narrative structure is the "chaos story" which Frank states is "diametrically opposed" to the restitution narrative. People who are living narratives of chaos typically do not see a way out. They feel a loss of control, which Frank states is sometimes about the loss of temporality or sense of time, and their narrative lacks any clear idea of 'beginning,' 'middle' or 'end' (Frank, 1998). Frank's 'chaos narrative' structure mirrors Brison's statement that trauma disrupts a person's sense of time - past, present and future. Although all three narrative types can be applied to women's experiences of homelessness, the chaos story resonates most profoundly with their stories at the point when they seek shelter access. Women are generally in immediate crisis when they access shelter for temporary refuge and safety. Sometimes it is the systemic barriers to support and housing that help create sense of chaos feel and sometimes it is the trauma itself that they have not been able to process in any therapeutically meaningful way.

These particular narrative types impact workers in specific ways. Frank states that listeners often feel helpless and that there is nothing they can do to alleviate the person's suffering. He explains that "when the listener feels sucked into a whirlpool and only wants to get away from the story, then a chaos story is being told." (Frank, 1998: 202) But, workers cannot "get away" from women's narratives if they are to provide ef-

fective services. They need to participate in the construction of women's narratives in a skillful and empathic way. When a woman is sharing her personal experiences with a worker, she invites them into a portion of her world. By telling her story she is inviting the worker to participate in the co-construction of her narrative. (Garro and Mattingly, 2004: 22) Frank states:

> *To deny a chaos story is to deny the person telling this story, and people who are being denied cannot be cared for. People whose reality is denied can remain recipients of treatments and services, but they cannot be participants in empathic relations of care. (Frank 1995: 109)*

Denying women their realities is antithetical to a feminist approach to service delivery and it is very disempowering for women who access service. There are women who access both Martha House and Mary's Place who have frequent stays and who remain homeless for extended periods of time. It is normal for workers to sometimes feel overwhelmed and helpless in their dealings with these women. The women who access service are often dealing with very complex situations and it can be normal for a worker to not know what to do, or not to be able to relate to the events in the story that a woman tells.

The following is an example of a story that left me feeling very helpless in my personal work experience at Mary's Place. Part of my own social location and privilege includes being a white woman with a middle-class upbringing and easy access to educational opportunities. When I began my work at Mary's Place, I was barely twenty-four years old and my only experience working with people who worked in the sex trade or used illegal drugs was through my volunteer work for a needle exchange program in Hamilton (which I was also very new at). I did not have any formal education in social

service or social work. I remember an event early in my work at the shelter that challenged me beyond my professional limits at the time. It felt very much like a story I wanted "to get away from." It feels now like what Goodall describes as a "symbolic moment," or a moment of "personal transformation or change, turning points in your life story, or simple "flashes" that you can't quite get back into, or hear into clearly." (Goodall, 2000, 143)

I will start by describing my memories of a night in 1998.

> *I was sitting in the office writing files. Noah, the shelter cat was on the desk beside me while I wrote. There were several women watching Seinfeld in the living room and I could hear this from the office. The night had been fairly quiet. I had just finished making a list of the women who were in the house and who were out, to keep track before the night shift person came in at 12:00am. It was almost 10:30pm and the doorbell rang. It was an outreach worker from a needle exchange program in Hamilton. She asked me if we had a bed and I told her we did. She said she had a woman with her who needed it. I let both the woman and the worker into the front counselling room of the shelter (which also doubles as an extra bedroom and an office). The woman almost immediately sank to the floor and started sobbing. She was high on crack cocaine and had just been asked to leave another shelter. The outreach worker told me that the woman's daughter had been apprehended earlier that day and that she could not continue to stay at the other shelter because she had been aggressive towards the staff there. On her body were sores caused from using injection drugs and collapsing veins and she was shaking, her body jerking as she talked to me. She just kept crying and saying her daughter's name over and over.*

As I reflect on this experience, I remember vividly my feeling of helplessness. I had been working at the shelter for under a year. I had never even tried, let alone been addicted to, crack and I did not have a child, so I could not imagine what losing one would feel like. In my personal journal, I wrote at the time that I "was bearing witness to a force beyond my control" and that "I felt myself standing in the doorway, staring at her

as she sobbed and her whole body shook and convulsed for what seemed like such a long time" and that "nothing that I have learned so far could have prepared me for this." (personal notes) I believe this story and my response to her suffering marked a 'turning point' for me in my subjective positioning (Goodall, 2000: 133) and my identity as a front line shelter worker. It challenged me to understand my own role in relation to the women who access service and to analyze the meaning of our work. What is most salient to me now when I reflect on this image is that I could not have been expected to understand her experiences, only to try and bridge two "universes of discourse" (Murphy, 1990: 57-58) and build a relationship with her by listening to her narrative. Regardless of whether or not I could relate to her experience, through her story I was given an opportunity to engage with her and to provide service in the best way I could. There are times when there is nothing that a front-line worker can say that will ease the pain that women are experiencing, as we cannot know what that particular pain feels like. During these times, it is important to not feel "overwhelmed by the need to *do* something for the ill person" (Frank, 1998: 203, emphasis in original) and to recognize that listening to her story, or being with her, *is* doing something. Emily's comments reflect on how hard it can be to continually encounter "crisis and problems". She provides a rationale for why shelter workers often feel the need to "do something for somebody" or "make a change":

> *It's high burnout work that we're doing. There's no doubt. It's exhausting and you kind of need something to want to get up everyday to do this work. It can't be only crisis and problems. There needs to be something more. I mean it's nice to feel you can do something for someone. I think you're in the profession already because your character is that you want to do something for somebody, that you want to make a change and it's the very little things that you remember, not the bigger things, the little things that you might remember, like the connectedness with women. (Emily, front line shelter worker)*

Emily talks about the "little things" that can connect workers with the women they are engaged with and that can create 'narrative moments'. Understanding Frank's narrative 'types' can help a worker recognize when a chaos story is being told and to have "tolerance" for that particular type of story (Frank 1995: 111), while recognizing that it is one part of a person's journey. It is important to honour the story and the reality of it while still recognizing possibilities for change. As Frank states:

> *"To deny the living truth of the chaos narrative is to intensify the suffering of whoever lives this narrative. The problem is how to honour the telling of chaos while leaving open a possibility of change; to accept the reality of what is told without accepting its fatalism" (1998: 202)*

It is by listening to and being with women while they suffer that we are able to honour the stories they tell, as well as find openings to help them seek hope and obtain support. This can be difficult to do as Grace identifies:

> *I think that none of us realize until you go through it really what it's like. We don't personally go through it, but we walk through it with other women and even now after working here this long it's still unbelievable and you feel, well, at least I do, it's frustrating and you feel like this is just unbelievable. So imagine how they feel. (Grace, front line shelter worker)*

Grace identifies that she has been working at the shelter for a long time and that she still feels a sense of disbelief when listening to some of the stories that women shared with her. It can be shocking but can also be a very intimate and powerful experience to journey with women at different stages of their lives. The nature of the stories that women tell often involve intense pain and suffering. Front line shelter workers can be with women while they give birth and they can be with them up until they die. Women who have needed to access either Martha House or Mary's Place have had difficulty accessing other services and they have had experiences of telling their stories and not feeling heard

or validated. Some women have had very difficult lives and have experienced long histories of trauma. They have often "internalized other people's stories about who they can and cannot be" (Frank 2004: 24). These include dominant cultural discourses like the ones that describe and try to categorize 'abused' and 'homeless' women's experiences. It is important that shelter workers recognize their own subjective responses to women's narratives and that they recognize the women's own internalized oppression. It is also important for shelter workers to recognize when they are hearing a narrative of trauma, or a 'chaos narrative.'

5.3 Trauma and Narrative

Ultimately, the goal of shelter work is to provide safety and a space for healing. It is to help women move from trauma to healing - from the most basic of needs such as shelter and food, the more complex needs such as empowerment and emotional safety. Herman identifies relationship as being the key to healing:

> *The core experiences of psychological trauma are disempowerment and disconnection from others. Recovery, therefore, is based upon the empowerment of the survivor and the creation of new connections. Recovery can take place only within the context of relationships; it cannot occur in isolation. (Herman 1997: 133)*

Herman's insight into trauma suggests very clearly that healing can only begin through connection with other people or relationships. Many of the women who access service have severed harmful relationships in their lives and need others to tell their story to. Brison suggests that in order for an individual to make sense of their experiences of trauma, they must be able to tell their story to an "empathic listener". (Brison 2003: x) She states:

> *The communicative act of bearing witness to traumatic events not only transforms traumatic memories into narratives that can then*

> *be integrated into the survivors sense of self and view of the world, but it also reintegrates the survivor into a community, re-establishing the bonds of trust and faith in others. (Brison 2003: x)*

Shelter workers bear witness to traumatic events every day in their work. We know that women experience traumatic events at alarming rates. One statistic suggests that a woman is raped every two minutes in the United States (National Crime Survey, 1996) and a Canadian statistic suggests that fifty percent of Canadian women have experienced at least one sexual or physical assault in their lives. These are frightening statistics and ones that have a significant impact not only on women's lives, but on the strength of families and communities. By listening to women's stories they are providing the *most significant* service that they can provide. Shelter and basic needs are essential for survival but so is the ability for an individual to narrate his or her life. We make sense of our experiences by talking about them and we create meaning through stories. Storytelling is a relational act that expands women's experiences to include those around them and that makes their experience of suffering part of that relationship, rather than an "iron cage" around them. (Frank, 1998: 199) Listening and responding appropriately to women's narratives of trauma may not only be healing to the individual but it can begin to heal communities.

Chapter Six

The point of the story...

All of this tells -- begins to tell -- a story. Some few connections can be made. Sequence is difficult. This before this -- or after?

There is nothing more than what is here. The remnants -- not the remains. The pieces -- not the whole. Not a puzzle, but a patch-work of unstitched lives.

(Timothy Findley 1996: 4-5)

6.1 In Conclusion

This research is not meant to be conclusive. It is meant to be exploratory and to provoke thought about how we provide the most effective direct service in women's shelters that is possible. Since I started working at the shelter, countless women have died or disappeared from our services, women who are young, who have lost their children because their lives spun out of control, women who have slept in their cars for months and women who have been forced to sell their bodies for drugs or alcohol, women who have struggled with mental health issues that I cannot imagine and women who have been subject to brutal violence by either men who 'love' them or by acquaintances or strangers. Shelter services, alone, do not prevent these tragedies from happening to women. The reality is that sometimes shelters are the first place that women go when they are homeless and unsafe to meet basic needs such as food and shelter. Shelter workers have the capacity to provide more than just basic needs. They have the ability to "bridge universes of discourse" (Murphy 1990, 57-58) and to break down the barriers between people that are created by dominant cultural discourses that stereotype and oppress. What shelter services can do is save lives "after the fact". Shelter workers can help women heal from trauma, which can change the course of all of their lives (both workers and clients).

Throughout this thesis, I have demonstrated that by *listening* to, *interpreting* and *representing* women's stories, shelter workers make choices about service delivery and that these processes are complex. It can be difficult for shelter workers to make time for listening and the stories they do hear are interpreted through shelter workers' embodied subjectivity and understanding of dominant cultural narratives. Culture, as I am often reminded, is not static. It is dynamic and can be contested. By resisting dominant narratives that are harmful to women and that do not adequately reflect their experiences, shelter workers can help women to create alternative narratives that more appropriately represent their lives.

6.2 Listening to Women's Stories

I have heard workers, many times, state that they do not feel there is anything that they can do for a particular woman. I have felt this way myself, when her story sounds too tragic or too hopeless to provide any tangible answers or suggestions. Drawing on the work of such narrative theorists as Cheryl Mattingly and Linda Garro, Jerome Bruner and especially Arthur Frank, I have demonstrated that listening to women's stories in particular ways is at the very heart of the work. Frank (2006: 126) states that a dialogue opens up space between two people, allowing them to talk *to* one another, rather than *about* one another, as is often the case in front line services. Frank's narrative 'types' were explored in chapter five as helpful ways to understand that listening to women's stories is an end in itself. Stories compel workers and they motivate them to act. They also help to facilitate women's healing.

When I heard Arthur Frank speak at McMaster University in November 2007, he discussed his current work. One of the narrative types he talked about was the 'future possible' narrative type, a response to another's story in a way that makes a future seem possible (November 15, 2007). I imagine that shelter workers do this when they listen empathically, when they validate women's experiences and when they provide a safe space for storytelling to occur. Narratives are created between people. They are co-constructed by both the teller and the audience, one influencing the other. Storytelling helps to create relationships. In chapter five (p. 88), a front line shelter worker identified that when clients tell their stories they share a 'gift'. By listening respectfully, we acknowledge that gift and give one back.

6.3 Interpreting Women's Stories

I have shown throughout this thesis that the way that shelter workers interpret women's stories has a direct impact on the service they provide. Shelter workers interpret women's stories against a backdrop of cultural narratives and within their own embodied subjective experiences of the world. In Chapter Two, I discussed the role that perceptions created by culture play in understanding clients stories and provided local media examples of the construction of women's narratives. In Chapter Three I discussed two particular categories of perceived experience, those of homelessness and abuse and the implications that each of these categories have from funding structures to front line service provision.

Every shelter worker brings her own embodied subjectivity to the work and each shelter worker can respond to clients' stories differently. They are informed partially by

shared understandings and cultural discourses and partially by workers' own personal experiences and understandings of the world, which, in turn, are influenced by their particular social locations. In Chapter Four, I discussed some of the challenges of shelter work as well as workers' different motivations for entering into social services. I also discussed trauma and vicarious trauma and the impact that both can have on shelter workers' understandings of and responses to clients' narratives. Vicarious trauma affects every shelter worker in both negative and positive ways. It can create compassion and commitment to the work and it can cause the work to intrude negatively in people's personal lives. Self awareness is crucial for shelter workers, so they can understand how their own perceptions and ideas can influence the work they are doing with clients.

6.4 Representing Women's Narratives

Just as cultural perceptions and ideas create dominant narratives, so too do shelter workers' own interpretations of women's narratives help to provide alternative understandings that create meaning and make sense of clients' experiences. When shelter workers challenge dominant narratives about women's experiences and question 'common sense' ideas about homelessness, they help to empower women and allow for healing. As Williams (2003) suggests, shelter workers can help influence dominant perceptions and ideas about homelessness that can have an impact on social policy. I hope the application of this research can do the same.

The way that shelter workers engage with the clients and the way they create meaning from their work impacts front line service directly. If a shelter worker thinks of a woman as a 'hooker' or a 'drug addict' it *does* influence the way that she understands

the client's story and the choices she makes regarding service. It is important that as managers in women's shelters, we provide training to shelter workers that includes a discussion of the ways in which *listening* to, *interpreting* and *representing* women's stories can have an impact on service delivery.

6.5 Towards Alternative Endings....

> *I think ultimately, I've realized that people really just want to be loved. Everyone just wants to be loved. Realizing that, it's why women go back and why they keep getting involved in other things, why their life is the way that it is. I think in some ways that helps me with understanding where the clients are at and why they need so much support and stuff. I can relate to it. (Cora, front line shelter worker)*

I end my thesis with Cora's comment because it brings a humble sense to the work. She realizes that the women's need for support and connection is not any different from her own. She can 'relate' to the women's experiences. It is a truism that we all need love to survive. Shelter workers, by taking advantage of narrative moments and by providing opportunities for women to share their stories can help women to create meaning from those stories and to heal. It can be as simple as seeing women as more than 'addicts' and as powerful as helping women see themselves as more than 'addicts'. It is, in a very real sense, about the construction of alternative narratives that work. Transcending some of the dominant narrative discourses creates human potential and possibility. It creates hope and provides an alternative to a community where a woman can lie dying alone in a park all day.

Appendix I

Interview Guide

1. How did you become involved in shelter work?

2. What do you find rewarding about it?

3. Could you define a 'typical' story you might hear from a woman accessing service?

4. Are there stories that you hear more often than others?

5. Are there particular stories that challenge your understanding of women and homelessness?

6. Tell me about your reactions to womens' stories.

7. Would you identify yourself as a shelter worker when you are not at work? What does it mean to you to be a shelter worker?

8. Do you think about womens' stories outside of work? Are there particular stories that stay with you when you leave?

9. What allows you to do your work?

10. What would you define as a success?

11. Are there particular women you find more difficult to work with than others?

12. Are there women you find you identify with more than with others?

13. Tell me what you think about inappropriate comments or workers 'venting'. Do you think this has a negative or positive impact on service delivery?

14. Tell me about the challenges of your job.

Appendix II

Vicarious Trauma Resources for Front Line Shelter Workers

Jan Richardson in *Guidebook on Vicarious Trauma: Recommended Solutions for Anti-Violence Workers* makes several recommendations for women who work in anti - violence agencies. The following is an excerpt from her work and provides examples of strategies for shelter workers to mitigate the impact of Vicarious Trauma. Please see guidebook for more extensive information of Vicarious Trauma and anti-violence workers.

Personal Solutions

Richardson, 2001 pps 11-38

1. Be self-aware and understand what your personal responses and triggers are in relation to trauma.

2. Do a self inventory to determine what type of work you enjoy (front line, administrative, pol icy development etc.)

3. Engage in your own healing strategies (personal counselling, body therapies, spirituality etc.)

4. Get involved in research and advocacy.

5. Limit your number of trauma clients per day if possible.

6. Take real breaks throughout the workday.

7. Rotate through different positions and learn to recognize signs of 'burnout'.

8. Remain motivated and interested and ready to take on healthy challenges.

9. Recognize when it is time to move on and "exit gracefully".

10. Complete self assessments and keep an updated coping plan.

11. Seek out staff development opportunities.

12. Find and take the time for meaningful self-care activities.

13. Maintain balance between your professional and personal life.

14. Practice physical, psychological, emotional, spiritual and professional self-care.

Organizational Supports

Richardson, 2001: pps 53 - 97

1. Recognize that Vicarious Trauma will impact all workers, both positively and negatively.

2. Develop feminist mandates, missions and philosophy and post in accessible locations, en couraging dialogue.

3. Build community partnerships and engage in advocacy work.

4. Build policies and procedures that recognize diversity and the differential impact of trauma.

5. Build infastructure that supports short term leaves of absence from front line work.

6. Ensure that front line workers take regular and meaningful breaks throughout their shifts.

7. Support staff involvement in social justice work.

8. Include front line staff in policy development and welcome staff participation in decision making in meaningful ways.

9. Facilitate ongoing training on vicarious trauma.

10. Create equitable work relationships.

11. Encourage staff in their self care strategies and facilitate access to Employee Assistance Pro grams.

12. Be mission oriented - do strategic planning with a focus on mission.

13. Provide vacation time and self care days.

14. Provide benefit packages and sick days.

15. Establish a vicarious trauma committee that seeks out resources and training opportunities.

16. Provide ongoing in house training and workshops.

17. Commit to pay equity.

18. Provide critical incident de-briefing and regular consultation sessions.

19. Define expectations clearly.

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